

SECONDARY SCHOOL ENROLLMENT INFORMATION
 Yoncalla School District 32

SCHOOL Yoncalla High School

DATE OF ENTRY _____ GRADE LEVEL _____ ALERT FLAG _____

OUT OF DISTRICT _____ DISTRICT NO. _____ STUDENT BLDG NO. _____

BASIC INFORMATION

STUDENT'S LAST NAME		FIRST NAME	MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S LEGAL NAME (IF DIFFERENT FROM ABOVE)			STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)	
DATE OF BIRTH	CITY/STATE OF BIRTH		CURRENT GRADE LEVEL	
MAILING ADDRESS			APT. NO.	HOME PHONE
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	ZIP CODE	
STUDENT'S PRIMARY LANGUAGE		DATE ENTERED U.S.		
ETHNIC ORIGIN (CHECK ONE)	<input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN	<input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN	<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	
	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> INDIAN, NATIVE AMERICAN	<input type="checkbox"/> OTHER _____	

FAMILY INFORMATION

STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> FATHER ONLY
	<input type="checkbox"/> OTHER NAME _____		
PARENT/GUARDIAN		RELATIONSHIP	
WORKPLACE	WORK PHONE NO.	EXT.	
PARENT/GUARDIAN		RELATIONSHIP	
WORKPLACE	WORK PHONE NO.	EXT.	

SCHOOL HISTORY

LAST SCHOOL ATTENDED		PREVIOUS GRADE LEVEL	
ADDRESS OF LAST SCHOOL	CITY	STATE	ZIP CODE
OTHER (S) ATTENDED:		DATES ATTENDED:	
_____		_____	
_____		_____	
_____		_____	

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION/SPECIAL CLASSES WITHIN LAST YEAR? IF YES, CHECK THOSE THAT APPLY:

- SPEECH GIFTED RESOURCE ROOM TITLE I READING
 SELF CONTAINED TITLE I MATH OT/PT ESL

EMERGENCY INFORMATION

NEIGHBORS OR RELATIVES WHO MIGHT, BY MUTUAL AGREEMENT, HELP IN CASE OF ILLNESS/ACCIDENT OR EMERGENCY CLOSURE:

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

IF THE ABOVE NAMED CANNOT BE REACHED, SHOULD THE FAMILY PHYSICIAN BE CALLED? YES NO

FAMILY PHYSICIAN	PHONE

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE, SUCH AS:

- BEB STING FOOD ALLERGY SKIN DISORDER DIABETES
 ASTHMA EYE PROBLEMS ORTHOPEDIC PROBLEM HEART CONDITION
 HAY FEVER EAR PROBLEM CONVULSIONS (BPILEPSY) URINARY PROBLEMS
 OTHER _____

DOES YOUR CHILD TAKE MEDICINE REGULARLY? YES NO OTHER IMPORTANT HEALTH INFORMATION _____

ADDITIONAL INFORMATION

FEDERAL FUNDING: UNDER PUBLIC LAW NO 874, THE DISTRICT CAN RECEIVE FEDERAL MONEY FOR EACH CHILD IF THE PARENT:

- WORKS ON FEDERAL LAND (B) IS IN THE ACTIVE ARMED FORCES (W)
 LIVES ON FEDERAL LAND (R)

VOTER REGISTRATION: ARE YOU A REGISTERED VOTER IN THE Yoncalla School District 32 ? YES NO
 IF NO, ASK YOUR CHILD'S SCHOOL HOW TO REGISTER OR CHANGE YOUR PRECINCT.

FIELD TRIPS: OVER THE COURSE OF THE YEAR, YOUR CHILD MAY HAVE THE OPPORTUNITY TO PARTICIPATE IN EDUCATIONAL FIELD TRIPS REQUIRING YOUR CHILD TO LEAVE THE SCHOOL GROUNDS. CAN YOUR CHILD PARTICIPATE? PLEASE CHECK BELOW:

- YES, I GIVE PERMISSION NO, I DO NOT GIVE MY PERMISSION

PHOTO RELEASE: YOUR CHILD'S PHOTO MAY BE TAKEN FOR INCLUSION IN THE DISTRICT PUBLICATIONS OR IN LOCAL NEWSPAPERS OR MAGAZINE ARTICLES OR LETTERS RELATING TO SCHOOL ACTIVITIES. PLEASE CHECK BELOW:

- YES, I GIVE PERMISSION NO, I DO NOT GIVE MY PERMISSION

SIGNATURE _____ DATE _____ RELATIONSHIP _____



Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

Child's Last Name *Apellido* First *Primer Nombre* Middle Initial *Segundo Nombre* Birthdate *Fecha de Nacimiento*

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):

- Diphtheria/Tetanus/Pertussis
- Polio
- Varicella
- Measles/Mumps/Rubella
- Hepatitis B
- Hepatitis A
- Hib.

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 _____



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 <small>(mm/dd/yy)</small>	Dose 2 <small>(mm/dd/yy)</small>	Dose 3 <small>(mm/dd/yy)</small>	Dose 4 <small>(mm/dd/yy)</small>	Dose 5 <small>(mm/dd/yy)</small>
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)					
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ <small>(mm/dd/yy)</small>					
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 _____

For school/facility use only
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

Continued On Reverse Side

Yoncalla School District #32 Responsible use of Technology Agreement Grades 7-12

Student and Parents/Guardian: PLEASE READ THIS TOGETHER; SIGN AND RETURN TO YOUR STUDENT'S SCHOOL.

Statement of Purpose:

Yoncalla School District teachers and students use technology and internet-based tools (e.g., blogs, wikis, podcast and video cast) in their classrooms on a regular basis to meet the district's standards and prepare student to live and work in the digital age. These technologies improve student communication and collaboration skill, provide a real audience, and extend learning beyond the classroom walls while building digital citizenship skills. Student access to technology will require responsible, courteous efficient and legal use. Our goal in providing access to these resources is to enhance the education of our students and educate them in responsible and appropriate use. It is important that students and parents recognize that information posted on the internet is public, permanent and needs to be appropriate.

I understand that my use of any district technology (computer, network, internet, resources, etc.) will be monitored. I understand if I violate this agreement, the district's policies and procedures, or student handbook, I may not be able to use technology or may experience other appropriate consequences. I acknowledge that my communications while using district technology (i.e., e-mail) is neither private nor confidential.

Terms of Agreement:

1. I agree to follow teacher/building/district instructions when using technology and use technology carefully, productively, appropriately, and primarily for school relate purposes.
2. I agree to polite, considerate, and to use appropriate language. I agree never to use technology to bully, abuse harm or frighten others.
3. I agree to tell an adult if I read, see, or access something inappropriate, or witness inappropriate use of technology. I agree not to interfere with or circumvent any filter or security measures.
4. I agree to use technology responsibly, to conserve district resources, such as server space, bandwidth, printing capacity, and to otherwise use resources as designed.
5. I agree not to share my passwords, except with my teacher or parent/guardian. (FERPA). I agree that I will use complex passwords.
6. I agree to only use my own files and folders. I will not access another individual's files and folders without their permission.
7. I agree that I will not reveal or post personal information belonging to myself, or another person (i.e., passwords, address and telephone number).
8. I agree to adhere to copyright laws and license and terms of use agreement.
9. I agree to follow the technology check-out process.

Student: By signing my name below I agree to these terms and I have read and discussed this Responsible Use Agreement with my parent/Guardian.

Student Name (Print): _____

Student signature _____ Grade _____ Date Signed _____

Parent/Guardian: By signing my name below I agree to these terms and I have read and discussed this Responsible Use Agreement with my student.

Parent/Guardian Name (Print) _____

Parent/Guardian signature _____ Date signed _____

Yoncalla School District 32
HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

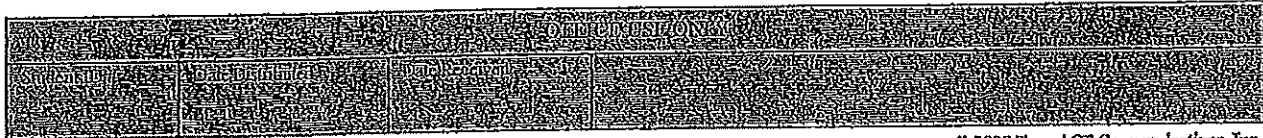
1. What language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language is spoken by you and your family most of the time at home? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school? _____

Parent or Guardian's Signature

Date



Temporary Guardianship Agreement

I, _____, of _____
(print your full name) (street)

_____, as the custodial parent of:
(city, state, zip)

List the full names of each child	List each child's birth date

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual (s) to whom you are granting temporary custody	List each person's relationship to the child(ren)

Contact information of temporary guardians listed above:

Address: _____

Phone numbers: _____

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, _____, hereby grant temporary guardianship of the above children, whom I have legal custody of to _____:

From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

For as long as necessary, beginning on _____
(mm/dd/yyyy)

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____,
(date) (month) (year) (name of parent)
 personally appeared before me in _____, _____ and, in my presence,
(city) (state)
 has/have satisfactorily identified him/her/themselves as the signer(s) of this Temporary Guardianship Form.

Name of Notary Official: _____

*Affix Notary
Seal Here*

Signature: _____ Commission Expires: _____

Parents and Guardians Please Review with your Students Sign & Return to Driver

RULES GOVERNING PUPILS RIDING SCHOOL BUSES

OAR 581-053-0010 Oregon Department of Education

- (1) Pupils being transported are under authority of the bus driver.
 - (2) Fighting, wrestling, or boisterous activity is prohibited on the bus.
 - (3) Pupils shall use the emergency exit only in case of emergency.
 - (4) Pupils shall be on time for the bus both morning and evening.
-
- (5) Pupils shall not bring firearms, weapons, or other potentially hazardous material on the bus.
 - (6) Pupils shall not bring animals, except approved assistance guide animals on the bus.
 - (7) Pupils shall remain seated while bus is in motion.
 - (8) Pupils may be assigned seats by the bus driver.
 - (9) When necessary to cross the road, pupils shall cross in front of the bus or as instructed by the bus driver.
 - (10) Pupils shall not extend their hands, arms, or body parts through bus windows.
 - (11) Pupils shall have written permission to leave the bus other than at home or school.
 - (12) Pupils shall converse in normal tones; loud or vulgar language is prohibited.
 - (13) Pupils shall not open or close windows without permission of driver.
 - (14) Pupils shall keep the bus clean, and must refrain from damaging it.
 - (15) Pupils shall be courteous to the driver, to fellow pupils, and passersby.
 - (16) Pupils who refuse to obey promptly the directions of the driver or refuse to obey regulations may forfeit their privilege to ride buses.
 - (17) Rules Governing Pupils Riding School Buses and School Activity Vehicles must be kept posted in a conspicuous place in all school buses, type 20, and type 21 activity vehicles.

Parent/Legal Guardian Print: _____ Sign: _____ Date: _____

Student Name: Print: _____ Sign: _____ Date: _____

YONCALLA SCHOOL District #82 STUDENT TRANSPORTATION INFORMATION

For questions about delivery or pickup of your child, please call **Mid Columbia Bus Company** office 541-849-2127 fax 541-849-2165

Student Name:		Today's Date:	
School: (circle one)	Elementary Middle High School	<input type="checkbox"/> [1] <input type="checkbox"/> [2] <input type="checkbox"/> [3] <input type="checkbox"/> [4] <input type="checkbox"/> [5] <input type="checkbox"/> [6] <input type="checkbox"/> [7] <input type="checkbox"/> [8] <input type="checkbox"/> [9] <input type="checkbox"/> [10] <input type="checkbox"/> [11] <input type="checkbox"/> [12]	Home Phone: Work Phone(s): Cell Phone(s):
Parent/Guardian Name(s):		Address:	

D Day Care Information/ **D** Drop-off – Below Information if Different From Home

Caregiver Name: _____ Phone: _____
 (if applicable)

Address: _____

Date	Day	Address for A.M. Pickup	ROUTE # & Usual Bus #	Approximate Pickup Time	Actual Location of Pickup
	M				
	T				
	W				
	T				
	F				
Date	Day	Address for P.M. Return	ROUTE # & Usual Bus #	Approximate Return Time	Actual Location of Return
	M				
	T				
	W				
	T				
	F				

Yoncalla School District
 Activities and Athletics Code of Conduct
 Athletics – Cheerleading – Clubs/Organizations/Activities

Yoncalla High School believes interscholastic athletics and or activities are an integral part of a student's total educational experience. The success of our programs is based on our students' abilities to balance their participation with their academic requirements. Academic achievement comes first. In athletics/activities, our goal is to provide a safe, structured environment where students can develop responsibility, work ethic, trust and loyalty, self-esteem and self-discipline.

This document serves to inform students and parents about the guidelines, policies, and regulations of the Yoncalla School District. One of the primary roles of the high school athletic department and or activities is to oversee the conduct of our students. We urge parents to take an active part in the guidance and supervision of their son or daughter while supporting the school in our endeavor to develop positive and productive citizens.

The YHS Activities and Athletic Code of Conduct sets a high standard because of the school district's desire to help protect the health, safety and welfare of all students and community members. *Consequences of activities/athletic code violations will carry over from school year to school year and will be in effect for the duration of the student's high school participation regardless of their age. This is a 24-hour rule and includes beyond the school day and applies on and off school property.*

THE STUDENT/ATHLETE SHALL NOT POSSESS, USE, TRANSMIT, MAKE AVAILABLE TO OTHERS, OR KNOWINGLY BE IN PROXIMITY OF AN EVENT IN WHICH ALCOHOL, ILLEGAL OR HARMFUL DRUGS OR TOBACCO IS USED.

First Violation

The student shall be suspended for the following portion of his/her competitive season immediately and consecutively: (This constitutes 20% of the contests based on OSAA maximum games played.)

<i>Football 2 contests</i>	<i>Volleyball 4 contests</i>
<i>Cheerleading (Same as fall/winter season)</i>	<i>Basketball 5 contests</i>
<i>Club/organization/activities 1 event or loss of office</i>	<i>Track/Cross Country 3 contests</i>
<i>Softball 5 contests</i>	<i>Baseball 5 contests</i>

The suspension shall be served immediately and consecutively during the next competitions/events or in the first contests of the season if the violation occurs in the off-season. If the season ends before the full suspension is served, the remaining suspensions shall be proportionally applied to the next sport or season by the athletic director/advisor. *Exception (SEE HONESTY CLAUSE)

Second Violation

For the second violation within the student athlete's high school enrollment, the student athlete shall be suspended for the following portion of his/her competitive season immediately and consecutively: (This constitutes 40% of the contests based on OSAA maximum games played.)

<i>Football 4 contests</i>	<i>Volleyball 7 contests</i>
<i>Cheerleading (Same as fall/winter season)</i>	<i>Basketball 10 contests</i>
<i>Club/organization/activities 2 events or removal from organization</i>	<i>Track/Cross Country 6 contests</i>

<i>Softball 10 contests</i>	<i>Baseball 10 contests</i>
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The suspension shall be served immediately and consecutively during the next competitions/events or in the first contests of the season if the violation occurs in the off-season. If the season ends before the full suspension is served, the remaining suspensions shall be proportionally applied to the next sport or season by the athletic director/advisor.

The student will be required to complete a substance abuse assessment and enroll in a program or complete weekly drug testing samples during a ten-week period of time. All costs of this assessment/drug testing and follow up treatment if necessary are the responsibility of the athlete and his/her family. All drug testing results will be sent to the high school office and will be completely confidential. If at any time the student has a positive drug test, they will be put on step three of the code. *Exception (SEE HONESTY CLAUSE)

Third Violation

If a third violation occurs, within the student's high school enrollment, the student will be suspended from all athletic participation/school events for 365 consecutive days from the date of the violation.

The student will be required to complete a substance abuse assessment and be enrolled in a program. They will also be required to complete bi-weekly drug testing samples during a twenty-week period of time. All costs of this assessment/drug testing and follow up treatment if necessary are the responsibility of the athlete and his/her family. All drug testing results will be sent to the high school office and will be completely confidential. If at any time the athlete has a positive drug test, they will be put on step four of the code. *Exception (SEE HONESTY CLAUSE)

Fourth Violation

When a student violates the drug and alcohol policy for a fourth time during their high school enrollment at Yoncalla High School, he/she shall not be allowed to participate in athletics/school events for the remainder of the student's enrollment at Yoncalla High School. *Exception (SEE HONESTY CLAUSE)

CITIZENSHIP

Any person guilty of action that brings discredit upon the individual, the team or the school will be immediately suspended until the Head Coach, or Advisor, Athletic Director, and Principal can meet and decide the appropriate disciplinary action. This could mean dismissal from the squad/club.

Unlawful or Delinquent Behavior An unlawful or delinquent act is a violation of any civil or criminal statute, ordinance, regulation or court order (except for minor traffic offenses) including, but not limited to civil rights violations, theft, vandalism, destruction of property, or other misdemeanors and felonies as defined by the Oregon Criminal Code. A student who pleads guilty, is found guilty, or found to have committed a delinquent act by any court of law, or pleads no contest to an unlawful act is also subject to sanctions in accordance with the YHS Activities/Athletic Code of Conduct. The athletic director/advisor reserves the right to determine whether the student committed an unlawful or delinquent act rather than to be bound necessarily by the decision of the courts or others. Incidents involving students either directly or as an accomplice will be subject to review by the athletic director/advisor. The athletic director/advisor will decide the appropriate penalty for the athlete taking into consideration the seriousness of the offense, any harm or injury to person or property, the remorse of the student and any other relevant factors.

Violation of Team Rules and Regulations Coaches/advisors may establish reasonable rules and regulations subject to the approval of the athletic director, for behavior not otherwise specified in the YHS Activities/Athletic Code of Conduct. Coaches/advisors may determine reasonable penalties for violation of team rules and regulations subject to the review of the athletic director/principal.

Honesty Clause

Voluntary admission, in writing, by a student or their legal guardian of an infraction involving Code of Conduct infractions will not result in a suspension of participation in activities, but will count as a first offense or placement on the continuum depending upon where the student is currently placed.

The purpose of this language is two-fold:

- To encourage the students who believe they have a problem to seek help in dealing with that problem.
- To encourage students who have committed an infraction to admit their mistake and recognize they made a poor choice.

The provision may be used only ONCE in the student's extracurricular or athletic career at YHS. The student will be required to interview a professional (doctor, police officer, and/or a judge) in the area of the violation and report back to the Superintendent/Designee. A three to five page paper will be written and presented to the coach/advisor and AD or other appropriate group approved by the Principal within seven days (approximately). If the student does not report back to the Principal/AD within this time frame (7-days), they will be placed on the continuum depending upon where they would have been placed had they not used the "honesty clause."

GENERAL

As a participant:

1. I will undergo and pass a physical examination each school year.
2. I will maintain acceptable medical/accident insurance during the time of my participation.
3. If my participation causes me to miss class time, I will make an extra effort to complete academic assignments prior, or immediately after, every contest.
4. I agree to ride to and from all activity events on District approved transportation unless otherwise arranged by the coach, athletic director, or principal in accordance with District policy. (Coaches will release student athletes to their parents after contests with written consent only.)
5. I will be personally responsible for all school district property issued to me and will return said property in good condition and in a timely manner. I fully understand that I will not be eligible for subsequent participation in other activities should I fail to turn in equipment issued to me in good condition or pay for its replacement.
6. I agree not to wear or lend to others school equipment for personal use.
7. I understand that should I quit an activity or be disqualified due to misbehavior I will not be allowed to participate in any other activities or receive a letter/award until approved by the coach, athletic director and principal.
8. As a participant, I agree to abide by all behavioral expectations established by the coach/advisor that are specific to the organization/group/club/team-I will accept the consequences if I violate a team rule.
9. I understand that I am ineligible to participate in practice or a game if I skip a class, or if I have been suspended or expelled. I understand that I must be in school all day in order to participate. Unless previously arranged for a medical appointment, driver's examination, or funeral, an athlete must be in school the entire day to be eligible for that day's practice or game. Students who are ineligible will not be allowed to travel with their team to any away contests.
10. I realize fully that while I am involved in any organization/group/club/team sponsored by the District, I am representing my school and community and therefore I agree to behave in a manner that will reflect favorably upon Yoncalla School District.

Due Process and Appeal Process

Students will be provided due process. The student is entitled to be informed of the charges against him/her, and an informal meeting where he/she has an opportunity to be heard before the athletic director/advisor. The athletic director/advisor shall render a written decision within 24 hours of the meeting. A student and his/her parent(s) may appeal the athletic director's/advisor's decision to an

appeals committee composed of the Principal, a Coach/advisor other than the one involved, and a non-coaching staff member. Parents or any others involved in the violation will be given an opportunity to voice their opinions in the matter. The Appeals Committee shall render their decision within 48 hours of the consideration of the appeal. A suspension may be deferred pending appeal at the discretion of the athletic director, the principal, or Superintendent. All appeals must be filed within five days of the athletic director's/advisor's ruling. All students/athletes are ineligible until an appeal is filed with the athletic director/advisor. The findings of the appeals committee are final unless the infraction constitutes the third violation. In such a case, the student and his/her parents may appeal within five days to the Superintendent whose decision will be final.

SUMMARY OF AGREEMENT

I have read and understand the Yoncalla High School Activities and Athletics Code of Conduct. I agree to abide by this code. I understand that my failure to meet any of the expectations above could result in a loss of further participation in all activities and athletics at Yoncalla High School.

Student

Parent

Date