Walt Morey Middle School, 2023-2024 SUN Community School Registration

**STUDENT INFORMATION:**

First Name:

Last Name:

Home Address: City: State:

Date of Birth: Age:

Language Spoken at Home:

Grade: Student ID #:

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| **Gender:** |
| □ Male □ Transgender Male □ Gender Non-Conforming □ Decline to Answer□ Female □ Transgender Female □ Other (Please Specify):  |

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| **Race or Origin *(Please Check All That Apply):*** |
| □ Middle Eastern □ American Native/Alaskan Native □ Decline to Answer □ White□ Latino/Hispanic □ Native Hawaiian/Pacific Islander □ Black/African American □ Asian□ Other (Please Specify):  |

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| **Other Information:** |
| ***Does your student have any conditions that you would like us to know about that may affect your Student’s participation in activities (i.e. asthma, allergies, etc)?*** □ Yes □ NoIf ***yes*** , please describe:***Does your student receive additional supports during the school day that we should know about (i.e.******ELD, IEP, 504, etc.)?*** □Yes □ NoIf ***yes,*** please describe: |

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| **Transportation *(Please Check All That Apply):*** |
| ***My student will leave SUN at 4:30 PM by—**** Parent/Guardian Pickup
* Walking or Biking Home
* Public Transportation
* After School Activity Bus ***(only if address is within school boundaries)***
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**PARENT/GUARDIAN INFORMATION:**

Parent/ Guardian #1:

First Name:

Last Name:

Phone Number: Email: Parent/Guardian #2:

First Name:

Phone Number:

Last Name:

Email:

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| **Emergency Contact:** |
| ***In the event of an emergency or an unmet child where the parents/guardians listed above cannot be reached, I provide the SUN Site Manager and all of Walt Morey’s extended day staff, permission to contact the following individual(s):***First Name: Last Name: Relationship: Phone: First Name: Last Name: Relationship: Phone:  |

**Parent Consent to Participate:**

I hereby agree that my child may participate in SUN School activities, and release and waive IRCO, its em-

ployees, agents and representatives, officers, as well as directors, and partner agencies, from any and all

liability for any loss or injury sustained or incurred (including any loss or injury resulting from the represent- atives, officers, and/or directors) while my child participates in SUN School activities. By signing below, I have read and understand the consent and waiver statement above.

Parent Name:

Parent Signature: Date:

**Notice of Non-Discrimination & Behavioral Expectations:**

SUN Community Schools programs and services reflect the diversity of our community. We do not discriminate on the basis of religion, race, color, gender, national origin, sexual orientation age or

disability. The safety and well-being of all participants and staff is of utmost importance. To ensure safety in

SUN Community Schools, we require that all participants be able to follow all three of the following criteria:

1. Be age-appropriate for the activity/program.
2. Be able to maintain safe behavior during the activity. This means that they can participate without harm- ing themselves or others. Specific required behaviors include: - Treating adults and other students with

respect - Following directions of adult instructors and coordinators - Remaining in the assigned room until dismissal - Engaging in safe, non-violent behavior

1. Participate meaningfully in the activity and not disrupt or distract others. If you have questions or con-

cerns about whether your child can follow the behavioral expectations above or whether s/he will benefit from the program being offered, please talk with the SUN CS Site Manager.

# □ I have read the Behavioral Expectations and have discussed any questions or concerns I have with the SUN Site Manager.

**IRCO SUN Community School Release of Student Information 2022-2023:**

Our SUN Community School is a collaboration of Reynolds School District, Multnomah County, and the

City of Portland and many community partners and agencies who come together to support children’s success in school and life. We do this by working together to meet the specific needs of our students and their fami-

lies.

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement

test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student’s success. This information may also be shared with the City/County SUN Initiative and their evaluation contractors for program evaluation.

Organizations receiving information about your student are informed of state and federal confidentiality pro- visions. This includes employees and volunteers managed by the SUN Community School site manager and staff of other partner agencies providing the activities in which my child participates. They are not authorized to release information to any agency or person not listed in this release without specific written consent of the parent/legal guardian.

Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or ex- change of educational information to other staff or agencies.

* **YES,** I authorize the release and exchange of student records with staff of programs/activities.
* **NO,** I do **NOT** authorize the release and exchange of student records with staff of programs/activities.

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| **Photo/Art Release** |
| Pictures and/or videography of participants and/or their artwork created during program may be taken and used in school displays, community outreach, and educational materials. The multimedia taken may also be used for publicity or news purposes.***May the program take photos and/or video of your student and use them for the above purposes?**** **Yes** □ **No**

***May the program use your child’s artwork for the above purposes?**** **Yes** □ **No**
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Winter SUN 2023

Class Selection

**Please select *every* class that your student would enjoy. The final winter class**

**schedule will be based upon student interest. Some classes may be canceled or re- scheduled for a later term. Confirmation letters containing student schedules will be sent out after January 4th.**

**Student’s Full Name:**

**Parent Signature:**

Preferred Activities:

* **Study Hall**
* **Basketball**
* **Soccer**
* **Volleyball**
* **Cards & Games**
* **Arts & Crafts**
* **Multimedia: Music and/or Photography**

Preferred Days:

* **Mondays**
* **Tuesdays**
* **Wednesdays**
* **Thursdays**