

ROSEMARY ANDERSON MIDDLE SCHOOL STUDENT ENROLLMENT PACKET 2021-2022

Rosemary Anderson Middle School (RAMS) serves students who live in the Portland Public School (PPS) District.

Before a student may begin classes at RAMS, a parent/guardian must complete the following three steps of the enrollment process:

1. **Fill out this enrollment packet.** Each form must be filled out completely, signed, and dated.
2. **Obtain copies of student's transcript, immunization records, and proof of address.** Transcripts and immunization records may be requested from student's previous school. You may submit hard copies of both documents or have your previous school fax them to RAMS. Please bring a utility bill, real estate document, insurance statement, financial document, OR government document as proof of address.
3. **Attend an orientation session at RAMS.** Please bring your:
 - Completed Enrollment Packet
 - Student Transcripts
 - Immunization Records
 - Copy of IEP if available
 - Proof of Address

RAMS Enrollment Packet Contents

1. 2021-2022 Student Registration – *complete & sign*
2. Confidentiality Policy – *read & sign*
3. Photo/Audio/Video Recording Release – *read & sign*
4. Acknowledgement of Services – *read & sign*
5. Consent for Regular Off-Campus Activities – *read & sign*
6. Dress Code – *read & sign*
7. Parent/Family Notification Policy – *read & sign*
8. Home Language Survey – *complete & sign*
9. Student & Family Needs Assessment – *complete & sign*

Please carefully read, completely fill out, sign, and date each form in the enrollment packet. Make sure you have provided a response to every question/field on each form.

If you need help filling out this application or have questions regarding any of our policies, please contact us at (971) 940-8014 or visit our campus at 4430 N. Trenton St., Portland OR 97203. You can find the entire enrollment packet and additional information on RAMS programs at our website: www.portlandoic.org.

**ROSEMARY ANDERSON MIDDLE
SCHOOL
2021-2022 STUDENT REGISTRATION FORM**

Student Information			
Legal Last Name	Legal First Name	Middle Name	Suffix
Preferred Last Name (if different)	Preferred First Name		Gender
Ethnicity Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (Choose one or more regardless of ethnicity): <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	
*Federal and State regulations require PPS to gather information in this way for statistical reports.		Date of Birth (MM/DD/YY) ADMINSTRATIVE USE Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other:	Age
Home Address Street		City	State
		State	ZIP
Mailing Address Street (if Different)		City	State
		State	ZIP
Home Phone	Cell Phone	Email Address	

Student Academic Information			
School Last Attended	Dates Attended	Current Grade Level	Credits Earned
Student ID No. (if known)	Barriers at Previous School/Reasons for Transfer (please check any that apply): <input type="checkbox"/> Academic – Credit Deficient <input type="checkbox"/> Academic – Below Benchmarks <input type="checkbox"/> Academic – Above Benchmarks <input type="checkbox"/> Attendance Issues <input type="checkbox"/> Other (Please Describe): <input type="checkbox"/> Expulsion <input type="checkbox"/> Pending Expulsion <input type="checkbox"/> 2 Severe Discipline Issues in Past 3 Years <input type="checkbox"/> Non-Compulsory Attendance (Documentation Req, PPS 4.10.010)		
Expected Outcome: <input type="checkbox"/> Graduate from RAHS <input type="checkbox"/> Obtain General Education Development (GED) Certificate from RAHS <input type="checkbox"/> Return to Previous School (or another High School)			
<i>If applicable, projected date of return to Other School</i> _____			
Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Student have a Section 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Student Pregnant or Parenting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Student have Internet Access at Home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a language other than English the student's first language, or the language used at home or with friends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student's first (or other) language:	Language spoken at home or with friends:	Student is or has been in an ESL/Bilingual Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		(This information establishes the district's eligibility for a federal grant under title VII-A of the No Child Left Behind Act. Complete information will be sent to students marking "yes" on this item.)	
Name of Tribe: _____			

ROSEMARY ANDERSON MIDDLE
SCHOOL
2021-2022 STUDENT REGISTRATION FORM

Parent/Guardian Information			
Student lives with: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Independent <input type="checkbox"/> Other:		Student may be Migrant Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with his/her parent(s) or guardian(s) to obtain temporary or seasonal employment in an agricultural or fishing activity.)</small>	
Parent/Responsible Adult [1]: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		Last Name _____ First Name _____	
Home Phone _____	Cell Phone _____	Work Phone _____	CONTACT IN EVENT OF EMERGENCY: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address: Same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO please fill address at right and check <input type="checkbox"/> to receive copy of report card and correspondence at that address.		Street _____ City _____ State _____ ZIP _____	
Email Address _____	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, primary language: _____	Live/work on federal property? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(establishes district eligibility for federal funding.)</small>	Migrant Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Responsible Adult [2]: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		Last Name _____ First Name _____	
Home Phone _____	Cell Phone _____	Work Phone _____	CONTACT IN EVENT OF EMERGENCY: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address: Same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO please fill address at right and check <input type="checkbox"/> to receive copy of report card and correspondence at that address.		Street _____ City _____ State _____ ZIP _____	
Email Address _____	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, primary language: _____	Live/work on federal property? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(establishes district eligibility for federal funding.)</small>	Migrant Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Student in Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is/was student involved with Juvenile Justice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caseworker's Name: _____		Juvenile Court Counselor/Probation/Parole Officers name: _____	
Phone Number: _____		Phone Number: _____	
Medical Information			
Please Check Any Current Medical Conditions: Medications To Be Taken At School (please list and also complete the Authorization for Medication form) <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Serious Allergies (Please List): _____			
Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Other (Please Describe): _____			
Insurance Carrier (Optional): _____	Preferred Hospital _____	Doctor's Name (Optional) _____ Doctor's Phone No. (Optional) _____	
Other Special Health Needs At School: _____		<small>event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference. EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency</small>	

ROSEMARY ANDERSON MIDDLE
SCHOOL
2021-2022 STUDENT REGISTRATION FORM

Emergency Contacts and Release Authorizations (The individuals below may pick this student up from school, and where indicated, are additional emergency contacts for the student)				
1. Last Name		First Name		Relation to Student
Home Phone	Cell Phone		Work Phone	CONTACT IN EVENT OF EMERGENCY: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Last Name		First Name		Relation to Student
Home Phone	Cell Phone		Work Phone	CONTACT IN EVENT OF EMERGENCY: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Last Name		First Name		Relation to Student
Home Phone	Cell Phone		Work Phone	CONTACT IN EVENT OF EMERGENCY: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Last Name		First Name		Relation to Student
Home Phone	Cell Phone		Work Phone	CONTACT IN EVENT OF EMERGENCY: <input type="checkbox"/> Yes <input type="checkbox"/> No

Permissions and Signatures	
<p>Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. If you do not want this information released, please contact your school to submit a written request. This form must be completed each year [Non-Release of Student Directory Information Form].</p>	
<p>Student photographs are commonly used in yearbooks, newsletters, websites, and other school related publications. If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request [Publicity Denial & Non-Release of Information to School Directory Form].</p>	
<p>I do not want my child's name, address and phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College Recruiters</p> <p>The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check next to one or both of the categories above.</p>	
Signature of Parent/Guardian	Date
X	
Signature of Student	Date
X	

ROSEMARY ANDERSON MIDDLE SCHOOL
CONFIDENTIALITY POLICY

Rosemary Anderson Middle School follows strict rules regarding confidential student records. Written consent will be requested before disclosing student or family information to an outside agency or professional. This consent is voluntary and confidential information will not be shared without consent, except when required by law. Before releasing information, staff will contact the student and family involved to discuss the information to be shared and reason for doing so.

Information may be shared for the purpose of education/employment development, resource/service referrals, coordination of services, or program evaluation. RAMS keeps **Academic Records** and **Personal Records** for each student:

1. **Academic:** enrollment application, report cards (classes taken, grades, credits earned), attendance records, other information pertinent to academic progress and performance.
2. **Personal:** legal name, date of birth, home address, phone numbers, email address, and employment information, DHS and/or probation information, intake forms/needs assessments, parent/guardian names and contact information, and other information from DHS, juvenile court, and other agencies.

RAMS prioritizes student safety and protection of confidential information. RAMS is required to share student/family information under the following circumstances:

1. Subpoena to testify in court.
2. Knowledge of/or reason to suspect harm has been done to a child (Oregon's mandatory reporting laws require school staff members to report child abuse/neglect to the state's Department of Human Services Child Abuse Hotline).
3. A student tells us they intend to harm themselves or others.

In the event we are required to testify in court or report harm/danger of harm, staff will notify the student/family involved whenever possible.

I have read and understand the RAMS Confidentiality Policy and have had the opportunity to discuss this information with an RAMS counselor or other staff member.

Student Name

Date

Parent/Guardian Signature

Date

Witness Signature

Date

ROSEMARY ANDERSON MIDDLE SCHOOL
PHOTO | AUDIO | VIDEO RECORDING RELEASE

Rosemary Anderson Middle School and Portland OIC programs often use photos, audio and/or video recordings in order to provide better services to our students and clients. There may be times when we would like to use photos of your child in brochures, on social media platforms, in presentations, and for informational purposes regarding our programs.

- YES, I give my permission** for Rosemary Anderson Middle School and Portland OIC to record and use my child's image in POIC+RAHS brochures, on the website, social media platforms, and/or other informational purposes related to POIC+RAHS programs.

I understand once an image is posted on the website or social media it may be downloaded and redistributed by any device accessing the website and/or social media platforms. POIC+RAHS is not responsible for any damages that may arise from use of my student's image.

I also understand that neither my student, nor myself, will receive compensation for use of their image.

- NO, I DO NOT** want my child to be photographed.

Student's Name

Parent/Guardian Signature

Date

Relationship to Student

Witness

Date

There may also be times when a student may be photographed or interviewed by the media.

Yes, my student may be photographed or interviewed by the media.

No, I DO NOT want my student to be photographed or interviewed by the media.

If you do not want your student interviewed or photographed by the media POIC+RAHS staff will make every effort to see that they are not available to the media personnel.

ROSEMARY ANDERSON MIDDLE SCHOOL
ACKNOWLEDGEMENT OF SERVICES

I understand the alternative services provided by RAMS are not supervised by the Portland Public School District. I will not expect the Portland Public School District to take any responsibility for any aspect of the program services, or the manner in which the services are provided, even if the school staff has knowledge of any particular aspect of the program or suggests it as a source.

Student Name

Parent/Guardian Signature

Date

ROSEMARY ANDERSON MIDDLE SCHOOL
CONSENT FOR OFF-CAMPUS ACTIVITIES

Rosemary Anderson Middle School students occasionally visit local destinations during the school day, and under RAMS staff supervision.

I give permission for _____ to participate and attend off-campus activities.
Student's Name

Parent/Guardian Signature

Date

ROSEMARY ANDERSON MIDDLE SCHOOL
DRESS CODE

Rosemary Anderson Middle School's dress code is intended to provide guidelines for student attire that serve to ensure student safety, maintain an orderly and healthy learning environment. Also, it important to adhere to school policies. If any situation is questionable regarding a student's attire, and the appropriateness for the school environment is unclear, the decision of the Rosemary Anderson Middle School Administrator will prevail.

1. Clothing may not be sexually suggestive. Examples include: bare midriffs, visible or protruding undergarments, excessively low necklines, see-through materials, sagging pants or short skirts/shorts (no more than 4 inches above the knee).
2. Clothing may not be alcohol, tobacco or drug-related, including advertising, imagery or advocacy of the use of such products.
3. Clothing may not contain any sexually-explicit, vulgar or otherwise obscene language or imagery.
4. Clothing must not be demeaning to a particular person or group, such that it might interfere with another student's educational opportunities or otherwise violate campus non-discrimination policies.
5. Clothing must be clean and sanitary.
6. Clothing must not pose a threat to the health or safety of any other student or staff.
7. Students may not wear hats or other head coverings during the school day on school property unless they relate to a religious belief. Exceptions will be determined by the Dean of Students.
8. Clothing and accessories may not be gang-related.
9. Tattoos that violate any aspect of the dress code must be covered.
10. Clothing may not interfere with the learning process or school climate or disrupt the educational process.

Student Name

Student Signature

Parent/Guardian Signature

Date

ROSEMARY ANDERSON MIDDLE SCHOOL
PARENT/FAMILY NOTIFICATION POLICY

Rosemary Anderson Middle School makes every effort to inform parents and families regarding:

- School calendar and hours of operation
- School functions and events
- Student attendance, behavior and academic performance

Quarterly grades and progress reports are mailed to students; copies of reports are available upon request. Students' daily school and classroom attendance and behavior at school and school related functions are closely monitored. These reports are also available upon request.

Whenever possible, Rosemary Anderson Middle School attempts to inform parents and families regarding school functions and events; as well as attendance, academic performance, and behavioral issues. School staff will respond to parent/guardians and family requests for information, and will provide supplementary reports and/or meet with parents/guardians and families as necessary.

A parent/guardian must provide consent for students to be released before the end of the school day.

I acknowledge that RAMS provides regular reporting of student academic performance, attendance and behavior, and that RAMS staff will make every attempt to contact parents/guardians and families regarding academic, attendance, and behavior issues, as necessary. I understand that it is primarily the responsibility of parents/guardians, families, and students initiate communication with the school regarding information beyond that which is provided in regular quarterly reports.

Parent/Guardian Signature

Date

ROSEMARY ANDERSON MIDDLE SCHOOL
HOME LANGUAGE SURVEY

Student Name	School
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Date of Birth	ID Number
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A home language survey must be administered to every student who is new to the school district.

To be completed by Parent or Guardian.

1. What is the student's first language?

2. What language is spoken at home most of the time?

3. What language does the student use most often?

Survey was completed by: _____

Parent/Guardian Signature	Date
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School Staff:

Families call for free these numbers to connect with a PPS Language Access Team Member in the following languages:

Español | Spanish
(503) 916-3582
(503) 916-3091

Tiếng Việt | Vietnamese
(503) 916-3584

中文 | Chinese
(503) 916-3585

Русский | Russian
(503) 916-3583

Soomaali | Somali
(503) 916-3586

ROSEMARY ANDERSON MIDDLE SCHOOL STUDENT & FAMILY NEEDS ASSESSMENT

Student Information			
Last Name	First Name	Middle Name	Suffix
Preferred First Name			
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership/ <input type="checkbox"/> Married <input type="checkbox"/> Cohabitation <input type="checkbox"/> Divorced	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed	Family/Personal Income Sources (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> Financial Aid/Grants	

Family/Home Information		
Household Member Name	Age	Relationship to YOU
Household Member Name	Age	Relationship to YOU
Household Member Name	Age	Relationship to YOU
Household Member Name	Age	Relationship to YOU
Household Member Name	Age	Relationship to YOU

Services & Needs		
Please list any services that you and your family are currently receiving: <input type="checkbox"/> Housing/Rental Assistance <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Counseling <input type="checkbox"/> TANF <input type="checkbox"/> Medical WHAT IS YOUR MONTHLY HOUSEHOLD INCOME: <input type="checkbox"/> Unemployment Assistance <input type="checkbox"/> Legal Aid		
Family Needs (Please check all that apply): <input type="checkbox"/> Housing/Rental Assistance <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Counseling <input type="checkbox"/> TANF <input type="checkbox"/> Medical <input type="checkbox"/> Other: <input type="checkbox"/> Unemployment Assistance <input type="checkbox"/> Legal Aid		
Please indicate all Agencies or Organizations you are currently working with or receiving assistance from: <input type="checkbox"/> DHS <input type="checkbox"/> Salvation Army <input type="checkbox"/> OYVP <input type="checkbox"/> Worksource/Unemployment <input type="checkbox"/> Outside In <input type="checkbox"/> NAFY <input type="checkbox"/> Lifeworks <input type="checkbox"/> Department of Justice <input type="checkbox"/> Other (Please List):		
Do you have a Caseworker? Please list all below.		
Agency	Name	Phone
Agency	Name	Phone
Agency	Name	Phone

RAMS Parent Services		
Are you currently pregnant and/or Parenting? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered 'Yes' please complete this section. If you are not pregnant and/or parenting, please go on to the next section.</i>		
Already Parenting?	Pregnant?	Benefits Info
Name of Child:	Due Date:	Do you receive DHS Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', do you receive: <input type="checkbox"/> Cash <input type="checkbox"/> Grant <input type="checkbox"/> Support Services Only
Birthdate of Child:	Name of Doctor or Community Health Nurse:	
Name of Child:	Hospital:	
Birthdate of Child:		
Partner Info		
Partner active in parenting/pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Partner Name:	Does Partner receive Services? <input type="checkbox"/> Yes <input type="checkbox"/> No

ROSEMARY ANDERSON MIDDLE SCHOOL STUDENT & FAMILY NEEDS ASSESSMENT

Health Information	
Do you have any Chronic Health Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List:
Are you taking prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please List:
When was the last time you saw a doctor? <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past 6 Months <input type="checkbox"/> Within the past Year <input type="checkbox"/> More than a Year Ago <input type="checkbox"/> Cannot Recall	
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any disabilities? If Yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been to Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want Counseling now? If Yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check any significant stressful events that have occurred in your life over the past year: <input type="checkbox"/> Death of Friend/Family Member <input type="checkbox"/> Arrest <input type="checkbox"/> School (Discipline or Grade Issues) <input type="checkbox"/> Personal Health Issues <input type="checkbox"/> Other Encounters with Law Enforcement <input type="checkbox"/> Family/Home Issues <input type="checkbox"/> Family Health Issues <input type="checkbox"/> Change of Residence <input type="checkbox"/> Other (Please list/describe): <input type="checkbox"/> Homelessness	
Have you taken drugs or medicines to get high, sleep better, lose weight, reduce pain, or change your mood? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Indicate: <input type="checkbox"/> Alcohol <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Other Psychedelics (LSD, Mushrooms, etc.) <input type="checkbox"/> Tobacco <input type="checkbox"/> Diet Pills <input type="checkbox"/> Marijuana <input type="checkbox"/> Pain Killers <input type="checkbox"/> Speed/Stimulants <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Other Prescription Drugs <input type="checkbox"/> Other (Please Describe):
Are you interested in getting help with substance use issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Strengths, Interests, and Assets
Please Check any of the following activities that you participate in: <input type="checkbox"/> Organized Sports <input type="checkbox"/> Other Academic Programs (Please List): <input type="checkbox"/> Volunteering/Community Service <input type="checkbox"/> Other Community Programs/Activities (Please list): <input type="checkbox"/> Church
Please list any other activities or programs that you participate in:

Legal History			
Have you ever been, or are you currently involved with law enforcement or the justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;"></td> <td style="border: none; width: 30%; text-align: center;"> Do you currently have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>		Do you currently have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you currently have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently on Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Probation Officer: _____ P.O. Phone _____ End Date of Probation: _____		
Are you currently on Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Parole Officer: _____ P.O. Phone _____		

Needs Assessment
Please check any of the following services that you need, or activities that you would like to participate in and will help you be successful at Rosemary Anderson High School: <input type="checkbox"/> Tutoring <input type="checkbox"/> Leadership Academy <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Mentoring <input type="checkbox"/> Student Council <input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Counseling <input type="checkbox"/> General Extra-Curricular Activities <input type="checkbox"/> Other: Please list and describe: <input type="checkbox"/> Work Opportunities Training <input type="checkbox"/> Rental/Housing Assistance <input type="checkbox"/> College Preparation Activities <input type="checkbox"/> Basic Needs Assistance (Clothing, Food)