

Medora High School



**DELTA CLUB**

**(Determination, Excellence, Leadership, Talent, and Achievement).**

Student Enrollment Packet

# ***DELTA CLUB PROGRAM***

The DELTA Club at Medora High School is an afterschool college and career readiness program being offered through a grant by the Indiana Department of Education. Medora Community Schools is partnered with Blue River Services, Inc. to make this enhanced learning opportunity available to all high school students attending Medora Community Schools.

This program is offered free of charge to high school students. Students are targeted for participation based on math and reading scores, report card grades, and formal assessments. This program is also open to students in need of credit recovery as well as any student who wishes to pursue information regarding college and/or other career interests. Students may also take advantage of OdysseyWare, an online tool for recovery credits and basic or FREE college courses.

The purpose of this program is to ensure that no student is left behind by providing homework assistance and academic enrichment activities. However, this is not just a homework help program. There will be special interest given to preparing students for life beyond high school. There will be an emphasis on preparing students for college and/or other careers. Many career fields will be examined with opportunities to hear from career professionals, research and investigate specific careers, participate in trainings and internships, and field trips to see first-hand professionals at work. Remediation, mentoring, personal safety training, and character education opportunities will also be a part of the program.

**2020-2021 School Year:** The DELTA Club College and Career Readiness Afterschool Program will be offered at Medora High School beginning Monday, August 17th. The DELTA Club will be Monday through Thursday after school until 6:00 PM. Arrangements should be made to ensure students are picked up or released from the program by its ending time each day.

**Attendance:** To get the most out of this free educational program, regular attendance is important. High school students will benefit the most from this program if they attend at least 45 days during the school year. ***Important fact: Students who attend at least 1 hour every day will have received 20 full days of educational enrichment throughout the school year.***

**Need for the program:** According to research and statistics **less than 5%** of the population of Medora will have earned a Bachelor's degree with the state average being at **25.3%**. This program is geared to equipping students with the tools needed to graduate and pursue educational or career opportunities beyond high school.

**Program Administrators:** This program will be administered by Blue River Services, Inc. directors and coordinators. The district coordinator at Medora is Shannon Hunsucker.



**21st CCLC – MEDORA HS**  
**DELTA CLUB COLLEGE AND CAREER READINESS**  
**AFTERSCHOOL PROGRAM REGISTRATION**

If you anticipate using the Afterschool program at any point during the 2020-2021 school year, please complete the following form and submit to the school's main office.

STUDENT NAME \_\_\_\_\_ GRADE (2020-21) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ RACE \_\_\_\_\_ ETHNICITY: Hispanic or Non-Hispanic (please circle one)

PARENT/GUARDIAN \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

EMAIL \_\_\_\_\_ FOSTER CHILD? YES NO (please circle one)

Persons listed below have permission to pick up my child from the DELTA Club Afterschool program:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

*OR*

My child may be released daily to utilize his or her own transportation from school.

My child may be released daily to be a walker from school. Time to be released \_\_\_\_\_

**PICKUP POLICY**

All participating students in the DELTA Club program must be released to walk, drive or be picked up by parent/guardian or authorized person by 6:00 PM daily. Continuously late pick-ups will result in fees charged at \$5.00 per minute each minute past 6:00 PM.

I have read and agree to the late pickup policy.

**EMERGENCY CONTACTS**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**MEDICAL RELEASE AND AUTHORIZATION**

By initialing this box, I give the administrators of the DELTA Club program at MHS permission to seek and obtain medical care for my child in the event my child needs medical care including emergency medical transport. I agree to be financially responsible for the cost of any medical care provided to my child under this authorization.

My child has the following allergies: \_\_\_\_\_

My health insurance carrier is: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Continued on back*

### HEALTH POLICY

The DELTA Club program at MHS does not maintain a health professional on staff. Over the counter medication will not be given at any time. Parents/Guardians of students with possible diabetic, seizure, allergy or asthmatic emergencies must **notify** and **train** the program coordinator on administering the appropriate medication. Additional forms must also be submitted for these specific students.

By initialing this box, I understand the health policy of the DELTA Club program at MHS. I also understand it is my responsibility to notify the program coordinator if my student requires specialized medications.

### PERMISSION TO RELEASE INFORMATION

By initialing this box, I give permission for Blue River Services, Inc./Medora Community School Corporation to report and share information relating to my student. I understand and agree that information relating to my student's academic, behavioral, and attendance performance will be shared with the Indiana Department of Education, 21st Century Community Learning Centers Program, and designated program evaluators.

### MEDIA RELEASE

By initialing this box, I understand that photographs, voice recordings and/or video are used as educational tools in the classroom and in educating the community about the 21st Century Community Learning Centers program. I therefore give permission for my child to be photographed, audio or videotaped.

I do not give permission for my child to be photographed, audio or videotaped.

### STUDENT BEHAVIOR

By initialing this box, I understand that my student must maintain appropriate behaviors in order to continue to receive services in the DELTA Club program. I understand if my student has persistent behavior problems that interfere with the general welfare of others, he or she may be temporarily or permanently removed from the program.

### HOLIDAYS AND SCHOOL CLOSINGS

By initialing this box, I understand that services will not be offered on days in which the school is closed including holidays, breaks, and closings due to inclement weather or other emergencies. If students are sent home from school prior to the end of the day, the program will not operate.

### DISCRIMINATION STATEMENT

In compliance with Blue River Services, Inc. policy no student shall, with regard to race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, disability or genetic information be excluded from participation or denied the benefits of the After-School program.

I have read and agree with the policies of the 21st Century Community Learning Center and MHS DELTA Club Program.

**By checking this box and typing my name below, I am electronically signing this document.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## 21st Century Community Learning Centers Parent Release of Records and Information Consent Form

The Indiana Department of Education (“IDOE”) would like to collect data on activities and events taking place in classrooms, schools, and school related programs throughout the state. The Family Educational Rights and Privacy Act (“FERPA”) requires the IDOE and 21st Century Community Learning Center (“21st CCLC”) to obtain prior written consent from the parent, guardian, or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

The 21<sup>st</sup> CCLC Delta Club Program at Medora High School is dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments, and students pursue post-secondary education.

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I understand that this authorization is made pursuant to the Family Educational Rights and Privacy Act (“FERPA”), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student’s consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

**By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.**

1. **Records Disclosure:** School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance, Survey Data, Free and Reduced Lunch Status, Attendance Data Student Grades, Assessment Data, Demographic Data
2. **Disclosure Parties:** 21st CCLC
3. **21st CCLC Re-disclosure Parties:**
  - a. Indiana Department of Education
  - b. IDOE contracted statewide evaluator
  - c. United States Department of Education
4. **Purpose of Each Disclosure:** Collect data to calculate the impact 21st CCLC has on student performance.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization, to receive services from the 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student’s enrollment in the 21st CCLC, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21st CCLC has already acted in reliance upon this consent. Written revocations shall be sent to:

Blue River Services  
Attn: Julia Baylor, Director of Children Services  
14495 Huff St. NE  
Palmyra, IN 47164  
812-364-1142

I understand the 21st CCLC program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

**I have read this authorization before signing and I fully understand the contents, meaning, and impact of this release.**

**By checking this box and typing my name below, I am electronically signing this document.**

Student Name: (Please Print) \_\_\_\_\_

Parent/Guardian Name/Eligible Student: (Please Print) \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_