



OREGON EAGLE LEARNING CENTER

Wall 2 Wall
 ELC
 Start Date _____
 SSID# _____
 ELC# _____
 Faxed Records request _____
 GRAD/WD _____
 STAR MATH__ STAR READ__

INTAKE & REGISTRATION FORM

Date _____ Grade _____ Age _____ Male ___ Female ___

 First Name Middle Name Last Name

 Address City Zip Code Home Phone

 Student E-Mail Address/Student's Cell Phone Parent/Guardian Name/Cell Phone

 Birth Date Place of Birth (City)

Race: ___ White/Non-Hispanic ___ Black/Non-Hispanic ___ American Indian or Alaskan Native
 ___ Hispanic ___ Multiracial ___ Asian or Pacific Islander

Parent/Student MUST provide copies of the following documents:

Office Use Only

___ Birth Certificate *PROOF OF RESIDENCY MUST BE ONE OF THE FOLLOWING:*
 ___ Proof of Residence *Lease or Rental Agreement, or*
 ___ Immunizations/Shot Records *Bills: Telephone, Electric, Gas, Cable, Water/Sewage Dates must be current*
 ___ Custody Paperwork _____

IRN#:

How did you hear about Eagle Learning Center?
Referral: _____

Have you ever been an ELC student (circle)? Yes No

Home School District: _____ Last School Attended: _____

List All High Schools Attended: _____ Year enrolled: _____
 _____ Year enrolled: _____

Are you / were you in Special Education support (circle)? Yes No

Mother's name and address _____ Phone _____

Mother's email address _____ Work phone _____

Father's name and address _____ Phone _____

Father's email address _____ Work phone _____

Guardian's name and address _____ Phone _____

Guardian's email address _____

Eagle Learning Center
3540 Seaman Rd. Suite B
Oregon, OH 43616
Phone: (419)720-2003

**TYPES OF ACCEPTABLE PROOF OF RESIDENCY
INFORMATIONAL SHEET**

Type of Proof: At least **one** (1) type of proof must be submitted. All items submitted must include name and full address of residential parent(s) and must be current (i.e., no older than 60 days). *Documents with post office box only will not be accepted. (per ODE) **If the student is 18 or older, an additional proof of residency must be provided verifying the name and address of the student.*

Acceptable Documents for Proof of Residency:

Lease or Rental Agreement- Check dates! Month to Month leases need to provide monthly receipts in addition to other proofs of residency

Mortgage Papers

Mortgage Payment Coupon Book

Utility bill (Electricity, gas, water/sewer, residence phone, cable/satellite TV)

Cell Phone Bill

Real Estate tax bill

Bank statement

Rent receipt- formal receipt with company contact information

Car Insurance information

Credit Card Bills

Written confirmation of the parent's current address or student's address (if student is 18 or older) from the Department of Jobs and Family Services

Written confirmation of the parent's current address or student's address (if student is 18 or older) from a Local Law Enforcement Agency or Court

Written confirmation of the parent's current address or student's address (if student is 18 or older) from the Social Security Administration

Voter Registration

Post Office "Forward/New Address" Stickers are not acceptable

Temporary. Residency Application: MUST BE NOTARIZED

2 proofs, of residency from the Parent or Guardian of the student

2 proofs of residency from the resident



**RELEASE OF RECORDS
PARENT/GUARDIAN CONSENT**

TO: _____
Name of Last School Attended

_____ Address Telephone/fax

I am the parent/legal guardian of _____
Name of Student

whose age is _____ years and whose date of birth is _____ .

The above stated school is authorized to release the following records:

- ❖ Birth certificate (copy)
- ❖ Health and immunization records, medical evaluations – Including Hearing and Vision Screening
- ❖ Proof of custody
- ❖ Transcript of all middle and high school grades
- ❖ Grades earned (this school year) up to time of withdrawal
- ❖ Ohio Graduation Test/End of Course test results
- ❖ Psychological evaluations
- ❖ Special education Testing, IEP Plan (if applicable) and ETR.

Reason for request: _____ transfer to the Eagle Learning Center

Send the above listed records to: Eagle Learning Center
3540 Seaman Rd. Suite B
Oregon, Ohio 43616
Phone: (419) 720-2003
Email: cpaul@oregonelc.org

_____ Parent/Guardian signature Phone Date

Office Use Only
ENROLLMENT DATE _____



**TECHNOLOGY USE POLICY
CONDITIONS, RULES AND ACCEPTABLE USE AGREEMENT**

Acceptable Use

1. Network Etiquette – Use of the Network has great potential to enhance the educational process. However, the network can also be abused and a user will be held accountable for their use or misuse of the Network. The network should be used only for educational purposes. The use of the network should never affect or interfere with other network users.
2. Sending or receiving of material that is copyrighted, non-school licensed, threatening or obscene is not acceptable.
3. 9th grade thru Adult Users are assigned an id and password. A registered user is not to share passwords. If you feel your account is compromised you may change your password. When walking away from the PC, it is your responsibility to log off your id before leaving the premises. If you leave the PC and another user sits down you are liable for what is done on that PC or email account.
4. Only appropriate language will be used. Do not use profanity, obscenities, or other language, which may be offensive to other users.
5. Equipment is to be used in a proper manner. No equipment should leave the premise or room, or be damaged in any way. Software titles may not be added or removed from any PC or network connection.
6. Downloading or saving of images or music clips are prohibited unless used for a specific reason with teacher/staff approval.
7. Email accounts are given to staff and students if the AUP form is signed. Email should be used for school and educational purposes. It should never be used for chain letters, mass emails or spam mail. You should never send or receive any type of harassing, threatening, abusive, defamatory, obscene, vulgar messages or materials. **IF** you do receive this type of mail, it is your responsibility to contact the person to stop the messages and delete the message from your account.
8. Internet browsing is provided to staff and students if the AUP form is signed. The Eagle Learning Center does use a filter that blocks the offensive sites. The network is designed so you may not access the Internet without the filter in place. If you find an offensive site, please let your teacher or the help desk know. We will clear the history on your PC and submit the site to be filtered.

The Eagle Learning Center makes no warranties of any kind, expressed or implied, that the functions or the services provided by or through the Eagle Learning Center system will be error-free or without defect. The Eagle Learning Center will not be responsible for any damage users may suffer, including but not limited to, loss of data or interruptions of service. The Eagle Learning Center is not responsible for the accuracy or quality of the information obtained through or stored on the system. The Eagle Learning Center will not be responsible for financial obligations arising through the unauthorized use of the system.

The Eagle Learning Center does reserve the right to monitor, inspect, copy, review and store at any time and without prior notice all usage of the networks and PCs. System administrators may review files and intercept communications for any reason.

EAGLE LEARNING CENTER
TECHNOLOGY USE POLICY

STUDENT: I understand and will abide by the acceptable use policy.

I understand that if I do not abide by these rules my access privileges may be revoked and disciplinary action may be taken.

DATE: _____

BUILDING ATTENDING: Eagle Learning Center

STUDENT'S NAME PRINTED: _____

STUDENT'S SIGNATURE: _____

ANY STUDENT UNDER THE AGE OF 18 MUST HAVE PARENT PERMISSION

As a parent / guardian of this student, I understand the acceptable use policy.

DATE: _____

PARENT/GUARDIAN'S NAME PRINTED: _____

PARENT/GUARDIAN'S SIGNATURE: _____
(or student signature if over 18)

_____ **YES**, I allow my child to have access to on-line resources through the Internet.

_____ **NO**, I DO NOT allow my child to have access to online resources though the Internet.

ELC Participation Agreement

Students in the ELC are young adults and have control over their education. This means that it is your responsibility to earn your diploma! The importance of a high school diploma means better employment, higher salaries, and educational opportunities. The staff at ELC wants you to succeed, and believe that you can succeed. If you attend, complete the course work, and pass the state mandated tests, you will not fail. The staff at ELC is here to help you reach your goal.

What you have to do....

1. Attend school according to the state and district guidelines. ELC requires 5 hours per day of attendance on site.
2. Complete the course work on Pearson and other work as assigned.
3. Fulfill all of your graduation requirements- 20 credits and pass the Ohio State Tests in all seven areas of End of Course tests as applicable.

Getting started...

1. Have an Intake meeting to complete all paper work (an IEP meeting for all special education students). You must bring proof of residence, your birth certificate, shot records, any applicable custody paperwork and your IEP (for special education students) to complete enrollment.
2. **Important:** Pearson is Internet-based, so you can do work at home, as well as in school. To receive credit for the class, you must pass the course/test with 70% mastery.
3. If you **Do Not Pass the Test**, a teacher will allow a retry upon completion of any necessary reviews of the chapter material.
4. You will receive a diploma from Eagle Learning Center.
5. Grade level will be determined by the first school year you entered into high school.
6. School tuition is free.
7. You will have on-boarding and student orientation to the school on the first day you start classes and are here for a full day of attendance.

Rules (few as possible)

1. **Adhere to the ELC Code of Conduct and the ELC Technology Use policy.**
2. Be quiet in the learning labs- talking interferes with others learning. You may listen to music, but only by headphones.
3. No downloading or streaming video or music from the Internet or the installation of software not purchased by the school.
4. No smoking on school property. Do not go in front of ELC or any other business. Do not throw your cigarette butts on the ground.
5. Once you arrive at ELC, stay on the school property.
6. Restrooms are available at the school. Do not litter and use these areas properly.
7. Students will be responsible for their own transportation to ELC.

Withdrawal...

1. If you violate the school district's policy concerning attendance you may be withdrawn if you are 18 years old or over. Letters and/or personal contact will be made concerning unexcused absences. If you are under 18 and not meeting the attendance requirements, truancy charges may be filed.
2. You may meet with the staff to see if it is possible to re-enroll if you have an attendance problem and have been withdrawn, but your position may be given to another student.

Student Signature _____ Date _____

Parent Signature _____ Date _____
(or student signature if over 18)



Mr. Joe Wasserman, Director
3540 Seaman Rd., Ste B., Oregon OH 43616 Phone: 419-720-2003

Student Photo & Video Use Policy & Release

During the year, the Oregon Eagle Learning Center often has the opportunity to photograph and/or video tape our students in a variety of school-related activities. As such, these photographs and/or videotape footage may be used in school communication tools, displays, power point presentations, advertisements or any other public release as part of the Eagle Learning Center. Highlighting the achievements and celebrating the successes in our school is an integral part of responsible reporting to our community as well as a way of sharing in the success of our school and students. However, it is our goal to respect your privacy as well. Therefore, parents/guardians are requested to indicate their wishes regarding the district's use of student photographs, videotapes or images.

*Photographs, videotapes, or images including four or more students in a picture are exempt from this policy, (i.e. group photos). **Permission can only be revoked by written request.**

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### CHOOSE AND SIGN ONLY ONE RELEASE BELOW!

#### CONSENT TO STUDENT PHOTO USE POLICY FOR PARENTAL RELEASE

I, the parent/guardian of (student name, please print) \_\_\_\_\_  
Have read and therefore understand the Student Photo Use Policy and Agreement, and **DO PERMIT** the Eagle Learning Center to use photographs, videotapes and/or images of my child under these and conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(or student signature if over 18)

#### REFUSAL OF STUDENT PHOTO USE POLICY FOR PARENTAL RELEASE

I, the parent/guardian of (student name, please print) \_\_\_\_\_  
Have read and therefore understand the Student Photo Use Policy and Agreement, and **DO NOT PERMIT** the Eagle Learning Center to use photographs, videotapes and/or images of my child under these and conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(or student signature if over 18)



# Oregon Eagle Learning Center

Per new Break Procedures, each student may receive a 8-minute break every hour on the hour and one supervised 10-minute break during the session. Vending machines will be within the facility to only be used during non-school hours. Students are not permitted to get into a vehicle while on break. If you wish your student to be able to leave the building for 10 minutes then you will need to give us signed permission.

\*\*\*\*\*

Yes, I give my permission for \_\_\_\_\_ to leave the building for a 10-minute break.

Parent Signature \_\_\_\_\_  
(or student signature if over 18)

## Parent Right to Know

Any parent or guardian may request information on professional qualifications of each classroom teacher.

## STUDENT HANDBOOK

I have received a copy of the STUDENT HANDBOOK and agree to abide by the rules and regulations.

DATE: \_\_\_\_\_

STUDENT NAME PRINTED: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

Handbook has been reviewed with student and/or guardian

Staff Initials/Date

**Eagle Learning Center**  
Emergency Medical Authorization Form

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**MOTHER CONTACT INFORMATION**

**FATHER CONTACT INFORMATION**

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

CALL 1<sup>ST</sup>: \_\_\_\_\_  
(Name)

DAY PHONE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CALL 2<sup>ND</sup>: \_\_\_\_\_  
(Name)

EMPLOYMENT: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please indicate custodial parent:

Mother & Father       Mother       Father       Guardian

Please list anyone who is NOT PERMITTED to visit/pick up your student from school:

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

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

**COMPLETE EITHER PART 1 OR PART 2 BUT NOT BOTH**

STUDENT NAME: \_\_\_\_\_

**PART 1: I grant consent for treatment to medical care providers and local hospital (PLEASE PROVIDE NAME AND PHONE NUMBER)**

PHYSICIAN: \_\_\_\_\_

DENTIST: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CHILD HEALTH CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL MEDICATIONS YOUR CHILD TAKES

\_\_\_\_\_  
\_\_\_\_\_

LIST ALL ALLERGIES THAT YOUR CHILD HAS

\_\_\_\_\_  
\_\_\_\_\_

IN THE EVENT WE ARE UNABLE TO CONTACT A PARENT IN AN EMERGENCY, THE SCHOOL WILL HAVE YOUR CHILD TRANSPORTED BY LOCAL EMS TO THE NEAREST HOSPITAL.

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

I give my permission for \_\_\_\_\_'s health information to be shared with school staff and emergency care personnel as needed.  YES  NO

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

\_\_\_\_\_  
Date

**PART 2: Refusal to consent for treatment to Medical Care Providers and Local Hospital.**

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take **ONLY** the following action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## Approval of Student Success Plan

The Student Success Plan is a student-focused process that addresses academic and career goals and resources, of individual students, to assist in planning and preparing for their post-high school future. The plan is designed to be a living document that is modified or adjusted as the student transitions through high school and considers post-high school opportunities. Plans are unique to the student, parent/guardian, and school guidance staff.

If at any time a student, parent or guardian would like a copy of the Student's Success Plan or would like to further discuss or make changes to the Student's Success Plan, you may contact the Employability and Work Study Coordinator at Eagle Learning Center for assistance.

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Student signature

Date

---

Parent/Guardian signature

Date

---

Teacher/Counselor signature

Date



# Eagle Learning Center

*Mr. Joseph L. Wasserman, Director*

3540 Seaman Rd., Ste B, Oregon, OH 43616

Phone: (419) 720-2003

Eagle Learning Center offers short-term individual counseling to students. Parents/guardians or school staff may refer students to counseling or students may request counseling.

I understand that school counseling services are short-term services aimed at the more effective education and socialization of my student with the school community. **I understand that these services are not intended as a substituted for diagnosis or treatment for any mental health disorder. I acknowledge that it is my responsibility to determine whether additional or different services are necessary, and whether to seek them for my student.**

In order to build trust with the student, the school counselor will keep information confidential, with some possible exceptions. Because these services are provided to minor students in the school setting, I understand that the school counselor may share information with parents/guardians, the student's teacher, and/or administrators or school personnel who work with the student on a need to know basis, so that we may better assist the student as a team. The counselor is also required by law to share information with parents/guardians in the event the student is in danger of harm to self or others. The counselor will make the student aware, in an age appropriate manner, of these limits to confidentiality and will inform the student when sharing information with others.

I encourage you to contact me whenever you have questions or concerns.

Julie Felder, Counselor

[jfelder@oregonelc.org](mailto:jfelder@oregonelc.org)

419-720-2003 ext 1005

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_.

I have read, understand, and agree to the terms of the attached School Counseling Informed Consent.

Parent/Guardian (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

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

## FAMILY INCOME FORM

**Dear Parent or Guardian:**

### **Why should you complete the family income form if your child does not eat school meals?**

The amount of federal funds your school building receives depends on the return of this completed form. These funds pay for additional educational services for students who are failing or at risk of failing to meet the same high standards as everyone else in the school.

These federal funds for additional educational services are known as Title I funds. Our district provides additional tutoring in reading and mathematics. The Title I law requires that funds be given to schools based on the number of children from low-income families who live in the public-school building attendance area.

While the amount of money each school receives depends on the number of children from low-income families, the tutoring services are based on the academic need of the students, regardless of income level.

### **What happens if you fill out this form?**

- Your name will not be given out. Your name and your child's name are NOT required on the form.
- Your school building may be able to get more money.
- That money may be used to provide additional intervention services to eligible students and buy materials.
- Your child or other children may get extra help with reading and mathematics.

**So, please fill out this form and return it to:**

Eagle Learning Center  
3540 Seaman Rd. Ste B.  
Oregon, OH 43616

Eagle Learning Center  
 3540 Seaman Rd. Ste B  
 Oregon, OH 43616  
 419-720-2003

**HOUSEHOLD INFORMATION SURVEY**

Eagle Learning Center will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

**INCOME GUIDELINES - 185%**  
**Guidelines to be effective from July 1, 2023 through June 30, 2024**

| Number of persons in family or household size | Annual   | Monthly | Twice per month | Every two weeks | Weekly |
|-----------------------------------------------|----------|---------|-----------------|-----------------|--------|
| 1                                             | \$23,828 | \$1,986 | \$993           | \$917           | \$459  |
| 2                                             | 32,227   | 2,686   | 1,343           | 1,240           | 620    |
| 3                                             | 40,626   | 3,386   | 1,693           | 1,563           | 782    |
| 4                                             | 49,025   | 4,086   | 2,043           | 1,886           | 943    |
| 5                                             | 57,424   | 4,786   | 2,393           | 2,209           | 1,105  |
| 6                                             | 65,823   | 5,486   | 2,743           | 2,532           | 1,266  |
| 7                                             | 74,222   | 6,186   | 3,093           | 2,855           | 1,428  |
| 8                                             | 82,621   | 6,886   | 3,443           | 3,178           | 1,589  |
| Each additional member add                    | +8,399   | +700    | +350            | +324            | +162   |

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 or 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: \_\_\_\_\_ 7 or 10-digit Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete this survey and return to your child’s school or mail to the following address:  
Eagle Learning Center 3S40 Seaman Rd. Ste B, Oregon OH 43616.

**The following selections must be completed by the Head of Household or Designee:**

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: \_\_\_\_\_
2. **STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

| Last Name | First Name | School |
|-----------|------------|--------|
| 1.        |            |        |
| 2.        |            |        |
| 3.        |            |        |
| 4.        |            |        |
| 5.        |            |        |
| 6.        |            |        |
| 7.        |            |        |
| 8.        |            |        |

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

3. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

| Type of Income                                                 | Income | Circle if No Income |
|----------------------------------------------------------------|--------|---------------------|
| 1. Gross Monthly Earnings: Wages, Salary, Commissions          | \$     | None                |
| 2. Monthly Welfare Payments, Child Support, Alimony            | \$     | None                |
| 3. Monthly Payments from Pensions, Retirement, Social Security | \$     | None                |
| 4. Monthly Dividends or Interest on Savings                    | \$     | None                |
| 5. Monthly Worker’s Compensation, Unemployment, Strike Benefit | \$     | None                |
| 6. Other Monthly Income (SSI, VA, Disability, Farm, other)     | \$     | None                |
| <b>Total Monthly Household Income (Add lines 1-6)</b>          | \$     |                     |

4. **SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the “I do not have a Social Security number” box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|                                      |                  |
|--------------------------------------|------------------|
| <b>For Internal Office Use Only:</b> |                  |
| Please circle one option.            |                  |
| QUALIFIES                            | DOES NOT QUALIFY |

Last Updated 7/2023

State Benefits (ie Ohio Medicaid, food stamps, housing, etc): YES NO