



Communities In Schools

Lincoln County

The mission of Communities In Schools is to surround students with a community of support, empowering them to stay in school and achieve in life.

Communities In Schools of Lincoln County
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CIS After-School Program Referral Form

Student Name: _____
(Last) (First) (Middle)

Address: _____

Last 4 digit's SS #: _____ Home Phone: _____

Age: _____ Grade: _____ Date of Birth: _____

School: _____

Sex: _____ M= Male, F= Female

Race: _____ W=White, B=Black, H=Hispanic, A=Asian, N=Native American, O=Other

Check the appropriate living arrangements of the child:

- both parents Mother only Father only Mother/Stepfather Father/Stepmother
- Other relative (specify) _____ Foster Care Other (specify) _____

Referral Source: _____ (Parent/Guardian/School/DSS/JV System/Principal)

Referral Reason: **Complete attached Sheet**

Potential Weekly Attendance (check your intentions, yet subject to change if necessary)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday **First Day of Service** _____



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Parent or Guardian Consent Form

I, _____, hereby grant permission for my child,
_____, to participate in the CIS After-School Program.

I specifically authorize the following:

- a. Conducting questionnaires or surveys for project evaluation purposes.
- b. Data on my child's report card grades, results of End -of Grade exams, attendance and other observations
- c. Transportation for my child by staff, or designed for field trips, appointments, meetings, or other activities.
- d. Emergency medical or surgical treatment by a doctor, licensed health practitioner, or dentist, and/or transportation incurred, in the event of illness, accident or other emergency, if I (or any other emergency contact) am unable to be reached.

I further state that I will not hold the middle school, Lincoln County Schools, Communities In Schools, or any other entity situation liable for injury.

Operating Agreement/Requirements

1. The CIS After-School Program will operate on the Lincoln County School Calendar schedule between the hours of **3:15 p.m. and 5:45 p.m. (Monday, Tuesday, Wednesday, and Thursday)**. Students must be picked up by **5:45 p.m.** to remain in the program and to avoid addition cost for the program.
2. If weather and/or emergency cause a cancellation of school or causes early dismissal, the After-School will not operate. If severe weather is indicated for late afternoon, the CIS After-School may be cancelled. Schools will be notified of this by 2:00 p.m. so students can make transportation plans.
3. Only those students that demonstrate an eagerness to take advantage of all aspects of the After- School programs will be retained as a participant.
4. In striving to provide a variety of activities, Parents/Caregivers must make a commitment to the program to allow for consistent attendance of their child.
5. Students/participants will maintain a high level of behavior standards and show respect to peers and staff at all times. There will be no tolerance for disrespect from participants or family members.
6. Parents/Caregivers must sign and return information sheet, consent form, medical release form and transportation forms before students may enter to program.
7. The CIS After-School Program Coordinator has the authority to dismiss any participant from the program whose actions or parents/guardians actions interfere with the Goals and Purposes of the Program, actions that threaten or pose safety hazards to fellow participants, or actions that compromise the progress of another participant.

I have read and will comply with all above operating standards and give my consent for my child to participate in all activities associated with the CIS After-School Program.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Staff Signature (Above information reviewed with parent and student signed/dated) Date _____



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EMERGENCY INFORMATION SHEET

Student's Name: _____
(Last) (First) (Middle)

Address: _____

Age: _____ Allergies: _____

Any know medications or restrictions that should be observed:

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____ Relationship: _____

Place of Employment: _____ Work phone: _____

Home phone: _____ Cell phone: _____

Parent/Guardian: _____ Relationship: _____

Place of Employment: _____ Phone #: _____

Home phone: _____ Cell phone: _____

List all people who may pick up your child.

Name	Relationship to child	Phone #

If applicable, please list anyone who is NOT ALLOWED to pick up your child*. (Addition documentation may be needed for court order custody disputes).

Name	Relationship to child

Everyone who transports your child will be required to present some type of picture identification. Your child will not be allowed to leave school campus with anyone without signing out and presenting proper identification. This policy is not intended to inconvenience or offend anyone. It is solely for the protection of your child. Please inform everyone authorized to transport your child of this policy.

I understand and will abide by the policy detailed above. I also understand that if all procedures are followed precisely, personnel cannot be held responsible for accidents that occur once the student leaves the program site.

Signature of Parent/Guardian: _____ Date: _____



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Referral Reason: Check all that applies

INDIVIDUAL

Bullied/Negative Labeling
Bullying Behavior
Crime/Delinquency (unreported & reported)
Fighting/Assault/Aggressive Behavior
Fire Setting
Impulsive/Risk Taking
Mental Health Issues/Depression/Anxiety/Temper Tantrums
Poor Social Skills/Anti-social
Run Away from Home
Self-Mutilation
Sexually Active
Sexual Offense
Sexual/Physical/Mental Abuse/Victimization/Trauma
Substance Use (alcohol or drugs)
Suicide Attempts
Suicide Ideation/Threats

Family

Excessive Dependence on Parents
Lack of Discipline by Parent or Child is Ungovernable
Siblings or Parent/Guardian on Probation or Incarcerated
Substance Use in Home

SCHOOL

Academic Failure/Behind Grade Level for Age
Behavior Problems: Disruptive in Class/Referrals to Office/Suspensions
Truancy/Skipping School

PEER

Gang Associate or Member; or Gang Involvement
Negative Peer Associations/Association with Aggressive Peers
Typically Associates with Negative Older Persons

COMMUNITY

Availability or Perceived Access to Drugs
Disadvantaged/Disorganized/Impoverished Neighborhood
Feeling Unsafe in Home Neighborhood
High Crime Rate in Home Neighborhood



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