



**AUTHORIZATION TO DISCLOSE INFORMATION
VISIONS OF TRUTH COMMUNITY DEVELOPMENT CORPORATION
Students Taking Responsibility in Valuing Education
STRIVE PROGRAM**

Participant's Name: _____ Social Security No.: ____-____-____

Date of Birth: _____ Mental Health Diagnosis: Y/N _____

If yes, please list _____ Date Diagnosed: _____

Substance use or abuse: Y/N _____ If yes, list substances _____

Receiving Treatment: Y/N _____ If yes, list name and title of person providing treatment:

_____ Phone Number: _____

1. I authorize the disclosure of the above named individuals School record information as described below:
2. The following organization is authorized to make the disclosure:
Name of School: _____
Address: _____
3. The type of information to be disclosed is as follows:

Any and all school records, documents and things concerning the above named individual including, but not limited to:	
Report Cards	
Disciplinary Records	
Attendance Records	
Progress Reports	
Class Schedules	
Teacher Names	
Guidance Counselor Names	
Referrals	
IEP's	

4. This information may be disclosed to and used by the following organization:
Name: STRIVE Address: 5910 Arden St. Portsmouth Virginia 23703 Phone Number: 757-484-1266
5. I understand that I have the right to revoke this authorization at any time. I understand that I must do so in writing and present my written revocation to the director of the STRIVE program.
6. This authorization will expire on _____.

Signature Date

If Signed by Legal Representative, relationship to the client:

Witness Signature



Emergency Medical Information
VISIONS OF TRUTH COMMUNITY DEVELOPMENT CORPORATION
Students Taking Responsibility in Valuing Education
STRIVE PROGRAM

Participant Name: _____ DOB: _____

Physicians Name: _____ Phone number: _____

Food Allergies: _____ Other Allergies: _____

Please list all prescription drugs including inhalers, etc.

<u>Drug</u>	<u>Dosage</u>	<u>Times of administration</u>
1.		
2.		
3.		

The program director is certified to administer medication to participants. I am requesting that the director provide the scheduled dosages to my child during program hours.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, I prefer my child to be transported to _____ Hospital emergency room. State law requires transportation to the nearest facility in life threatening situations.

Parent/Guardian Signature _____ Date _____



Parent/Guardian Consent Form
VISIONS OF TRUTH COMMUNITY DEVELOPMENT CORPORATION
Students Taking Responsibility in Valuing Education
STRIVE PROGRAM

Childs Name: _____ DOB: _____

Address: _____

School: _____ Grade: _____ Age: _____

Parent /Guardian Name(s): _____ Phone: _____

Emergency Contacts: _____ Emergency Phone: _____

Parental/Guardian Consent to Participation in

STRIVE PROGRAM Activities

(Participant's Name) _____ is in good health. (Participants Name) _____ does / does not have any diagnosed behavioral or mental health disorders. My child may participate in all activities including academic remediation, counseling, assessments, sports, and recreational activities. I understand that this program is supervised by qualified staff and that my child must obey all rules and regulations of the program so that the best discipline and safety standards can be maintained.

I/We do hereby hold the VOTCDC and its agents harmless for any and all damages and injuries and waive any and all liabilities that the VOTCDC may incur as a result of any injury to me/or my/child while participating in the STRIVE PROGRAM activities. I/we agree to indemnify the VOTCDC for any all damage or injuries resulting from acts of omission or commission of my child's program participation.

Signature of Parent or Guardian

Date



Parent/Guardian Evaluation

STRIVE	
Parent/Guardian's Name:	Date:

We would like to make sure that we are serving you to the best of our ability. Please take time to complete the following evaluation. This will be a great assistance to the program as we continue to STRIVE for excellence.

Please place a check mark in the appropriate box for your answer.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Parent/Guardian Evaluation					
My child is motivated to graduated from high school					
My child is a good reader					
My child's school is providing enough to ensure that he/she graduate					
This is my child's first suspension					
I have a working computer in the home					
I am comfortable using the computer					
I take time to help my child with his/her homework					
I find my child's homework difficult to understand					
I attend PTA					
I attend parent - teacher conferences					
I will participate in STRIVE workshops and activities					

Check appropriate areas:

I or my spouse is in the military _____yes _____no.

If yes, which branch ____Army ____Navy ____Air force ____Marines?

Householder: Married couple family _____ Other family: Male no wife ____ Female no husband _____

Unmarried Partner household _____ Nonrelatives: Friends: _____, Group home _____, Foster care _____,

Other _____.



**WAIVER AND PERMISSION TO TRANSPORT CHILD
VISIONS OF TRUTH COMMUNITY DEVELOPMENT CORPORATION
Students Taking Responsibility in Valuing Education
STRIVE PROGRAM**

Participant's Name: _____ DOB: _____

Address: _____

School: _____ Grade: _____ Age: _____

Parent /Guardian Name(s): _____ Phone: _____

Emergency Contacts: _____ Emergency Phone: _____

I give permission for my child to be transported in a motor vehicle driven by a program staff member while participating in STRIVE PROGRAM activities, Monday through Friday for the duration of the program. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injury or death; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, my child, my executors and assigns, further agree to release and forever discharge Visions of Truth Community Development Corporation, its Board of Trustees, The STRIVE PROGRAM and their agents, officers, employees and volunteers from any claim I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



Code of Conduct
Visions of Truth Community Development Corporations
Students Taking Responsibility In Valuing Education
STRIVE PROGRAM

A high level of positive conduct is expected of all participants, that requires self-control, individual decision-making, responsibility and adherence to a code of conduct that is appropriate for each programming experience.

Basic Philosophy of Responsible Conduct

It is essential that all participants, leaders and staff act responsibly to ensure that their own conduct and attitude is beneficial to themselves, fellow participants and the VOTCDC's STRIVE PROGRAM.

By choosing to participate in this program, you are expected to read, understand, sign and agree to this Code of Conduct.

General Rules

Violation of any of the following rules may result in Leader, Staff or Program Director intervention, parental contact, or in a participants being sent home.

The program participant may also be referred to the local law enforcement agency, if applicable.

Physical Aggression is not tolerated . Any act of physical aggression will be grounds for termination from the program.

- Any act of vandalism, arson, destruction or misuse of property of the program facility, staff, or other participants may be a crime and will be treated as such.
- Possession of alcoholic beverages and/or illegal drugs is strictly prohibited.
- Weapons, of any kind, and items that could cause injury or damage to participants and/or property are strictly forbidden.
- Theft of any items from the program facility, staff or other participants is a crime and will be treated as such.
- Possession and/or the use of any tobacco product is not permitted.
- Activities that endanger the health and safety of yourself or others are prohibited.
- Inappropriate and uninvited physical contact between any participants, leader or staff member is prohibited, including bullying, physical/sexual harassment and hazing.
- All participants shall observe group assignments and be in their assigned groups unless otherwise given permission by the Leaders, Staff or Program Director.
- All participants are expected to act in a respectful manner, both in language & action, when interacting with staff, leaders or other participants. This includes verbal assault or threat.
- All participants will obey all rules from staff and program adults (program staff, transportation staff, volunteers)
- All participants are provided with meals while participating in the STRIVE program. Students are registered in the STRIVE meal program according to their home schools designation of Free,

Reduced or Full Price meals. If you pay reduced or full price for meals in your home school, you are expected to pay for meals in full the day before your meals are ordered. Expelled students are required to pay full price for meals while participating in the STRIVE program. Students who do not pay for meals on the day prior to ordering will receive your home schools standard meals served to paying students who do not pay for their meals.

A participant’s purse, backpack or bag may be subject to search by Program Staff based upon reasonable suspicion of possession of prohibited or illegal materials to ensure the well-being and safety of all participants.

Participants Code of Responsibility

Just as participants have rights, they also have responsibilities. All participants have the responsibility to utilize self discipline to support a fun and safe program environment, and to respect the rights of all individuals. While at program and at program sponsored events, participants are expected to model positive, responsible behavior and conform to the standards of the VOTCDC’s STRIVE PROGRAM. Participants and parents will be held responsible for understanding and complying with the Program Code of Conduct. Participants will be held accountable for **their own** actions. Participants are encouraged to inform staff of any behavior they witness that violates the General Rules and the Program Code of Conduct.

Disciplinary Actions

The Code of Conduct is binding for all participants, leaders and staff. The intent of the Code of Conduct is to hold each participant accountable for his/her actions.

The Program Director has the authority to interpret the Code of Conduct and administer any disciplinary action deemed necessary.

The Program Director has the authority to delegate his/her disciplinary powers to any staff person deemed appropriate.

Transportation Expenses Incurred by Disciplinary Actions

All expenses and arrangements related to any disciplinary action are the sole responsibility of the parent(s) and not that of the VOTCDC’s STRIVE PROGRAM.

This is your copy of the VOTCDC Program Code of Conduct. It is **your** responsibility to read with your child, make sure they adhere to it and sign the Code of Conduct section on the bottom of and return it to VOTCDC’s staff, leaders or program director.

Understand that if your child violates this Code of Conduct and is asked to leave program, you are fully responsible for his/her immediate transport home from program and all expenses related to this transport.

Participant Signature

Date

Parent/Guardian Signature

Date