

Sheridan Middle/High School S.T.A.R.S. Program

2017-2018

Want to be a
STAR?

WHAT?

WHO?

WHEN?

WHY?

HOW?

Northern Local Schools, in partnership with the Muskingum Valley Educational Service Center (MVESC), is offering after school programming. This is a FREE program made possible through a 21st Century Grant. Students in grades 6-12 are encouraged to participate in homework help, tutoring, clubs and more!

Middle/High School (6th-12th)

- After school snack
- Homework Help
- OAA Prep
- Clubs
- Field Trips
- College/Career Activities
- Service Based-Project Learning

- ❖ Monday through Thursday 2:30-5:30
- ❖ Students may be picked up any time but we encourage them to stay as long as possible to get the full benefit of the program. (Pick up **NO LATER** than 5:35)
- ❖ Busing available daily to each Elementary location: Somerset, Thornville, Glenford

To provide a safe and supportive place where academic, personal and social needs of students can further be met, to achieve greater academic success and connection to the community.

THERE ARE A LIMITED NUMBER OF SPACES AVAILABLE IN THIS PROGRAM!!

Return the attached enrollment form to the Middle School Office. Applications for enrollment will be processed in the order that they are received.

Program Starts in October 23rd, 2017!!

WHERE?

**Sheridan
Middle School**

Questions??
Contact
Jenn Channel
740-704-7625

**Busing
Available**

S.T.A.R.S. AFTERSCHOOL PROGRAM 2017-2018

STUDENTS AND TEACHERS ACTIVELY REACHING SUCCESS

ENROLLMENT FORM AND EMERGENCY MEDICAL INFORMATION SHERIDAN MIDDLE AND HIGH SCHOOLS

PLEASE BE SURE TO FILL OUT **BOTH** SIDES OF THIS FORM COMPLETELY IN BLUE OR BLACK INK

STUDENT INFORMATION

NAME: _____ DOB: ____ / ____ / ____ GRADE: _____

ADDRESS: _____ GENDER: M _____ F _____

PHONE: _____

SHIRT SIZE: (PLEASE INDICATE ADULT OR YOUTH): _____

DOES THE STUDENT HAVE AN IEP OR A 504 PLAN? Y _____ N _____

PARENT/GUARDIAN INFORMATION

ARE THE PARENTS DIVORCED/SEPARATED? Y _____ N _____ IF YES, WITH WHOM DOES THE STUDENT LIVE? _____

IS EITHER PARENT DECEASED? Y _____ N _____ IF YES, WHICH PARENT IS DECEASED? _____

IF APPLICABLE, PLEASE LIST NAME(S) OF STEP-PARENTS: _____

MOTHER/GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

FATHER/GUARDIAN INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

ATTENDANCE POLICY

BY ENROLLING, STUDENTS ARE SHOWING INTENT TO ATTEND REGULARLY (AT LEAST 30+ DAYS PER YEAR), BUT THERE MAY BE TIMES WHEN AN ABSENCE IS NECESSARY. INDIVIDUAL CLUBS MAY HAVE DIFFERING ATTENDANCE POLICIES, SO STUDENTS SHOULD CHECK WITH HIS/HER CLUB LEADER. TO ATTEND A FIELD TRIP, THE STUDENT MUST HAVE ATTENDED PROGRAM AT LEAST FIVE TIMES IN THE PREVIOUS SIX WEEKS.

MY STUDENT WILL ATTEND THE AFTERSCHOOL PROGRAM ON AN AS NEEDED BASIS. I DO NOT NEED TO BE CONTACTED IF HE/SHE DOES NOT ATTEND EVERY DAY.

PARENT/GUARDIAN INITIALS: _____

OR

MY STUDENT WILL ATTEND THE AFTERSCHOOL PROGRAM EVERY DAY IT IS AVAILABLE THAT HE/SHE ATTENDS SCHOOL UNLESS A PARENT/GUARDIAN EXCUSES HIM/HER BY PHONE, WRITTEN NOTE, ETC. I WISH TO BE CONTACTED IF HE/SHE DOES NOT SIGN IN WITHOUT AN EXCUSE AT THE FOLLOWING PHONE NUMBER(S):

_____ OR _____

PARENT/GUARDIAN INITIALS: _____

LIST*THREE* PERSONS TO BE AUTHORIZED TO PICK UP AND/OR CONTACT IN CASE OF EMERGENCY

NAME AND RELATIONSHIP: _____	NAME AND RELATIONSHIP: _____	NAME AND RELATIONSHIP: _____
HOME PHONE: _____	HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____	WORK PHONE: _____

**THREE IS THE STATE REQUIRED MINIMUM (CAN INCLUDE PARENTS FROM THE FRONT)---ADD ADDITIONAL AUTHORIZED PERSONS BELOW*

**AN ADULT MUST SIGN OUT ALL STUDENTS UNDER THE AGE OF 16 EACH DAY.
IF OVER THE AGE OF 16, THE STUDENT MAY SIGN HIM/HERSELF OUT OF THE PROGRAM AND DRIVE HOME
OR RIDE WITH ANOTHER STUDENT WITH PARENT PERMISSION.**

MY CHILD <i>MAY NOT</i> SIGN HIM/HERSELF OUT OR RIDE HOME WITH ANOTHER DRIVING STUDENT. AN ADULT LISTED ABOVE/BELOW WILL SIGN OUT MY CHILD EACH AFTERNOON AT THE DESIGNATED TIME. INITIALS: _____ NAME/PHONE: _____	MY CHILD IS 16 OR OLDER AND MAY SIGN HIM/HERSELF OUT OR RIDE HOME WITH ANOTHER DRIVING STUDENT, OR ADULT LISTED ABOVE/BELOW AT THE DESIGNATED TIME. INITIALS: _____ NAME/PHONE: _____
NAME/PHONE: _____	NAME/PHONE: _____
NAME/PHONE: _____	NAME/PHONE: _____

DO NOT RELEASE – THE FOLLOWING PEOPLE ARE NOT ALLOWED TO TAKE MY STUDENT:

NAME/RELATIONSHIP: _____ PAPERS RECEIVED ON: _____
 NAME/RELATIONSHIP: _____ PAPERS RECEIVED ON: _____

STATE LICENSING REQUIRES THAT WE HAVE THE FOLLOWING INFORMATION FOR EACH STUDENT
 CURRENT PHYSICIAN: _____ CURRENT DENTIST: _____

DOES STUDENT HAVE ANY FOOD, MEDICATION, OR ENVIRONMENTAL ALLERGIES? N ____ Y ____ IF YES, PLEASE LIST AND EXPLAIN: _____

DOES YOUR STUDENT'S ALLERGY/ALLERGIES REQUIRE CARE FROM STAFF TO MONITOR STUDENT FOR SYMPTOMS, TAKE ACTION IF A REACTION OCCURS? N ____ Y ____ (IF YES, A MEDICAL/PHYSICAL CARE PLAN MUST BE COMPLETED.)

EMERGENCY MEDICAL AUTHORIZATION

S.T.A.R.S. HAS PERMISSION TO SECURE EMERGENCY TRANSPORTATION FOR MY STUDENT IN THE EVENT OF AN ILLNESS OR INJURY. THE EMERGENCY TRANSPORTATION SERVICE WILL DETERMINE THE FACILITY TO WHICH MY CHILD WILL BE TRANSPORTED. PARENT/GUARDIAN INITIALS: _____	OR	S.T.A.R.S. DOES NOT HAVE PERMISSION TO SECURE EMERGENCY TRANSPORTATION FOR MY STUDENT IN THE EVENT OF AN ILLNESS OR INJURY WHICH REQUIRES EMERGENCY TREATMENT. PARENT/GUARDIAN INITIALS: _____
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NOTE: THIS INFORMATION NEEDED FOR EMERGENCY PERSONNEL (PLEASE PROVIDE EACH SCHOOL YEAR)

List Medication:	List Allergies:	Physical Impairments:	Other:
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I, _____, understand that the S.T.A.R.S. afterschool program is an extension of the school day and therefore, has the same high expectations of student behavior and success. I also understand that my participation in clubs, field trips, homework help and all other program activities are contingent on my actions and attitude, during the regular school day and during afterschool. As a Sheridan student and S.T.A.R.S. enrollee, I agree to respect my peers, the S.T.A.R.S. staff and equipment, and myself.

Student Signature: _____ Date: _____

I, _____, give my child permission to attend the S.T.A.R.S. afterschool program. I will pick up a S.T.A.R.S. handbook (available during sign-out, in the office, or from student) that describes the policies and procedures governing the program and share that information with my student, specifically regarding the discipline policy. I am aware of the possibility to allow my student to be bused to a local elementary school. I understand that in order for my student to receive the maximum benefits and assistance from the program, club leaders and learning center tutors will receive information from the student's regular classroom teacher as well as use information obtained from the Developmental Asset Profile survey and the DESSA the student completes upon beginning the program.

Y ____ N ____ My student has permission to access the internet for educational purposes under supervision of the staff.

Y ____ N ____ I give permission for my student(s) photograph to be taken during S.T.A.R.S. activities and used for educational purposes.

Parent/Guardian Signature: _____ Date: _____