

COSSA REGIONAL TECHNOLOGY AND EDUCATION CENTER

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



Greg Hale, Principal & CRTEC Campus Director
Brandy Smith, School Counselor
Janie Willden, Registrar

Career & Technical Students ONLY

2016-2017 Registration Packet For New & Previously Enrolled CT Students

1. Prior to enrollment in a CRTEC Careers & Technical Program, new and returning students must have signed and turned in the following documentation:
 - _____ Permission to publish name/photo
 - _____ Internet Use Agreement
 - _____ Informed Consent
 - _____ Permission to Drive/Ride & Parking Permit
 - _____ Understanding of the Student Handbook
2. From Referring School District (must be completed prior to enrollment):
 - _____ Registration form
 - _____ Permission to Drive/Ride & Parking Permit
3. If on an IEP/504:
 - _____ Copy of accommodations for IEP/504
4. 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

Registration Packet must be completed and turned in to the CRTEC Admin within the first 2 days of the student attending class. After this time, the student will be referred back to his/her home school, and/or a parent will be called.

Career & Technical Students ONLY

Office Use Only: Student Name _____

DOB _____

DO NOT WRITE IN THIS BOX

PERMISSION TO PUBLISH NAME AND/OR PHOTOGRAPH
Please initial one line and sign below

_____ I give permission for my name and/or photograph to be used by Canyon-Owyhee School Service Agency (COSSA) in publications, both paper and electronic, including but not limited to newspapers, flyers, and the COSSA website.

_____ I DO NOT give permission for my name and/or photograph to be used by COSSA.

MEDICAL INSURANCE

Even with the greatest precaution and closest supervision, accidents can and do happen at school. Parents need to be aware of this and be prepared for possible medical expenses.

Neither Canyon-Owyhee School Service Agency nor the school district provides medical insurance to automatically pay for the medical expenses when students are injured at school. This is the responsibility of parents or legal guardians. This district only carries legal liability insurance.

The school district does make student medical insurance available to their families for individual purchase. Brochures outlining the coverage and premiums are handed out at the beginning of the school year and are available at your district office.

Please be prepared to pay for your child’s possible medical expenses.

Name of Medical Insurance Carrier

I have read and understand the above notices. (Signatures required)

.....

Parent/Guardian Signature Date

Student Signature Date



Computer, Network, and Internet Use Agreement

Students are never allowed to use staff computers.

Computers/Network

The use of COSSA's computer, network, and/or internet services is a privilege and not a right. Students agree to abide by the COSSA's Computer, Network, and Internet Agreement. They understand that should they commit any violation of the policy, their access privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken. COSSA students agree to the following Specific conditions for the use of the school's computer and information network service.

- Copying software is illegal and is prohibited.
- No food or beverages may be brought into the computer work area.
- Playing computer games is not allowed without first obtaining teacher
- Any alteration of software is prohibited.
- Any tampering with hardware or peripherals is vandalism and will be dealt with accordingly.
- No CD's and / or flash drives are allowed without prior teacher approval.
- Security procedures will be followed as outlined by the teacher.
- Sharing of student account information and/or passwords with other students is prohibited.
- Privacy of other users will be respected. Electronic snooping is not allowed.
- Students may not access their email without teacher permission.

Failure to abide by the conditions set forth in this agreement may result in one of the following consequences:

- Temporary suspension of computer use privileges.
- Permanent suspension of all computer use privileges.
- Referral to appropriate disciplinary and / or legal authorities.

Internet

- Illegal activity is prohibited.
- Sending, receiving, or accessing harassing or objectionable material is prohibited.
- Violating copyright provisions and laws is prohibited.
- Using programs to infiltrate a computing system and/or damage the software components is prohibited.
- Internet resources will be used efficiently to minimize interface with others.
- Playing games or other recreational Internet use is not allowed without first obtaining teacher permission.
- Downloading, uploading, or installing software into any district system except by permission of authorized support personnel is prohibited.
- Transmitting materials, information, or software in violation of any local, state, federal law is prohibited.
- Submitting, publishing, or displaying any defamatory, inaccurate, abusive, ob-



Computer, Network, and Internet Use Agreement

scene, profane, sexually oriented, threatening, racially offensive, or illegal material, or encouraging the use of controlled substance is prohibited.

- Community standards of decency will be respected. This means that if any member of the COSSA staff considers use of the computer inappropriate, students will respect the decision and obey the consequences.
- Internet use may not be for private or commercial purpose. Users shall not attempt to sell or offer for sale any goods. Users shall not attempt to sell or offer for sale any goods or services that could be construed as a commercial enterprise.

Student Safety

- Student Internet users may not reveal personal information to anyone on the Internet. Personal information such as home address, telephone number, or any other information, may not be revealed without first obtaining permission for each occurrence from that teacher or professional staff member in charge of the work station they are using.
- Student users will not agree to meet with someone they have met using any information network services, but not limited to the Internet.
- Student users will promptly disclose to their teacher or other professional school employee any message or materials they receive or observe that are inappropriate or makes them feel uncomfortable.

Software and Peripheral Devices

- Only COSSA approved software will be installed by designated personnel on networks or individual machines. Appropriate licenses must be held for all software.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

COSSA Academy
Informed Consent Form for Counseling Services

Professional Disclosure Statement

Mrs. Brandy Smith is the school's counselor. Mrs. Smith has obtained her Master's of Science in School Counseling from Northwest Nazarene University in Nampa, ID and has been with COSSA Academy since July of 2011.

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.

Mrs. Smith 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 Mrs. Smith 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

CRTEC Permission to Drive, Ride, & Transport

Student name _____

I do NOT give permission for my student to drive to/from CRTEC and/or my student is not a licensed driver.

I give permission for my student to drive to/from CRTEC for the purpose of attending classes and activities held there. I understand that if my student does not display the CRTEC parking permit the vehicle may be towed at my expense. **(Please complete and sign the back of this form.)**

I understand that the initial parking permit is free. If this permit is lost or stolen, a replacement will be provided at a cost to me of \$5.00. _____ (initial your understanding)

Permission to Ride

I do NOT give permission for my student to ride to/from CRTEC with any other student.

I give permission for my student to ride to/from CRTEC with the following student. (The student driver MUST have permission to drive on file and a parking permit. _____ initial your understanding)

Student Driver Name _____
(please complete a separate form for each student driver):

Permission to Transport

(to be signed by the parent of the driving student)

I give permission for my student to transport the above named student to/from CRTEC

Parent of driving student Signature _____ Date _____

Student driver Signature _____ Date _____

Students riding/transporting without a signed form will face disciplinary consequences.

CRTEC Parking Permit

Students must provide a copy of their valid driver's license, proof of insurance, and vehicle registration.

- No permit will be issued without all information being provided.
- All information may be verified by Wilder PD.
- Vehicles without a valid CRTEC parking permit may be towed at the owner's expense.

Driver's Name _____

Driver's License Number _____ Expiration Date: _____

Make and Model of Vehicle _____

Color of Vehicle _____

License Plate Number _____

Parent Signature _____ Date _____

Student Signature _____ Date _____

Home School Official Signature _____ Date _____

**Note: For Professional-Technical students, the home school driving rules apply first.
If the home school does not sign this form, no permit will be issued.**

	Office Use Only
_____ Copy of Driver's License Received	
_____ Copy of Proof of Insurance Received	
_____ Copy of Vehicle Registration Received	
Issued a parking permit on _____ Permit Number _____	

CRTEC Student Handbook Agreement

Student Name: _____ **Date:** _____

I acknowledge receipt of the 2016-2017 CRTEC Teacher-Student-Parent Handbook and Policy Manual. I understand that it is the student's responsibility to know and follow the rules set forth in this manual.

I have read and understand all policies set forth in the CRTEC handbook. I agree to abide by these policies as stated in the handbook.

I understand that in the event that I fail to read the handbook, I will still be held responsible for its contents.

Parent Signature: _____

Student Signature: _____

COSSA ACADEMY

2016-2017 Calendar

MONTH	M	T	W	TH	F	Description	School days	Academy Bell Schedule
August 2016	1	2	3	4	5	8-9 COSSA Academy Registration	11	1st Block - 8:05 to 9:35
	8	9	10	11	12	11th- First Day Back for Teachers		2nd Block - 9:38 to 11:08
	15	16	17	18	19	17th First Day for Students		Lunch - 11:08 to 11:28
	22	23	24	25	26	24th STAR Testing		3rd Block - 11:33 to 1:03
	29	30	31					4th Block - 1:06 to 2:36
September 2016				1	2	5th-Labor Day – NO SCHOOL	17	Snack - 2:40 to 3:00
	5	6	7	8	9			Academic Success 3:00-4:00
	12	13	14	15	16			
	19	20	21	22	23			22nd Parent Teacher Conference (4:30-7:00)
October 2016						Risky Behaviors Symposium	18	PT Bell Schedule
	3	4	5	6	7			AM - 8:05 to 11:05
	10	11	12	13	14	20th End of 1st Quarter (40 Days)		PM - 12:00 to 3:00
	17	18	19	20	21	24th Beginning of 2nd Quarter		
	24	25	26	27	28			
November 2016		1	2	3	4	Reality Town	17	Parent Teacher Conferences
	7	8	9	10	11			1st Quarter - Sep. 22
	14	15	16	17	18	17th Parent Teacher Conference (4:30-7:00)		2nd Quarter - Nov. 17
	21	22	23	24	25	23-25 Thanksgiving Break– NO SCHOOL		3rd Quarter - Feb. 9
December 2016						24th – Thanksgiving Day	14	4th Quarter - Apr. 20
				1	2	8th ASVAB Testing		
	5	6	7	8	9	19th STAR Testing		
	12	13	14	15	16	21st End of 2nd Quarter (40 Days)		
	19	20	21	22	23	22-30 Winter Break NO School		Friday In-Session Days
January 2017						25th- Christmas Day	17	August 19
	2	3	4	5	6	1st- New Years Day		August 26
	9	10	11	12	13	2nd Winter Break NO SCHOOL		September 9
	16	17	18	19	20	3rd Teachers & Students Return		October 28
February 2017						3rd Beginning of 3rd Quarter	16	November 11
			1	2	3	16th- MLK Day		December 2
	6	7	8	9	10	9th- Parent Teacher Conference (4:30-7:00)		December 16
	13	14	15	16	17	20th President's Day NO SCHOOL		January 20
March 2017							15	February 24
			1	2	3	9th Ends 3rd Quarter (40 Days)		March 3
	6	7	8	9	10	13th Beginning of 4th Quarter		April 21
	13	14	15	16	17	23rd College & Career Expo		
April 2017						24-31 Spring Break- NO SCHOOL	17	
	3	4	5	6	7	11 SAT Day		
	10	11	12	13	14	20th Parent Teacher Conference (4:30-7:00)		
May 2017							16	
						22nd Senior Dinner (4:30-6:00)		
						23rd High School Graduation (4:30-6:00)		
						25th- Ends 4th Quarter (41 Days)		
					26th-Last Day For Teachers			
					29th- Memorial Day			

Teacher Work Days no school for students

NO School for Students or Teachers Registration Days

Student Attendance Days

End/Start of Quarter