



2015-16 Conferences

At Open World Learning Community, we believe that students do best when their families are informed and involved in their education. **For this reason, our crew leaders hold three required conferences with students and families each year.** We also have two other conference days in November and April by request of teachers or families.

Goal-Setting Conferences

One unique aspect of conferences at OWL-- which we feel it is vitally important -- is that crew leaders hold planning conferences the week before school starts with each student and family. We feel that planning for a year of challenge and success needs to take place at the beginning of the year. This conference will be a chance to set academic and social goals, review class schedules and get to know each other.

Student-Led Conferences

End-of-semester conferences in January and May are led by students, who exhibit their portfolio of work to their parents and Crew leader. In all conferences, students take a leading role, showing ownership of their accomplishments and challenges. Students work in their crews to prepare for each conference session, gathering samples of high quality work from each course and rehearsing the presentation of their work.

Note: Your crew leader will contact you during the weeks of August 10 and August 17 to set up your goal-setting conference. Conferences will be held:

- **Wednesday, September 2 from 4-8 PM**
- **Thursday, September 3 from 2-6 PM**

If you have not received a call from your crew leader by August 22, please contact Principal Dave Gundale at: 651-293-8670/dave.gundale@spps.org

***Your conference will last 25 minutes, but we ask you to come 20 minutes early to fill out important forms if you did not do so in the spring.**

What to bring with you to goal-setting conferences September 2-3:

- **Your child**
- **Any contact info you need for emergency and health forms (health insurance, doctor, dentist, emergency contact, etc.).**
- **Your checkbook or cash to pay for expedition fieldwork and fall orientation trips.**
- **Look at your calendar for February 3-4, 2016 to sign up for a student-led conference.**



High School Athletics 2015-16

At OWL, we offer the following sports for grades 6-12:
Archery (November- March main season, weekly rest of the year)
Ultimate Frisbee (March-June, weekly in the fall)

If you wish to participate in another sport, Open World Learning Community has a co-operative relationship with the athletic program at **Humboldt High School** for most sports, with a few sports offered at **Central High School**. If you are interested in participating in athletics (beyond those listed above), please refer to the St. Paul Public Schools **website sports.spps.org** for forms and instructions.

Any questions regarding athletics can be directed to:
Dave Mergens, Humboldt/OWL Athletic Director 651-744-5640/david.mergens@spps.org.

Note: There is **no transportation** home after practices or games.

9th – 12th Grade at Humboldt High School

Fall Athletics

(Fall Sport Practice starts in the summer!—talk to Dave Mergens @ Humboldt THIS SPRING (after May 18)
You will need a current physical examination with your doctor)

Cross Country Running (Boys and Girls)

Boys Soccer

Girls Soccer

Girls Swimming and Diving

Girls Tennis

Girls Volleyball

Winter Athletics

Boys Basketball

Girls Basketball

Boys Swimming and Diving

Wrestling

Alpine Skiing (CO-ED) Grades 7-12 at Central

Nordic Skiing (CO-ED) Grades 7-12 at Central

Girls Gymnastics (not at Humboldt/Possible at Central)

Boys Hockey (not at Humboldt/Possible in St. Paul)

Girls Hockey (not at Humboldt/Possible in St. Paul)

Spring Athletics

Girls Badminton

Boys Baseball

Boys Golf

Girls Golf

Girls Softball

Boys Tennis

Track & Field (Boys and Girls)

Lacrosse (Boys and Girls) at Central

Open World Learning Community School Supplies List

You can bring your school supplies to your goal-setting conference on September 2 or 3 or to the first day of school.

Community Items (to be given to your crew leader at your conference or on the first day): Teachers can use all of these items. Please bring as many as you are able.

- 3-5 Boxes of Kleenex
- Pack of Glue Sticks/Hot glue gun sticks
- Scotch tape/Masking Tape
- Box(es) of pencils to share (Ticonderoga brand preferred)
- Pack of Markers or Colored Pencils
- Dry Erase Markers/Sharpies
- Post-It Notes/Index Cards
- Target/Office Max gift card for miscellaneous supplies

Personal Items for all students (needed the first day):

- Backpack
- Jump drive/memory stick (optional)
- iPad Stylus (optional)
- Pens and pencils (get enough for the entire year)
- Highlighter pens
- 8 Pocket Folders
- 8 College-ruled notebooks
- 1 Sewn-bound quad (grid) composition-size notebook OR \$3.00 to buy them from your teacher
- Calculator: TI30XIIS (or you can get the more luxurious TI83 or 84)
- Physical Education: Tennis shoes
- AP Biology: 3 ring binder (2-3 inch)

****Consider buying more for those who can't afford as much. You can give any donations to your crew leader.**

Child's Name _____ Last _____ First _____ Middle _____
 Child's Legal Name _____ Last _____ First _____ Middle _____

Open World Learning Community
2015-2016

Male Female Date of Birth _____ Birthplace _____

Address _____ House No. _____ Street _____ Apt. # _____ Zip Code _____

Home Phone _____
 Last School Attended _____

List all St. Paul Schools your child has attended _____

Has your child ever received Special Education services? No Yes If yes, please describe services _____

Child lives with: Both Parents Mother Father Guardian

Circle One: Mother Father Stepmother Stepfather Guardian NAME _____ Cell _____ Email _____

Employer _____ Work Telephone _____

Circle One: Mother Father Stepmother Stepfather Guardian NAME _____ Cell _____ Email _____

Employer _____ Work Telephone _____ Email _____

DAY CARE ONLY (Name, Address & Phone) _____

EMERGENCY CONTACTS (other than parents listed above): This is VERY important! If your child becomes ill, or if school closes for the day for an emergency, we must be able to contact someone who can care for and pick up your child. **PHONE NUMBERS MUST BE KEPT CURRENT!**

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

*Other adults who may pick my child up from school: _____

List Brothers or Sisters at O.W.L. Community:
 _____ Grade _____
 _____ Grade _____
 _____ Grade _____

OFFICE USE

Year _____ CIF _____ EC _____ Records Requested _____
 Grade _____ Teacher _____ Records Received _____
 Admit Date _____ Withdrawal date _____ To _____

Transportation: **OFFICE USE**

Bus _____ Bus Stop _____
 Parent Pick Up _____
 Patrol Line (Color) _____



O

W

L

GRADES 6-12

Family Communication Information Form

Building a strong community around our students is our main goal, and keeping parents and families informed is key to that goal. E-mail is the most efficient way for us to communicate with you about conferences, your student's class work and field trips, important forms, announcements, school and family events, volunteer opportunities (in the school, through site council and PTO) and more.

By providing us with the following information, you authorize the school to contact you with important information that will help you stay informed.

Student Name: _____

Grade: _____

Crew Leader: _____

Parent 1 Name: _____

Parent 2 Name: _____

Primary Address: _____

Home/Main family phone: _____

Parent 1 cell phone: _____ Text ok? Yes No

Parent 2 cell phone: _____ Text ok? Yes No

Student cell phone: _____ Text ok? Yes No

Parent 1 email: _____

Parent 2 email: _____

Student email: _____

****Yearly Approval for Type I and Type II Field Trips****

Type I and Type II field trips are walking field trips, including walking field trips which intersect hazardous crossings. This approval also includes trips which require transportation and which are limited to one school day or less. It DOES NOT INCLUDE overnight (Type III) field trips.

VERBAL APPROVAL WILL NOT BE ACCEPTED.

Does the student have special health problems or handicapping conditions which will require individual monitoring or supervision on field trips? (Please update this information on a regular basis).

No Yes If yes, what is the problem and what special considerations should be given to the student? _____

I authorize Open World Learning Community to take _____
on all Type I and Type II field trips this current school year. Student's Full Name

I understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during field trips and that I will be notified before each field trip takes place. I understand that it is my responsibility to notify the school immediately if I do not want my child to attend a particular field trip.

Parent/Guardian Signature

****Media Permission****

During the school year, staff of the Saint Paul Public Schools and media representatives may want to interview, photograph or videotape your child for use in publications, television reports, public presentations and websites. The pictures may be of groups of students or individuals, and the students' names may be used. For student protection online, a student's photo and last name will not appear together on school or District websites. Thank you for your cooperation in helping us highlight the good work and efforts of our learners and instructors.

Please check one:

- I give permission for my child to be photographed and interviewed and permission to have my child's name used. Only first names will be used on school or District websites.
- I give permission for my child to be photographed, but **do not** want my child's name used.
- I **do not** want my child photographed or interviewed and **do not** want his or her name used.

Parent/Guardian Signature

****Selections on this form will expire on August 31, 2016****

SAINT PAUL PUBLIC SCHOOLS
FIELD TRIP PARENTAL/GUARDIAN AUTHORIZATION FORM
TYPE II FIELD TRIPS

A field trip to:
End of Quarter Incentive Trips and End of Year Celebration
Nov 13 Corn Maze at Waldoch Farms, Lino Lakes
Jan 28 Riverview Theater, Minneapolis
April 1 Wooddale Funzone Rollerskating, Woodbury
June 9 Valleyfair or Como Park
June 10 Lake Elmo Park Reserve

is planned by: Open World Learning Community
for the purpose of:
End of Quarter incentive for students and end of year celebration (Lake Elmo)

The attached form must be completed and returned before the student will be permitted to participate in the above field trip.

VERBAL APPROVAL WILL NOT BE ACCEPTED

Detach and Return

Field Trip Parental Authorization

I/We authorize _____ to participate in the field trip.
Student's Full Name

to **Nov 13 Corn Maze at Waldoch Farms, Lino Lakes**
Jan 28 Riverview Theater, Minneapolis
April 1 Wooddale Funzone Rollerskating, Woodbury
June 9 Valleyfair or Como Park
June 10 Lake Elmo Park Reserve

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes _____ No _____

If yes, what is this problem and what special considerations should be made?

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

Date _____ Signature of Parent(s) or Guardian(s) _____

Telephone: _____ Address: _____
Day Time _____
Emergency _____



Form Due: _____

Medications Due to the Health Office: _____

Type of field trip and destination: _____

Teacher in Charge: _____ Date(s) of trip: _____

Overnight Field Trip Health Form

Student's name: _____ DOB: _____

Address: _____ Phone (Home/Cell): (_____)

Parent/Guardian: _____ Phone (Home/Cell/Work): (_____)

Parent/Guardian: _____ Phone (Home/Cell/Work): (_____)

Health Insurance Co.: _____ Policy #: _____

Policy Holder: _____

Health Information:

Severe allergies/anaphylaxis (please specify):

Food: _____ Drug: _____ Bee Sting: _____ Other: _____

Please ✓ all that apply:

Asthma	_____	Seizures	_____	Other	_____
Diabetes	_____	Sickle Cell	_____		_____
Heart Condition	_____	Bed Wetting	_____		_____

911 or Emergency Medical Services will be called in the event of a medical emergency and the student will be transferred to the nearest medical facility.

I hereby give permission for emergency care to be secured by the school staff and understand that, should a medical emergency arise, every effort will be made to contact me before such care is given. We understand the arrangements described for this and believe that the necessary precautions/plans for the care and supervision of the students will be taken during this trip. Beyond this, we will not hold the school or those supervising the trip responsible. I do give consent for my child to go on this trip.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Complete reverse side.

Medication:

The administration of any medication to students on any field trips shall be done only when the student has a medical condition that may be adversely affected without medication. This applies to both prescription and non-prescription medication.

Prescription medication **MUST** come in the pharmacy labeled container with the student's name, pharmacy and telephone number, name of physician, drug name, dosage and time to be given. Non-prescription medication **MUST** come in its original container and be labeled/marked with the student's name.

****All medication requires Licensed Provider order and signature****

Parent/Guardian Request:

I request that the following medications be given to my child:

Student's name: _____ DOB: _____

while participating in the field trip. I release school personnel from any liability in relation to the administration of these medications. I authorize the reciprocal release of information related to medication between the nurse and the prescribing health professional.

Middle School and Secondary Students Only:

_____ I have signed a Secondary (6th - 12th Grade Students) Authorization to Self-Carry/Self-Administer Over-the-Counter (OTC) Pain Relief Medications (H-76OTC)

Parent/Guardian Signature: _____ Date: _____

Medication: _____ Dosage: _____ Frequency: _____

Side effects to watch for: _____

Medication: _____ Dosage: _____ Frequency: _____

Side effects to watch for: _____

Medication: _____ Dosage: _____ Frequency: _____

Side effects to watch for: _____

Medication: _____ Dosage: _____ Frequency: _____

Side effects to watch for: _____

Medication: _____ Dosage: _____ Frequency: _____

Side effects to watch for: _____

Licensed Prescriber Order:

I have prescribed the above medication(s) for this child and request the dosages be given at the indicated times.

Prescriber's Signature: _____ Date: _____

Phone of prescriber: (_____) _____



**OUTWARD BOUND
ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and
LIABILITY RELEASE AND INDEMNITY AGREEMENT**

In consideration of the services of Voyageur Outward Bound School, and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, (collectively referred to as "OB"), participant (and parent or legal guardian of a minor participant) acknowledge(s) and agree(s) as follows:

I understand that participant (and parent) share(s) the responsibility for participant's safety. I have (or my child has) no mental or physical problems or limitations that might affect my (or my child's) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the activities and the risks of the program in which I (or my child) will participate. I agree to obey all OB rules, regulations, and policies (and have my child obey them).

The activities in which I (or my child) may participate will depend on the program in which I am (or my child is) enrolled and may be physically strenuous. These activities may include but are not limited to: hiking; camping; rock, wall or tower climbing; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); physical problem-solving activities; water activities including swimming; vehicle travel; and community and other service projects that may involve using power tools. I understand that I (or my child) may engage in other activities not described above. It is impossible to know or list every risk associated with every activity; however, I understand the risks I (or my child) may encounter include but are not limited to: slipping, falling, being struck by or striking objects, persons or the ground; improper or malfunctioning equipment or structures; disease carrying or poisonous plants, insects, or animals; and physical contact with other participants. These and other risks are inherent to the activities, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, including some not described above, that can cause or lead to death, injury, illness, or property damage. I understand that OB cannot assure my (or my child's) safety and does not seek to eliminate all of these risks, in part, because they facilitate educational and other objectives. I agree to assume all of the risks of the activities in the program, whether inherent or not, and even if not described above.

I hereby forever release, waive and discharge OB and each of OB's respective agents, affiliates, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively "the Released Parties") from, and agree not to pursue a claim or sue the Released Parties or any of them, for any liability, claim, or expense in any way associated with my (or my child's) enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child's) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse them for money they are required to pay, including attorneys' fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, heir, next of kin, assigns, a co-participant, or any other person for any claims related to my (or my child's) enrollment or participation in the program or my (or my child's) use of equipment or facilities, including claims that the Released Parties were negligent.

I agree that the substantive law of Minnesota (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in Minnesota. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions. OB has permission to use my photo or image for sale or reproduction in any manner it desires, including advertising or display.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF MY CHILD. I AGREE, ON MY OWN AND ON MY CHILD'S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.

If participant is under the age of 18 (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, at least one parent or legal guardian must sign the release in addition to the participant signing.

_____	_____	_____	_____
Participant signature	Date	Print name here	Date of Birth and Age
_____	_____	_____	
Parent or Guardian signature	Date	Print name here	



OFFICE USE ONLY

FOLLOW-UP

APPROVAL

INSTRUCTIONS All the questions on this form are important. The answers are needed in order to assess your level of participation in the program. Please answer every question in every section and return the form as soon as possible, in order to allow time for any needed follow-up. Incomplete forms will slow down the screening process, and may cause you to miss out on your Outward Bound program. Please write legibly in blue or black ink.

PART I - GENERAL INFORMATION PROGRAM/COURSE NUMBER: START DATE:

Applicant

Name: Age at Program Start: DOB: Address: Height: inches City/State/Zip: Weight: lbs. Home Phone: BLOOD PRESSURE - Taken within 6 months of course start Cell Phone: Blood Pressure: E-mail: Date Taken: Gender: Male Female Blood pressure may be taken with apparatus at a local grocery or drug store.

Parent/Custodial Guardian (if applicant is under the age of 18)

Name: Relationship to Applicant: E-mail: Occupation: Address: City/State/Zip: Cell Phone: Home Phone: Work Phone:

Emergency Contact (not a parent or guardian)

Name: Relationship to Applicant: Home Phone: Cell or Work Phone:

Ethnic Background (optional)

- Asian, Multi-Ethnic, Hispanic or Latino, Caucasian (Non-Hispanic), Native Hawaiian or Pacific Islander, African American, American Indian/Alaskan Native, Do Not Know Ethnicity, Other:

Insurance Information

If you have insurance, please attach a photocopy of both the front and back of your insurance card. Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance.

PART II - MEDICAL INFORMATION

A. ALLERGIES Include allergies to medications, foods, insect bites/stings, environmental, etc.

NONE (OR LIST TO RIGHT)

Table with 3 columns: Allergy List Below, Reaction List Below, Medications Required (if any)

B. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication, please list any medications taken or changed within the past 3 months. Also list any over-the-counter, inhalers, herbal supplements, etc.

NONE (OR LIST TO RIGHT)

Table with 5 columns: Medication List Below, Taken For Symptom/Condition, Dosage Size/Frequency, Date Started, Current Side Effects (if any)

NOTE: If you are taking prescription medications, you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. If there are any changes please contact Outward Bound.

CURRENT EXERCISE ACTIVITY Please list the activities you engage in daily or weekly which indicate your current level of physical activity. You will be expected to engage in rigorous physical activity during your program. If you are currently experiencing a medical condition, you should consult your physician in preparation for your program.

NONE
(OR LIST TO RIGHT)

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART III - HEALTH PROFILE Please check an answer for each question, if yes please describe below.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma (If yes, please bring inhaler)	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalization/Emergency Room/Urgent Care visit w/in past year
<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	Seizure within the past 6 months
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac conditions, e.g., heart murmur or other rhythm abnormality	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, dizziness or faint spells
<input type="checkbox"/>	<input type="checkbox"/>	Current orthopedic problems(neck/back/knee/shoulder)	<input type="checkbox"/>	<input type="checkbox"/>	Use of tobacco/smoker
<input type="checkbox"/>	<input type="checkbox"/>	Currently pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Other medical issues/illnesses/symptoms/requirements/prosthetic device(s)

Describe: _____

PART IV - PERSONAL HISTORY Based on the past one year.

1. Have you been diagnosed or treated for any of the following disorders currently or within the past year?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Adjustment Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Disorder (ADD)
<input type="checkbox"/>	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>	<input type="checkbox"/>	Disruptive Behavior Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Impulse Control Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Mood Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Personality Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Pervasive Developmental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	<input type="checkbox"/>	Substance Related Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

2. Have you received treatment or therapy for any of the following, either currently or in the past year?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Medication(s)	<input type="checkbox"/>	<input type="checkbox"/>	Out Patient Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	Residential Treatment			

3. Have you experienced any of the following significant events within the past year? If yes, please describe below.

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Death of Family/Friend	<input type="checkbox"/>	<input type="checkbox"/>	Expulsion	<input type="checkbox"/>	<input type="checkbox"/>	Incarceration
<input type="checkbox"/>	<input type="checkbox"/>	Self Harm	<input type="checkbox"/>	<input type="checkbox"/>	Serious Accident/Injury	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness

Describe: _____

4. Please arrange for a release of information with your therapist and/or prescribing physician so we may contact them for further information as part of this screening process. Have you done so? Yes No

5. Please provide the name and telephone & fax #s of your therapist and/or prescribing physician:

Prescribing Physician Name: _____	Therapist Name: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email: _____	Email: _____

PART V - SIGNATURE REQUIRED

All information will remain confidential except that information may be disclosed to a medical provider as needed for my (or my child's) care. Over the years, many participants with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose medical information could result in serious harm to you (or your child) and fellow participants. I understand that I may be in an area where communication, transportation, or evacuation is subject to delay. I (or my child) will be attending an Outward Bound program and I give permission for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary. I agree to be responsible for any and all charges associated with such treatment.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)



Student Placement Center

2102 University Avenue West
Saint Paul, MN 55114-1806

Telephone: (651) 632-3700
Fax: (651) 632-3704

RELEASE OF STUDENT DATA NOTICE TO PARENTS OF HIGH SCHOOL STUDENTS

In the Saint Paul Public Schools, the following information about students is public:

- Name
- Birth Date
- Grade
- Extra-Curricular Information (including height and weight of athletes)
- School
- Dates of Enrollment
- Awards Received

All other information about a student is private and can only be released under circumstances prescribed in federal and state law.

Both the Minnesota Legislature and the United States Congress have passed laws requiring us also to release addresses and telephone numbers of students in high school to military recruiters. You have the option of refusing to release this information regarding yourself/your student. If you do not want Saint Paul Public Schools to release information about yourself /your son or daughter to military recruiters, please fill out the form below and return it to the school. **Either the student or the parent may choose not to release information to military recruiters. That choice will remain in effect until the parent submits a written request to the school allowing the release of information to military recruiters.**

Student's Name _____

Birthdate _____ Student Number (if known) _____

School _____ Grade _____

PLEASE FILL OUT EITHER BOX BELOW:

I, the parent/guardian of the above named student, request that his/her name, address and telephone number **NOT** be released to military recruiters by the Saint Paul Public Schools.

Signature of Parent/Guardian Date _____

I request that my name, address and telephone number Not be released to military recruiters by the Saint Paul Public Schools. I understand that my signature is the only one needed to put this request in place. I also understand, however, that my parent/guardian will receive notice of my decision if this form is not also signed by my parent/guardian.

Signature of Student Date _____

This information must be returned to your student's school by September 30 to ensure that your student's name is omitted from lists released to recruiters.