



Molalla River Academy Charter School
16897 S. Callahan Rd., Molalla, Oregon 97038
503-829-6672 Fax 503-759-6672
www.molallariveracademy.com

New MRA Parent/ Student Checklist 2020-2021

Parent/Guardian Name (s): _____ , _____

Student Name(s): _____ , _____

Welcome to MRA. You may put all of your children's names on each form with the exception of the Student Health Update Form

Please complete the following forms for this school year:

- _____ Parent/Guardian Contact Information Sheet
Please update all contact information including phone, email, and address.
- _____ Copy of Birth Certificate and Immunizations Records/Completed Vision and Dental Certificates For new kindergarten students only.
- _____ Records Request Form
For students older than kindergarten.
- _____ Third Party Consent to Treat Form
This form is needed in case an ambulance needs to be called.
- _____ Permission to Pick Up/Emergency Pick Up
This allows others consent to pick up your student.
- _____ Student Health Update
If your student has any allergies please complete form.
- _____ Current Utility Bill or Other Document Showing Proof of Residency
- _____ School Fees Payment Plan



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Molalla River Academy

Parent/Guardian Contact Information

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

1. Parent/Guardian Name: _____

Best Contact Phone Number: _____ (circle one) HOME WORK CELL

Secondary Phone Number: _____ (circle one) HOME WORK CELL

Email address (please print): _____

Home Address: _____

Mailing Address: _____

___ Custody ___ Contact Allowed ___ Educational Rights ___ Send Billing Information ___ Release To

2. Parent/Guardian Name: _____

Best Contact Phone Number: _____ (circle one) HOME WORK CELL

Secondary Phone Number: _____ (circle one) HOME WORK CELL

Email address (please print): _____

Home Address: _____

Mailing Address: _____

___ Custody ___ Contact Allowed ___ Educational Rights ___ Send Billing Information ___ Release To

3. Parent/Guardian Name: _____

Best Contact Phone Number: _____ (circle one) HOME WORK CELL

Secondary Phone Number: _____ (circle one) HOME WORK CELL

Email address (please print): _____

Home Address: _____

Mailing Address: _____

___ Custody ___ Contact Allowed ___ Educational Rights ___ Send Billing Information ___ Release To

All contact will first be made to the person in the #1 position. If contact is not made #2 will be contacted and then #3. All mailings will be sent to the address on the #1 position unless otherwise specified.

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Molalla River Academy Records Request

(Please fill out one per child)

Date sent by MRA: _____

Date received by previous school: _____

Date records sent by previous school: _____

Date records received by MRA: _____

Child's Name: _____

Previous School: _____

School address: _____

City: _____ State _____ Zip: _____

Phone: _____ Fax: _____

To whom it may concern,

*My child _____, has been transferred to Molalla River Academy.
Please transfer all school records including cumulative, health, and confidential records to:*

*Molalla River Academy
16897 S Callahan Rd
Molalla, OR 97038
503-829-6672*

Thank you,

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Address: _____

Phone: _____ Date: _____

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Molalla River Academy Authorization of Third Party

Consent to Treat 2020-2021

As parent/guardian of the following students:

Student Name: _____ Grade: _____ DOB: _____

Chronic Illnesses/Allergies/or Medications: _____

Student Name: _____ Grade: _____ DOB: _____

Chronic Illnesses/Allergies/or Medications: _____

Student Name: _____ Grade: _____ DOB: _____

Chronic Illnesses/Allergies/or Medications: _____

Student Name: _____ Grade: _____ DOB: _____

Chronic Illnesses/Allergies/or Medications: _____

Student Name: _____ Grade: _____ DOB: _____

Chronic Illnesses/Allergies/or Medications: _____

I hereby authorize Molalla River Academy and its Employees and Agents

who is 18 years of age or older, to consent to any medical or surgical treatment of the above children which such person deems advisable if a parent or legal guardian cannot reasonably be located when the children are brought for treatment. I also give Molalla River Academy permission to transport my child by ambulance in the event of a medical emergency. I understand that I am responsible for all ambulance charges.

The above authorization will be effective as of: **September 6th, 2020** and will expire after **June 20th of 2021**

Signature: _____

During this period the parent or legal guardian of the above children will be at the following location(s) and phone numbers:

Home address of Parent or Guardian: _____

Phone number of Parent or Guardian: _____

Family Physician: _____

Phone: _____

Employer: _____

Phone: _____

Health Insurance Company: _____

Group #: _____



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Molalla River Academy Permission to Pick Up and Emergency Pick Up

Let each child in your family know your family plan in the event of an emergency

Primary Parent/ Guardian Contact: Name: _____ Phone: _____

Secondary Parent/ Guardian Contact: Name: _____ Phone: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

I/we authorize the following to pick up our child/children (this includes in the event of an emergency):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent's Signature _____ Date _____

In the event of an emergency, we may need to send home our entire school population early, or hold the students at the school. Our goal is to be as prepared as possible if and when an emergency occurs. We will do our best to contact you if there is an emergency. We would ask that if such a situation does happen, please keep your phone calls to the school at a minimum and allow us to phone you.



Health Update 2020-2021 *One per child please*

Student Name: _____ Grade: _____

Please note if your child has any reactions to the following and if emergency medication would be required (if medication is necessary and would be administered at school, please stop by the office if you have not already done so):

____ Dietary Concerns:

____ Bee Stings:

____ Does your student have other daily health requirements or restrictions related to a diagnosed health condition?

____ Asthma	____ Diabetes
____ Wears Glasses	____ Heart Condition
____ Hearing Aides	____ Serious Allergy
____ Seizures	____ Other Medical Protocol

____ **NO MEDICAL CONCERNS**

Parent/Guardian Print Name: _____

Signature _____ Date _____



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Molalla River Academy

2020-2021 School Fees Payment Plan

Molalla River Academy offers a payment plan for the annual school fees. The payment plan allows you to choose your own monthly payment.

Annual Fees Included: (per student)

\$220 Activity Fee

\$45 Supply Fee

\$265 Total

In order for statements to reflect an accurate balance, please make payments by the 20th of each month. For questions, please contact the Bookkeeper, Jill Fammatre at jfammatre@mra-k8.com

Student Names:

Please read carefully before initialling that you agree with each statement:

- _____ I take responsibility for paying the annual Activity Fee and Supply Fee for the 2020-2021 school year.
- _____ I understand that fees will be prorated in the event that my student withdraws mid-year.
- _____ I understand that this payment plan does not include fees accrued for the 2020-2021 before/after care, lunches, or billed volunteer hours.
- _____ I understand that this payment plan can also be used for a previous school year balance.
- _____ I understand that MRA may withhold records until I have paid my remaining balance.
- _____ I commit to making a regular monthly payment to MRA in the amount of _____ until the balance of _____ is paid in full.

Parent/Guardian Signature: _____ Date: _____

Executive Director Signature _____ Date: _____

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Parent and Student Information

Student Name and Grade: _____

Office Use Only: Date Application Received _____

Please complete the following so that we can better know your child and meet their needs:

GENERAL INFORMATION

1. Please check any that apply

____ Child is adopted ____ Parents separated ____ Parents divorced

The applicant is living with:

2. Primary Language(s) used in the home/family if not English:

3. Please list any allergies your child may have:

4. Is your child currently taking medication or under the care of a physician?

If yes, please explain

5. Does your child have any disabilities or physical handicaps? If yes, please explain.

6. Please list any restrictions regarding his/her activities:

7. Has your child ever been referred to an education specialist/counselor or diagnosed with a learning, social, or emotional disability? If yes, please explain:

8. Is your child currently on an IEP or 504 Plan? _____



If yes, please explain:

9. What do you hope to gain for your student from their education at Molalla River Academy?

For yourself?

10. What are your short and long-range goals for your student?

11. Which three words best describe your student:

12. Describe your student's family life: child/parent/sibling problem-solving, discipline, communication.

13. Describe your student's previous educational experience, both formal and informal. What were the positive aspects?

14. What were the challenges? Include any difficulties outside of school that may affect their performance in school.



15. Please note details about your student which will be helpful to the teacher, e.g. special interests and abilities, extra- curricular classes, private home instruction, or any additional classes your child has attended or is now attending. If you are transferring your child from another school please include your reasons.

16. How does your child spend his/her leisure time? Please include any family interests and hobbies

17. Questions or concerns about your child that you would like to discuss with your child(s) teachers regarding speech, language, overall development, behavior and/or learning.

18. Certain situations can cause emotional stress and difficulty for any family. In order to better understand your student we would appreciate receiving the following information. Please put a check mark by any event that has occurred in your child's life.

- | | |
|---|--|
| <input type="checkbox"/> Personal injury, serious illness, or major surgery | <input type="checkbox"/> Change of health in a family member |
| <input type="checkbox"/> Business readjustment | <input type="checkbox"/> Marital separation |
| <input type="checkbox"/> Change in residence | <input type="checkbox"/> Death of a close family friend |
| <input type="checkbox"/> Child leaving home | <input type="checkbox"/> Marital reconciliation |
| <input type="checkbox"/> Change in schools | <input type="checkbox"/> Death of a close family member |
| <input type="checkbox"/> Gain of a new family member | <input type="checkbox"/> Death of a parent |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Change in family financial state |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Other _____ |

I certify that the information provided is complete and true.

Parent/Guardian Signature Date

STUDENTS IN GRADES ONE THROUGH EIGHT COMPLETE THE FOLLOWING:

On an extra piece of paper answer the following questions. Feel free to use drawing and/or any form of written expression to answer.

1. What do you like/want to learn in school?
2. What do you like to do..
 - a. With your family?
 - b. With your friends?
 - c. By yourself (hobbies, sports, etc.)?