

SUN Form Instructions with Screenshots

All Reynolds High school students interested in attending after school clubs and programming need to complete the SUN form for the 2024-25 school year. Below are detailed instructions with screenshots to help you complete the form. If you need further assistance, you can call the SUN office at 503-667-3186 Ext. 1311 or email torej@selfenhancement.org

1) Go to this link:

https://secure.na2.adobesign.com/public/esignWidget?wid=CBFCIBAA3AAABLbqZhBzKCeLijjNwHRS8tveZdHKLqvK-WLcivX6rsfJ5Pnva8SYcO32HMFMNtlQ7wo0nA* Then, click continue to acknowledge that you have accept and read the terms of use and privacy policy

The screenshot shows a web browser window with the Adobe Acrobat Sign interface. The URL bar displays a long alphanumeric string. The page header includes "Powered by Adobe Acrobat Sign" and "Please sign: SUN Enrollment Form 2023-24". The main content area features the "SELF ENHANCEMENT, INC." logo and the text "Youth Potential Realized Youth Services Enrollment Application 2023-2024". Below this, there are logos for Multnomah County, Parkrose School District, Reynolds School District, Centennial School District, and Portland Parks & Recreation. A yellow "Start" button is visible on the left side. At the bottom, there is a "Continue" button and a disclaimer: "By clicking continue, I acknowledge that I have read and agree to the Adobe Terms of Use. See our Privacy Policy for details on our privacy practices."

2) Scroll down and select how many high school students you are filling out the SUN form for. The form will populate the number of pages needed or say "unused page no student for this page."

Powered by
Adobe
Acrobat Sign

Options ▾ Please sign: SUN Enrollment Form 2023-24 Next required field 51

This is the 2023-24 enrollment form for SEI youth programs.

This form can be used for 1 to 5 students living in a family.

The students may be new or current participants in SEI programming.

Next


How many students? *Select...

Each student enrolled with SEI needs their own student information page. This form has five student information pages.







This answer changes the number of student information pages with fillable fields. Unused pages will not have any fields to answer.

1 / 14

- 3) Begin entering Student Information. Everything with a star and text box is required. Then scroll past any unused pages.



SELF ENHANCEMENT, INC.
Youth Potential Realized
Youth Services Enrollment Application
2023-2024

STUDENT INFORMATION

Please provide **last name**

First Name: * Address: * Middle Initial: Last Name: * Nickname: *
City: * State: * Zip Code: *

Student Email: * Student Phone: *

DOB: * Age: * Student's T-Shirt Size: * School Grade for 2023-24: *

School Attending 2023-24: * If school is other, please specify: *

Primary Language Spoken: * If language is other, please specify: *

Student's gender: * If gender is other, please specify: *

Do you identify as Black and/or African American: * What is your race? *

What is your ethnicity and/or cultural background? *

If you identify as more than one, use these drop downs to select more: *

EMERGENCY MEDICAL CONTACT INFORMATION

In case of a student emergency, please notify:

1st Contact Name: * Phone: * Relationship: *
Address: *
2nd Contact Name: * Phone: *

Conditions that may affect child's participation in activities (e.g., medical condition, allergies): *

ADDITIONAL QUESTIONS

Is your student eligible for Free or Reduced-priced meal benefits? *

Is your student in Foster Care? * If Yes, DHS Case # / OR Kids#: *
DHS Case Manager: * Case Worker Contact Information: *

The questions below are for Middle & High School Participants Only

Is student currently pregnant or parenting? *

Has student ever been involved in the Juvenile Justice System? *

STUDENT INFORMATION

SUN School: *

UNUSED PAGE

NO STUDENT FOR THIS PAGE

STUDENT INFORMATION**SUN School:** Reynolds High ▼*Please provide legal name:*

First Name: Test Middle Initial: Last Name: Testerson Nickname:
Address: 1234 NE Test Ln. City: Troutdale State: O. Zip Code: 97060
Student Email: 123456@students.rsd7.net Student Phone: 503-123-1234
DOB: 01/01/2009 Age: 14 Student's T-Shirt Size: Adult MED School Grade for 2023-24: 9
School Attending 2023-24: Reynolds High If school is other, please specify:
Primary Language Spoken: English If language is other, please specify:
Student's gender: Female If gender is other, please specify:
Do you identify as Black and/or African American: No What is your race? Hispanic or Latino/a
What is your ethnicity and/or cultural background? Mexican
If you identify as more than one, use these drop downs to select more: Prefer not to answer
Prefer not to answer

EMERGENCY MEDICAL CONTACT INFORMATION

In case of a student emergency, please notify:

1st Contact Name: Parent One Phone: 503-567-5678
Address: 1234 NE Test Ln. Relationship: Parent
2nd Contact Name: Gaurdian One Phone: 503-789-7891
Asthma
Conditions that may affect child's participation in activities (e.g., medical condition, allergies):

- 4) Enter Parent Information. Info for one parent is required, info for a second guardian is optional.

SELF ENHANCEMENT, INC	
Parent and Household Information	
2023-2024	
PARENT/GUARDIAN INFORMATION	
Relationship to Student: Parent	Parent/Guardian First Name: Parent Last Name: One
DOB: 01/01/1977	Street Address: 1234 NE Test Ln. City: Troutdale State: OR Zip: 97060
Phone Number: Cell 503-567-5678	Would you like to receive text messages with SEI info? No
Email: parentone@email.com	Gender: Male If Gender is other, please specify: _____
Primary Language Spoken: English	If primary language is other, please specify: _____
Do you identify as Black and/or African American: No	What is your race? Hispanic or Latino/a
What is your ethnicity and/or cultural background? Mexican	
If you identify as more than one, use these drop downs to select more: Prefer not to answer	
Prefer not to answer	
Disabling Condition: No	Disability type: _____
Marital Status: Single	Highest Level of Education: Some College
ADDITIONAL PARENT/GUARDIAN INFORMATION	
Relationship to Student: Select...	Parent/Guardian First Name: _____ Last Name: _____
DOB: _____	Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: Select... _____	Would you like to receive text messages with SEI info? Select...
Email: _____	Gender: Select... If Gender is other, please specify: _____
Primary Language Spoken: Select...	If primary language is other, please specify: _____
Do you identify as Black and/or African American: Select...	What is your race? Select...
What is your ethnicity and/or cultural background? Select...	
If you identify as more than one, use these drop downs to select more: Select...	
Select...	
Disabling Condition: Select...	Disability type: _____
Marital Status: Select...	Highest Level of Education: Select...

5) Enter Household Info. You do not need to enter any kids that are not in high school

SELF ENHANCEMENT, INC
Parent and Household Information
2023-2024

HOUSEHOLD WHERE STUDENT LIVES

Head of Household Name (where student lives): Parent One Relationship to student: Parent

Total number of persons in your household: 2 Which best describes your household: Male Single Parent

Gross Annual Household Income: \$(Total income, based on the last 12 months, before tax deductions): \$40,000-\$49,999

Does your family (or anyone in your household) receive assistance? Yes

If YES, check sources that your family receives assistance from:

<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> FDPIR (Food Distribution on Indian Reservations)	<input type="checkbox"/> Free/Reduced Lunch
<input checked="" type="checkbox"/> Oregon Health Plan	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Section 8 Housing
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> SSI Income (Social Security Supplemental Security Income)	<input type="checkbox"/> Special Education Services
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> TANF (Temporary Assistance to Needy Families)	<input type="checkbox"/> Other, please specify

Other assistance: _____

Please list all other members of your household, who have not been previously described:

First Name	MI	Last Name	Gender	DOB	Relationship to Head of Household	Grade in 2023-24	School Attending in 2023-24	Enroll- ed in SEI?
			Select...		Select...	Select...		Se...
			Select...		Select...	Select...		Se...
			Select...		Select...	Select...		Se...

6) The last section asks for permissions and a signature. When you click into the signature a text box will appear.

SELF ENHANCEMENT, INC
Releases and Liability Agreement
2023-2024

I, the parent/guardian have received, read, and understand the releases and agreements listed below. I understand, acknowledge, and agree to the terms and conditions effective as of the date set forth below:

- Permission for Enrollment & Release of SEI From Liability
- Release of Education Record
- Notice of Non-Discrimination
- Media Consent and Release
- Emergency Medical Release
- Behavioral Expectations
- Release of Free/Reduced Lunch Status
- Acceptable Internet Usage and Regulation Agreement
- The Family Education Rights and Privacy Act
- Client Consent to Release of Information for Data Sharing in Multnomah County
- Grievance Procedure
- Parent/Guardian Involvement
- COVID-19 Waiver

For the following two sentences, there is an option to either opt in, or opt out. Please choose "I Do" or "I Do Not".

☐ consent to having my child photographed or interviewed by the news media.

☐ give permission for the release or exchange of information to be shared.
(NOTE: A student cannot enroll in SEI Youth Services if you opt out of the Release of Education Record.)

[Click here to sign](#) 10/03/2023

Parent/Legal Guardian (Signature) _____ Parent/Legal Guardian Name (Printed) _____ Date _____

Parent One
 Clear

I, the parent/guardian have received, read, and understand the releases and agreements listed below. I understand, acknowledge, and agree to the terms and conditions effective as of the date set forth below:

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(NOTE: A student cannot enroll in SEI Youth Services if you opt out of the Release of Education Record.)

[Parent One](#) 10/03/2023

Parent/Legal Guardian (Signature) _____ Parent/Legal Guardian Name (Printed) _____ Date _____

- 7) Follow the red arrow to press “Click to Sign” and enter your email to start the submission and confirmation process. You are almost done.

I, the parent/guardian have received, read, and understand the releases and agreements listed below. I understand, acknowledge, and agree to the terms and conditions effective as of the date set forth below:


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(NOTE: A student cannot enroll in SEI Youth Services if you opt out of the Release of Education Record.)

 Parent One Parent One 10/03/2023
Parent One (Oct 3, 2023)
Parent/Legal Guardian (Signature) Parent/Legal Guardian Name (Printed) Date



By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with Self Enhancement, Inc.

Click to Sign

Please sign:

Enter Your Information

Please enter your email and then click to sign this document.

sarahc@selfenhancement.org

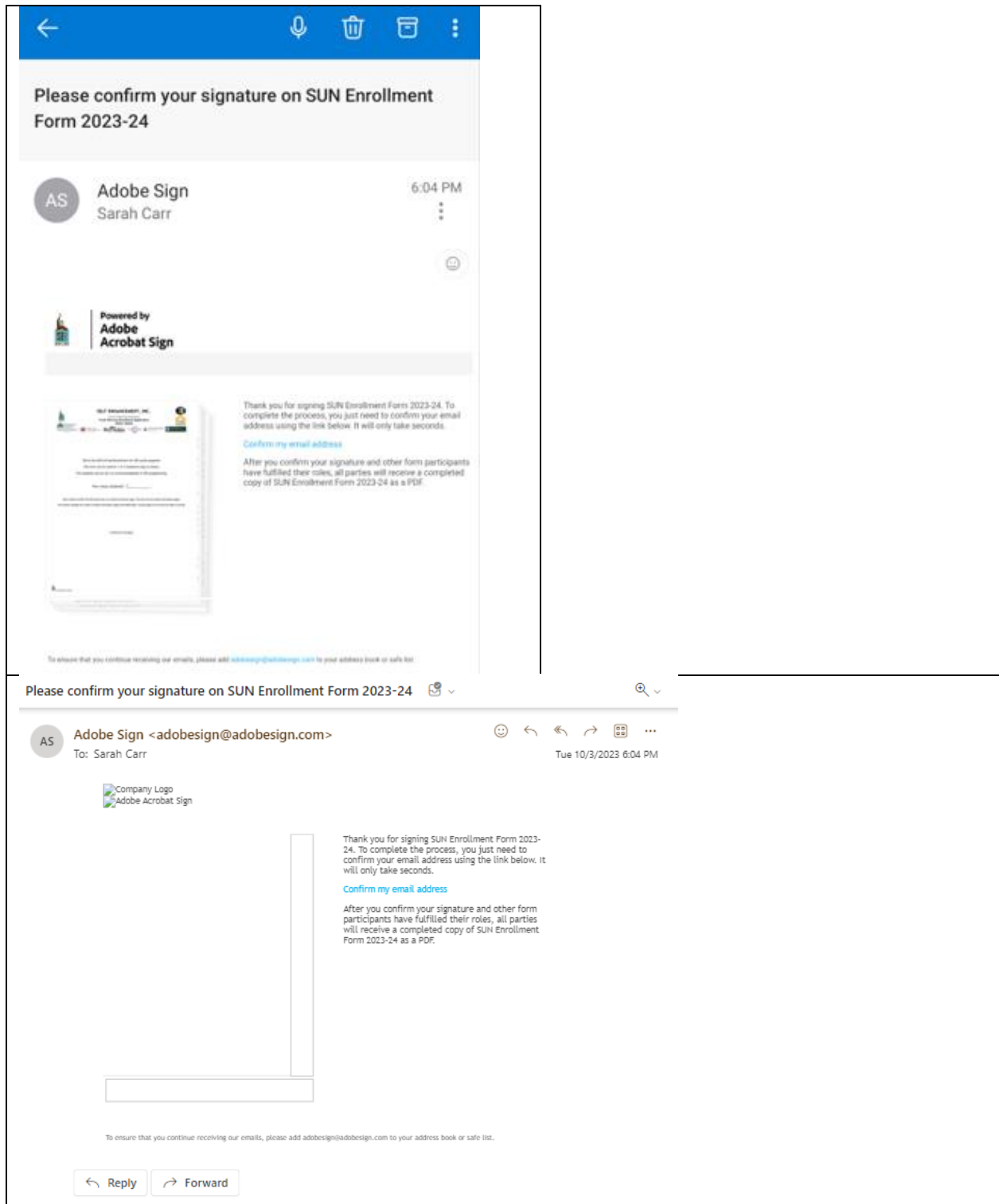
Cancel **Click to sign**

SELF ENHANCEMENT, INC.
Releases and Liability Agreement
2023-2024

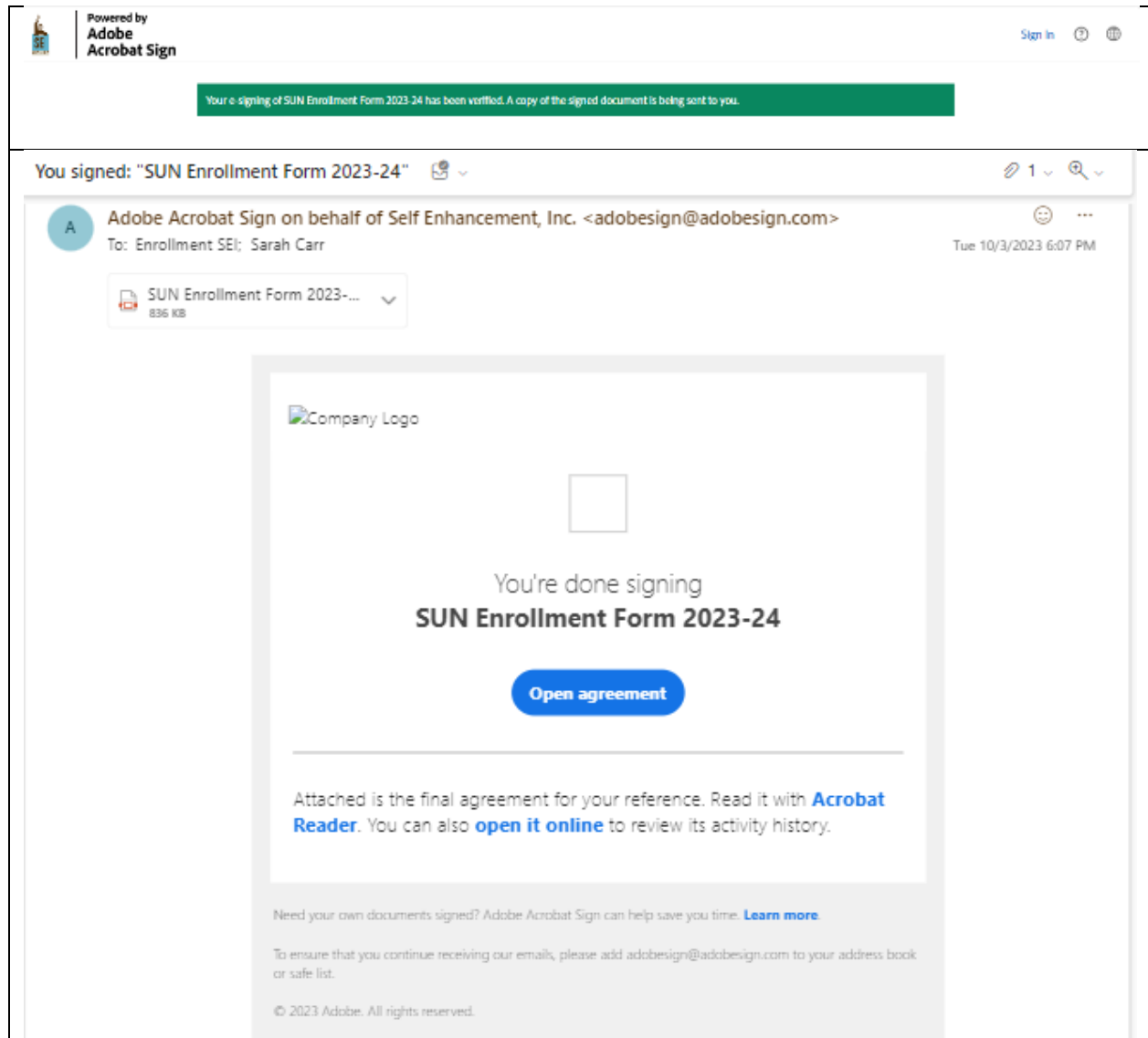
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- Release of Free/Reduced Lunch Status
- Acceptable Internet Usage and Regulation Agreement
- The Family Education Rights and Privacy Act
- Client Consent to Release of Information for Data Sharing in Multnomah County

- 8) Go to your email. Within a few seconds you will receive a message from Adobe (adobesign@adobesign.com) and it might go to your junk mail. This step is to verify e-signature. Click “confirm my email address”



- 9) This will take you to a new window with a green banner confirming verification. You will also get another email saying that you are finished. Forward your confirmation email to torej@selfenhancement.org to notify the SUN staff at Reynolds High School that the form is completed.



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- 10) Do a celebratory dance. You've completed the SUN form for the 2024-25 school year!