



**HARMONY**  
ACADEMY

# ENROLLMENT PACKET

**2020-2021**

## Community Understanding

Harmony Academy is an intentional recovery community.

I have chosen a school that provides a safe, sober community for recovering students committed to academic progress and personal growth. I choose to be part of this program based on the following understanding:

1. My intention is to be drug and alcohol free.
2. I agree to develop a recovery plan with my team.
3. Participation at mutual aid meetings is recommended.
4. Caring for my mental health is necessary for recovery.
5. I will participate in drug testing.
6. I will hold my peers accountable to community agreements.
7. Relapse is part of recovery (but not required). If I relapse, I agree to talk about it.
8. I will attend school.
9. I commit to making academic progress.
10. Harmony is a tobacco and drug-free campus.
11. Safety is essential to a recovery community. Racist, sexist, and homophobic comments cannot be ignored.
12. We recover in community.



## Demographic Information

Please provide an approved proof of age document for your student. <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Hospital Certificate <input type="checkbox"/> Passport <input type="checkbox"/> State Issued I.D.	
Are there legal documents concerning the custody of this child? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please provide copies of the custody documents when submitting this form. <input type="checkbox"/> Parent/Guardian to provide a copy of their state-issued I.D.	
Please provide a copy of the student's current immunization record. Student's entering grade 9-12 require: <input type="checkbox"/> DTaP (Diphtheria/Tetanus/Pertussis): 5 doses <input type="checkbox"/> Polio: 4 doses <input type="checkbox"/> Varicella (chickenpox): 1 dose <input type="checkbox"/> Measles: 2 doses <input type="checkbox"/> Mumps: 1 dose <input type="checkbox"/> Rubella: 1 dose <input type="checkbox"/> Hepatitis A: 2 doses <input type="checkbox"/> Hepatitis B: 3 doses	
<b>Required documents contained within this packet in order to register/enroll are as follows:</b> <input type="checkbox"/> Demographic Info (this form) <input type="checkbox"/> Language Use Survey <input type="checkbox"/> Student Registration Form (4 pgs) <input type="checkbox"/> Consent(s) to Obtain/Release Information <input type="checkbox"/> Enrollment Packet Acknowledgment <b>Required documents to complete student record:</b> <input type="checkbox"/> Field Trip Permission Slip <input type="checkbox"/> Title 1 Income <input type="checkbox"/> Family Survey <input type="checkbox"/> Federal Family Education Rights and Privacy Act <input type="checkbox"/> Emergency Contact Parental Consent Form <input type="checkbox"/> Medication Administration or Agreement (if applicable) Insurance Information	
<b>NEW STUDENT QUESTIONNAIRE</b>	
Is your student on an IEP or 504 Plan? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, please provide a current copy of the IEP or 504) Has your student ever been removed from school for any disciplinary reason? <input type="checkbox"/> Y <input type="checkbox"/> N Is your student credit deficient or had a lapse in enrollment? <input type="checkbox"/> Y <input type="checkbox"/> N Has the student previously been enrolled in English as Second Language (ESL) classes? <input type="checkbox"/> Y <input type="checkbox"/> N	
Does your student have health concerns we should be aware of? <input type="checkbox"/> Y <input type="checkbox"/> N Does your student require medication during the day? <input type="checkbox"/> Y <input type="checkbox"/> N If yes to either, please attach an additional explanation sheet. <i>(Please note all medications are required to be in their unexpired, original container with an accurate label. If applicable, please complete enclosed Medication Administration forms prior to any medication administration while on school property.)</i>	
What was the last school your student attended? <i>We want to make sure we request records from the correct location.</i>	
Did you withdraw and let them know the student would be attending a different school? <input type="checkbox"/> Y <input type="checkbox"/> N Can you provide a copy of the current transcript/withdrawal grades? <input type="checkbox"/> Y <input type="checkbox"/> N (If no, we will request it for you.)	
If your student is an incoming 9 <sup>th</sup> grader – what high school would they have been attending?	

## STUDENT REGISTRATION FORM

## SHADED AREA FOR OFFICE USE ONLY

ADMISSION REASON	ENTRY DATE	ADMISSION STATUS	FTE	GRADE	GRAD YEAR	TEACHER NAME	ENROLLING SCHOOL & NOTES
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## STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME(S)	SUFFIX (Jr, III, etc.)	GENDER/PRONOUNS <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X
PREFERRED LAST NAME	PREFERRED FIRST NAME	BIRTHDATE (mm/dd/yyyy)	ENROLLING GRADE	
CITY & STATE OF BIRTH	COUNTRY OF BIRTH	STUDENT'S PERSONAL EMAIL ADDRESS		

ETHNICITY AND RACE: (Harmony Academy is required by law to request this information.)

1. Ethnicity: Hispanic or Latino Origin: ☐ Yes ☐ No (Meaning: Central, Latin or South American; Chicano; Cuban; Dominican; Mexican/Mexican American; Puerto Rican; Spaniard or Other Hispanic/Latino)2. Race: CHECK ALL THAT APPLY: ☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

HOME ADDRESS (Street Address & Apartment No.)	CITY	STATE	ZIP CODE
MAILING ADDRESS IF DIFFERENT	CITY	STATE	ZIP CODE

Is student currently living in any of these circumstances:

• Shelter or transitional public housing

• Hotel or motel not intended as permanent housing

☐ YES ☐ NO

• Unsheltered (e.g., in a vehicle or abandoned building)

• Doubled-Up, i.e., sharing housing of relatives, friends, or others due to economic hardship

PREVIOUS SCHOOL DISTRICT Attended	PREVIOUS SCHOOL Attended	DATES ATTENDED	PREVIOUS SCHOOL PHONE/ADDRESS/CITY	PREVIOUS SCHOOL PHONE/FAX
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PRIMARY CONTACT Phone #

☐ HOME or ☐ PARENT CELL

Is this number UNLISTED

☐ YES ☐ NO

STUDENT'S PERSONAL CELL PHONE NUMBER

PRIMARY CONTACT Phone # <input type="checkbox"/> HOME or <input type="checkbox"/> PARENT CELL	Is this number UNLISTED <input type="checkbox"/> YES <input type="checkbox"/> NO	STUDENT'S PERSONAL CELL PHONE NUMBER	
1. Has student previously attended LOSD Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school(s) and withdrawal Month/Year: _____			
2. Has student ever been enrolled in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If the student has a current IEP, attach a copy <input type="checkbox"/> Attached Therapy services? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Has student ever received Speech</span>			
3. Does student have a current Section 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of current 504 Plan <input type="checkbox"/> Attached			
4. Is there a Court "Order of Protection" or "Sole Custody Order?" <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy of Order <input type="checkbox"/> Attached			
<b>PARENT/GUARDIAN INFORMATION</b>			
<b>FIRST PARENT/GUARDIAN</b> : <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN (DOCUMENTATION REQUIRED) <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____			
Check all that apply <input type="checkbox"/> CONTACT ALLOWED <input type="checkbox"/> EDUCATIONAL RIGHTS <input type="checkbox"/> HAS CUSTODY <input type="checkbox"/> MAILINGS ALLOWED <input type="checkbox"/> PARENT PORTAL ACCESS <input type="checkbox"/> RELEASE TO <input type="checkbox"/> FINANCIAL RESPONSIBILITY			
LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	NICKNAME  GENDER <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X
ADDRESS: Lives with student? <input type="checkbox"/> YES <input type="checkbox"/> NO Same as student address? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, fill address in the next box →		ADDRESS (If different than student)	
PREFERRED LANGUAGE FOR WRITTEN COMMUNICATION	NEED INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE OF EMPLOYMENT	JOB TITLE
MOBILE PHONE NUMBER	HOME PHONE NUMBER	WORK PHONE NUMBER  ACTIVE MILITARY/FULL-TIME NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS: (WILL BE INCLUDED IN LISTSERV FOR ELECTRONIC DISTRIBUTION OF NEWSLETTERS AND EMERGENCY INFORMATION.)

<b>SECOND PARENT/GUARDIAN</b> : <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN (DOCUMENTATION REQUIRED) <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____				
Check all that apply <input type="checkbox"/> CONTACT ALLOWED <input type="checkbox"/> EDUCATIONAL RIGHTS <input type="checkbox"/> HAS CUSTODY <input type="checkbox"/> MAILINGS ALLOWED <input type="checkbox"/> PARENT PORTAL ACCESS <input type="checkbox"/> RELEASE TO <input type="checkbox"/> FINANCIAL RESPONSIBILITY				
LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	NICKNAME	GENDER  <input type="checkbox"/> F <input type="checkbox"/> M <input checked="" type="checkbox"/> X
ADDRESS: Lives with student? <input type="checkbox"/> YES <input type="checkbox"/> NO Same as student address? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, fill address in the next box →		ADDRESS (If different than student)		
PREFERRED LANGUAGE FOR WRITTEN COMMUNICATION		NEED INTERPRETER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE OF EMPLOYMENT	JOB TITLE
MOBILE PHONE NUMBER	HOME PHONE NUMBER	WORK PHONE NUMBER	ACTIVE MILITARY/FULL-TIME NATIONAL GUARD?  <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS: (WILL BE INCLUDED IN LISTSERV FOR ELECTRONIC DISTRIBUTION OF NEWSLETTERS AND EMERGENCY INFORMATION.)
<b>EMERGENCY CONTACTS other than parent/guardians — In an emergency, parents/guardians above will be called first. Attach additional sheets if desired. By listing a name below, you are authorizing that person to pick up your student at school if the parent/guardian(s) cannot be reached.</b>				
<b>1<sup>st</sup> EMERGENCY CONTACT</b> FIRST & LAST NAME	RELATIONSHIP	MOBILE PHONE NUMBER	HOME PHONE NUMBER	WORK PHONE NUMBER
<b>2<sup>nd</sup> EMERGENCY CONTACT</b> FIRST & LAST NAME	RELATIONSHIP	MOBILE PHONE NUMBER	HOME PHONE NUMBER	WORK PHONE NUMBER

**HEALTH CONDITIONS — School staff needs to know when your child has a health issue requiring help during the school day. Please advise the school of any changes.**

CURRENT HEALTH CONDITION(S): ☐ Asthma ☐ Diabetes: ☐ Type 1 ☐ Type 2 ☐ Serious Allergy/Allergy to Medication (describe):

☐ Heart Condition ☐ Hemophilia ☐ Seizures ☐ Other (describe):

**STUDENT RECORDS / TECHNOLOGY**

Annual Parent Notification for the Family Education Rights and Privacy Act. Parent Rights: 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to the disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Education concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from the school.

To enable full academic content and services, your child will be given access to the Internet and other technological resources. The student's use of these resources is subject to the acceptable use policy and/or Harmony Academy's Technology Agreement, which are available through the student's school.

The following **Directory Information** may be released to the public through appropriate procedures: student's name, address, phone number, email address, photograph, date, and place of birth, major field of study, participation in officially recognized sports and activities, weight and height of athletic team members, dates of attendance, degrees or awards received, most recent previous school or program attended. Under specific, limited release conditions, parent names and contact information will be considered directory information that may be released to the Harmony Academy and/or Lake Oswego Schools Foundation for the sole purpose of fulfilling its primary mission, and to each school's parent club for the sole purpose of producing a local directory. Directory information or photos may be used for purposes such as school-related fundraising, the publication of a student directory, parent organization mailing lists, school yearbook, newspapers, commencement programs, and honor rolls. Photos, videos, and information about students may be used in school and district newsletters, websites, and social media or released to the news media. Information will not be released for commercial purposes.

Within 15 days of enrollment, a parent/guardian may request, in writing to the school, that all or a portion of this Directory Information not be released while the student is enrolled. This request must be renewed annually.

**Recruiters:** The District may release the names, grade level, age, addresses, and telephone listings of students to military recruiters for any branch of the United States Armed Forces, or to an institution of higher learning, that requests such information. Within 15 days of enrollment, a parent/guardian may request, in writing to the school, that their student's information not be released to military or college recruiters. This request must be renewed annually.

**Transferring Records:** Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school.

**Records Retention:** Student records will be retained the minimum time set by the State of Oregon. The District will retain speech pathology and physical therapy records until the student reaches age 21 or five years after last seen, whichever is longer. The District will retain all other special education records for a minimum of five years after the school year in which the records were created. The District may destroy these records after these periods.

SIGNATURE OF FIRST PARENT/GUARDIAN

DATE

SIGNATURE OF SECOND PARENT/GUARDIAN

DATE

## EMERGENCY CONTACT PARENTAL CONSENT FORM

CHILD'S NAME			BIRTH DATE
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER	
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER	
ADDRESS			
BUSINESS NAME		BUSINESS TELEPHONE NUMBER	
ADDRESS			
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
PARENTS SIGNATURE IS REQUIRED TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

According to the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), directory information about students may be released by the district without parental consent, provided annual notification has been given and the school does not have on file written denial to release directory information; however, schools do use discretion when they receive requests for directory information and will not release such information if it is the Principal's judgment that releasing such information would not be in the best interest of the student.

Examples of general directory information are:

- name, address, telephone listing, electronic mail address
- date and place of birth, photographs
- participation in officially recognized activities and sport
- field of study
- weight and height of athletes
- enrollment status
- degrees and awards received
- dates of attendance
- most recent previous school attended
- grade level

This information will be made available to qualified agencies upon request. Qualified agencies include, but are not limited to colleges and universities, scholarship providers, trade/technical schools, and potential employers.

In addition, Federal No Child Left Behind legislation provides that all branches of the military have access to three directory information categories - names, addresses, and telephone listings - unless parents (or students) have advised the school that they do not want their student's information disclosed without prior written consent.

Parents have the right to have directory information withheld upon written request. If you prefer to deny the release of your student's directory information, please complete the form below and return it to your child's school.

Only return this form to your child's school if you are requesting to withhold directory information.

### RELEASE OF STUDENT INFORMATION - REQUEST FOR WAIVER

I request that directory information for my child NOT be released:

☐ Withhold information from Military only ☐ Withhold directory information from ALL agencies/organizations

_____ Student Name	_____ Date of Birth
_____ Physical Address	_____ Phone Number
_____ School of Attendance	_____ Grade Level
_____ Parent/Guardian Name (print)	_____ Parent/Guardian Signature
_____ Date Signed	_____ Date Received by School

The written request to withhold directory information is due to the school the student is attending by September 1st. If enrolled after September 1st, the written request is due within two weeks of enrollment. The request to withhold directory information will be in effect from the date it is received by the school. Please be aware that prior to this date information may have been released.

## ***TITLE 1 INCOME FORM***

Dear Parent/Guardian,

Your child is attending school at Harmony Academy. The following income information is needed to determine if Harmony Academy will qualify for funding under Title I. In addition, we may use the information when seeking grants to enhance our educational programs.

Please indicate your entire household income below using only one of the choices:

- ☐ \$ \_\_\_\_\_ Annual income
- ☐ \$ \_\_\_\_\_ Monthly income
- ☐ \$ \_\_\_\_\_ Twice per month
- ☐ \$ \_\_\_\_\_ Every two weeks
- ☐ \$ \_\_\_\_\_ Weekly

Number of people who live in your household: \_\_\_\_\_

Children enrolled in school (please include all children in school): \_\_\_\_\_

Name (last, first): \_\_\_\_\_

Physical Address: \_\_\_\_\_

This information is confidential and individual family data will not be reported.

Thank you!

## ***FAMILY SURVEY***

In order to better serve your children, Harmony Academy would like to identify students who may qualify to receive additional educational services. The information provided will be kept confidential. Please answer the following questions and return this survey form to your child's school. Or, if you prefer, for more information, contact Harmony Academy.

1. Have you moved within the last 3 years? Yes \_\_\_\_ No \_\_\_\_

2. If yes, have you done agricultural or fishing related work since your move (e.g., fieldwork, canneries, lumbering, dairy, meat processing)? Yes \_\_\_\_ No \_\_\_\_ If you answered "yes" to both of the questions above, an educational representative may contact you to find out whether your child is eligible for additional educational services.

To qualify for migrant education services, a child must have moved within the past 3 years across the school district, city, county, or state lines with their parents or guardians to obtain temporary or seasonal employment in an agricultural or fishing activity



## LANGUAGE USE SURVEY

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? hear \_\_\_\_\_ use (e.g., American Sign Language (ASL)) \_\_\_\_\_
2. Describe the language(s) your child **understands**.
  - ☐ No English
  - ☐ Mostly another language and a little English
  - ☐ English and other languages equally
  - ☐ Mostly English and a little of another language
  - ☐ Tribal/Heritage/Native Language (e.g., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
  - ☐ Only English
3. What language(s) do **adults** most frequently **use** when speaking/conversing with your child?  
Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Other Adults in the Home: \_\_\_\_\_ Child-care Providers: \_\_\_\_\_
4. What language(s) does your **child CURRENTLY speak/express** most frequently **outside of school**?  
\_\_\_\_\_
5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.).  
\_\_\_\_\_
6. Is there anything else you think the school should know about your child's language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?  
\_\_\_\_\_

**Parent Questions: In what language(s) do you want to receive information from the school (if available)?**

Parent/Guardian:

Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Parent/Guardian:

Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**What is your relationship to the student?** \_\_\_\_\_ (e.g., parent, grandparent, etc.)

## Education Guardianship

As family participation is key to student success, parents/legal guardians shall retain educational guardianship. This includes the following: Information about attendance (including excusing absences), participation, grades, drug test results, behavioral health and anything else pertaining to what happens in school.

This applies to any student, any age, until they graduate, or leave Harmony Academy.

I have read, understood and agree to this policy.

Student \_\_\_\_\_

Date \_\_\_\_\_

Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Please complete one form per provider**

I, \_\_\_\_\_ (student's name), authorize Harmony Academy to release and/or receive the following information from my records (check all that apply):

- ☐ Alcohol and Drug Screening Results Program Participation
- ☐ Assessment Results from Follow-up Information
- ☐ Treatment Information Billing/Financial Info
- ☐ Other (please specify): \_\_\_\_\_

The purpose of the disclosure is to allow Harmony Academy to collaborate and share information with other important treatment providers.

_____ Name of Medical Professional (please print)	(     ) _____ Phone Number
--	----------------------------------

*I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I authorize the use or disclosure of my individually identifiable health information as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent automatically expires at the beginning of the new school year.*

_____ Student Signature	_____ Date
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_____ Parent/Legal Guardian Signature	_____ Date
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**Please complete one form per provider**

I, \_\_\_\_\_ (student's name), authorize Harmony Academy to release and/or receive the following information from my records (check all that apply):

- ☐ Alcohol and Drug Screening Results Program Participation
- ☐ Assessment Results from Follow-up Information
- ☐ Treatment Information Billing/Financial Info
- ☐ Other (please specify): \_\_\_\_\_

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_____ Student Signature	_____ Date
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_____ Parent/Legal Guardian Signature	_____ Date
--	---------------

**Please complete one form per provider**

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- ☐ Assessment Results from Follow-up Information
- ☐ Treatment Information Billing/Financial Info
- ☐ Other (please specify): \_\_\_\_\_

The purpose of the disclosure is to allow Harmony Academy to collaborate and share information with other important treatment providers.

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_____ Student Signature	_____ Date
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_____ Parent/Legal Guardian Signature	_____ Date
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CONSENT TO OBTAIN/RELEASE INFORMATION - Probation Officer

I, \_\_\_\_\_ (student's name), authorize Harmony Academy to release and/or receive the following information from my records (check all that apply):

- ☐ Alcohol and Drug Screening Results Program Participation
- ☐ Assessment Results from Follow-up Information
- ☐ Treatment Information Billing/Financial Info
- ☐ Other (please specify): \_\_\_\_\_

The purpose of the disclosure is to allow Harmony Academy to collaborate and share information with other important treatment providers.

_____ Name of Probation Officer (please print)	(     ) _____ Phone Number
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*I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I authorize the use or disclosure of my individually identifiable health information as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent automatically expires at the beginning of the new school year.*

_____ Student Signature	_____ Date
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_____ Parent/Legal Guardian Signature	_____ Date
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**CONSENT TO OBTAIN/RELEASE INFORMATION – Alternative Peer Group (APG)(Example: ACTNW, FIR)**

I, \_\_\_\_\_ (student's name), authorize Harmony Academy to release and/or receive the following information from my records (check all that apply):

- ☐ Alcohol and Drug Screening Results Program Participation
- ☐ Assessment Results from Follow-up Information
- ☐ Treatment Information Billing/Financial Info
- ☐ Other (please specify): \_\_\_\_\_

The purpose of the disclosure is to allow Harmony Academy to collaborate and share information with other important treatment providers.

_____ (       )	_____ (       )
Name of APG Counselor (please print)	Phone Number

*I understand that my records are protected and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I authorize the use or disclosure of my individually identifiable health information as described above and that this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken reliance on it, and that in any event this consent automatically expires at the beginning of the new school year.*

_____ Student Signature	_____ Date
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_____ Parent/Legal Guardian Signature	_____ Date
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## **DRUG TESTING AND SUPPLY FEES**

The drug testing fee for Harmony Academy is \$85.00 per month. If your child is suspected to be under the influence and requires more than the standard testing, additional fees may be required.

Our initial supply fee is \$150.00.

Miscellaneous expenses may be incurred during the course of the year. These expenses may include additional supplies, field trips, or unforeseen expenses related specifically to the student.

**Payments are due on/or before the 10th day of each month.**

If financial assistance is required or if your family has the ability to contribute towards families in need, please contact Denise in the main office at 503-496-3929 or [dmaher@harmony.k12.or.us](mailto:dmaher@harmony.k12.or.us)

### **FORMS OF PAYMENT ACCEPTED:**

- Direct Deposit
- Cash
- Checks
- Money Orders

***THERE ARE NO REFUNDS OF FEES***

## **Drug Testing and Searches**

Harmony Academy requires frequent and ongoing drug testing of all students as part of our mission and accountability for the school. Drug and alcohol testing will be performed at the school site. Students must comply with all procedures and protocols established by the school.

*\*Parents can opt to pay for additional testing through GS Testing if they disagree with the results.*



**HARMONY ACADEMY**  
**AUTHORIZATION FOR MEDICATION ADMINISTRATION**  
**BY DESIGNATED SCHOOL PERSONNEL**

Student Name	Date of Birth	Grade Level
<b>I give school personnel permission to administer this medication per the following instructions:</b>		
Medication (Name)	Start Date	Stop Date
Dosage/Strength	Prescription or Non-Prescription	Time(s) of Day to Administer
Frequency	Oral / Ear / Eye / Nose / Topical Method of Delivery (please circle)	
Reason for Medication		
Pharmacy Name	Prescription Number (if applicable)	Prescription Name (if applicable)
Prescriber Phone (if applicable)	Special Instructions	

**ALL MEDICATION MUST BE IN ITS UNEXPIRED, ORIGINAL CONTAINER  
WITH ACCURATE LABEL! NO EXCEPTIONS!**

I understand I am responsible to provide this medication and maintain the supply as needed. All medication must be provided from home and must be contained in its original, labeled and unexpired container. I understand that I am responsible to notify the school in writing of any medication changes and that all staff-administered medications are to be brought to and from school by a parent/guardian or student when allowed. All unused medication must be picked up by the last day of school. I understand that any medication left at school will be discarded. (OAR 581-021-0037)

Parent/Guardian (or student) Signature	Date
--	------

**PRESCRIBER DIRECTION**

(Required in writing or on pharmacy label for all prescription medication and non-FDA approved medications)

- ☐ I have prescribed the above medication for the student whose name appears on the top of the form
- ☐ Instructions from the parent are accurate
- ☐ Please allow this student to carry and self-administer this medication. (Student must be developmentally and behaviorally able to self-administer) (COMPLETE SELF-MEDICATION AGREEMENT)
- ☐ I certify that this medication is necessary for the student to remain in school
- ☐ Special instructions including adverse reactions and action required: \_\_\_\_\_

Prescriber's Name (please print/stamp)	Prescriber's Signature
Clinic/Facility Name	Clinic/Facility Address
Clinic/Facility Phone Number	Effective Date

*SELF-MEDICATION AGREEMENT*

HARMONY ACADEMY  
SELF-MEDICATION AGREEMENT

Students who are developmentally and/or behaviorally able will be allowed to self-administer medication, subject to the following:

1. This Self-Medication Agreement form must be submitted for all self-medication.
2. Self-administration of non-prescription medication requires this form and permission from a school administrator. Self-administration of non-FDA approved medication must also include a written order from a prescriber.
3. Self-administration of prescription medication requires this form and permission from a school administrator and either an RN practicing in the school setting or a prescriber. Prescriber consent can be included on the prescription label or on this self-medication agreement form.
4. All medication must be kept in its appropriately labeled, original container as follows:
5. Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
6. Sharing and/or borrowing of medication with another student is strictly prohibited.
7. Permission to self-medicate may be revoked if the student violates school district policy governing the administration of medication and/or these regulations. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate if the self-medication policy is violated.

---

Student Name: \_\_\_\_\_

**I have read and agree to the above criteria and give permission to self-administer:**

Name of medication: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I agree to comply with the above criteria:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow this student to self-administer this medication. (Student must be developmentally and behaviorally able to self-administer.)

Prescriber/RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

☐ This student may carry and self-administer this medication as prescribed

☐ This student may self-administer this medication as prescribed, but the medication will be kept in the office.

School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FIELD TRIP PERMISSION SLIP

I, \_\_\_\_\_, give permission for my student \_\_\_\_\_,  
(Parent/Legal Guardian) (Student Name)

to participate in any Harmony Academy off-campus field trips. These trips are educational as well as therapeutic for many of the students. I understand that Harmony Academy's staff will not allow any form of inappropriate behavior or drug/alcohol use, and will not be responsible for any accidents that may occur. I voluntarily release and agree to indemnify and hold harmless Harmony Academy and its staff from any and all claims, demands, or causes of action, which are in any way connected with participation in these trips.

Any Allergies we should be aware of? If yes, please list:

Emergency Contacts:

_____ Name	(     ) _____ Phone Number
_____ Name	(     ) _____ Phone Number
_____ Name	(     ) _____ Phone Number



*PUBLIC RELATIONS RELEASE*

I understand that Harmony Academy is a private, non-profit organization that depends upon financial support to operate. I also understand that Harmony Academy engages in public relations programs and fundraising designed to create public awareness of its needs, including financial contributions and availability of academic services. It is requested that I give permission to use photographs, audios, or similar likeness of myself and/or my child if I am the student's legal guardian in Harmony Academy's activities to support the mission and vision of the school. I have been assured that permission is not required as a condition of admission to receive services from the school.

I consent to photographs, slides, audiotapes, videos and other likenesses of my student being taken and used. All questions regarding this document have been answered to my satisfaction. I expect no monetary or valuable benefit from this agreement and expressly release from liability Harmony Academy as an institution and/or any officers, staff personnel, or individuals receiving the likeness. I understand that this authorization can be revoked at any time by providing a written request for such action to the Principal. This will not impact the materials that have already been created and/or distributed according to this authorization.

\_\_\_\_ I am 18 years of age or older and am signing this form on my own behalf.

Name (Print Full Name): \_\_\_\_\_

AND/OR

\_\_\_\_ I am the parent or legal guardian of the child or children named below, who are under 18, and I am signing this form on behalf of my child or children listed below:

Child's Name (Print Full Name): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

## ATTENDANCE AND PARKING

**PLEASE EMAIL [office@harmony.k12.or.us](mailto:office@harmony.k12.or.us)  
PRIOR TO 8:00 AM IF YOUR STUDENT WILL NOT BE AT SCHOOL.**

Student attendance is one of the most vital elements of enrollment at Harmony Academy. School is a student's full-time job and therefore the student's attendance at school should be a high priority.

### ON HOLD DURING CORONA VIRUS

1. The student is expected to attend school every day (court, vomiting, fever, illness severe enough to seek medical attention, funerals and such are appropriate reasons to miss school). We do not accept tired, mild headache, cramps, stayed up too late with sponsor, allergies, "not feeling it," or similar excuses as valid. We would not miss work for those reasons, so your student should not miss school.
2. If the student is absent...we must receive a confirmation via phone or email from a parent/legal guardian, however, if we do not hear from a parent/legal guardian by 9:30 AM we will contact them to check in about the absence.
3. The student's attendance is directly tied to their success at school and to our success as an organization.

Every time a student is absent, they must bring a note signed by a parent/legal guardian on the day of return. The note must be turned in to a Harmony Academy staff member.

#### Documenting Excused Absences

Each note should contain the following:

- Current date
- Date of absence
- Full name of the student
- Reason for absence
- Signature of parent/legal guardian on file

## PARKING POLICY

Harmony has four (4) parking spaces available for students who drive themselves. Students will need a parking pass (issued from the office) and will need permission from the Principal to park in front of the school. Please park in designated spots only. Students who are able to commute via Trimet can acquire monthly passes for \$28.00 (unlimited rides) through the HOP Program.

# Harmony Academy

## 2020 - 2021 School Calendar

August '20						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September '20						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October '20						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November '20						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December '20						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January '21						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February '21						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March '21						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April '21						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May '21						
Su	M	Tu	W	Th	F	S
						1
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June '21						
Su	M	Tu	W	Th	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July '19						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



School Closed/ Holidays



Teacher in-Service/Prep Day (no school for students)



Conferences/No school Grading days



First Day of School



Q1: 11/12  
Q2: 02/03



Q3: 04/15  
Q4: 06/18 (Last day of school)





## CROSS FIT STUDENT WAIVER

I, \_\_\_\_\_ (print name), understand that Cross Fit, including traditional and recovery-focused Cross Fit activities, includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Participation in any Cross Fit class, event, and workshop includes, but is not limited to, participation in strength training, high intensity interval training, aerobics, , and performing various athletic postures. Cross Fit is designed to exercise every part of the body. Cross Fit is an individual experience performed in group classes.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in Cross Fit classes, events, and workshops I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust and ask for support from the Cross Fit teacher (the "Teacher"). I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing.

Cross Fit is not a substitute for medical attention, examination, diagnosis or treatment. Cross Fit is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to participate in Cross Fit. I further affirm that if I currently have or have had at any time in the past a medical condition or injury that could put me at risk during participation, that I will refrain from practicing or participating, or if I choose to practice or participate, I do so at my own risk.

By signing my name below, I acknowledge that participation in Cross Fit classes, events, and workshops exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any class, event, or workshop.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, economic losses, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from Cross Fit classes, events, and workshops, Teacher and Alano Club of Portland DBA The Recovery Gym and X-Factor Cross Fit, and each of their directors, officers, employees, volunteers, representatives, agents, and lessors of premises used to conduct activities; (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or persons mentioned in this paragraph as to any and all liabilities or claims made as a result of participation in Cross Fit classes, events or workshops, whether caused by the negligence of releasees or otherwise; and (c) IDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the owner and operator of the real estate where such activities will occur, from any obvious defect in the premises including parking areas, common areas, and walkways.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Teacher and/or Alano Club of Portland DBA The Recovery Gym; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in Cross Fit classes, events, and workshops, and a licensed medical doctor has verified my physical condition for participation in this type of class, event, and workshop, and that I will consult with a medical doctor to verify my physical condition before participation in any class, event, or workshop in the future.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in Cross Fit classes, events, and workshops with my doctor's full approval. I realize that I am participating at my own risk.

The Student Waiver Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law in Oregon. I acknowledge that this Student Waiver Agreement form will be used by the persons or entities being released in the Cross Fit classes, events, and workshops and that it will govern my actions and responsibilities in said classes, events, and workshops. This waiver may not be modified in anyway, and if any part of this waiver is deemed to be unenforceable, all other parts shall remain valid and enforceable.

**I hereby certify that I have read this document; and, I understand its content.**

**I am aware that this is a release of liability as well as a contract and I sign it of my own free will.**

**I also understand at the Cross Fit classes, events, workshops, or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by the Teacher or Alano Club of Portland and grant a royalty-free, perpetual license, and permission to use, reproduce, distribute, and publicly display throughout the world.**

\_\_\_\_\_  
*Signature of student, parent or guardian (if student is less than 18 years of age)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of student (print clearly)*

\_\_\_\_\_  
*Name of parent, guardian if student is less than 18 years of age*

Dear CrossFit Kids Parent,

Thank you for allowing your teen to be apart of our CrossFit Teens class. The commitment to our children's future is a beautiful, arduous, amazingly nuanced path; the coaches are excited you have chosen CrossFit Teens to be a part of that path as CrossFit has changed all of our lives immeasurably for the better and aided us in our recovery. With your teen, we are not only able to potentially enhance their lives, but we also have the opportunity to shape their lives and their realities within them. It is with this endeavor I have dedicated my life; your teen's safety and opportunity to potentiate their personal lives are my primary focus.

I wanted to take this opportunity, now that the Teens Class is underway, to introduce myself formally and to set some policies and procedures for the safety of your child and the efficacy of their CrossFit class experience.

My name is Shiloe Allison, I am the director of The Recovery Gym. My team members, Martín Camacho, Emily Fox, and Nick Pappas will all be a part of the coaching staff at some point during your teens experience here at TRG.

As previously stated, your teen's safety is paramount to the coaches, and it is with this focus I need your help. Below are some rules that we must enforce as a CrossFit Community to best protect your teen; please:

1. Please inform teachers and coaching staff of any conditions, medications, existing or previous injuries of your teen.
2. Ensure your teen is wearing clothes appropriate for running, jumping, rolling, pulling, swinging, climbing, crawling, throwing, and being upside down.
3. Dress code as follows:
  - a. Boys - TShirt or muscle tank, shorts worn must reach an inch below fingertips when hands rest at side.
  - b. Girls - TShirt or tank top (no spaghetti straps), shorts worn must reach an inch below fingertips when hands rest at side.
  - c. Shirts must always be worn.
  - d. If any questions come up about dress code please don't hesitate to reach out to me. Failure to follow dress code will result in not being allowed to participate in class.
4. Unless pre-arranged with the head coach and teachers, the teens are only allowed to go back to school with the TRG Van who drops them off and picks up.
5. A waiver, signed by a parent or legal guardian, is required for each participant before he or she is allowed to participate in a class.
6. Ensure your teen has a bottle of water, or a bottle that can be filled up at the drinking fountain. Don't forget to put your teen's name on it!
7. If you choose to come and watch the class (which I hope you do!), please do not coach your teen. We want you to cheer your teen on and encourage them, but let us do what



we do best when it comes to coaching! Our plan may not be obvious to you, but we need your trust to be effective at what we do!

8. Student with disciplinary problems: first warning-free of consequence, second warning-sit out the first two minutes of the game, third warning-sits out for remainder of class with teacher, TRG Staff, or parent.

Parents are welcome to attend an adult CrossFit class that will run concurrently with the Teens CrossFit class at 2pm on Tuesdays and Thursdays. We would love for you to share this experience with your teen. It's important to highlight that we do not teach teens and adults together, but classes will run at the same time. If you have any questions or concerns please reach out to me at [shiloeallison@gmail.com](mailto:shiloeallison@gmail.com) or (503)896-9148.

What information do I/we need to know so that I/we may provide the best care for your child?

Emergency Contact Information:

Date:

Child/Minor Name (and nickname if any):

DOB:

Parent/Guardian:

Cell phone with area code: (    )

Email:

Home phone with area code: (    )

Work phone with area code: (    )

Spouse/Partner Contact Info Cell phone with area code:(    )

Email: Home phone with area code: (    )

Work phone with area code: (    )

The following people have my consent to pick up my child from Located at:

Name/Cell phone with area code: (    )

Name/Cell phone with area code: (    )

Name/Cell phone with area code: (    )

Release to administer medication (Tylenol) and or rescue inhaler

Name of Minor:

Name of Parent/Guardian:

Signature:

Date:    /    /

## Evaluation Consent Form

### Evaluation of State Opioid Response Grant

**Principal Investigator:** Kelsey Smith Payne, BA, CADCI, QMHA, Opioid Grant Coordinator, Behavioral Health Unit, Oregon Health Authority, (503) 856-2785

**Co-Principal Investigator:** Lauren Maxim, PhD, RMC Research Corporation, (503) 223-8248, ext. 5740

**Sponsor:** U.S. Department of Health and Human Services, Substance Abuse Mental Health Services Administration

### Purpose

Your child is invited to participate in this evaluation because they get services from a program that participates in a grant to increase access to medication assisted treatment or recovery support services for people with opioid use disorder and to reduce opioid-related overdose deaths. The purpose is to see how effective these program services are. Being in this evaluation will last until your child is discharged from the program.

### What will happen if my child participates?

If your child participates in the study, they will be asked to take part in 3 interviews. The interviews ask how services have affected their drug and alcohol use, mental health, physical health, education, employment status, legal problems, relationships, and living conditions.

Your child will be asked to give program staff their contact information to help them get in touch with your child for the follow-up interviews.

Your child's participation in this evaluation does not affect services they get here. They may continue to participate in interviews even if they stop getting services here.

### How long will my child be in this evaluation?

The first interview will take place during your child's intake assessment. After 6 months, your child will be asked to do a 2nd interview. The 3rd interview happens when your child leaves the program. Each interview is 30 to 45 minutes.

### What are the risks or side effects of participation?

Some interview questions may seem personal or may upset your child. Your child may refuse to answer any questions that they do not wish to answer. They may also stop the interview at any time. If they get so upset by the questions that they appear to need counseling, one of the counselors will speak with them. There is also a small risk that your child's private information might be accidentally revealed, but we have taken many steps to keep this from happening (see "How will my information be kept confidential?" below).

### What are the benefits to participation?

There are no direct personal benefits from being in this evaluation. However, your child's participation may contribute new information about services which could benefit future clients seeking treatment for opioid use disorder.

## What are the alternatives to participation?

Your child may choose not to participate in this evaluation. If your child does take part, they may refuse to answer any question asked or choose not to do some activities. Your child may stop taking part in the evaluation at any time. Their choice will not change the treatment or services they get.

## How will my information be kept confidential?

Your child's privacy is important to us. To protect your child's privacy:

- We won't tell anyone if your child takes part in the evaluation or not.
- Interviews will happen in a private place, where no one can overhear your child.
- Your child's name and what they tell us will be kept confidential, to the extent allowed by law. (By "kept confidential," we mean the names of people who participate will not be given to anyone else. We share their responses in a way where no one can ever guess or know who said it.)
- If the interviewer learns from your child that they might try to harm themselves or others, or that they might be involved in child abuse or elder abuse, that information must be reported to appropriate authorities.

We take steps to protect the security of all your child's personal information, but we cannot guarantee confidentiality of all data. Your child's name will not be used in any publications or reports. Only data combined from all participants will be shared. Personal information (such as your child's name and other identifying information) will be stored by the program and is not shared with evaluators. Evaluators store information in a locked file cabinet and in password-protected computer files to protect your information.

## How long will my child's information be kept?

Evaluators store electronic data on our secure server during the evaluation and for 2 years after the evaluation ends. After that, data will be removed from the server and saved on DVDs which are stored in locked filing cabinets in a secure room only accessible to evaluation staff for a period of 5 additional years. At that time, the DVD will be destroyed by a professional document shredding company that provides certification that the DVD is destroyed.

## Will my child be paid for taking part in this evaluation?

Your child will receive a \$30 gift card for the 2<sup>nd</sup> interview that they complete 6 months after starting services as a way of thanking your child for their time.

## Can my child stop participating once they start?

Yes. Your child's participation in this evaluation is completely voluntary. You can choose not to have your child participate in the evaluation. Your child can start and you can decide to have your child stop at any time without a penalty or change in your child's services here. Your decision to have your child participate, or to stop participating, will not affect your child's relationship with the program. You can have your child stop participating by telling program staff you no longer want your child to participate. If you choose to have your child stop participating in the interviews, the evaluation will continue to use the information from your child in previous interviews unless you tell us you don't want us to do so.

### Whom can I call with questions or concerns about this evaluation?

Lauren Maxim at RMC Research Corporation can be reached at lmaxim@rmcres.com or (800) 788-1887, ext. 5740 to answer questions or concerns you may have about this evaluation. You can also contact Solutions IRB at 1-855-226-4472 or at: participants@solutionsIRB.com

### Consent

This is a consent form. Your signature below means:

- You have read and understand what this form says.
- You are willing for your child to take part in the evaluation.
- You know that your child does not have to participate. And even if you agree, you can change your mind at any time.
- Your decision to have your child participate has nothing to do with the services your child receives here.
- You will get a copy of this form to keep.

Your signature below shows that you have read this information. You agree to have your child participate in this evaluation.

\_\_\_\_\_  
Signature of Parent/Guardian of Interview  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian of Interview  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Data Collector

\_\_\_\_\_  
Printed Name of Data Collector



To parents and guardians,

At Harmony Academy, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. Harmony Academy students will use their G Suite accounts to complete assignments, communicate with their teachers, sign in to their Chromebooks, and learn 21st-century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the G Suite for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a G Suite for Education account for your child. Students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

I give permission for Harmony Academy to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Thank you,  
Sharon Dursi Martin, Founding Principal

---

Full name of the student

---

Printed name of parent/guardian

---

Signature of parent/guardian

---

Date

# G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following “Core Services” offered by Google (described at [https://gsuite.google.com/terms/user\\_features.html](https://gsuite.google.com/terms/user_features.html)):

- Gmail
- Google+
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Hangouts, Hangouts Chat, Hangouts Meet, Google Talk
- Jamboard
- Keep
- Sites
- Vault

In addition, we also allow students to access certain other Google services with their G Suite for Education accounts. Specifically, your child may have access to the following “Additional Services”:

- YouTube
- Google Maps

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at [https://gsuite.google.com/terms/education\\_privacy.html](https://gsuite.google.com/terms/education_privacy.html)

You should review this information in its entirety, but below are answers to some common questions:

## What personal information does Google collect?

When creating a student account, Harmony Academy may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone numbers for account recovery or a profile photo added to the G Suite for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;

- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies that are used to collect and store information about a browser or device, such as preferred language and other settings.

## How does Google use this information?

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

## Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with a G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using a G Suite for Education account.

## Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

## Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations, and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents'/guardians' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.
- With Harmony Academy and Clackamas Education Service District. G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and