St Luke

TEEN CENTER

Student Application
2017-2018 Academic Year
Hello Potential Students/Families,

Last year was an exciting year as we celebrated 10 years of serving Burke High School. As we enter our 11th year, we are pleased to announce our extended collaboration with Omaha Public Schools and a new collaboration with Collective for Youth.

Through this collaboration, we have gained a new data management software called CitySpan. This new software allows us to access grades and missing work in an instant as current information is uploaded nightly. In addition, this also calls for less paperwork on both of our ends due to our access to your information via OPS.

Here are some things you need to know:

1. Please ensure that you information with OPS is up to date and accurate. That is the information that we will get and use for communication. This is pertinent to the success of your student at the Teen Center.

2. There are three forms and a registration fee that are required for participation at the Teen Center. If you are enrolled in NMC Upward Bound program, these forms are also required, but the registration fee is waived. The required forms are listed below:
   a. Teen Center Intake Form
   b. Teen Center Waiver and Release
   c. OPS Release of Information
   d. $50 Registration Fee *

3. There are a few options for handing paperwork in. Please review those below.
   a. Burke High School Guidance Office: Please ensure that you payment is secured to your registration materials.
   b. Burke Lunch: Teen Center/Upward Bound staff will be at Burke lunches every Thursday, starting August 17.
   c. St. Luke Church Office: The church office entrance is off of 120th Street and is open 7 a.m. – 4:30 p.m.
   d. Attend one of the Back to School Kick Off Events: August 24 (Open to All) and August 31 (Girls Only). These events run from 3:05-5:30 p.m. Please see flyer for more details.

* If you are in need of a scholarship for the registration fee, please contact Abbey Jackson at abbey@stlukeumc.com or 402-333-6886 ext. 328.

We look forward to another year working with your student(s). Please reach out if you have any questions or concerns.

Sincerely,

Abbey Jackson
Director, St. Luke Teen Center
11810 Burke Street
Omaha, NE 68154
abbey@stlukeumc.com
402-333-6886 ext. 328
Student Intake Form

Name of Student: ___________________________ Last  ____________  First  ____________

Student Cell Phone: _________________________ May we contact you with programming updates?  ☐ Yes  ☐ No

Which location would be best for pick-up/drop-off during off-site activities?  ☐ South High  ☐ King Science Center  ☐ McMillian  ☐ Burke High  ☐ TAC Building  ☐ North High  ☐ Morton Middle  ☐ Nebraska Methodist College (720 N. 87th St)

Are you a U.S. citizen?  ☐ Yes  ☐ No

Do you ride the bus to/from school?  ☐ Yes  ☐ No

Do you receive free/reduced lunch?  ☐ Yes  ☐ No

Student lives with:  ☐ Both Parents  ☐ Single Parent Home  ☐ Parent/Step Parent  ☐ Other: ________________________________

If other was selected, please identify the relationship: ________________________________

Did your mother or father graduate from a four year university? (This determines if you are first generation college.)  ☐ Yes  ☐ No

What reasons are you enrolling at the Teen Center?  ☐ Academic Help  ☐ Supervision After School  ☐ Enrichment  ☐ Social Connections  ☐ Post-Secondary Exposure/Prep  ☐ Other ________________________________

Do you have an Individualized Educational Plan (IEP) at school?  ☐ Yes  ☐ No

Are you involved in any TRIO programs? (Talent Search, UBMS, etc.)  ☐ Yes  ☐ No

Please check the amount that reflects your family's taxable income: (Taxable income is the amount listed on line 43 on the IRS 1040Form, line 27 on the 1040A, or line 6 on the 1040EZ).

☐ No taxable income
☐ $1 - $17,235
☐ $17,236 - $23,265
☐ $23,266 - $29,295
☐ $29,296 - $35,325
☐ $35,326 - $41,355
☐ $41,356 - $47,385
☐ $47,386 - $53,415
☐ $53,416 - $59,445
☐ Above $59,446

Total number of people in your household: (including yourself) ____________

By signing this document, I certify to the best of my knowledge that the information given is correct. I have read the Teen Center handbook and agree to abide by the policies and regulations of the St. Luke Teen Center.

_________________________________________  ___________________________  ____________
Signature of Student  Printed Name  Date

_________________________________________  ___________________________  ____________
Signature of Parent/Guardian  Printed Name  Date

_________________________________________  ___________________________  ____________
Signature of Parent/Guardian  Printed Name  Date

3
Teen Center Waiver and Release

I hereby authorize St. Luke Teen Center staff to consent to any emergency care for my daughter/son resulting from an accident or illness. I agree to pay all medical expenses incurred by handling of the emergency care not covered by insurance. I understand that my daughter/son will be taken to a hospital in the event that emergency treatment is required and that Teen Center staff will notify me immediately.

I hereby authorize St. Luke Teen Center staff to survey and/or interview my child. I understand that the purpose of these surveys and interviews are to help find out how well the St. Luke Teen Center is meeting my child’s needs and identify areas which may call for further attention.

I hereby authorize my child to access the internet while at the St. Luke Teen Center.

I hereby authorize my child to participate in all programming at the St. Luke Teen Center. I understand that St. Luke Teen Center programming covers sexual decision making, mental health awareness, world issues, bullying, and other sensitive topics.

I hereby release and forever discharge St. Luke United Methodist Church/St. Luke Teen Center and their staff from any and all claims for injuries, damages, or loss that my minor child/ward may have or which may accrue to my minor child/ward and arising out of, connected with, or in any way associated with this program.

OPTIONAL CONSENTS (Please check box to grant consent/permission):

☐ I hereby authorize my child to administer their own prescription/over the counter medication, if needed, while at the Teen Center.

☐ I hereby authorize St. Luke Teen Center and their partners the irrevocable right and permission, throughout the world, in connection with the photographs he, she, or they had taken of me or in which I may be included with others, the following: (a) the right to use and reuse, in any manner at all, said photographs, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotion and advertising uses, social media, and other trade purposes, as well as using my name in connection therewith, if he so desires; and (b) the right to copyright said photographs in his own name or in any other name that he may select. I waive the right to inspect or approve any use thereof. I hereby forever release and discharge Photographer or Agency from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licenses and legal representatives of Photographer or Agency, as well as the party(ies) for whom he/she took said photographs.

☐ If needed, I hereby authorize my child to ride in a staff’s car. All staff have valid driver’s licenses and insurance.

I have read and fully understand the above important information.

Signature of Student ____________________________ Printed Name ____________________________ Date ____________

Signature of Parent/Guardian ____________________________ Printed Name ____________________________ Date ____________

Signature of Parent/Guardian ____________________________ Printed Name ____________________________ Date ____________
The Omaha Public Schools (OPS) seeks to support students and families and to remove barriers to success in school. OPS works with Omaha area community organizations to provide district identified needs and student and family support programs. Organizations working with the OPS are required to monitor and report student progress toward program goals.

Some program staff views student information stored by OPS. The program uses the information to monitor and evaluate their services. OPS must approve any research to study the impact of participation in this community program using the student information.

Parental consent is required for OPS to release the requested student information from your child's education records. Eligible students age 18 or older may consent to the release of their information. An eligible student may sign this consent form.

By signing this form, I give consent to the Omaha Public Schools to release all of the student information listed on the back of this form. I give consent to the Omaha Public Schools to release any additional student information approved by OPS in the future to the program and the United Way of the Midlands. (Signature and date required below)

This Consent to Release Student Records expires upon any of the following events, whichever comes first:

- When my child no longer participates in the program, or (program to inform SIS)
- When my child withdraws or transfers from the school, district, or
- When my child graduates from high school (through November 1st of the year following graduation for purposes of providing end of year data)
- When a letter revoking this consent is received by Omaha Public Schools, Student Information Services, 3215 Cuming Street, Omaha, NE 68131-2024.

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Student Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Last Name (legal):</td>
<td>Please print</td>
</tr>
<tr>
<td>Student First Name (legal):</td>
<td>One student per consent form</td>
</tr>
<tr>
<td>Student Middle Name (full):</td>
<td>School: Burke Grade:</td>
</tr>
<tr>
<td>Home Address:</td>
<td>Program: NMC Upward Bound/St Luke's TC</td>
</tr>
</tbody>
</table>
| City:                                      | Birth Date (mm/dd/yyyy): / /
| Zip:                                      | Gender: M / F |

<table>
<thead>
<tr>
<th>Parent/Guardian Information</th>
<th>Relationship to Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you the legal guardian of this student?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Parent Last Name (legal):</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Parent First Name (legal):</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Parent Middle Name (full):</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Parent/Guardian Signature:</td>
<td>Date (mm/dd/yyyy): / /</td>
</tr>
<tr>
<td>Eligible Student Signature (age 18 or older):</td>
<td>Date (mm/dd/yyyy): / /</td>
</tr>
</tbody>
</table>

Office Use Only   □ Verified   □ Programs   □ Sections   Initials
Below are examples of data released with your consent to this Program and United Way of the Midlands.

**Student Demographic Information**
- Student ID Number, State ID Number
- Student Name
- Date of Birth
- Gender, Race, Ethnicity
- Home and Correspondence Language
- School, School Year, Grade Level
- Student Photograph

**Parent / Guardian Contact Information**
- Parent Name
- Parent Address
- Parent Telephone Numbers
- Parent email Address

**Medical Flags, Parent Restrictions**
- Emergency Medical Conditions
  - Anaphylaxis
  - Asthma
  - Diabetes
  - Medical Other
  - Seizures
- Parent Restrictions

**Attendance**
- Attendance

**Grades/GPA**
- Report Card Grades
- GPA Current
- GPA Cumulative
- Transcripts

**State and National Test Scores**
- Standardized Tests
- State Math
- State Reading
- State Science
- State Writing
- ASPIRE

*Communication with School Staff*
Regarding eligibility of student to participate
Regarding progress toward program goals

*Not released to United Way of the Midlands

Abajo están ejemplos de la información que será liberada con su consentimiento para este Programa y al el United Way of the Midlands.

**Información Demográfica del Estudiante**
- Número de estudiante
- Nombre del estudiante
- Fecha de Nacimiento
- Sexo, Raza, Étnidad
- Idioma de la Casa y de Correspondencia
- Escuela, Año Escolar, Nivel de Grado
- Foto del Estudiante

**Información de Contacto de Padre/Tutor**
- Nombre del Padre
- Dirección del Padre
- Números de Teléfono del Padre
- Dirección de correo electrónico del Padre

**Indicadores Médicos**
- Condiciones Médicas de Emergencia
  - Anafilaxia
  - Asma
  - Diabetes
  - Otro Medico
  - Ataque
  - Restricciones de padres

**Asistencia**
- Asistencia

**Grados/ Transcripción de GPA**
- Boleta de Calificaciones
- GPA Actual
- GPA Acumulativo

**Calificaciones de Exámenes Estatales y Nacionales**
- Examen el Criterios
- Examen Estatal de Ciencias
- Examen Estatal de Escritura
- Examen Estatal de Matemáticas
- Examen Estatal de Lectura
- ASPIRE

* Comunicación con Personal de la Escuela*
En cuanto a la elegibilidad del estudiante a participar
Con respecto a progreso hacia las metas del program

* No es liberado a United Way of the Midlands