



# 2019-2020 Enrollment Packet

Motivate, Educate, Graduate

[www.greenwaysacademy.com](http://www.greenwaysacademy.com)

# Table of Contents

Welcome Letter from Greenways Academy .....	3
Academic Calendar .....	4
Alsea School Calendar .....	5
Student Enrollment Packet .....	6

Welcome Letter

Enrollment Packet Instructions

District Notice of Intent to Enroll

Student Information Form

Guardian Information Form

2019-2020 Academic Plan & Policies

OR Immunization Requirements

2019-2020 Family Application for Free & Reduced Meals

Code of Honor



Hello!

Welcome to the new school year! Alsea School District has chosen Greenways Academy to provide your online school environment. Greenways Academy is pleased to become a part of your education journey! Our mission is to provide quality education services to assist you in being successful. Our mantra, *Motivate, Educate, Graduate*, is the cornerstone of Greenways Academy.

We bring you a new world of education – rich in multimedia content in an online environment. The courses are designed to allow you to work as fast as you want or to go over the material as much as you need so that you know it. You test when you are ready. Where possible, pretests are used to allow you to focus on what you need to learn, not focusing on what you already know. We offer rolling enrollment and the option to be in up to 3 classes at the same time for part time students and up to 6 classes at a time for full time students. School begin and end dates coincide with Alsea's school calendar, (included). Enrollment begins August 1, 2019.

Your teachers are certificated in the course material and are there to grade, provide feedback and, as necessary, help you create a plan for successful completion of your course. Lectures are delivered via the courseware where you have the playback control.

Like a traditional classroom, there will be expectations for you to stay on track with your course completing activities every week and being in communication with your teachers 2 times every week. Unlike the traditional classroom, lecture and coursework can be accomplished together. It is expected that you will work a minimum of 5 hours per class every week. Please plan accordingly.

It is our goal that this environment works well for you and allows you to excel in your learning and coursework. Take full advantage of the communication opportunities you have with your teachers. It will make your course completion and success easier for you.

Welcome to your school! We look forward to seeing you in school!

Sincerely,

Brenda Christy  
Director, Online Schools  
Greenways Academy

## **Greenways Academy 2019-2020 Calendar\***

Student instructional days follow the 2019-2020 Alsea School Calendar, included. Attendance is required on school days.

Enrollment Begins*	8/1/2019
Greenways Academy School Year Begins	8/26/2019
Last Enrollment Date for New Semester Courses	4/22/2020
Greenways Academy School Year Ends	6/5/2020

# 2019-2020 Alsea School Calendar

155 School Days

AUGUST							FEBRUARY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3							1
4	5	6	7	8	9	10	2	3	4	5	6	7	8
11	12	13	14	15	16	17	9	10	11	12	13	14	15
18	19	20	21	22	23	24	16	17	18	19	20	21	22
25	26	27	28	29	30	31	23	24	25	26	27	28	29
SEPTEMBER							MARCH						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30						29	30	31				
OCTOBER							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5				1	2	3	4
6	7	8	9	10	11	12	5	6	7	8	9	10	11
13	14	15	16	17	18	19	12	13	14	15	16	17	18
20	21	22	23	24	25	26	19	20	21	22	23	24	25
27	28	29	30	31			26	27	28	29	30		
NOVEMBER							MAY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2						1	2
3	4	5	6	7	8	9	3	4	5	6	7	8	9
10	11	12	13	14	15	16	10	11	12	13	14	15	16
17	18	19	20	21	22	23	17	18	19	20	21	22	23
24	25	26	27	28	29	30	24	25	26	27	28	29	30
							31						
DECEMBER							JUNE						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7		1	2	3	4	5	6
8	9	10	11	12	13	14	7	8	9	10	11	12	13
15	16	17	18	19	20	21	14	15	16	17	18	19	20
22	23	24	25	26	27	28	21	22	23	24	25	26	27
29	30	31					28	29	30				
JANUARY							KEY						
S	M	T	W	T	F	S		Regular school day					
			1	2	3	4		Half day					
5	6	7	8	9	10	11		541.487.4305					
12	13	14	15	16	17	18		<a href="http://www.alsea.k12.or.us">www.alsea.k12.or.us</a>					
19	20	21	22	23	24	25		facebook.com/AlseaSchool					
26	27	28	29	30	31								

## Friday School Days [CHANGE from previous years]

We will have school **EVERY Friday through December**, unless otherwise noted as teacher only/ conferences.

After Winter Break, we will only have school on Fridays where the prior Monday is a holiday OR for makeup days.

Scheduled, post Winter Break Friday School days are:

January 24      February 21  
May 29      June 5 [half day]

## Important dates

- August 26 – First Day of School
- September 4 – Open House
- June 5 – Graduation & Student's Last Day

## Instructional Periods

- 1st Semester      August 26 – December 19
- 2nd Semester      January 6 – June 5th

## Holidays/School Vacation

- Labor Day: September 2
- Veteran's Day: November 11
- Thanksgiving Break: November 25-29
- Christmas Break: Dec. 20 – Jan. 5, 2019
- MLK Jr. Day: January 20
- President's Day: February 17
- Spring Break: March 16-27
- Memorial Day: May 25

## Student Conference Dates

- October 24 – 1:00 PM-7:30 PM
- October 25 – 8 AM-12 PM
- April 2 – 1:00 PM-7:30 PM
- April 3 – 8 AM-12 PM

## Teacher Only

August 20-23      October 11      October 18  
December 20      January 10      February 7  
March 13      April 10      May 1  
June 8

## Possible make up days

January 31      February 28      April 17  
April 24      May 8      May 22  
June 8-11

*Tentative last day of school is June 5. The actual last day of school will depend on the number of unexpected school closure dates.*



# Greenways Academy Enrollment Packet

## 2019-2020 Academic School Year

### General Information

- Enrollment forms can be submitted to Greenways Academy by:
  - Having your school Site Coordinator directly upload the enrollment forms to the Greenways Academy Student Information System. Your school can contact Patrick Irvin ([patrick@greenwaysacademy.com](mailto:patrick@greenwaysacademy.com)) for access and instructions.
  - Faxing forms to 314-228-0245
  - Emailing Admissions, Erin Wills – [erin@greenwaysacademy.com](mailto:erin@greenwaysacademy.com)
- **Does your student have an IEP or 504 plan?** Please forward a copy with the enrollment forms.

### District Notice of Intent to Enroll

A parent must provide notice to the school district in which the parent resides that the parent intends to enroll their student in a virtual public charter school. 1 form required per student.

- Please complete the STUDENT INFORMATION section. Sign to indicate form has been submitted to your local district office.
- Use student's legal name on the form. Incorrect name can hold up enrollment.

### Student Information Form

- All information is required unless otherwise noted.
- Enter student and demographic information.
- Use student's legal name on the form. Incorrect name can hold up enrollment.

### Guardian Information Form

- All information is required unless otherwise noted.
- Enter parent/guardian and school counselor information.
- Parent/Guardians and School Counselors will be set up with mentor access for the student using the email addresses provided. The invitation to create the mentor login will come to the email address(es) provided.

### 2019-2020 Academic Plan & Policies

- All information is required unless otherwise noted.
- When entering the Student Email Address, please ensure it is the **CORRECT EMAIL ADDRESS** and that it is an email address that the student checks on a daily basis. **ALL** important course information (Welcome Letter with login instructions, teacher communications, etc.) will be sent to this email address. This email address is critical for the success of the student. Students can expect to begin receiving communications to this email address starting the week they receive their Welcome Letter which can come as soon as 24 hours after submitting the complete enrollment packet.
- If the student is opting for text message communications, please ensure the phone number is correct and text messages will be monitored and responded to.
- Enter the courses the student wishes to take. Indicate which semester(s) is/are being signed up for.
- Enter planned start and end dates. Choose the dates wisely.
- Read the Academic Policies. Student, parent and school counselor (if applicable) are to sign and date. Please note enrollment policies.

## OR Immunization Requirements & Form

- Please read the instructions included with the form.
- Student name on the form must match the name on their legal id. No nicknames.
- Please contact the school if you have questions regarding exemptions.

## 2019-2020 Family Application for Free & Reduced Meals

- Please read the instructions included with the form.
- Student name on the form must match the name on their legal id. No nicknames.
- The form can be completed and submitted 1 time for the entire family.

## Code of Honor

- Student name on the form must match the name on their legal id. No nicknames.
- Please read the form. Student signature is required.

## **Top 8 Things To Remember When Taking Greenways Academy Courses:**

1. Always save your work as you go. Making copies is a good practice as well. Computers still glitch.
2. Remember the honor code. No plagiarism, no cheating.
3. If you have problems email your teacher or the Director (See information below).
4. When you finish a class, you, your teacher, or your school counselor may contact the Registrar to request a transcript. Requests can be made on the Greenways Academy website: [www.greenwaysacademy.com](http://www.greenwaysacademy.com)
5. Log in every day. If you get stuck, ask your teacher but keep going with the lesson.
6. Use Natural Reader ([www.naturalreaders.com](http://www.naturalreaders.com)) for text to speech if there is too much on the screen to read.
7. To ensure completion of a course, follow the course plan in your syllabus.
8. If asked to redo a lesson you must submit original work to receive credit.

## **Important Information:**

**Grading Rubric** The grading rubric can be found in each course. Students may also get specific information from their teachers about grading scales.

**Teacher Information** All Greenways Academy Teachers are certified in the subject that they teach. Students should message/email their teachers for assistance with lessons.

**Transcripts** All Transcript requests are handled by Admissions. Requests can be made from the Greenways Academy website: [www.greenwaysacademy.com](http://www.greenwaysacademy.com)

**Contact for Support** Students may contact our support staff in the main office anytime. The phone number is 314-432-7534. Students, parents and counselors may email questions or concerns to the following administrators.

Director, Online Schools	Brenda Christy	<a href="mailto:brenda@greenwaysacademy.com">brenda@greenwaysacademy.com</a>
Program Administrator,	Karina Ferre'	<a href="mailto:karina@greenwaysacademy.com">karina@greenwaysacademy.com</a>
Alsea Oregon Online Program		
Admissions, Greenways Academy	Erin Wills	<a href="mailto:erin@greenwaysacademy.com">erin@greenwaysacademy.com</a>
Registrar, Alsea Oregon Online Program	Lora Dowless	<a href="mailto:lora.dowless@alsea.k12.or.us">lora.dowless@alsea.k12.or.us</a>

# Alsea Oregon Online Program

## DISTRICT NOTICE OF INTENT TO ENROLL

**(1) OAR 581-020-0342:** A parent must provide notice to the school district in which the parent resides that the parent intends to enroll a student in a virtual public charter school. If more than 3% of the students who reside in the school district are enrolled in a virtual public charter school not sponsored by the district, the district must provide notice that the district: (a) Approves the student for enrollment, OR (b) Does not approve the student for enrollment in the virtual public charter school and provide a copy of this rule AND OAR 581-020-0343 to the student and a list of two or more other online options available to the student.

**(2)** If a parent does not receive notice of approval OR disapproval from the school district under the rule within 14 days of the parent sending the notice of intent to enroll to the district, the student shall be deemed approved for enrollment by the district.

**(3)** A parent may appeal a decision of a school district to not approve a student for enrollment to the State Board of Education pursuant to OAR 581-020-0343.

**INSTRUCTIONS TO PARENT/LEGAL GUARDIAN:** Please complete the top portion of this form. Please complete one form for each student you intend on enrolling in the virtual public charter school.

### STUDENT INFORMATION

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Grade Applying For \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Former School \_\_\_\_\_

Name of Resident School District \_\_\_\_\_

**Name of Virtual School for Notice of Intent to Enroll:** Alsea Oregon Online Program

I confirm that I have given a copy of this form to my Resident School District.

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENT DISTRICT STAFF** (PLEASE FAX BACK TO Alsea Oregon Online Program within 14-days of receipt) to 1-541-487-4089

☐ Student Released ☐ Student Not Released According to 3% Resident District Cap Exceeded

Comments: \_\_\_\_\_ District Rep Signature \_\_\_\_\_

### FOR AOOP OFFICE ONLY

Date document received from Parent \_\_\_\_\_ Date Sent from District \_\_\_\_\_ Initials of Receiver \_\_\_\_\_

Student Approved Y/N \_\_\_\_\_ Student Pending Account Cancelled Date \_\_\_\_\_



*All information required unless otherwise noted*

     Yes      No Student will be age 19/20 at the start of the current school year.



## Oregon Student Guardian Information Form

*\* Denotes required field.*

### Student Name:

\*Legal Name: Last: \_\_\_\_\_ \*First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

### Primary Parent / Guardian's Information

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Relation: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

### Secondary Parent / Guardian's Information

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Relation: \_\_\_\_\_

\*Home Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

### School Counselor / Other Information

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

\*School: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_



## Greenways Academy Academic Policies

Greenways Academy strives to ensure student success by providing coursework flexibility. Greenways Academy virtual academy partnership with Alsea school district must also comply with Oregon state regulations. The following policies have been implemented to facilitate compliance with state mandates.

- Students are expected to work a minimum of 5.75 hours per week per course, and submit work for each course every week. The course syllabus provides pacing guidance for the course.
- Every student enrolled in online courses is **required to document attendance through communicating twice weekly** with their instructor **for every class they are enrolled in for the entire time they are enrolled in the course.**
- **Attendance communication must occur on school days.** Attendance communications on non-school days including weekends and holidays will not count toward the attendance requirement.
- **Students who do not communicate with their teacher for 10 consecutive school days will be dropped from enrollment in the Oregon program.** In order to be readmitted, the student will need to communicate with their teacher to reestablish attendance.
- The cell phone number/email address included on the Academic Plan will be used for course communication. Communications from the teacher must be responded to promptly.

---

Student Name – Please Print

---

Student Sign and Date

---

School Counselor Sign and Date

---

Parent Sign and Date



Parents, don't let your child get left behind!

## School Year 2019-2020



Oregon law requires the following shots for school and child care attendance\*

A child 2-17 months entering

**Child Care or  
Early Education** needs\*

Check with your child's program or  
healthcare provider for required vaccines

A child 18 months or older entering

**Preschool, Child Care, or  
Head Start** needs\*

4 Diphtheria/Tetanus/Pertussis (DTaP)  
3 Polio  
1 Varicella (chickenpox)  
1 Measles/Mumps/Rubella (MMR)  
3 Hepatitis B  
2 Hepatitis A  
3 or 4 Hib

A student entering

**Kindergarten or  
Grades 1-6** needs\*

5 Diphtheria/Tetanus/Pertussis (DTaP)  
4 Polio  
1 Varicella (chickenpox)  
2 MMR or 2 Measles, 1 Mumps, 1 Rubella  
3 Hepatitis B  
2 Hepatitis A

A student entering

**Grades 7-11** needs\*

5 Diphtheria/Tetanus/Pertussis (DTaP)  
1 Tdap  
4 Polio  
1 Varicella (chickenpox)  
2 MMR or 2 Measles, 1 Mumps, 1 Rubella  
3 Hepatitis B  
2 Hepatitis A

A student entering

**Grade 12** needs\*

5 Diphtheria/Tetanus/Pertussis (DTaP)  
1 Tdap  
4 Polio  
1 Varicella (chickenpox)  
2 MMR or 2 Measles, 1 Mumps, 1 Rubella  
3 Hepatitis B

*\*At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.*



# Oregon Certificate of Immunization Status

## Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all
Up-to- date
Medical
Non- medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature*	
	Date
Update Signature	
	Date
Update Signature	
	Date
Update Signature	
	Date

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**



# Oregon Certificate of Immunization Status, Page 2

## Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
--------------------------------------	-------------------------------	-----------------------------------------	-----------------------------------------

Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV7, PCV13) (Only children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

### For medical exemptions:

Please submit a **letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

### Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ A health care practitioner
- ☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- |                                                       |                                      |
|-------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio                        | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella                    | <input type="checkbox"/> Hib         |
| <input type="checkbox"/> Measles/Mumps/Rubella        |                                      |

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- ☐ Religious belief
- ☐ Philosophical belief
- ☐ Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

# Instructions for completing the Certificate of Immunization Status

---

## **Contact information:**

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

---

## **Required vaccines (Front):**

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

---

## **Required vaccines (Back):**

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

---

## **Signature:**

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

---

## **REMEMBER TO COMPLETE BOTH SIDES OF FORM**

---

## **Exemptions:**

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.



# Instrucciones para llenar el Certificado de Estado de Vacunación

---

## **Información de contacto:**

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo.

---

## **Vacunas requeridas (adelante):**

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado. Averiguar con la escuela o guardería cuáles son las vacunas requeridas para la edad y grado escolar de su niño.

---

## **Vacunas recomendadas (atrás):**

Estas dosis no son obligatorias por ley, pero son recomendadas y la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

---

## **Firma:**

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño esta correcta. La firma del médico o del departamento de salud local no son requeridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

---

## **RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO**

---

## **Excepciones:**

Oregon permite excepciones médicas y no médicas.

Para una excepción no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y feche la línea indicada.

Para una excepción médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.

**Alsea School District 7J**  
**301 S 3<sup>rd</sup> St., Alsea, OR 97324**

**2019-2020**

Dear Parent/Guardian:

Children need healthy meals to learn. The **Corvallis** School District offers nutritious meals that meet standards set by the U.S. Dept. of Agriculture. Breakfast costs: **Elementary \$1.50, Middle/High \$2.00**; Lunch costs: **Elementary \$2.50, Middle \$3.00, High \$3.25**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.00** for breakfast and **\$0.00** for lunch.

1. **Do I need to fill out an application for each child?** No. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to your child's school or mail/deliver to: Alsea School District, 301 S 3<sup>rd</sup> St., Alsea, OR 97324. You may also apply online at: <https://district.ode.state.or.us/apps/frlapp/>**
2. **Should I fill out an application if I got a letter this school year saying my children are approved for free meals?** Please read the letter you got carefully and follow the instructions. Call Food & Nutrition Services at (541) 757-5903 if you have questions.
3. **Who can get free meals?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) benefits, TANF or FDPIR can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.
4. **Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court can get free meals regardless of income.
5. **Can homeless, runaway and migrant children get free meals?** Please call Peggy Ring @ (541)812-2764 to see if your child(ren) qualifies, if you have not been informed that they will get free meals.
6. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
7. **If my child is eligible for free or reduced price meal benefits, when will the meal benefits begin?** Meal benefits for new applications cannot start until an application is approved. Please provide a lunch or money for a paid lunch until you receive notice that the application is approved.
8. **I get WIC. Can my child(ren) get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
9. **My children receive Oregon Health Plan benefits. Can they get free meals?** This can only be determined by completing and submitting the enclosed application for meal benefits. Please fill out an application.
10. **Will the information I give be checked?** Yes, we may ask you to send written proof.
11. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year.
12. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Superintendent, PO Box B, Alsea, OR 97324 Phone: (541) 487-4305.
13. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
14. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
15. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
16. **We are in the military.** Call Food & Nutrition Services at (541) 757-5903 if you have questions.
17. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for [State SNAP] or other assistance benefits, contact your local assistance office or call 1-800-SAFENET.

**NOTE:** If your child was approved as of the end of last school year, meal benefits are carried over for the first 30 days of this school year. Applications for new students and students not carried over from last year will be processed first.

If you have other questions or need help, call **(541) 487-4305**

## INSTRUCTIONS FOR APPLYING

### For Supplemental Nutrition Assistance Program (SNAP) benefits OR TANF Households:

**Part 1:** Complete Household information

**Part 2:** List child(ren)'s name, school, grade, birthdate. Mark the checkbox if they are a formally placed foster child in the family.

**Part 3:** Give the name of the person in the household with benefits and their case number. ie: **(SNAP) benefits (Axx-xx-xxxx) or TANF (AAxxx or AAxxxx).** **Do not use Oregon Trail Card number or OHP #**

**Part 4:** Skip this part.

**Part 5:** Sign the form.

**Part 6 & 7:** Optional

### If you are applying for a FOSTER CHILD, follow these instructions:

**Part 1:** Complete Household information.

**Part 2:** List child(ren)'s name, school, grade, birthdate and mark the checkbox, if they are a formally placed foster child in the family.

**Part 3 & 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is not necessary.

**Part 6 & 7:** Optional

OR Complete an application for the entire household, including the foster child, following instructions below.

### FEDERAL INCOME GUIDELINES

Your children may qualify at least for reduced price meals if your household income is at or below the limits of this chart.

Household Size	<b>Reduced Price Meals</b>				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
-1-	23,107	1,926	963	889	445
-2-	31,284	2,607	1,304	1,204	602
-3-	39,461	3,289	1,645	1,518	759
-4-	47,638	3,970	1,985	1,833	917
-5-	55,815	4,652	2,326	2,147	1,074
-6-	63,992	5,333	2,667	2,462	1,231
-7-	72,169	6,015	3,008	2,776	1,388
-8-	80,346	6,696	3,348	3,091	1,546
For each additional family member add	8,177	682	341	315	158

**Part 1:** Complete Household information.

**Part 2:** List child(ren)'s name, school, grade, birthdate and mark the checkbox if a foster child.

**Part 3:** Skip this part

**Part 4:** Follow these instructions to report total household income from last month.

**Column 1– Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself, those children living with you but not attending school and children in school receiving regular income.

**Column 2 – Gross Monthly Income.** Next to each person's name list each type of income received last month. For example, *Monthly Income:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. If your income is paid weekly, every 2 weeks or twice a month, follow the instructions on the back of the application.

**Column 3 -** List the amount each person got last month from welfare, child support, alimony.

**Column 4 –** List the amount each person got last month from pensions, retirement, Social Security

**Column 5 -** List the amount each person got last month from Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.

Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it.

**Part 5:** An adult household member must sign the form and list the last four (4) numbers of his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 6 & 7:** Optional

**2019-2020 CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS****NOTICE: YOU MUST APPLY EACH SCHOOL YEAR**

See Application Instructions on opposite page.

If you already received an ELIGIBILITY NOTIFICATION – FREE MEALS from the school district **do not** complete this application**1 HOUSEHOLD INFORMATION**

Print name of person completing this application (Last name, First name)

Name **Print**

Home , Cell or Work Phone (circle one)

Mailing Address – Apt #

City State Zip

E-Mail Address

➔ **Number living in this household** \_\_\_\_\_  
(Write names of **all** household members on part 2 and/or part 4 of this form)**2 STUDENT INFORMATION**

Child's Name (Legal Last name, First name)

School

Grade

Birth Date

Check if  
Foster Child

1.	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>

**3 BENEFITS**

If any member of your household receives SNAP or TANF, provide the name and case number of the member receiving benefits

Name

☐ SNAP**Case Number (required)**

Go to Part 5 below

☐ TANF**4 HOUSEHOLD MEMBERS & GROSS MONTHLY INCOME – if not monthly, see back for conversions**

Column 1

Column 2

Column 3

Column 4

Column 5

Column 6

List **all** household members, including children not attending school, and income. Do not include students listed in part 2, unless they receive regular income.  
(Last name, first name)MONTHLY INCOME  
(Total earnings & wages before deductions)

MONTHLY CHILD SUPPORT, WELFARE, ALIMONY RECEIVED

MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT

OTHER MONTHLY INCOME -Including unemployment and workers comp.

Check if  
No  
Income

1.	_____	_____	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	_____	_____	<input type="checkbox"/>

**5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign)**

I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I give purposely false information, my children may lose meal benefits and I may be prosecuted.

Signature of Adult Household Member

Date Signed

Social Security Number

☐ I do not have a  
Social Security  
Number.

X \_\_\_\_\_ XXX-XX - \_\_\_\_\_

**6 RACIAL OR ETHNIC GROUP (OPTIONAL)**

Mark one ethnic identity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian  
☐ American Indian & Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander

- ☐ Black or African American  
☐ White, not of Hispanic origin  
☐ Other

I prefer all written correspondence in ☐ Spanish ☐ Other \_\_\_\_\_**7 I do not want my information shared with State children's health insurance programs. Sign here:****SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE**

Total Income: _____	Number in household: _____	Date Withdrawn: _____
<input type="checkbox"/> <b>Free based on:</b> <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Foster child categorical <input type="checkbox"/> Household Income <input type="checkbox"/> Homeless	<input type="checkbox"/> <b>Reduced based on:</b> <input type="checkbox"/> household income	<input type="checkbox"/> <b>Denied – Reason:</b> <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application
Determining Official's Signature : _____		Date _____

**SEE IMPORTANT INFORMATION ON REVERSE SIDE**

### OPTIONAL: Sharing Free or Reduced-Price information with other school programs.

Individual schools might offer a reduction in tuition or fees for various activities and programs to students of families that qualify for Free or Reduced-Price meals. The information on your application is used only to determine whether or not your child is eligible for free or reduced-price meals. Student's names and eligibility status can be released to other Federal child nutrition or education programs, and State health or education programs. **We must have your permission to share your application status for other District programs and activities.**

\_\_\_ Yes! I **DO** want school officials to share information from my Free and Reduced-Price School Meals Application for programs/activities which might be available for a reduction in fees. Programs/activities might include such things as: School athletic programs, Yearbook, SAT/ACT testing fees, College application fees, etc.

\_\_\_ No! I **DO NOT** want information from my Free and Reduced-Price School Meals Application shared with any of these programs.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Return the completed application to your child's school or mail/deliver to:  
Alsea School District, PO Box B, Alsea, OR 97324.**

**You may also apply online at: <https://district.ode.state.or.us/apps/frlapp/>**

### DETERMINING MONTHLY INCOME FOR EARNINGS & WAGES

**Monthly income** for all household members must be reported in Part 4 of this application. Income means any money regularly received from work, child support, alimony, pensions, retirements, social security or any other source. Exclude student/school loans. Household members who are not paid monthly should change earnings into monthly income by doing the following:

**Household members who are paid every week:** Multiply total earnings and wages for one pay period, before deductions, by 52. Then divide by 12. The resulting amount is the total monthly income.

**Household members who are paid every 2 weeks:** Multiply total earnings and wages for one pay period, before deductions, by 26. Then divide by 12. The resulting amount is the total monthly income.

**Household members who are paid twice a month:** Multiply total earnings and wages for one pay period, before deductions, by 24 then divide by 12. The resulting amount is the total monthly income.

**Household members who are seasonal workers or work less than 12 months:** Project annual rate of income to accurately represent actual circumstances then divide by 12. The resulting amount is the projected monthly income.

Note: Money received from a business or farm owned by you should be reported as "net income." *Net Income is defined as the total income left after business and farm operating expenses are subtracted from gross receipts.*

### PRIVACY STATEMENT - SOCIAL SECURITY NUMBERS and OTHER INFORMATION

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information but if you do not, we cannot approve your child for free or reduced price meals. You must include the last 4 digits of the social security number of the adult household member who signs the application. The last 4 digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We **may** share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We may share the information on this form with Medicaid or the State Children's Health Insurance Program (SCHIP), unless you tell us not to. The information, if disclosed, will only be used to identify eligible children and seek to enroll them in Medicaid or SCHIP.

### NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## Code of Honor

**Honesty** is a value that holds each person to the truth, to tell the truth, and to defend the truth. Honesty results in fairness for each member of Greenways Academy. **Integrity** is firm adherence to our values with and without the presence of others. **Respect** is treating others as we would like to be treated. In an environment of respect, work we turn in as our own is our own. **Responsibility** is the quality of being accountable for our actions and accepting the consequences of our actions. The **Code of Honor** is a physical representation of the values that Greenways Academy students should encompass. At any educational institution, a code of conduct must be established so that people, instructors and students alike, know the proper way to behave. The behavior students acquire through their actions is the most valuable gift they can carry with them after graduation, and it is the most valuable gift any educational institution can give. Formulas and facts can carry students only so far in life. True success lies in one's desire to be good for the sake of being good and doing the right thing, even when no one is looking. The Code of Honor is not meant as an imposition, but rather as a standard to which all students and faculty should be held. At Greenways Academy, we push each other to higher academic achievement; this code asks that we hold each other, with the same rigor and passion in academics, to a standard of integrity and of personal achievement.

### Greenways Academy Standards

Enrollment at Greenways Academy requires adherence to a certain set of standards. Our standards include the expectation that no student will engage in the following unacceptable behaviors as defined by the course instructor and this document.

- A. Academic Cheating
- B. Plagiarism
- C. Fabrication
- D. Obtaining an Unfair Advantage
- E. Aiding and Abetting Dishonesty
- F. Falsification of Records and Official Documents
- G. Unauthorized Access to Academic or Administrative Records or Systems

If a student is unclear as to whether or not his or her action(s) are in violation of the Code of Honor, then it is the **student's** responsibility to clarify any ambiguities with the appropriate administrator or instructor.

### Student Responsibilities

- To complete all academic work honestly and independently, except in those instances in which an instructor clearly permits collaboration among students, for example, assigned group projects. (See "Academic Cheating").
- To acquaint themselves with the meaning of plagiarism, to learn how to properly cite sources used in written work, and to consult with instructors regarding the allowable resource materials or aids to be used during tests or in the completion of any graded work.
- To refrain from revealing any information regarding the contents of a test, directly or indirectly, to any other student who may subsequently take the same test.
- To refrain from the fraudulent or unethical use of computers
- To refrain from personal dishonesty as more fully defined in this Code of Honor.

## **ACADEMIC CHEATING**

Cheating involves a willful and fraudulent act on the student's part to provide work and/or answers that are not their own. It includes, but is not limited to, the following:

- Looking up answers to test or assignment questions on the internet.
- Copying answers from another student's quiz or test or allowing another student to copy answers from a quiz or test.
- Orally communicating answers during a test or quiz.
- Transmitting answers by use of non-verbal signals during a test or quiz.
- Using unauthorized materials during a test or quiz.
- Gaining access to test questions or answers before a test without permission of the instructor.
- Violating test or assignment procedures established by the instructor.
- Collaborating with others or with written materials in take-home assignments unless expressly allowed to do so by the instructor.

## **PLAGIARISM**

Plagiarism is a situation in which one leads a reader to believe that written work submitted by the student is his own writing when it is not. Plagiarism includes, but is not limited to, the following behaviors:

- Directly copying part or all of another person's work and presenting it as your own.
- Submission of papers or reports from commercial research companies, including on-line sources.
- Copying portions of a text without crediting sources.
- Rephrasing another person's ideas and presenting them as your own without crediting sources.
- Obtaining a paper from any source (a person, a text, on-line) and submitting it to an instructor as one's own work.

## **PERSONAL DISHONESTY**

In addition to all of the above behaviors, personal dishonesty includes, but is not limited to:

- Stealing the personal belongings of an instructor or another student.
- Destruction or abuse of school property.
- Failure to report instances of theft or destruction of school property.

## **Instructor Responsibilities**

- A. Address the degree to which students may collaborate on the completion of assignments, making distinctions where necessary as to assignment types
- B. Address the use of study aids (e.g. Cliffs Notes, Online Websites, etc.) in course work
- C. Clearly identify unacceptable academic behaviors in student's submitted work



## Sanctions

It is our goal to educate students as to the gravity of honor violations. Students who are found to be in violation of the student Code of Honor will be sanctioned and will face disciplinary action and possible expulsion from Greenways Academy. Matters of Honor will be treated seriously and the following guidelines will be a reference for the administration in sanctioning Honor violations; however, each case will be examined individually and responded to in an appropriate manner.

- Instructors will deal with violations of these academic standards on an individual basis.
- All serious instances of academic dishonesty will be reported to the appropriate school administrators.
- The first serious violation of academic integrity may result in a reduced grade for the assignment, test, lab report, or quiz.
- The second violation of academic integrity may result in a failing grade in the course in question.
- The third violation of academic integrity may result in suspension from school and possible expulsion, as determined by a joint decision of Greenways Academy and appropriate school administrators.

*The below signature indicates that the individual has fully read and understood the Code of Honor as the accepted standard for all academic work related to Greenways Academy.*

Student Name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_