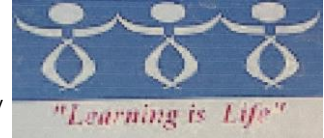




Chemehuevi Education Center

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CTEC TEEN STUDY PROGRAM 24-25 POLICIES AND REGISTRATION

Section 1: Communication

The direct communication between the CTEC Staff, NUSD Teacher(s), Student and the Parent/Guardian of the student is essential for the well-being and success of the student's education.

Section 2: Eligibility

All students residing in the Havasu Lake Community are eligible to participate in the Chemehuevi Tribe Education Center TEEN STUDY Program.

Section 3: FERPA Authorization of Release of Information Form:

A FERPA Authorization of Release of Information form must be on file signed by the Parent/Guardian of the student.

Section 4: The Teen Study Program:

The Teen Study Program runs at the Chemehuevi Tribe Education Center CTEC Monday through Friday each weekday that school is in session until 6:00PM (AZ time). At promptly upon arrival of the NUSD Bus at CTEC, the students registered in Section 5. below are monitored at CTEC and are required to sign in and sign out each day while participating in the Teen Study Program.

- 4. A. Students are monitored by one or more CTEC Staff each day; all homework is checked by CTEC Staff.
- 4. B. Once the student has completed their daily homework, they engage in educational available.
- 4. C. On Fridays there will be a snack bar with nachos, coffee, Italian sodas and special treats.
- 4. D. Any student not following the rules of CTEC Teen Study Program/or interrupting the structure within the Teen Study Program will be given a chance to correct his/her behavior. If the issue persists the student may be asked to leave CTEC for a specific period of time, the parent/guardian will be called immediately. Any student consistently displaying behavioral issues may be asked not to return to CTEC for a specific period of time, the parent/guardian will be called immediately.
- 4. E. The CTEC Staff keep a student file with academic activity and progress logged for all students registered in the CTEC Teens Study Program. CTEC Staff may refer your student for CTEC One-on-one Tutoring Services and or NUSD services. This requires a separate registration initiated by a referral from CTEC Staff.

Section 5: CTEC Teen Study Program Registration:

Initial below indicating agreement:



STUDENT IS PERMITTED TO HAVE ACCESS TO WI-FI FOR USE ON PERSONAL DEVICES.



FERPA AUTHORIZATION OF RELEASE OF INFORMATION FORM IS FILLED OUT BY PARENT/GUARDIAN AND ATTACHED TO REGISTRATION PAPERWORK.



IN THE CASE OF A MEDICAL EMERGENCY CTEC STAFF IS AUTHORIZED TO SEEK EMERGENCY MEDICAL HELP FOR THE STUDENT. INSURANCE INFORMATION IS ATTACHED. DESCRIPTION OF KNOWN ALLERGIES RECORDED BELOW.

PARENT/GUARDIAN: Last Name		First Name	Middle Name
Mailing Address		City	State Zip
Physical (if different from above)		City	State Zip
Email Address		Cell	
EMERGENCY CONTACT		CELL	RELATIONSHIP
STUDENT: Last Name		First Name	Middle Name
		YES / NO	
GRADE	ALLERGIES/MEDICAL CONCERNS : IF YES EXPLAIN ABOVE		

Parent/Guardian Signature

Date

Original signatures required. PLEASE Include all documents/forms and initial to acknowledge agreement. Please keep a copy for your file.