CANYON-OWYHEE SCHOOL SERVICE AGENCY

109 Penny Lane

Wilder, ID 83676

Phone (208) 482-6074

Fax (208) 482-7904

COSSA



Administrative Forms Manual

Effective: November 18, 2019

*Canyon-Owyhee School Service Agency (COSSA) is a public school cooperative serving the special education, career & technical, and alternative education needs of students from Homedale, Marsing, Notus, Parma, and Wilder School Districts.*

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Background

The purpose of this manual is to standardize and promulgate the forms used in various offices throughout the Canyon-Owyhee Service Agency (COSSA). The forms are broken into the areas where they apply, including:

 Business Office

Administrative

Transportation

Organizational Structure

Below is a diagram of the basic organizational structure of COSSA.

Board of Trustees

Stakeholders Advisory Committee

COSSA

Foundation

CEO

CRTEC Campus Director

Spec Ed Director/GT/

CRTEC Asst Director

Business Manager

Short Term Training Coordinator

Academy Principal

CTE Coordinator

Kitchen

Manager

Maint

Dept Head

The Board of Trustees has ultimate responsibility for the operation of the COSSA Consortium. They hire the Chief Executive Officer to administer, manage, and lead the day-to-day operation of COSSA. Policy creation is a specific responsibility of the CEO.

Responsibility for the use, update, and storage, of the various forms contained in this manual resides with the third and/or fourth tier administrators, i.e., Short-Term Training (STT), Maintenance, Food Service, Academy Principal, CTE Coordinator, and Business Manager. However, the Board has promulgated this Manual and, in accordance with Board policy 204, “Policy Concerning Handbooks and Ancillary Documents”, this handbook is Board policy, and proper procedures should be followed to bring proposed changes before the Board for approval.

COSSA

Business Office Forms

1. Supply Requisition

2. Claim for Leave

3. Invoice

4. Emergency Phone Chain

5. Employee Check-in/Out

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| Canyon-Owyhee School Service Agency (COSSA) Requisition |
|  |  |  |  |  |  |  |  |  |  |
| Date Submitted:  |  |  |  |  |  |  |
| To be ordered from: |  | For Office Use Only |
| Website: |  | Budget #: |   |
| Phone Number: |  | Order: |   |
| Fax Number: |  | PO #: |   |
| **Qty** | **Item Number** | **Item Description** | **Price** | **Total** |
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|   |   |   |   |  |
|   | Subtotal |  |
| Shipping |  |
| TOTAL |  |
|  |  |  |  |
|  |  |  |  |
| Program:  | District: COSSA |
| Submitted by: | Approved by: |

**CANYON-OWHYEE SCHOOL SERVICE AGENCY (COSSA)**

# Claim for Leave Form

|  |  |  |
| --- | --- | --- |
| Employee Name (Last, First) |  | Date Submitted |

|  |  |  |
| --- | --- | --- |
|  **Sick Leave:** | Date(s): \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ | Number of Days: \_ |
|  **Personal Leave:** | Date(s): \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of Days: \_ |
|  **Jury Duty:** | Date(s): \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of Days: \_ |
|  Submit Jury Duty Summons with completed Claim for Leave form |
|  **Professional Leave:** | Date(s): \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | Number of Days: \_\_\_ |
|  To attend: |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Pre-approved by: |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  **Bereavement Leave:** | Date(s): \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  | Number of Days: \_\_ \_\_\_\_ |
|  Relationship of deceased to employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Administrator notified: |  \_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_ |
|  **Leave Without Pay:** | Date(s): \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ | Number of Days:  |
|  **Other Leave:** | Date(s): \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ |   | Number of Days: \_\_\_\_\_ |
|  Specify type of Leave: |  \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employee Signature |  | Program Administrator Signature |

If substitute is required/hired, please provide name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit completed form to COSSA Administrative Office:

Certified Staff – submit within five days of leave

Classified Staff – submit with Time Sheet (due on the 15th of each month)

|  |  |
| --- | --- |
| COSSA Logo - Green.bmpINVOICE **Canyon-Owyhee School Service Agency**109 Penny Lane Wilder, ID 83676 Phone 208-482-6074 Fax 208-482-7904

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|  |  | **1/3/2019** |
|  |  |  |
|  |  | **INVOICE #**  |
| **Bill To:** | **For:** | **DEPT:** |
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| **DESCRIPTION** | **AMOUNT** |
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|   |   |
|  | **TOTAL**  | $0.00 |
| Make all checks payable to COSSA |  |  |
| If you have any questions concerning this invoice, contact Dawnita Tincher at 208-482-6074, Ext 223. |
|  |  |  |
| **THANK YOU!** |  |  |

**CRTEC Emergency Phone Chain Example**

**Special Ed Director (initiates Special Ed Phone Chain)**

**CEO**

**CEO**

When you receive a phone call, please call the person listed below you on the chain. If they don’t answer, call the next person, and keep trying your original person. If you can’t reach them, call CEO and let him/her know. The last person in the chain needs to call CEO to let him/her know the chain is complete.

Reserved for Employee check-in/out

COSSA

Administrative Office Forms

1. PowerSchool Parent Log-in Instructions

2. At-Risk Questionnaire

3. Residency Questionnaire

4. Home Language and Mobility Questionnaire

5. New Student – Registration Packet Cover and Check-in Sheet

6. Returning Student – Registration Packet Cover and Check-in Sheet

7. CTE Student – Registration Packet Cover and Check-in Sheet

8. Registration Form – Academy

9. Registration Form – CTE

10. Student Withdrawal Form

11. Informed Consent for Counseling Services

12. COSSA Academy Summer School Registration

13. Confidential Release of Information

14. Schedule Change Request

15. Student Request to see School Counselor

PowerSchool Parent Login Instructions

PowerSchool website is <https://cossa.powerschool.com>

Click on “Create Account” tab, then “Create Account”

This will open up a new screen that allows you to create your own Login ID and Password.

Below that, it will ask for the parent name, Access ID, password, and relationship.

 After you complete all the required information, click enter.

Students Access ID:

Students Password;

Parent Access ID:

Parent Password:

Parents may also download the PowerSchool app to their phone only after you have completed the above steps. This app is free and available to all parents with internet access.

Click on “download app” on the lower left hand side of the parent login screen.

**At-Risk Student Qualification Checklist**

MUST BE COMPLETED BY COUNSELOR OR PRINCIPAL BEFORE STUDENT CAN ENROLL

|  |  |
| --- | --- |
| Student Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_(Name)  |
| Student Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_*Please include the current physical address to verify the student lives in your district* |
|  |  |  |

An At-Risk youth is any secondary student in grade seven through twelve (7-12) who meets any three (3) of the following criteria in column **A** or any one (1) criterion in column **B**. Check applicable criteria in both columns A and B and record total for each.

|  |  |
| --- | --- |
| **A** | **B** |
|  | Has repeated at least one (1) grade. |  | Has a documented or pattern of substance abuse. |
|  | Has absenteeism that is greater than ten (10%) percent during the proceeding semester. |  | Is pregnant or a parent. |
|  | Has an overall grade point average that is less than 1.5 (4.0 scale) prior to enrolling in an alternative secondary program. |  | Is an emancipated youth or unaccompanied youth. |
|  | Has failed one (1) or more academic subjects. |  | Is a previous dropout. |
|  | Is below proficient, based on local criteria and/or state standardized tests. |  | Has serious personal, emotional, or medical issues(s). |
|  | Is two (2) or more semester credits per year behind the rate required to graduate. |  | Has a court or agency referral. |
|  | Has attended three (3) or more schools within the previous two (2) years, not including dual enrollment. |  | Demonstrates behavior that is detrimental to their academic progress. |
|  | TOTAL |  | TOTAL |

|  |
| --- |
| EDUID (State Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current ISAT Scores: Comments:Reading \_\_\_\_\_\_\_\_\_\_Math \_\_\_\_\_\_\_\_\_\_\_\_ Language \_\_\_\_\_\_\_\_ Science \_\_\_\_\_\_\_\_\_\_ |

Canyon-Owyhee School Service Agency

**Student Residency Questionnaire**

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_**

**Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Presently, where is the student living?**

\_\_\_ Rent/own your own home (If you rent/own your own home, sign line 4, and submit form to school personnel.)

\_\_\_ We rent/own, but my home has no electricity

\_\_\_ We rent/own, but my home has no running water

\_\_\_ In a shelter, transitional housing, or awaiting foster care

\_\_\_ With more than one family in a house or an apartment due to loss of housing or economic hardship

\_\_\_ In a temporary trailer, campground, car or park

\_\_\_ In a hotel or motel

\_\_\_ In the home of a friend or relative because I lost my housing (ie: fire, flood, job loss, divorce, domestic violence, kicked out by parents, parent in jail, student left due to conflict)

\_\_\_ In a tent, car, van, abandoned building, on the streets, at a camp site

\_\_\_ None of the above describes my currently living conditions. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Factors contributing to the student’s current living situation:**

\_\_\_Natural Disaster (tornado, storm, flood, hurricane, fire)

\_\_\_Family issues (divorce, domestic violence, kicked out by parents, student left due to family conflict etc.)

\_\_\_Home issues (lack of electricity, water, heat, adequate home repair due to alck of funds, overcrowding, mold etc.)

\_\_\_Military (parent/guardian deployed, injured or killed in action)

\_\_\_Incarceration of parent/guardian

\_\_\_Incapacitation of parent/guardian (due to health, mental health, drugs/alcohol, or other factors

\_\_\_Home fire not due to natural causes

\_\_\_Economic hardship (loss of job, loss of mortgage, eviction record)

\_\_\_High medical bills that leave little or no money for housing

\_\_\_Lack of affordable housing in the area

\_\_\_Student unable to afford housing

\_\_\_none of the above describes my currently living conditions. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Please list all children in the COSSA School District below:**

Name M/F Date of Birth Grade

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

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

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

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

**4. The undersigned certifies that the information provided above is accurate and complete to the best of my knowledge:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian/Caregiver/Unaccompanied student Signature Date**

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

Phone number Street Address City Zip Code

|  |
| --- |
| Signature of Counselor or Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please include a copy of Withdrawal Grades & Transcripts** |
|  |

**COSSA Regional Technology and Education Center**

**Home Language and Mobility Survey**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Language Survey**

To ensure that all students receive the best instruction and that language needs are met, the Office of Civil Rights and the Idaho Department of Education require that school districts assess and determine a student’s dominant language. If a student speaks a language other than English, a language assessment will be administered. If the student qualifies for additional development, you will be notified prior to program placement. The first step in this process is the Home Language Survey. Please take a few moments to answer the following questions. Please check all that apply.

1. What language(s) does the student speak? English\_\_\_\_\_\_\_\_\_\_\_ Spanish\_\_\_\_\_\_\_\_\_\_\_

 Other (What language?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What was the first language spoken by the student? English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spanish\_\_\_\_\_\_\_\_\_\_\_

 Other (What language?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What language(s) do the parents use to speak with the student? English\_\_\_\_\_\_\_\_\_\_\_ Spanish\_\_\_\_\_\_\_\_\_\_\_

Other (What language?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What language does the student use to speak with friends? English\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spanish\_\_\_\_\_\_\_\_\_\_\_

Other (What language?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was your child enrolled in English as a Second Language class (ELL, ESL, ESP) in their previous school? No\_\_\_\_\_ Yes\_\_\_\_\_
2. When did your child first attend school in the United States? Month \_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_ or Always\_\_\_\_\_\_\_\_\_\_\_
3. Would you prefer communication between school and home in Spanish Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

**Family Mobility Survey**

To assist us in identifying and meeting the special needs of migrant students, please answer the following questions:

1. Did your child participate in the Migrant Education Program in the past? Yes\_\_\_\_\_ No \_\_\_\_\_
2. Have you moved to the U.S. in the last three (3) years? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Have you moved in the last three (3) years? Yes\_\_\_\_\_ No \_\_\_\_\_
4. If yes, was the move from one school district to another? Yes\_\_\_\_\_ No \_\_\_\_\_NA\_\_\_\_\_
5. If yes, was the move made to seek work in agriculture or fishing? (This includes work in the fields, orchards; feedlots, dairies, and processing such as work in Simplot; or the cheese or sugar factories, etc.) Yes\_\_\_\_\_ No\_\_\_\_\_
6. If yes, what agricultural work did you do in your pervious place of residence, and what type of work do you do now?

Parents /Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COSSA REGIONAL TECHNOLOGY AND EDUCATION CENTER**



COSSA Academy

109 Penny Lane

Wilder, ID 83676

Phone (208) 482-6074

Fax (208) 482-7904

**CRTEC Registration Packet**

**For New Students (returning, not here last quarter; or new to COSSA)**

DO NOT WRITE IN THIS BOX

Office Use Only: Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

**Out of District Students ONLY** (not enrolled in one of our five consortium schools – Homedale, Marsing, Notus, Parma, Wilder):

\_\_\_\_\_ Out of District application must be filled out and approved by the school board prior to attendance at COSSA Academy.

**If on an IEP/504**, a meeting must take place with Director of Special Education.

\_\_\_\_\_ Copy of Current IEP/504

\_\_\_\_\_ Approval of the Director of Special Education

1. Referring School District (must be completed prior to enrollment):

\_\_\_\_\_ At Risk Form signed by Counselor or Principal from referring school district

\_\_\_\_\_ EDUID number

\_\_\_\_\_ Transcripts (Official transcripts may be received later)

\_\_\_\_\_ Current Immunization Records

\_\_\_\_\_ Birth Certificate

1. Prior to enrollment at COSSA Academy, new students must have signed and turned in the following documentation:

\_\_\_\_\_ Foster Parent/DHW Legal Guardian determination

\_\_\_\_\_ Registration form

\_\_\_\_\_ Permission to publish name/photo

\_\_\_\_\_ Home Language & Mobility Survey

\_\_\_\_\_ Internet Use Agreement

\_\_\_\_\_ Informed Consent

\_\_\_\_\_ Permission to Drive/Ride & Parking Permits

\_\_\_\_\_ Handbook test

1. Must be completed before class schedule:

\_\_\_\_\_ ELAP Screening

\_\_\_\_\_ STAR Cheerleader

\_\_\_\_\_ STAR testing (Math)

\_\_\_\_\_ STAR testing (Reading)

\_\_\_\_\_ Typing Test

\_\_\_\_\_ Computer network login

\_\_\_\_\_ PowerSchool login

1. New students will be scheduled by the COSSA Academy Registrar for an interview with the principal. It is mandatory that the parent/guardian and student attend this meeting.

\_\_\_\_\_ Meet with Principal

1. \_\_\_\_\_ Receive schedule from Counselor

**Registration Packet must be completed and turned in to the COSSA Academy Administration before student is allowed to attend class.**

**COSSA REGIONAL TECHNOLOGY AND EDUCATION CENTER**



COSSA Academy

109 Penny Lane

Wilder, ID 83676

Phone (208) 482-6074

Fax (208) 482-7904

**CRTEC Registration Packet**

**For Previously Enrolled Students (normally completed in spring)**

DO NOT WRITE IN THIS BOX

Office Use Only: Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

1. Prior to re-enrollment at COSSA Academy, returning students must have signed and turned in the following documentation in the spring of the preceding year:

\_\_\_\_\_ Foster Parent/DHW Legal Guardian determination

\_\_\_\_\_ Registration form

\_\_\_\_\_ Permission to publish name/photo

\_\_\_\_\_ Home Language & Mobility Survey

\_\_\_\_\_ Internet Use Agreement

\_\_\_\_\_ Informed Consent

1. Must be completed before class schedule is delivered in the fall:

\_\_\_\_\_ Permission to Drive/Ride & Parking Permits

\_\_\_\_\_ Handbook test

1. \_\_\_\_\_ Receive schedule from Counselor

**Registration Packet must be completed and turned in to the COSSA Academy Administration before student is allowed to attend class.**

**COSSA REGIONAL TECHNOLOGY AND EDUCATION CENTER**



COSSA Academy

109 Penny Lane

Wilder, ID 83676

Phone (208) 482-6074

Fax (208) 482-7904

**CRTEC Registration Packet**

**For CTE Students (normally completed in spring)**

DO NOT WRITE IN THIS BOX If out of district - referring district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only: Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

1. Prior to re-enrollment at COSSA Academy, returning students must have signed and turned in the following documentation in the spring of the preceding year:

\_\_\_\_\_ Foster Parent/DHW Legal Guardian determination

\_\_\_\_\_ Registration form

\_\_\_\_\_ Permission to publish name/photo

\_\_\_\_\_ Home Language & Mobility Survey

\_\_\_\_\_ Internet Use Agreement

\_\_\_\_\_ Informed Consent

1. Must be completed before class schedule is delivered in the fall:

\_\_\_\_\_ Permission to Drive/Ride & Parking Permits

\_\_\_\_\_ Handbook Test and Handbook Receipt Acknowledgement

1. \_\_\_\_\_ Receive schedule from home school Counselor

**Registration Packet must be completed and turned in to the COSSA Academy Administration before student is allowed to attend class.**

**Students whose packets are received after deadline and/or who have incomplete student registration will be removed from CTE class roles.**

**Deadline to submit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COSSA ACADEMY**

**REGISTRATION FORM**

\_\_\_\_\_\_\_\_\_\_\_\_ (school year)

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

 First Middle Last

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_\_\_

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address  (check if same as physical address)

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Information:

Parent or Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have access to the Internet and would like a login to access your student’s grades and attendance via PowerSchool (our student management system), please contact the school counselor at

208-482-6074 X256.

**PROVIDING FALSE OR INACCURATE INFORMATION MAY RESULT IN IMMEDIATE DISMISSAL FROM THIS PROGRAM**

**COSSA ACADEMY**

**REGISTRATION FORM**

\_\_\_\_\_\_\_\_\_\_\_\_ (school year)

Referring consortium school district \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s home district if not the same as above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last school attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION FOR THE SCHOOL TO ADMINISTER MEDICATIONS**

**Please initial one line and sign below**

\_\_\_\_\_ I give permission for the school to administer the following to my student:

 Acetaminophen Ibuprofen Cough Drops Benadryl

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I understand that I may be asked to bring the medication into the office to be available to my student.

\_\_\_\_\_ I DO NOT give permission for the school to administer medication to my student.

**HAS YOUR STUDENT EVER BEEN ON OR IS YOUR STUDENT CURRENTLY RECEIVING SERVICES FOR AN:**

Individual Education Plan (IEP)/504? Yes \_\_\_\_ No \_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

English Second Language (ESL)? Yes \_\_\_\_ No \_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limited English Proficiency (LEP)? Yes \_\_\_\_ No \_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that if my student is currently receiving services for an IEP, 504, ESL, or LEP program, my student may be referred back to my home district to receive the appropriate services for my student.*

***I understand that if my student is enrolling after the first week of the quarter, he/she may be placed into an online class for the duration of the quarter.***

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required if student is under the age of 18)

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDING FALSE OR INACCURATE INFORMATION MAY RESULT IN IMMEDIATE DISMISSAL FROM THIS PROGRAM**

**Date received: \_\_\_\_\_\_\_\_\_\_\_**

**CRTEC Career & Technical Education**

**Student Registration Information**

**\_\_\_\_\_\_\_\_\_ (school year)**

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

 First Middle Last

State Number (EDUID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expected** Grade\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Race/Ethnicity:  American Indian or Alaska Native  Asian  Black or African American

 Native Hawaiian/Other Pacific Islander  White  2 or more races  Hispanic or Latino

Is the student a parent  Yes  No

Is the student on an IEP or 504?  Yes  No

Accommodations if any (applies to IEP/504 only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CTE Program Choice

 AM  PM

 Auto  Residential Construction  Culinary  NA  Diesel

 EMT  Law  Intro to Auto/Diesel  Pre-Engineering  Welding

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Students whose packets are received after deadline date and/or who have incomplete student registration packets will be removed from CTE class.**

**COSSA Academy School District #555**

**109 Penny Lane**

**Wilder, ID 83676**

**(208) 482-6074**

**Student Withdrawal Form**

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

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Withdrawn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days Absent: \_\_\_\_\_\_\_\_\_\_ Days Tardy: \_\_\_\_\_\_\_

**Textbook Information:** Outstanding books and fines.

1st period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4th period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Course and Grade**

1st period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4th period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reason for withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Printed Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Forwarding Address and Phone Number:

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

Street/Mailing Address

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

City State Zip Code Phone Number

**This form must be completed before official transcript and records can be released.**

**COSSA Academy**

**Informed Consent Form for Counseling Services**

**Professional Disclosure Statement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the school’s counselor. \_\_\_\_\_\_\_\_\_\_\_\_has obtained her Master’s of Science in School Counseling from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and has been with COSSA Academy since \_\_\_\_\_\_\_\_\_\_\_\_.

**Counseling Services**

COSSA Academy is committed to providing quality education to its students. In an effort to achieve this goal, parents/guardians or school staff may refer students for counseling, or students may request counseling. The focus of the counseling program is to help students better understand the world they live in and make better decisions that help them live functional lives. There is no cost for counseling services through COSSA Academy.

\_\_\_\_\_\_\_\_\_\_\_\_ focuses primarily on person-centered and solution-focused therapies and techniques. I understand this to mean that building the relationship with my child is her first priority followed by working with my child to set and accomplish the goals that will help my child succeed at becoming a productive member of society. I understand that school counseling services are aimed at the more effective education and socialization of my child within the school community. I understand that this could mean meeting with my child on a weekly or monthly basis, based upon the needs of my child.

I understand that these services are not intended as a substitute for diagnosis or medication, neither of which are the responsibility of the school. I also understand that due to the job constraints placed upon the school counselor, my child may not have constant access to counseling services. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

I understand that \_\_\_\_\_\_\_\_\_\_\_\_ is governed by the American School Counselor Association (ASCA) Code of Ethics as well as the American Counseling Association (ACA) Code of Ethics. I may request a copy of either of these at any time or access them online. For more information on professional counselors or to file a complaint, I can contact the Idaho Bureau of Occupational Licenses at 208-334-3233.

**Rights to File Access**

Records are stored safely with attention to privacy. I understand that I have a right to access my child’s file and visit with the counselor about the contents of it. My rights may be denied if it is determined that doing so is likely to endanger the life or physical safety of my child.

**Alternatives to School Counseling**

I understand that there are alternative options available to my child such as self-help programs, self-help groups, crisis interventions, and community resources. If I am interested in any of these options, I understand I can contact the school for more information.

**Benefits/Risks**

I understand that there may be both risks and benefits associated with participation in counseling. I understand that due to the nature of counseling and discussing unpleasant topics with the counselor, my child may initially have feelings of sadness, guilt, anger, frustration, helplessness, or anxiety. Continued counseling, though, may improve my child’s ability to relate with others, provide a clearer understanding of himself/herself, along with values, goals, and an ability to deal with everyday stress.

**Confidentiality**

I understand that the school counselor will keep information confidential, with some possible exceptions. The counselor is required to share information with parents or others in certain circumstances:

· Presenting a serious danger to self or another person

· Evidence or disclosure of abuse (physically or sexually) or neglect

· Threats to school security

· Criminal or delinquency proceedings are pending

The counselor will make my child aware of these limits to confidentiality and will inform my child when sharing information with others.

**Termination**

I understand that should I become dissatisfied with the services my child receives, I am free to seek a second opinion or end counseling at any time. I understand that if I choose to terminate services with the school counselor, this could cause a hardship for my child. I also understand that my child may be discontinued from the counseling services if it is determined that his/her needs are not being met. I understand that if this situation occurs, I will be provided with a list of resources for options that are available in the area for my child. I further understand that if either of these situations occurs, any referral I seek may charge me or my insurance for their services.

**Contact**

I understand that I am entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. The contact number for COSSA Academy is 208-482-6074.

 I give permission for my child to speak with the counselor as necessary  I do not give permission

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

Parent/Guardian Signature Date

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

Student Signature Date

COSSA Regional Technology & Education Center (CRTEC)

**\_\_\_\_\_\_ SUMMER PROGRAM REGISTRATION FORM**

**Alternative Student\*1**

**Credit Recovery Summer School (\_\_\_\_\_\_\_\_\_\_\_)**

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

 First Middle Last

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level\_\_\_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_­

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

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street or PO Box

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU EVER BEEN ON OR CURRENTLY RECEIVING SERVICES FOR AN:**

Individual Education Plan (IEP)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

English as a Second Language (ESL)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Limited English Proficiency (LEP)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read and understand all policies set forth in the COSSA Academy Handbook. I agree to abide by these policies as stated in the student Handbook. I also understand that in the event that I fail to read the handbook, I will still be held responsible for its contents.**

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDING FALSE OR INACCURATE INFORMATION MAY RESULT IN IMMEDIATE DISMISSAL FROM THIS PROGRAM**.

\*1=Students must be declared “at risk” of graduation by their home schools and an at-risk form must be on file.

**COSSA Academy Alternative Summer School \_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*2

8:30 a.m. – 3:00 p.m. (includes free lunch 11:30 – 12:00)

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor** | **June 4 – 15** | **June 18 – 29** | **Comments** |
| \_\_\_\_\_\_\_ | Algebra 1A or | Algebra 1B or  | Mixed Class\*\*\*3 see description |
| Geometry A | Geometry B |
|  |  |  |  |
| \_\_\_\_\_\_\_ | English 9 - 12 “A” | English 9-12 “B” | Mixed Level Class\*\*\*3 see descript. |
|  |  |  |  |
| \_\_\_\_\_\_\_ | U.S. History “A” or | U.S. History “B” or | Mixed Class\*\*\*3 see description |
| Government “A” | Government “B” |
|  |  |  |  |
| \_\_\_\_\_\_\_ | Earth Science “A” or | Earth Science “B” or | Mixed Class\*\*\*3 see description |
| Biology “A” | Biology “B” |
|  |  |  |  |
| \_\_\_\_\_\_\_\*\*\*\*4 | Junior High | Junior High  | Pre-approved Jr. High  |

\*\*2 Because of the attendance policy, students enrolled in summer-time driver’s training and/or summer sports camps during June will not be accepted in the COSSA Alt. Summer School. Students who miss 1 day will have to make it up; students who do not make up this day will NOT receive the credit for the class. Students who miss 2 days will be dropped immediately.

\*\*\*3=Mixed Classes

 The students are taught together in a mixed class.

\*\*\*\*4= Special Education students must be pre-approved by the COSSA Special Education Director.

----------------------------------------------------------------------------------------------------------------------------------

**Classes Requested for Alternative Summer School**

|  |  |  |
| --- | --- | --- |
|  | **1st Session Jun 4-15** | **2nd Session Jun 18-29** |
| **First Choice** |  |  |
| **Second Choice** |  |  |
| **Third Choice** |  |  |



CANYON-OWYHEE SCHOOL SERVICE AGENCY

109 Penny Lane

Wilder, ID 83676

Phone (208) 482-6074

Fax (208) 482-7904



 **Confidential Release of Information**

Authorization is hereby granted to COSSA:

□ Obtain information from: □ Release information to: □ BOTH obtain from and release to:

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

 Physician, Agency, Individual, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the following information pertaining to:

 Name of Student

**RECORDS** (check all that apply)**:**

 Evaluation Report (ER)

 Individualized Education Program (IEP)

 Psychological Reports

 Psychiatric Reports

 Extracurricular activities, awards, and offices held.

 Health and Medical Records/Information

 Verbal Communication

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

Parent/Guardian Signature (if student is under 18 years old): Date

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

Student Signature (if student is 18 years or older) Date

**\*\*This consent will automatically expire one (1) year after the date of my signature as it appears below. I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).**



 **Schedule Change Request Form**

 **Student Name:**

 **Grade Level:**

 **Date:**

 **Quarter:**

  **ADD Course**  **DROP Course**

|  |  |
| --- | --- |
| B1: | B1: |
| B2: | B2:  |
| B3: | B3: |
| B4: | B4: |
| B5: | B5: |

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



|  |
| --- |
|  **Student Request to see School Counselor** |

**Name: Date:**

**I would like to talk with you about:**

\_\_\_\_ my schedule

\_\_\_\_ my transcripts/transfer of credits

\_\_\_\_ credit summary

\_\_\_\_ myself

\_\_\_\_ classmate

\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Concern I have regarding:**

\_\_\_\_family

\_\_\_\_social

\_\_\_\_personal

\_\_\_\_peer

|  |
| --- |
| **This is an:**\_\_ Emergency\_\_ Urgent\_\_ Important\_\_ It Can Wait |

COSSA

Transportation Forms

1. Field Trip Request

2. Bus Logs

**COSSA Regional Technology & Ed Center (CRTEC)**

**TRANSPORTATION/FIELD TRIP REQUEST FORM**

GROUP/CLUB/CLASS/ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION/PURPOSE (Attach Google Map, Address/Directions & Phone):

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

DATE OF TRIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROX MILES \_\_\_\_\_\_\_\_\_ DEPART TIME \_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION ARRIVAL TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RETURN TIME \_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF STUDENTS \_\_\_\_\_\_\_ NUMBER OF WHEEL CHAIR STUDENTS \_\_\_\_\_\_\_\_

NUMBER OF RIDING ADULTS (Staff/Volunteers) \_\_\_\_\_\_\_

RESPONSIBLE STAFF\* (Include Contact Phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NOTIFICATION\* (Completed By Responsible Staff) DONE

[Attach a copy of the permission form]

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

ARE LUNCHES NEEDED? YES NO ![C:\Users\Business\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\IE9KU072\MC900233355[1].wmf]() HOW MANY LUNCHES? \_\_\_\_\_

(\*RESPONSIBLE STAFF - TURN COPY IN TO FOOD SERVICE DIRECTOR AFTER APPROVAL)

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

 (\*RESPONSIBLE STAFF - FORWARD TO BUS TRANSPORTATION SUPERVISOR)

CRTEC BUS AVAILABLE ON REQUESTED DATE? YES NO

PLAN IF BUS IS NOT AVAILABLE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRIVER ASSIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

![C:\Documents and Settings\bbennett\Local Settings\Temporary Internet Files\Content.IE5\TVX9K6KP\MC900383850[1].wmf]() Small Bus: #3 – No CDL Needed Jeep

 #4 – CDL Needed Minivan

 Wheelchair Bus Truck

 Large Bus

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

REQUISITION REQUIRED? YES NO (\*Responsible Staff - **Attach** Requisition before Forwarding)

APPROVED YES NO FUEL ONLY

PTE COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or

COSSA SPECIAL ED DIRECTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or

COSSA CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUND CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Assigned by CEO after Approval)![C:\Users\Business\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\IE9KU072\MC900335947[1].wmf]()

Reserved for Bus Logs