



# Eagle Vision

Out Of School Program

S<sub>h</sub>asta H<sub>e</sub>alth A<sub>c</sub>ademic R<sub>e</sub>creation & E<sub>n</sub>richment



Making a Difference....  
Everyday After School

WVHS Facilitator - Matt Rogers  
(530) 347-7171 Ext. 30046

### STUDENT INFORMATION

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade  09     10     11     12

### IN CASE OF EMERGENCY

**\*First Contact\***

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
NOTES:



Gender: \_\_\_\_\_ Male    \_\_\_\_\_ Female  
Special Education:    \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unspecified  
IEP/Special Needs:    \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unspecified  
Free/Reduced Lunch:    \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unspecified  
Primary Language:    \_\_\_\_\_ English    \_\_\_\_\_ Spanish  
\_\_\_\_\_ Other



Ethnicity: (Check all that apply)  
\_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Black/African American  
\_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ White

### Custodial Parent / Guardian:

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

### Please check your route

\_\_\_\_\_ 1st Run                      4:00pm Leave WVHS  
Gas Point Market  
Holiday Market  
Steve's A-Z Appliance  
Sandy's Donuts  
\_\_\_\_\_ 2nd Run                      4:30pm Leave WVHS  
Select Market  
Valley Market  
Happy Valley Primary  
\_\_\_\_\_ 3rd Run                      5:00pm Leave WVHS  
See First Run  
\_\_\_\_\_ 4th Run                      5:30pm Leave WVHS  
See 2nd Run

# MEDICAL INFORMATION

Primary Doctor: \_\_\_\_\_

Primary Dentist: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Any Allergies?  Yes  No If Yes, Please Explain \_\_\_\_\_

Any Special Alerts/Restrictions?  Yes  No If Yes, Please Explain \_\_\_\_\_

Any Medications?  Yes  NO If Yes, will student be required to take medication during after school hours?  Yes  No

List All Medications

Do you have Required Documentation on file?

\_\_\_\_\_  Yes  No

\_\_\_\_\_  Yes  No

\_\_\_\_\_  Yes  No

## Miscellaneous Information

Does your student have a behavior plan?  Yes  No If yes, attach a copy

**IMAGE RELEASE:** I grant Project SHARE permission to photograph/record/ use photos and videos, and use such images, at no compensation, for promotional and/or educational purposes, and for unlimited print and/or on educational websites, promoted by, and to promote Project SHARE, and the partnerships between schools, HS SHARE, and Shasta County Office of Education.  Yes  No

**PERMISSION TO VIEW VIDEOS AT PROJECT SHARE:** My student has my permission to watch the movies provided by Project SHARE. I understand that these movies may include movies that are rated at PG13.  Yes  No

I hereby authorize the staff of Project SHARE to secure and sign for emergency medical care for my child at my expense.

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

\_\_\_\_\_  
Date

**NOTES:**