



CANYON-OWYHEE SCHOOL SERVICE AGENCY

109 Penny Lane

Wilder, ID 83676

Phone (208) 482-6074

Fax (208) 482-7904

COSSA



Administrative Forms Manual

Effective: May 15, 2023

Canyon-Owyhee School Service Agency (COSSA) is a public school cooperative serving the special education, career & technical, and alternative education needs of students from Homedale, Marsing, Notus, Parma, and Wilder School Districts.

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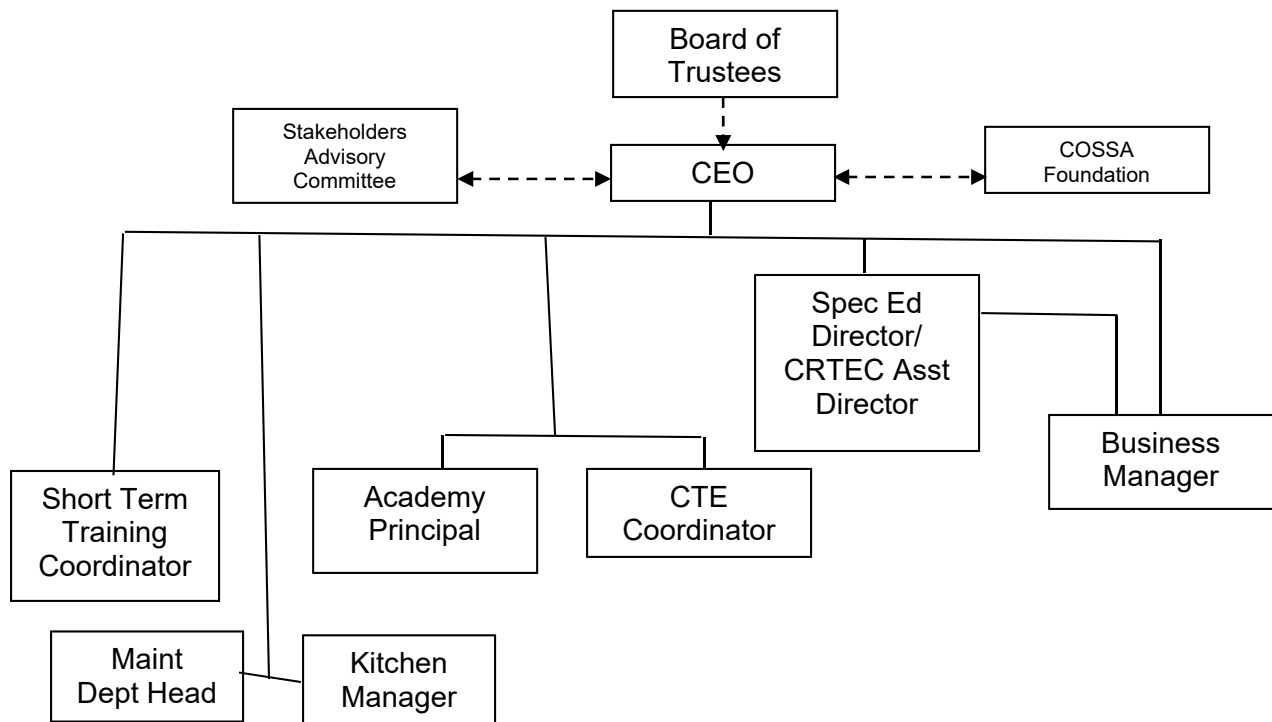
Background

The purpose of this manual is to standardize and promulgate the forms used in various offices throughout the Canyon-Owyhee Service Agency (COSSA). The forms are broken into the areas where they apply, including:

Business Office
Administrative
Transportation

Organizational Structure

Below is a diagram of the basic organizational structure of COSSA.



The Board of Trustees has ultimate responsibility for the operation of the COSSA Consortium. They hire the Chief Executive Officer to administer, manage, and lead the day-to-day operation of COSSA. Policy creation is a specific responsibility of the CEO.

Responsibility for the use, update, and storage, of the various forms contained in this manual resides with the third and/or fourth tier administrators, i.e., Short-Term Training (STT), Maintenance, Food Service, Academy Principal, CTE Coordinator, and Business Manager. However, the Board has promulgated this Manual and, in accordance with Board policy 204, "Policy Concerning Handbooks and Ancillary Documents", this handbook is Board policy, and proper procedures should be followed to bring proposed changes before the Board for approval.

COSSA Business Office Forms

Pg 5. Supply Requisition

Pg 6. Claim for Leave

Pg 7. Invoice

Pg 8. Emergency Phone Chain

Pg 9. Employee Check-Out

Pg 10. Facility Use Form

Pg 11 Payroll deduction form

Pg 12 Deposit form

Canyon-Owyhee School Service Agency (COSSA) Requisition

Date Submitted:		For Office Use Only					
To be ordered from:					Budget #:		
Website:					Order:		
Phone Number:					PO #:		
Fax Number:							
Qty	Item Number	Item Description	Price	Total			
			Subtotal				
			Shipping				
			TOTAL				
Program:		District: COSSA					
Submitted by:		Approved by:					



Canyon-Owyhee School Service Agency

INVOICE

109 Penny Lane
Wilder, ID 83676
Phone 208-482-6074 Fax 208-482-7904

1/3/2019

Bill To:

For:

INVOICE #
DEPT:

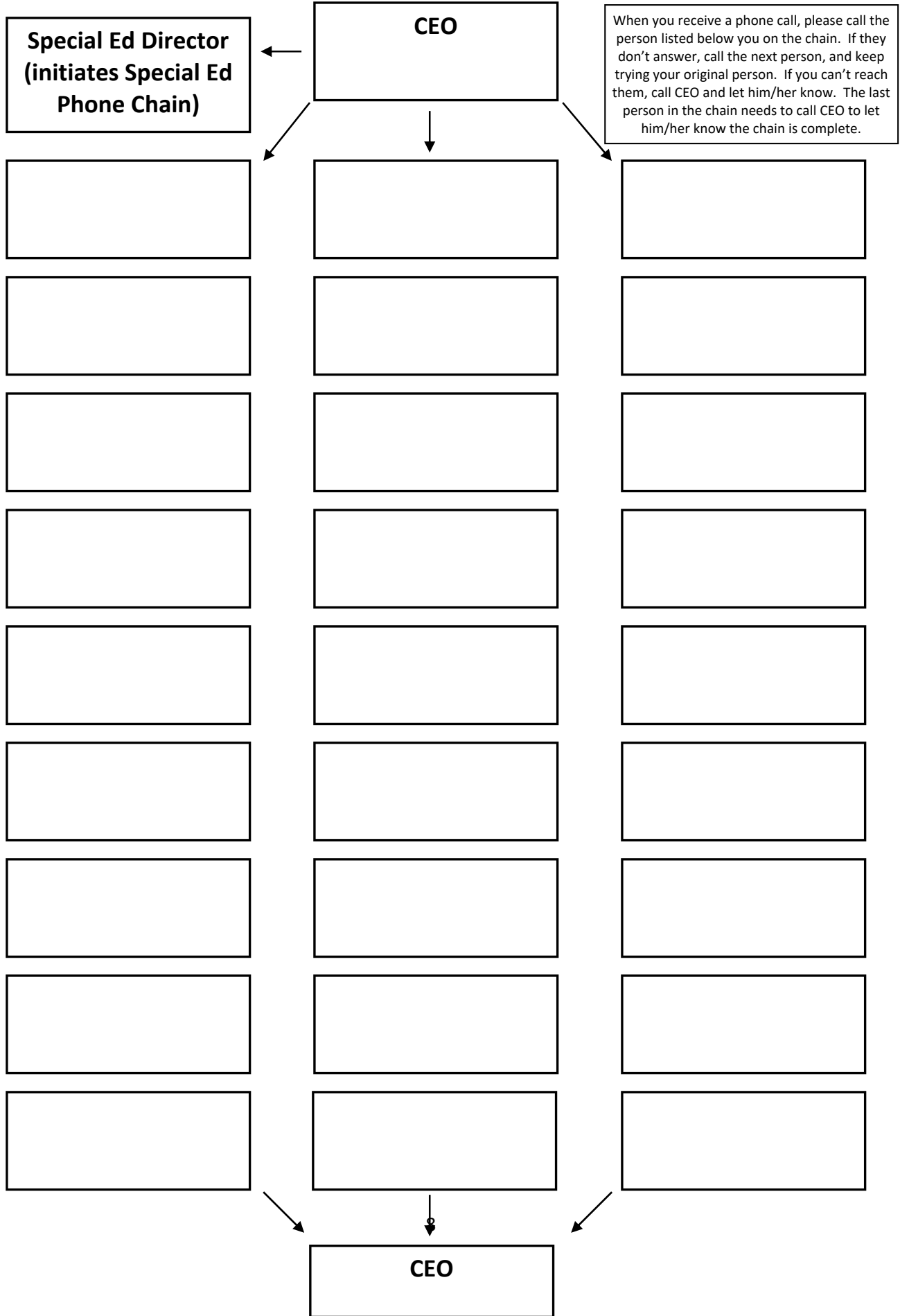
DESCRIPTION	AMOUNT
TOTAL	\$0.00

Make all checks payable to COSSA

If you have any questions concerning this invoice, contact Dawnita Tincher at 208-482-6074, Ext 223.

THANK YOU!

CRTEC Emergency Phone Chain Example





CANYON-OWYHEE SCHOOL SERVICE AGENCY

109 Penny Lane
 Wilder, ID 83676
 Phone (208) 482-6074
 Fax (208) 482-7904

Employee Check-out Form

Name _____ SS# _____

Address _____ Phone # _____

Position _____ Rate of Pay _____

Date of Employment _____ Last day at work _____

Last contract day (complete only if different than last day of work _____)

Please check reason below

Voluntary	Involuntary
Retirement	End of temporary assignment
Better job	Incompetence*
Family	Lack of work*
Dissatisfaction	Misconduct*
Illness	Reorganization
Relocation	Death
Unknown	Other
Other	

Recommend for employment? Yes No*
 (*checking this area requires backup documentation)

 Signature Date

	Yes	No		Yes	No
Letter of Resignation on File			RS 109 to Payroll		
Position Posted			Terminated with Insurance		
Copy for Board			Terminated in Payroll		



CANYON-OWYHEE SCHOOL SERVICE AGENCY

109 Penny Lane
Wilder, ID 83676
Phone (208) 482-6074
Fax (208) 482-7904

FACILITY USE FORM—TEN DAY NOTICE PREFERRED

Today's Date _____

Individual(s) Requesting use of facility and/or property _____

Facility or Property to be used: _____

Date of Use: _____ Time of Use: _____

Describe How the Facility and/or Property will be used: _____

Number of Chairs _____, Tables _____ needed.

Name, Address and Phone number of non-district individual responsible for using
facility/property: _____

Overtime assigned to the following staff:

Staff: _____ Date: _____ Hours Needed to Cover _____

I (We) _____, agree to carry liability insurance, leave the facility /property clean and in the same condition as we it was rented/used or reimburse the district for the cost of clean-up and/or repairs, to abide by all rules, regulations and policies, hold the COSSA School District, its employees, volunteers, trustees and insurance carriers harmless from any claim and all claims, financial and otherwise , due to accident or injury to the person of any of the participants or their guests while on COSSA property, assume responsibility of the personal property of any individual participating in the activity and to pay for any requested or required supervisor or custodian.

Applicant's Signature: _____ Date: _____

Approved By: _____ Date: _____



CANYON-OWYHEE SCHOOL SERVICE AGENCY

109 Penny Lane
Wilder, ID 83676
Phone (208) 482-6074
Fax (208) 482-7904

Background Investigation
Check CRIMINAL HISTORY
PAYROLL DEDUCTION AUTHORIZATION

I _____, hereby authorize the Canyon-Owyhee

Print Name

School Service Agency to make a payroll deduction in the amount of \$28.25 to cover the cost of the Idaho Criminal History Check to process criminal history FBI fingerprints, as required by Idaho code:33-152.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
<input type="text"/>	<input type="text"/>	
<i>Signature</i>	<i>Date</i>	

Canyon-Owyhee School Service Agency (COSSA) is a public school cooperative serving the special education, career-technical, and alternative education needs of students from Homedale, Marsing, Notus, Parma, and Wilder School Districts.

General Deposit Form

DEPOSIT DATE:

Student Deposits

Class Registrations - Program Dues	Checks Total =	Notes:
	Cash Total =	
	<i>Subtotal = \$0.00</i>	

Concessions & Sales for Student Programs -	Checks Total =	Notes:
	Cash Total =	
	<i>Subtotal = \$0.00</i>	

Donations Misc. Monetary Donations	Checks Total =	Notes:
	Cash Total =	
	<i>Subtotal = \$0.00</i>	

Breakdown of Monetary Denominations for Deposit Total = \$0.00

Date:	Checks:	Check Number	Amount
List of Deposits:			
Coin:			
Quarters:			\$ -
Dimes:			\$ -
Nickels:			\$ -
Pennies:			\$ -
Total:			\$ -
Cash:			
\$1			\$ -
\$5			\$ -
\$10			\$ -
\$20			\$ -
\$50			\$ -
\$100			\$ -
Total:			\$ -
Total Cash:			\$ -
		Totals:	\$ -
		Total Deposit:	\$ -

COSSA Administrative Office Forms

1. PowerSchool Parent Log-in Instructions
2. At-Risk Questionnaire
3. Residency Questionnaire
4. Home Language and Mobility Questionnaire
5. New Student – Registration Packet Cover and Check-in Sheet
6. Returning Student – Registration Packet Cover and Check-in Sheet
7. CTE Student – Registration Packet Cover and Check-in Sheet
8. Registration Form – Academy
9. Registration Form – CTE
10. Student Withdrawal Form
11. Informed Consent for Counseling Services
12. COSSA Academy Summer School Registration
13. Confidential Release of Information
14. Schedule Change Request
15. Student Request to see School Counselor

PowerSchool Parent Login Instructions

PowerSchool website is <https://cossa.powerschool.com>

Click on “Create Account” tab, then “Create Account”

This will open up a new screen that allows you to create your own Login ID and Password.

Below that, it will ask for the parent name, Access ID, password, and relationship.

After you complete all the required information, click enter.

Students Access ID:

Students Password;

Parent Access ID:

Parent Password:

Parents may also download the PowerSchool app to their phone only after you have completed the above steps. This app is free and available to all parents with internet access. Click on “download app” on the lower left hand side of the parent login screen.

At-Risk Student Qualification Checklist

MUST BE COMPLETED BY COUNSELOR OR PRINCIPAL BEFORE STUDENT CAN ENROLL

Student Name: _____ DOB: _____ Grade: _____
(Name)

Student Address: _____ P.O. Box _____
 City: _____ State: _____ Zip Code: _____

Please include the current physical address to verify the student lives in your district

An At-Risk youth is any secondary student in grade seven through twelve (7-12) who meets any three (3) of the following criteria in column **A** or any one (1) criterion in column **B**. Check applicable criteria in both columns A and B and record total for each.

A		B	
	Has repeated at least one (1) grade.		Has a documented or pattern of substance abuse.
	Has absenteeism that is greater than ten (10%) percent during the proceeding semester.		Is pregnant or a parent.
	Has an overall grade point average that is less than 1.5 (4.0 scale) prior to enrolling in an alternative secondary program.		Is an emancipated youth or unaccompanied youth.
	Has failed one (1) or more academic subjects.		Is a previous dropout.
	Is below proficient, based on local criteria and/or state standardized tests.		Has serious personal, emotional, or medical issues(s).
	Is two (2) or more semester credits per year behind the rate required to graduate.		Has a court or agency referral.
	Has attended three (3) or more schools within the previous two (2) years, not including dual enrollment.		Demonstrates behavior that is detrimental to their academic progress.
	TOTAL		TOTAL

EDUID (State Number) _____

Current ISAT Scores:

Comments:

Reading _____

Math _____

Language _____

Science _____

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your responses will help the administrator determine residency status for enrollment of this student and whether or not additional support and services may be available to the student.

Name of Student: _____ **Gender** _____

Birth Date: _____ **Grade:** _____

1. Presently, where is the student living?

- Rent/own your own home (If you rent/own your own home, sign line 4, and submit form to school personnel.)
- We rent/own, but my home has no electricity
- We rent/own, but my home has no running water
- In a shelter, transitional housing, or awaiting foster care
- With more than one family in a house or an apartment due to loss of housing or economic hardship
- In a temporary trailer, campground, car or park
- In a hotel or motel
- In the home of a friend or relative because I lost my housing (ie: fire, flood, job loss, divorce, domestic violence, kicked out by parents, parent in jail, student left due to conflict)
- In a tent, car, van, abandoned building, on the streets, at a camp site
- None of the above describes my currently living conditions. Please explain:

2. Factors contributing to the student's current living situation:

- Natural Disaster (tornado, storm, flood, hurricane, fire)
- Family issues (divorce, domestic violence, kicked out by parents, student left due to family conflict etc.)
- Home issues (lack of electricity, water, heat, adequate home repair due to alck of funds, overcrowding, mold etc.)
- Military (parent/guardian deployed, injured or killed in action)
- Incarceration of parent/guardian
- Incapacitation of parent/guardian (due to health, mental health, drugs/alcohol, or other factors)
- Home fire not due to natural causes
- Economic hardship (loss of job, loss of mortgage, eviction record)

___ High medical bills that leave little or no money for housing

___ Lack of affordable housing in the area

___ Student unable to afford housing

___ none of the above describes my currently living conditions. Please explain:

3. Please list all children in the COSSA School District below:

Name	M/F	Date of Birth	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. The undersigned certifies that the information provided above is accurate and complete to the best of my knowledge:

_____	_____	_____	
Parent/Guardian/Caregiver/Unaccompanied student	Signature	Date	
_____	_____	_____	
Phone number	Street Address	City	Zip Code

Signature of Counselor or Principal: _____

Please include a copy of Withdrawal Grades & Transcripts

COSSA Regional Technology and Education Center

Home Language and Mobility Survey

Student's Name: _____ Grade _____

Home Language Survey

To ensure that all students receive the best instruction and that language needs are met, the Office of Civil Rights and the Idaho Department of Education require that school districts assess and determine a student's dominant language. If a student speaks a language other than English, a language assessment will be administered. If the student qualifies for additional development, you will be notified prior to program placement. The first step in this process is the Home Language Survey. Please take a few moments to answer the following questions. Please check all that apply.

1. What language(s) does the student speak? English _____ Spanish _____
Other (What language?) _____
2. What was the first language spoken by the student? English _____ Spanish _____
Other (What language?) _____
3. What language(s) do the parents use to speak with the student? English _____ Spanish _____
Other (What language?) _____
4. What language does the student use to speak with friends? English _____ Spanish _____
Other (What language?) _____
5. Was your child enrolled in English as a Second Language class (ELL, ESL, ESP) in their previous school? No _____ Yes _____
6. When did your child first attend school in the United States? Month _____ Year _____ or Always _____
7. Would you prefer communication between school and home in Spanish Yes _____ No _____

Family Mobility Survey

To assist us in identifying and meeting the special needs of migrant students, please answer the following questions:

8. Did your child participate in the Migrant Education Program in the past? Yes _____ No _____
9. Have you moved to the U.S. in the last three (3) years? Yes _____ No _____
10. Have you moved in the last three (3) years? Yes _____ No _____
11. If yes, was the move from one school district to another? Yes _____ No _____ NA _____
12. If yes, was the move made to seek work in agriculture or fishing? (This includes work in the fields, orchards; feedlots, dairies, and processing such as work in Simplot; or the cheese or sugar factories, etc.) Yes _____ No _____
13. If yes, what agricultural work did you do in your previous place of residence, and what type of work do you do now?

Parents /Guardian Signature: _____ Date: _____

COSSA REGIONAL TECHNOLOGY AND EDUCATION CENTER

COSSA Academy
109 Penny Lane
Wilder, ID 83676
Phone (208) 482-6074
Fax (208) 482-7904



CRTEC Registration Packet For New Students (returning, not here last quarter; or new to COSSA)

Out of District Students ONLY (not enrolled in one of our five consortium schools – Homedale, Marsing, Notus, Parma, Wilder):

_____ Out of District application must be filled out and approved by the school board prior to attendance at COSSA Academy.

If on an IEP/504, a meeting must take place with Director of Special Education.

- _____ Copy of Current IEP/504
- _____ Approval of the Director of Special Education

1. Referring School District (must be completed prior to enrollment):
 - _____ At Risk Form signed by Counselor or Principal from referring school district
 - _____ EDUID number
 - _____ Transcripts (Official transcripts may be received later)
 - _____ Current Immunization Records
 - _____ Birth Certificate
2. Prior to enrollment at COSSA Academy, new students must have signed and turned in the following documentation:
 - _____ Foster Parent/DHW Legal Guardian determination
 - _____ Registration form
 - _____ Permission to publish name/photo
 - _____ Home Language & Mobility Survey
 - _____ Internet Use Agreement
 - _____ Informed Consent
 - _____ Permission to Drive/Ride & Parking Permits
 - _____ Handbook test
3. Must be completed before class schedule:
 - _____ ELAP Screening
 - _____ STAR Cheerleader
 - _____ STAR testing (Math)
 - _____ STAR testing (Reading)
 - _____ Typing Test
 - _____ Computer network login
 - _____ PowerSchool login
4. New students will be scheduled by the COSSA Academy Registrar for an interview with the principal. It is mandatory that the parent/guardian and student attend this meeting.
 - _____ Meet with Principal
5. _____ Receive schedule from Counselor

Registration Packet must be completed and turned in to the COSSA Academy Administration before student is allowed to attend class.

Office Use Only: Student: _____

Grade: _____

DOB: _____

DO NOT WRITE IN THIS BOX

COSSA REGIONAL TECHNOLOGY AND EDUCATION CENTER

COSSA Academy
109 Penny Lane
Wilder, ID 83676
Phone (208) 482-6074
Fax (208) 482-7904



CRTEC Registration Packet
For Previously Enrolled Students (normally completed in
spring)

1. Prior to re-enrollment at COSSA Academy, returning students must have signed and turned in the following documentation in the spring of the preceding year:
 - _____ Foster Parent/DHW Legal Guardian determination
 - _____ Registration form
 - _____ Permission to publish name/photo
 - _____ Home Language & Mobility Survey
 - _____ Internet Use Agreement
 - _____ Informed Consent

2. Must be completed before class schedule is delivered in the fall:
 - _____ Permission to Drive/Ride & Parking Permits
 - _____ Handbook test

3. _____ Receive schedule from Counselor

Registration Packet must be completed and turned in to the COSSA Academy Administration before student is allowed to attend class.

DO NOT WRITE IN THIS BOX
Office Use Only: Student: _____
Grade: _____
DOB: _____

COSSA REGIONAL TECHNOLOGY AND EDUCATION CENTER

COSSA Academy
109 Penny Lane
Wilder, ID 83676
Phone (208) 482-6074
Fax (208) 482-7904



CRTEC Registration Packet For CTE Students (normally completed in spring)

1. Prior to re-enrollment at COSSA Academy, returning students must have signed and turned in the following documentation in the spring of the preceding year:
 - _____ Foster Parent/DHW Legal Guardian determination
 - _____ Registration form
 - _____ Permission to publish name/photo
 - _____ Home Language & Mobility Survey
 - _____ Internet Use Agreement
 - _____ Informed Consent
2. Must be completed before class schedule is delivered in the fall:
 - _____ Permission to Drive/Ride & Parking Permits
 - _____ Handbook Test and Handbook Receipt Acknowledgement
3. _____ Receive schedule from home school Counselor

Registration Packet must be completed and turned in to the COSSA Academy Administration before student is allowed to attend class.

Students whose packets are received after deadline and/or who have incomplete student registration will be removed from CTE class roles.

Deadline to submit: _____

DO NOT WRITE IN THIS BOX If out of district - referring district: _____
Office Use Only: Student: _____ Grade: _____ DOB: _____

**COSSA ACADEMY
REGISTRATION FORM**
_____ (school year)

Student Name _____
 First Middle Last

Date of Birth _____ Grade _____ Male _____ Female _____

Physical Address _____

City _____ Zip Code _____

Mailing Address (check if same as physical address)

City _____ Zip Code _____

Parent/Guardian Contact Information:

Parent or Guardian Name(s) _____

Home Phone _____

Father Work # _____ Father Cell # _____

Mother Work # _____ Mother Cell # _____

Guardian Work # _____ Guardian Cell # _____

Student Work # _____ Student Cell # _____

Emergency Contact Name _____

Emergency Contact # _____

Father E-Mail _____

Mother E-Mail _____

Guardian E-Mail _____

Student E-Mail _____

If you have access to the Internet and would like a login to access your student's grades and attendance via PowerSchool (our student management system), please contact the school counselor at 208-482-6074 X2561001.

**PROVIDING FALSE OR INACCURATE INFORMATION MAY RESULT IN IMMEDIATE
DISMISSAL FROM THIS PROGRAM**

**COSSA ACADEMY
REGISTRATION FORM**

_____ (school year)

Referring consortium school district _____

Student's home district if not the same as above _____

Last school attended _____

**PERMISSION FOR THE SCHOOL TO ADMINISTER MEDICATIONS
Please initial one line and sign below**

_____ I give permission for the school to administer the following to my student:

- Acetaminophen Ibuprofen Cough Drops Benadryl
- Other _____

I understand that I may be asked to bring the medication into the office to be available to my student.

_____ I DO NOT give permission for the school to administer medication to my student.

**HAS YOUR STUDENT EVER BEEN ON OR IS YOUR STUDENT CURRENTLY RECEIVING
SERVICES FOR AN:**

Individual Education Plan (IEP)/504? Yes _____ No _____ Date _____

English Second Language (ESL)? Yes _____ No _____ Date _____

Limited English Proficiency (LEP)? Yes _____ No _____ Date _____

I understand that if my student is currently receiving services for an IEP, 504, ESL, or LEP program, my student may be referred back to my home district to receive the appropriate services for my student.

I understand that if my student is enrolling after the first week of the quarter, he/she may be placed into an online class for the duration of the quarter.

Parent's Signature _____
(Required if student is under the age of 18)

Student's Signature _____

**PROVIDING FALSE OR INACCURATE INFORMATION MAY RESULT IN IMMEDIATE
DISMISSAL FROM THIS PROGRAM**

Date received: _____

**CRTEC Career & Technical Education
Student Registration Information
_____ (school year)**

Student Name _____
 First Middle Last

State Number (EDUID) _____ Home District _____

Date of Birth _____ **Expected Grade** _____ Male _____ Female _____

Address _____

City _____ Zip Code _____

Parent or Guardian Name(s) _____

Home Phone _____

Federal Race/Ethnicity: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander White 2 or more races Hispanic or Latino

Is the student a parent Yes No

Is the student on an IEP or 504? Yes No

Accommodations if any (applies to IEP/504 only)

CTE Program Choice

AM PM

Auto Residential Construction Culinary NA Diesel

EMT Law Intro to Auto/Diesel Pre-Engineering Welding

Student Signature _____

Parent Signature _____

School Official Signature _____

Note: Students whose packets are received after deadline date and/or who have incomplete student registration packets will be removed from CTE class.

COSSA Academy School District #555
109 Penny Lane, Wilder, ID 83676
(208) 482-6074

Student Withdrawal Form

Student Name: _____ Grade: _____

Parent's Name: _____

Date Withdrawn: _____ Days Absent: _____ Days Tardy: _____

Textbook Information: Outstanding books and fines.

1st period: _____ Teacher: _____

2nd period: _____ Teacher: _____

3rd period: _____ Teacher: _____

4th period: _____ Teacher: _____

Current Course and Grade

1st period: _____ Teacher: _____

2nd period: _____ Teacher: _____

3rd period: _____ Teacher: _____

4th period: _____ Teacher: _____

Reason for withdrawal: _____

Printed Parent Name: _____

Parent Signature: _____ Student Signature: _____

Parent/Guardian's Forwarding Address and Phone Number:

Street/Mailing Address

City State Zip Code Phone Number

After completing the above check-out with teachers, complete check-out with the following:

Food Service Coordinator: _____

Business Manager (if owe for missing books, etc): _____

Day Care (if using child care): _____

Counselor: _____

Registrar: _____ (keeps/files check-out form)

This form must be completed before official transcript and records can be released.

COSSA Academy

Informed Consent Form for Counseling Services

Professional Disclosure Statement

_____ is the school's counselor. _____ has obtained her Master's of Science in School Counseling from _____ and has been with COSSA Academy since _____.

Counseling Services

COSSA Academy is committed to providing quality education to its students. In an effort to achieve this goal, parents/guardians or school staff may refer students for counseling, or students may request counseling. The focus of the counseling program is to help students better understand the world they live in and make better decisions that help them live functional lives. There is no cost for counseling services through COSSA Academy.

_____ focuses primarily on person-centered and solution-focused therapies and techniques. I understand this to mean that building the relationship with my child is her first priority followed by working with my child to set and accomplish the goals that will help my child succeed at becoming a productive member of society. I understand that school counseling services are aimed at the more effective education and socialization of my child within the school community. I understand that this could mean meeting with my child on a weekly or monthly basis, based upon the needs of my child.

I understand that these services are not intended as a substitute for diagnosis or medication, neither of which are the responsibility of the school. I also understand that due to the job constraints placed upon the school counselor, my child may not have constant access to counseling services. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

I understand that _____ is governed by the American School Counselor Association (ASCA) Code of Ethics as well as the American Counseling Association (ACA) Code of Ethics. I may request a copy of either of these at any time or access them online. For more information on professional counselors or to file a complaint, I can contact the Idaho Bureau of Occupational Licenses at 208-334-3233.

Rights to File Access

Records are stored safely with attention to privacy. I understand that I have a right to access my child's file and visit with the counselor about the contents of it. My rights may be denied if it is determined that doing so is likely to endanger the life or physical safety of my child.

Alternatives to School Counseling

I understand that there are alternative options available to my child such as self-help programs, self-help groups, crisis interventions, and community resources. If I am interested in any of these options, I understand I can contact the school for more information.

Benefits/Risks

I understand that there may be both risks and benefits associated with participation in counseling. I understand that due to the nature of counseling and discussing unpleasant topics with the counselor, my child may initially have feelings of sadness, guilt, anger, frustration, helplessness, or anxiety. Continued counseling, though, may improve my child's ability to relate with others, provide a clearer understanding of himself/herself, along with values, goals, and an ability to deal with everyday stress.

Confidentiality

I understand that the school counselor will keep information confidential, with some possible exceptions. The counselor is required to share information with parents or others in certain circumstances:

- Presenting a serious danger to self or another person
- Evidence or disclosure of abuse (physically or sexually) or neglect
- Threats to school security
- Criminal or delinquency proceedings are pending

The counselor will make my child aware of these limits to confidentiality and will inform my child when sharing information with others.

Termination

I understand that should I become dissatisfied with the services my child receives, I am free to seek a second opinion or end counseling at any time. I understand that if I choose to terminate services with the school counselor, this could cause a hardship for my child. I also understand that my child may be discontinued from the counseling services if it is determined that his/her needs are not being met. I understand that if this situation occurs, I will be provided with a list of resources for options that are available in the area for my child. I further understand that if either of these situations occurs, any referral I seek may charge me or my insurance for their services.

Contact

I understand that I am entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. The contact number for COSSA Academy is 208-482-6074.

I give permission for my child to speak with the counselor as necessary I do not give permission

Parent/Guardian Signature

Date

Student Signature

Date

COSSA Regional Technology & Education Center (CRTEC)

_____ SUMMER PROGRAM REGISTRATION FORM

Alternative Student*¹

Credit Recovery Summer School (_____)

Student Name _____
First Middle Last

Date of Birth _____ Current Grade Level _____ Male _____ Female _____

Physical Address _____

Mailing Address _____

City _____ Street or PO Box _____ Zip Code _____

Parent or Guardian Name(s) _____

Phone _____ Father Work # _____

Emergency _____ Mother Work # _____

E-Mail _____ Parent Cell # _____

Home School Attended _____

HAVE YOU EVER BEEN ON OR CURRENTLY RECEIVING SERVICES FOR AN:

Individual Education Plan (IEP)? _____ Date _____

English as a Second Language (ESL)? _____ Date _____

Limited English Proficiency (LEP)? _____ Date _____

I have read and understand all policies set forth in the COSSA Academy Handbook. I agree to abide by these policies as stated in the student Handbook. I also understand that in the event that I fail to read the handbook, I will still be held responsible for its contents.

Parent's Signature _____

Student's Signature _____

PROVIDING FALSE OR INACCURATE INFORMATION MAY RESULT IN IMMEDIATE DISMISSAL FROM THIS PROGRAM.

*1=Students must be declared "at risk" of graduation by their home schools and an at-risk form must be on file.

COSSA Academy Alternative Summer School _____

**2

8:30 a.m. – 3:00 p.m. (includes free lunch 11:30 – 12:00)

Instructor	June 4 – 15	June 18 – 29	Comments
_____	Algebra 1A or Geometry A	Algebra 1B or Geometry B	Mixed Class ***3 see description
_____	English 9 - 12 "A"	English 9-12 "B"	Mixed Level Class ***3 see descript.
_____	U.S. History "A" or Government "A"	U.S. History "B" or Government "B"	Mixed Class ***3 see description
_____	Earth Science "A" or Biology "A"	Earth Science "B" or Biology "B"	Mixed Class ***3 see description
_____	Junior High	Junior High	Pre-approved Jr. High

****4

**2 Because of the attendance policy, students enrolled in summer-time driver's training and/or summer sports camps during June will not be accepted in the COSSA Alt. Summer School. Students who miss 1 day will have to make it up; students who do not make up this day will NOT receive the credit for the class. Students who miss 2 days will be dropped immediately.

***3=Mixed Classes

The students are taught together in a mixed class.

****4= Special Education students must be pre-approved by the COSSA Special Education Director.

Classes Requested for Alternative Summer School

	1st Session Jun 4-15	2nd Session Jun 18-29
First Choice		
Second Choice		
Third Choice		



CANYON-OWYHEE SCHOOL SERVICE AGENCY
109 Penny Lane
Wilder, ID 83676
Phone (208) 482-6074
Fax (208) 482-7904

Confidential Release of Information

Authorization is hereby granted to COSSA:

Obtain information from: Release information to: BOTH obtain from and release to:

Physician, Agency, Individual, etc.

Address: _____

Phone: _____

For the following information pertaining to: _____

Name of Student

RECORDS (check all that apply):

- _____ Evaluation Report (ER)
- _____ Individualized Education Program (IEP)
- _____ Psychological Reports
- _____ Psychiatric Reports
- _____ Extracurricular activities, awards, and offices held.
- _____ Health and Medical Records/Information
- _____ Verbal Communication

Parent/Guardian Signature (if student is under 18 years old): Date

Student Signature (if student is 18 years or older) Date

****This consent will automatically expire one (1) year after the date of my signature as it appears below. I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).**



Schedule Change Request Form

Student Name:

Grade Level:

Date:

Quarter:

ADD Course	DROP Course
B1:	B1:
B2:	B2:
B3:	B3:
B4:	B4:
B5:	B5:

Signature of Student: _____ Date: _____

Signature of Instructor: _____ Date: _____

Signature of Counselor: _____ Date: _____



Student Request to see School Counselor

Name:

Date:

I would like to talk with you about:

- my schedule
- my transcripts/transfer of credits
- credit summary
- myself
- classmate
- Other: _____

Concern I have regarding:

- family
- social
- personal
- peer

<p>This is an:</p> <ul style="list-style-type: none"><input type="checkbox"/> Emergency<input type="checkbox"/> Urgent<input type="checkbox"/> Important<input type="checkbox"/> It Can Wait
--

COSSA Transportation Forms

1. Field Trip Request
2. Bus Logs

GROUP/CLUB/CLASS/ORGANIZATION _____

DESTINATION/PURPOSE (Attach Google Map, Address/Directions & Phone):

DATE OF TRIP _____ APPROX MILES _____ DEPART TIME _____

DESTINATION ARRIVAL TIME _____ RETURN TIME _____

NUMBER OF STUDENTS _____ NUMBER OF WHEEL CHAIR STUDENTS _____

NUMBER OF RIDING ADULTS (Staff/Volunteers) _____

RESPONSIBLE STAFF* (Include Contact Phone) _____

PARENT NOTIFICATION* (Completed By Responsible Staff) DONE
[Attach a copy of the permission form]

ARE LUNCHESES NEEDED? YES NO HOW MANY LUNCHESES? _____

(*RESPONSIBLE STAFF - TURN COPY IN TO FOOD SERVICE DIRECTOR AFTER APPROVAL)

(*RESPONSIBLE STAFF - FORWARD TO BUS TRANSPORTATION SUPERVISOR)

CRTEC BUS AVAILABLE ON REQUESTED DATE? YES NO

PLAN IF BUS IS NOT AVAILABLE? _____

DRIVER ASSIGNED _____ DRIVER PHONE _____

Small Bus: #3 – No CDL Needed
#4 – CDL Needed

Wheelchair Bus

Jeep
Minivan
Truck

Large Bus

REQUISITION REQUIRED? YES NO (*Responsible Staff - **Attach** Requisition before Forwarding)

APPROVED YES NO FUEL ONLY

PTE COORDINATOR _____, or

COSSA SPECIAL ED DIRECTOR _____, or

COSSA CEO _____

FUND CODE _____ (Assigned by CEO after Approval)

