



HARMONY
ACADEMY

HARMONY ACADEMY 2023-2024 ENROLLMENT PACKET

RETURN EVERYTHING IN THIS PACKET TO THE MAIN
OFFICE, INCLUDING BLANK FORMS.

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Instructions

- Please return this entire packet to the main office, including any forms that are left blank. This is how we know whether or not consent was given in several instances.
- Have questions about any of our releases? Please email or call the Harmony Office and someone will assist you. **Contact information: 503-496-3929 or office@harmony.k12.or.us**
- If you are filling out this packet for summer school, there will be a few additional forms that will be added for the 2023-2024 academic year. You'll receive those to fill out after summer school.

How did you learn about Harmony Academy?

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 substance free.
2. I agree to develop and actively participate in my recovery plan.
3. Caring for my mental health is essential for recovery.
4. I will participate honestly in drug testing.
5. I will hold my peers accountable to community agreements.
6. If I have a recurrence of use or return to use, I will talk about it.
7. I will attend school and participate in my classes to the best of my ability.
8. I commit to making academic progress.
9. Harmony is a nicotine-, substance-, and weapon-free campus.
10. Safety is essential to a recovery community. Verbal or physical aggression will not be ignored.
11. We recover in community.

Print Full Name: _____

Student Signature: _____

Enrollment Document Checklist

<p>Please provide an approved proof of age document for your student.</p> <p> <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. </p>
<p>Proof of Residency: Provide a copy of either document.</p> <p> <input type="checkbox"/> Real Estate Document <input type="checkbox"/> Current Utility Bill </p>
<p>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.)</p> <p> <input type="checkbox"/> Parent/Guardian to provide a copy of their state-issued I.D. </p>
<p>Please provide a copy of the student's current immunization record. Student's entering grade 9-12 require:</p> <p> <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 </p>
<p>Please provide a copy of your medical insurance for your student.</p> <p> <input type="checkbox"/> Copy of Medical insurance card. </p>
<p>All Documents in this packet must be received back in order to enroll a student. This includes any forms that are left blank.</p> <p>If Documents are missing, we don't know if consent was or wasn't given for things like press releases, field trips, etc.</p>

Insurance *

Insurance Type	Policy Number	Ins Company Name
Private		
OHP, Cares Oregon, etc.		
Other		
Medicaid		
Medicare		
Veteran's Administration		

**Please include a copy of your insurance card*

Supply Fee and Drug Testing

As a public school we request a one time yearly supply fee of \$150.00 to cover basic costs of notebooks, textbooks, calculators and other basic school supplies throughout the year. **There are no refunds of fees.**

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

Form of Payment:

PayPal: office@harmony.k12.or.us

Checks: Please make checks payable to Harmony Academy



If financial assistance is required or if your family has the ability to contribute towards families in need, please contact:

Main Office, 503-496-3929
office@harmony.k12.or.us

Drug Testing

The school covers the cost of our regular drug testing. Families can obtain additional drug testing by contacting GS Testing directly:

Bill Fahey, Jr
503-992-6359 (Office)

GS Testing, LLC
17649 S.W. 65th Avenue
Lake Oswego, OR 97035
www.gstestingllc.com

Student Registration Form

Legal Last Name	Legal First Name	Middle Name(s)	Suffix (Jr., III, etc).	Gender F M X
Preferred Last Name	Preferred First Name	Birthdate (mm/dd/yyyy)	Enrolling Grade	
City & State of Birth	Country of Birth	Student's Cell Phone	Student's Personal Email Address	
<p>Ethnicity & Race: (Harmony Academy is required to request this information)</p> <p>Ethnicity: Hispanic Origin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">a. (Meaning Central, Latin, Or South American; Chicano; Cuban; Dominican; Mexican/Mexican American; Puerto Rican; Spaniard or Other Hispanic/Latinx Origin)</p> <p>Race: Check all that apply: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p>				
Home Address (Street Address & Apartment Info)	City	State	Zip Code	
Mailing Address (If Different)	City	State	Zip Code	
Previous School District	Previous School Attended		Dates Attended	
1.				
2.				

Emergency Contact Parental Consent Form

Child's Name	Birth Date
Address	
Mother's Name/Legal Guardian	
Home Telephone Number	Mobile Telephone Number
Email Address	
Address	
Business Name	
Address	
Father's Name/Legal Guardian	
Home Telephone Number	Mobile Telephone Number
Email Address	
Address	
Business Name	
Address	
Emergency Contact Person(s) Name, Telephone Number, Relation to child	
1.	
2.	
Person to Whom Child May be Released Name, Address, Telephone, Relation to child	
1.	
2.	
Additional Information:	
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 _____

Student Services Questionnaire

<p>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)</p> <p>Has your student ever been expelled from school for any disciplinary reason? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Is your student credit deficient or had a lapse in enrollment? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the student previously been enrolled in English as Second Language (ESL) classes? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
<p>What was the last school your student attended? <i>We want to make sure we request records from the correct location.</i></p>	
<p>Did you withdraw and let them know the student would be attending a different school? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>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.)</p>	
<p>If your student is an incoming 9th grader – what high school would they have been attending?</p>	

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 complete this form 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:

<input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> Withhold information from Military only	<input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> Withhold directory information from ALL agencies/organizations
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Student Name	Date of Birth
Physical Address	Phone Number
School of Attendance	Grade Level
Parent/Guardian Name (PRINTED)	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.

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 Signature _____

Date _____

Guardian Signature _____

Date _____

Title I 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 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.

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 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 questions above, an educational representative may contact you to find out whether your child is eligible for additional educational services					
3.	Is your student currently living in any of these circumstances (Please circle those applicable): <ul style="list-style-type: none"> ● Shelter or transitional public Housing ● Hotel or motel not intended as permanent housing ● Unsheltered (e.g. in a vehicle or abandoned building) ● Doubled-Up (sharing housing of relatives, friends, or others due to economic hardship) 	Yes		No	

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 State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

Student Name: _____ **Grade:** _____ **Date:** _____

Parent/guardian name: _____

Parent/guardian signature: _____

Information	Questions
<p>This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.</p>	<p>1. What language(s) are primarily used in the home? _____</p> <p>2. What was the first language(s) that your student learned? _____</p> <p>3. What language(s) does your student use most frequently at home? _____</p>
<p>This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.</p> <p><i>This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.</i></p>	<p>In what language(s) would you prefer to receive communication from the school?</p> <p>_____</p>

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

Print Full Name: _____

Student Signature: _____

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

Student Name: _____

Parent Name: _____

Parent/Guardian Signature: _____

Harmony Academy Sponsored Activity Liability Release Form

Student Name: _____

Home Phone: _____

Address: _____

Parent/Guardian Name: _____

Activity: _____

Harmony requests anyone participating in After-School Activities to sign and have parents/guardians sign, if applicable, the following Sponsored Event Liability Release Form and return it to Harmony. The Activity's supervisors and coordinators may be affiliated with Harmony as employees, parents of students, or otherwise.

I understand that transportation during and participation in this Activity will expose me or my child/student to risks of injuries. Some of these risks are foreseeable, but some are unforeseeable. Examples of risks include physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Also, **some of these risks cannot be eliminated due to the nature of the activities. I understand that these risks could cause harm to Student, his/her property, and harm to other persons.**

I recognize that Student's participation is not required by Harmony. I recognize the dangers inherent in the Activities, but I am willing to participate, and I am willing to allow my child/student to participate in the Activity. **Both Student and I voluntarily agree to waive and discharge any and all claims against Harmony and release it from liability for any and all losses, regardless of cause,** including claims for any negligent actions of Harmony or its employees or agents, to the fullest extent allowed by law, for myself, Student, our estates, our heirs, our administrators, our executors, our assignees, and our successors. I also agree to release, exonerate, discharge and **Hold Harmless** Harmony, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, Student, or to our property, or losses of any kind which may result from or in connection with Student's participation in the Activity, up to and including injuries stemming from the negligent actions of Harmony or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of the Student.**

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I certify that I have read this document and fully understand its contents. I freely and voluntarily assume all risks of participation in this Activity on my behalf and/or Student's behalf.

Signature of Student or Guardian: _____ Date: _____

Happenings Alternative Peer Group Participant Enrollment Form

PARTICIPANT INFORMATION

Participant Full Name: _____ Date of Birth: _____

Gender: _____ Pronouns: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Participant Phone Number: _____

Participant Email Address: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____

Street Address (if different from participant): _____

Apt: _____ City: _____ State: _____ Zip Code: _____

Parent/Guardian Daytime Phone: _____

Parent/Guardian Evening Phone: _____

Parent/Guardian Email: _____

EMERGENCY CONTACTS

Primary Emergency Contact: _____ Relationship: _____

Phone Number: _____ Email: _____

Place of Employment: _____

Address: _____

Secondary Emergency Contact: _____ Relationship: _____

Phone Number: _____ Email: _____

Place of Employment: _____

Address: _____

MEDICAL INFORMATION:

Please Describe Any Allergies and/or Medical Conditions:

List Any Routine Medications:

AGREEMENTS:

To be completed by Parent/Guardian if Participant is under 18 years of age

_____ I understand that (Participant) must be picked up or have transportation from Harmony Academy or Community Site by 7pm

_____ (Participant) has reviewed and understands Behavior Expectations. (Participant) understands that failure to follow Behavior Expectations could result in no longer being able to attend HAPPENINGS.

_____ (Participant) agrees to be substance-free while attending HAPPENINGS events.

_____ (Participant) has permission to be transported to events by HAPPENINGS staff.

Participant Signature: _____ Date: _____

Parent/Guardian 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 & Relation to Student

Phone Number

Name & Relation to Student

Phone Number

Name & Relation to Student

Phone Number

Oregon Career Information Systems Permission Form

Dear Parents and Guardians,

At Harmony Academy we use Career Information Systems (CIS) to assist the students with their career-seeking goals. We are requesting your permission to provide and manage a CIS account for your child. At Harmony Academy students will use their CIS accounts to explore career and college options, take interest surveys, and find scholarships.

The Harmony Academy CIS Site Coordinator will have access to the Portfolio Policy option. This option will allow Harmony staff to set up portfolios so that they students are always “opted-in”; students will not have the ability to restrict administrative access to their portfolios.

The student portfolio data will be used and protected within the guidelines of the Children’s Online Privacy Protection Act (COPPA), the Family Educational Rights and Privacy Act (FERPA), and the Oregon Consumer Identity Theft Protection Act. The Lake Oswego School District, Harmony Academy Charter School has determined that we are using CIS as an integral part of how we address career-related standards. Our teachers and staff need access to the individual portfolio data in order to track student completion of required activities. As parents and guardians, you are provided with notice of their rights under FERPA annually. Please read the provided guidelines, let us know of any questions, then sign below to indicate you’ve read the notice and give your consent. If you don’t provide consent, Harmony Academy will not create a CIS account for your child.

Thank you,

Harmony Academy Staff

I give permission for Harmony Academy to create and maintain a CIS account for my child.

Full name of student

Printed name of parent/guardian

Signature of parent/guardian

Date

Evaluation Consent Form – 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 the 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 not 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.)

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 2nd 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 our child's services here. Your decision to have our 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.

Printed Name of Parent/Guardian of Interview Participant: _____

Signature of Parent/Guardian of Interview Participant: _____

Date: _____

G Suite for Education Notice

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 into 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.

Thank you,

Sharon Dursi Martin, Founding Principal

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.

Student Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Computer Usage/Network Agreement

It is the responsibility of the school administration to control access to data stored in the District's computer-based systems to maintain confidentiality where necessary, maintain integrity over the data and protect all computers and peripheral devices against unauthorized use. Only "authorized users" are given access to the district's computer-based systems.

By acknowledging this document, you will be designated as an authorized student user and agree to adhere to the following guidelines:

- Use computers for official class instruction directed by staff.
- Never download any material onto a school computer without the direct consent of a staff member.
- The changing of any computer "settings" is strictly prohibited.
- Instant messaging and non-educational games are prohibited.
- You will not retrieve or send unethical, illegal, immoral, or simply inappropriate or unacceptable information of any type. If you have questions, please ask.
- You will follow network etiquette rules, including the use of appropriate language and polite responses.
- You will adhere to all guidelines for any assignment that may be either stored on a local campus server, district server or linked from a district page.
- You will not share home addresses, phone numbers, pictures or last names with another online user for any purpose.
- You understand that information obtained online is the intellectual property of its author unless otherwise specified.
- You will adhere to copyright laws and guidelines and will not plagiarize information obtained in any form.
- You will not logon to the school network with another person's account, and you will not share passwords with any other person.
- You will not attempt to bypass the security built into the system and recognize that doing so will result in immediate cancellation of privileges and possible disciplinary action.
- You will not interfere with or disrupt network users, services, or equipment. Disruptions include, but are not limited to:
 - Distribution of unsolicited advertising, propagation of computer viruses
 - Using the network to make unauthorized entry to any other machine accessible via a network
 - Misuse may result in criminal prosecution
- You will not connect personal technology to school equipment without permission from staff
- You will print only to the appropriate classroom printer.
- You will not use technology access provided by the school for illegal purposes of any kind or for financial gain.
- You will not use technology access to transmit threatening, obscene, or harassing materials.
- You will understand and agree that Lake Oswego School District, Clackamas Education Service District, and Harmony Academy will not be held responsible for participation in such activities.
- You understand that information received online is not private property and is subject to the scrutiny of school administrators.

Any student who suspects that computer security has been compromised is to report immediately such information to your teacher, school administrator, or any other person in authority. Intellectual misuse of data and/or computers can result in disciplinary action.

This agreement applies to:

- Computer data created or maintained within the mainframe computer systems.
- Computer data created or maintained within a school-wide or district-wide mini computer system.
- Data stored on file servers and workstations within the school and district.
- School and district data stored outside data processing services.

Your signature acknowledges that you have received a copy of this notice, that you understand the responsibilities of authorized users, and further understand that intentional misuse of data and/or computers can result in disciplinary action up to and including expulsion.

Student Signature

Date

Student Medical

Primary Care Physician: _____

Address: _____

Phone Number: _____

Please describe any health conditions we should be aware of for your student, including allergies:

Does your student require medication during the school day? (9am - 3:35pm)

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 included in this packet prior to any medication administration while on school property.

Please indicate which of the following:

In the case of my student needing to be transported to the hospital, please take them to:	The nearest hospital	A Specific Hospital: _____
Outside of primary care, is your student connected to a mental health provider?	Yes	No
Outside of primary care, has your student been connected to treatment for substance use, inpatient or outpatient?	Yes	No

If you answered yes to either of these questions, you may want to fill out a release of information so that Harmony staff like our school therapist and Recovery team can connect with your child’s providers. Those forms are located on the next page.



Consent to Obtain/Release Information - Mental Health 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

Social, Emotional, and Behavioral Information

Academic Progress

Recovery-Related Information

Information about treatment, counseling, etc.

Information about 504's and IEP's if applicable

Other

The purpose of this form is to create strong support for students through collaboration between the school and Treatment Provider.

Name of Provider: _____

Role: _____ 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 information as described above and this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken with reliance on it, and that in any event this consent expires 2 years from date of initial signature.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Consent to Obtain/Release Information - Treatment Provider (Inpatient, Outpatient, other)

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

__ Social, Emotional, and Behavioral Information

__ Academic Progress

__ Recovery-Related Information

__ Information about treatment, counseling, etc.

__ Information about 504's and IEP's if applicable

__ Other

The purpose of this form is to create strong support for students through collaboration between the school and Treatment Provider.

Name of Provider: _____

Role: _____ 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 information as described above and this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken with reliance on it, and that in any event this consent expires 2 years from date of initial signature.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Consent to Obtain/Release Information - Other

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

Social, Emotional, and Behavioral Information

Academic Progress

Recovery-Related Information

Information about treatment, counseling, etc.

Information about 504's and IEP's if applicable

Other

The purpose of this form is to create strong support for students through collaboration between the school and Treatment Provider.

Name of Provider: _____

Role: _____ 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 information as described above and this authorization is voluntary. I understand that I may revoke this consent at any time except to the extent that action has been taken with reliance on it, and that in any event this consent expires 2 years from date of initial signature.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Lake Oswego School District

School District Nurse Phone (Student Services Office): 503-534-2359

School District Nurse Fax: 503-534-2288

Authorization for School Personnel to Administer Medications

Student Name:			
Date of Birth:		Grade:	

Medication Name:	
Medication Dose:	
Expiration Date:	
Method of Administration (by mouth, in the eye, on the skin, etc.):	
Time(s) to be given at school:	
Duration (specific range of dates, or all school year):	
Reason for Medication:	
Possible Side Effects:	
Physician/clinic:	

Parent/Guardian Request/Approval

I hereby request and give my permission for the above-named student to receive the specified medication as stated in the above instruction. I understand that the school administration will designate specific staff to administer medication, train staff, assure proper identification and safekeeping of medication, and maintain records of such administration of medication.

I understand I am responsible to provide this medication and maintain the supply as needed, and that I am responsible to notify the school in writing of any changes. Parents are required to pick up all unused medication by the last day of school. All medication left at the school will be discarded.

I further understand that school personnel who provide assistance (administration of specified medication so noted) or employer of such staff are not liable in any way civil or criminal, for any adverse reaction suffered by my child as a result of taking the medication so indicated and discontinuing the administration of the medication in keeping with the procedure outlined above. This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel, and/or my child's health provider.

Parent/Guardian Signature _____ Date _____

Transportation Documents

Harmony Academy has several partnerships to help get our students to and from school. Please fill out the necessary paperwork for your student’s needs.

- Bussing through Portland Public School District (Read & Fill Out PPSD Forms) - Not available for summer
- Student Drives Self (Read & Fill Out Student Driver Agreement)
- Student requires transportation but cannot drive self and does not live within PPSD (Fill Out paperwork for Assist Services)
- I will be transporting my student to and from school (No paperwork required.)

Bussing Through Portland Public School District

Harmony has a partnership with Portland Public School Transportation. PPS sees the great service that Harmony provides PPS students and wants to support us by providing transportation for our students. PPS does this out of the goodness of their heart, but the process takes time.

Once Harmony has submitted the request to PPS, it takes an average of 2 weeks for a student to be added to a route as they are processed through PPS Transportation’s system. **Please make alternate transportation arrangements for 2-3 weeks.**

Student Name: _____

Address: _____

Most recent PPS School Attended: _____

PPS School ID (Optional & Speeds up processing): _____

Fill out the Change of Met Status form on the next page.



Portland Public Schools
Student Transportation

716 N.E. Marine Drive • Portland, OR 97211
503-916-6901 • Fax: 503-916-2707
transportation@pps.net

REQUEST FOR CHANGE OF STUDENT DROP OFF STATUS

All students who ride on PPS Transportation Services and have been assigned to Special Ed bus or sedan service by default **must be met at the door of the school bus or cab by a responsible person.** This default drop off status will remain in place until there is a signed change authorization on file in the District's Transportation Department.

To request that your child be left unattended or dropped off with visual contact between the driver and a responsible person of your designation, complete the appropriate portion of this form and return it to the address as shown above. Please print clearly. Forms that are not easily readable could delay processing and service. The signed request will remain valid while the student remains at the school designated below. The status will be reviewed with the driver and parent at the beginning of each school year.

Parent/Guardian Name (please print clearly): _____

Parent/Guardian Phone Number: _____

Student Name: _____

School Site: _____ PPS ID# _____ Grade: _____ DOB: _____

UNATTENDED DROP OFF (Y)

My child, _____, may be left unattended at the drop location without being met by a responsible person. I understand that, under this arrangement, **I am responsible, and Portland Public Schools is not responsible, for the safety of my child after my child leaves the bus or cab.** I have made provisions for my child's safety at the drop location.

(Signature of Parent/Guardian)

(Date)

OR

VISUAL CONTACT REQUIRED DROP OFF (V)

My child, _____, may be left at a drop location only when a responsible person is clearly visible by the driver. I understand that, under this arrangement, I will ensure that a responsible person is clearly visible from the drop location when my child leaves the bus or cab. I have made provisions for my child's safety at the drop location. **I understand that Portland Public Schools is not responsible for the safety of my child after my child leaves the bus or cab.**

(Signature of Parent/Guardian)

(Date)

For Transportation Use Only

Effective Date _____ Signed _____

NOT VALID UNTIL PROCESSED BY TRANSPORTATION OFFICE
(see back for processing procedures)

PROCEDURE FOR CHANGING DROP OFF STATUS OF A STUDENT:

1. Complete the "Request for Change of Student Drop Off Status" form. Be sure to write the student's name and their school clearly on the form. Unreadable forms will delay the processing in the Transportation Department.
2. Return the form to PPS Transportation either by mail at:

716 NE Marine Dr
Portland, OR 97211

Or by handing the form to your driver.
3. The change in drop off status is not authorized until the signed form is processed in the Transportation Department.
4. The driver will be notified when the request is processed. The driver will notify you about the change in status.
5. If you have any questions or concerns, please contact the PPS Transportation Department at 503-916-6901, transportation@pps.net or by visiting our website at <http://www.pps.k12.or.us/departments/student-transportation/index.htm>

(Form approved by Portland School District Legal Counsel)

Student Driver Agreement

Students may drive to campus at Harmony Academy, provided they follow basic rules:

- 1. Students may park only in the front of the building, in spaces marked “Harmony School Parking.”
- 2. Students will obey all traffic regulations of Mary’s Woods, including speed limit and stop signs.
- 3. All School rules apply in the parking lot, including in school vehicles.
- 4. When cars are on campus, they fall under the same search and seizure rules found in the student handbook. This is for the safety of our community
- 5. During the school day, students may only access their cars during lunch time or with the permission from staff posted in the community chat.
- 6. Students may not give their keys to other students to access their vehicles during the school day except during lunch.
- 7. Student who leave lunch and repeatedly return late may lose lunchtime driving privileges
- 8. Students are not allowed to keep pets/animals of any kind inside of their vehicle while parked on campus.

I understand that Harmony reserves the right to update these rules at any time and will notify me of the changes. I understand that Harmony may revoke driving privileges for repeated failure to follow rules or for unsafe behavior.

I have read and agree to the above rules.

Student Printed Name: _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Vehicle Color: _____ License Plate Number: _____

Vehicle Make/Model: _____

Assist Services Registration Form

**Assist Services is ONLY available to families who live OUTSIDE of the Portland Public School District.

Student First Name:

Student Last Name:

Student Date of Birth:

Student Grade Level

Student Gender:

- Female
- Male
- Non-Binary
- Prefer Not to Say
- Other: _____

Home Address (Please include Apartment/Room Number, City, State, and Zip Code):

Please indicate if the home address is not the pickup and/or drop-off address for this student. Include the correct address (Optional):

Guardian's Name & Relationship to Child:

Guardian's Phone Numbers:

Guardian's Email Address:

Student Cell Number (Optional):

Emergency Contact Person & Relationship:

Emergency Contact Phone Number:

Emergency Contact Email Address:

Please indicate the days of the week and times that your student will be need Assist Services:

	AM	PM
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday (released at 1:55pm)	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>



Handbook Quiz

Name: _____

1. Name two commitments from the Community Understanding:

2. How do you notify the school if you're going to be absent?

3. How often will you be drug tested?

4. What is Harmony's dress code?

5. What is the cell phone policy?

True or False?

- 1. If you are at school but not in your class, you will be marked absent for that class. _____
- 2. Staff members can search your backpack for any reason. _____
- 3. If you test positive on a drug test, you will be suspended. _____
- 4. It is okay to use nicotine on campus as long as it's outside. _____
- 5. If it snows, Harmony Academy will close if the Lake Oswego School District closes. _____
- 6. Students can keep their phones on them if they are expecting a call from a family member, probation officer, or employer. _____
- 7. The primary purpose of a recovery school is to educate students in recovery from substance use or co-occurring disorders. _____

****Successful completion of the Handbook Quiz serves as an acknowledgement of receiving the Harmony Student Handbook.**