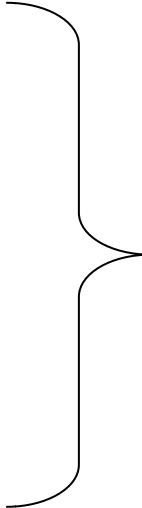
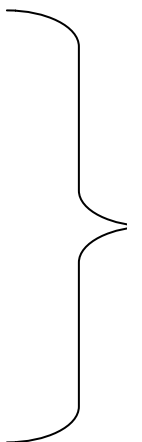




2009-2010

## ELO ENROLLMENT CHECKLIST FOR STUDENT AND COUNSELOR

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- |           |   |   |                  |
|-----------|---|---|------------------|
| 1. _____  | Completed student enrollment form   |   | <b>STUDENT</b>   |
| 2. _____  | Medical release form  |   |                  |
| 3. _____  | ELO contact form  |   |                  |
| 4. _____  | Information release form  |   |                  |
| 5. _____  | Questionnaire   |   |                  |
| 6. _____  | ELO agreement form  |   |                  |
| 7. _____  | Letter from the student outlining why they wish to be a student at Project Encore |   |                  |
| 8. _____  | Verbal recommendation from district administrator or counselor                    |  | <b>COUNSELOR</b> |
| 9. _____  | Copy of student transcript  |   |                  |
| 10. _____ | Analysis of student transcript  |   |                  |
| 11. _____ | Attendance record   |   |                  |
| 12. _____ | Disciplinary action data  |   |                  |
| 13. _____ | Any other data necessary for assessment   |   |                  |

*The above documentation must be completed in full, checked off and signed by a school counselor before a student will be reviewed for the program.*

Sponsoring School Staff \_\_\_\_\_

Date \_\_\_\_\_

Review meeting set for \_\_\_\_\_

**PROJECT ENCORE**  
**2009-2010**  
**ELO Contact Information Form**

**Student Information Section**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

District \_\_\_\_\_ Counselor's Name \_\_\_\_\_

**Parent/Guardian Contact Information Section**

**Mom's Name** \_\_\_\_\_  
*Last* *First*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Dad's Name** \_\_\_\_\_  
*Last* *First*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please specify whom to notify regarding your student's attendance and academic performance.  
Encore will only notify the person(s) that have signed this form.**

Legal Guardian(s) \_\_\_\_\_  
*Print* *Signature*

Legal Guardian(s) \_\_\_\_\_  
*Print* *Signature*



## 2009-2010 ELO AGREEMENT FORM

**The ELO School program has been explained to me, and I believe it will best meet my educational needs and interests. I agree to do the following:**

- Complete all requirements for a diploma.
- Comply with the policies and procedures (written and spoken).
- Contribute positively to maintaining an atmosphere that promotes learning.
- Release all student records to this site.

I understand the following:

- My participation in this program is a privilege.
- Attendance is the responsibility of student/parents/guardians.
- Probation will result if academic, attendance, or behavior requirements aren't met.
- Cooperation with instructors is mandatory to maintain enrollment in this program.
- Although it is operated and staffed by certified personnel, this site does NOT have any Special Education certified staff. If a student is between the ages of 15-21 and has an active Individual Education Plan (IEP), they may talk with the project coordinator to determine the best course of action.

I have read the Student Handbook and the above information and agree to adhere to the policies contained.

Student Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Print Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Print Name \_\_\_\_\_



**ELO**  
**2009-2010 INFORMATION RELEASE CONSENT FORM**

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**Please Check Yes or No for each item below:**

**Yes**  **No** I give Project Encore permission to release necessary information to, release pictures to and/or school interviews with any newspaper, radio or television station when pertaining to Encore activities.

**Yes**  **No** I give Project Encore permission to release information on the above named student for the purpose of a school directory, publications and Encore programs.

**Yes**  **No** I give Project Encore permission to release information on the above named student for health and/or safety emergencies.

**Yes**  **No** I give Project Encore permission to release information on the above named student to colleges and/or scholarship or other award agencies.

**Yes**  **No** I give Project Encore permission to release necessary information on the above named student to any branch of the military.

**Yes**  **No** I give Project Encore permission to release necessary information on the above named student to Insurance Companies.

**Yes**  **No** I give Project Encore permission to release necessary information on the above named student to federal, state and local agencies.

**Yes**  **No** If you would like Project Encore to release academic and attendance information to parents or other individuals that are not specified above, please list in the space below.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**QUESTIONNAIRE**  
**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

Date\_\_\_\_\_

Name\_\_\_\_\_ Birthdate\_\_\_\_\_ Age\_\_\_\_\_

*Last First MI*

Why do you want to attend school at Project Encore?

Do you currently know anyone who is attending Project Encore?

What problems are you having at your current school?

Have you ever been expelled or suspended from school?  Yes  No

If you answered yes to the previous question, explain why you were suspended or expelled from school?

What is your most difficult subject in school?

Have you ever been appointed a truancy officer for lack of attendance?

Will project Encore be required to report attendance or academic progress to a designated state/county/local agency?

Do you have any questions or concerns related to your placement at Project Encore?

I believe the information I have provided on this form to be truthful and accurate.

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

Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

*Placement at Project Encore is voluntary. Project Encore cannot foresee all possible scenarios related to the placement of students. If it is determined the Project Encore environment does not meet the student's needs, the student's guardian is free to contact his/her sponsoring district for other educational options.*



**PROJECT ENCORE EMERGENCY MEDICAL RELEASE FORM**

Student Name \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**UNDER 18**  
\* If under 18, please fill in the custodial parent information in this section and have the parent sign at the bottom of this form.  
Custodial Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**HEALTH ISSUES**  
Project Encore requires all students provide the following information in case a health emergency arises during your scheduled session.  
Drug or Food Allergies \_\_\_\_\_  
Health history of \_\_\_\_\_  
Current Medications I am Taking \_\_\_\_\_  
**(No medications may be taken on school premises)**  
Other: \_\_\_\_\_

I understand that if any emergency develops while I am at Project Encore that a 911 call will be placed and emergency assistance will be provided at my own expense. **If under 18 years of age, a parent or legal guardian must sign.**  
Name \_\_\_\_\_ (Signature) Printed Name \_\_\_\_\_ (Print)  
Date \_\_\_\_\_