



Application Packet

Application Check List:

- Complete the application (be sure to complete Part II of the application if your child did not attend Catherine Freer Wilderness Therapy Programs)
- Send a copy of your child's immunization records
- Send a copy of your child's academic transcript
- Include a current photo of your child
- Include a copy of your child's health and dental insurance card (front and back)
- Bring or send your child's student identification card
- Bring a 30-day supply of your child's medication
- Review the clothing list in the Parent Handbook and prepare to ship or bring the clothing listed for your child upon their enrollment.

Participant's Name _____ Date _____



PARTICIPANT APPLICATION

PO Box 482 • Scio, OR 97374
(503) 394-4294 • (503) 394-7096/fax

Participant (Please enclose a current picture of participant)

NAME: _____
Last First Middle

AGE: _____ WEIGHT: _____ DOB: __/__/__ Sex: Male Female SS#: _____

SHOE SIZE: _____ SHIRT SIZE: _____ PANT SIZE: _____

ETHNICITY: Hispanic African American Caucasian Native American Asian/Pacific Islander Other

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Custodial Parent(s) / Guardian(s)

(If participant is in custody of court / juvenile department, check here)

NAME: _____
Last First Middle

Bio Father Bio Mother Adoptive Father Adoptive Mother Guardian DOB: _____

Social Security Number: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK: (____) _____ FAX: (____) _____

CELL/PAGER: (____) _____ E-MAIL: (____) _____

EMPLOYER: _____ OCCUPATION: _____

OTHER PARENT/GUARDIAN AT THIS ADDRESS:

NAME: _____
Last First Middle

Bio Father Bio Mother Adoptive Father Adoptive Mother Guardian
 Stepfather Stepmother Step-adoptive Father Step-adoptive Mother Co-habitant

AGE: _____ WORK: (____) _____ FAX: (____) _____ CELL/PAGER: (____) _____

E-MAIL: _____

EMPLOYER: _____ OCCUPATION: _____

SIBLINGS IN THIS FAMILY UNIT:

NAME: _____ AGE: _____ FULL HALF STEP

NAME: _____ AGE: _____ FULL HALF STEP

NAME: _____ AGE: _____ FULL HALF STEP

How did you find out about the program? Past Client Educational Consultant Probation Officer

Private Therapist School Counselor Doctor Brochure Media Conference

Other _____ Name of Referrer: _____

Participant's Name _____ Date _____

PRIMARY INSURANCE NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Subscriber: _____

ID#: _____ Group #: _____

SECONDARY INSURANCE NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Subscriber: _____

ID#: _____ Group #: _____

Other Non-Custodial Parent(s) / Guardian(s)

NAME: _____
Last First Middle

Bio Father Bio Mother Adoptive Father Adoptive Mother Guardian AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK: (____) _____ FAX: (____) _____

CELL/PAGER: (____) _____ E-MAIL: _____

EMPLOYER: _____ OCCUPATION: _____

OTHER PARENT/GUARDIAN AT THIS ADDRESS:

NAME: _____
Last First Middle

Bio Father Bio Mother Adoptive Father Adoptive Mother Guardian AGE: _____

Stepfather Stepmother Step-adoptive Father Step-adoptive Mother Co-habitant

WORK: (____) _____ FAX: (____) _____ CELL/PAGER: (____) _____

E-MAIL: _____

EMPLOYER: _____ OCCUPATION: _____

SIBLINGS AT THIS ADDRESS:

NAME: _____ AGE: _____ FULL HALF STEP

NAME: _____ AGE: _____ FULL HALF STEP

NAME: _____ AGE: _____ FULL HALF STEP

Person to call in case of emergency:

Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Participant's Name _____ Date _____

Parent Questionnaire

Below are some questions that relate to both academic and treatment areas. This will help Santiam Crossing work with you, your child and your family as a whole.

1. Why did you choose Santiam Crossing?
2. What is the anticipated length of stay at Santiam Crossing and what are the aftercare hopes for your child and your family?
3. What successes did you see your child make during their wilderness therapy program?
4. Were there any changes occurring within your family while your child was participating in the wilderness therapy program?
5. What was the hardest part about having your child participate in a wilderness therapy program?

Participant's Name _____ Date _____

Academic Section

At Santiam Crossing, we specialize in tailoring our program to fit the needs of our clients. Please summarize key aspects of your child's schooling at each stage. Please include areas of strength, weakness, and interest, as well as difficulties and major events. This will help us determine how to best serve your child's academic needs.

Elementary:

Middle:

High School:

Beyond High School:

Participant's Name _____ **Date** _____

Last school attended:

Address: _____

City: _____ State: _____ Zip: _____

Academic Advisor/Counselor

Name: _____

Phone: (____) _____ Fax: (____) _____

E-mail _____

Registrar

Name: _____

Phone: (____) _____ Fax: (____) _____

E-mail _____

Date your child withdrew: _____

Briefly discuss your child's academic grade level and abilities:

Last grade completed: _____

Does your child read, write and comprehend at a seventh grade level or higher? Yes No

Has your child ever been admitted to special education? Yes No

Has your child ever had an IEP? Yes No

Type(s) of schools attended? Public Private Alternative/Charter Home school

Academic Options:

Select **all** options that seem appropriate for your child while attending Santiam Crossing.

Taking middle school courses

Finishing high school

Finishing middle school

Pursuing GED testing

Taking high school courses

Taking college courses

Participant's Name _____ Date _____

Academic Future

Upon leaving Santiam Crossing, which best describes your child?

- Returning to last school attended
- Enrolling in a new school*
- Not attending school

* If enrolling in a new school, please provide us with that school's name, address, phone number, and contact name so that we may become familiar with their graduation requirements:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: (____) _____ Fax: (____) _____

E-mail _____

Academic Goals:

Please discuss the progress you would like for your child to make while at Santiam Crossing.

6-9 months:

After Santiam Crossing (1-5 years):

Participant's Name _____ Date _____

Other Considerations:

Please list any other information that will assist us in meeting your child's academic needs:

If applicable, make sure that any credits from your child's wilderness therapy program are transferred to your child's home high school transcript as soon as possible and notify us when this has gone through.

Participant's Name _____ Date _____



Santiam Crossing

Authorization for Release of Information

SANTIAM CROSSING SCHOOL
PO Box 482 • Scio, Oregon 97374
(503) 394-4294 • (503) 394-7096/fax

To our clients: We are best able to serve your family if we can work with other agencies/professionals that know your family history. By signing this form, you are giving permission for the above to share information with us.

Applicant's DOB: _____ SS#: _____

Note: If there is more than one professional with whom you would like to communicate, please make a copy of this form.

I/we hereby authorize Santiam Crossing to release information regarding above mentioned Applicant to the following professional and the following professional to release information to Santiam Crossing:

Name: _____ Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ E-mail: _____
Relationship to Client: _____

Please check all that apply:
 Send Weekly Updates/Summary Send Discharge Summary Only Send no information

Including Records of: (Client: Please initial next to boxes you check)
Family History Yes No Other, as listed: _____
Educational Reports Yes No _____
Alcohol/Drug Treatment Yes No _____
Mental Health Services Yes No _____
Medical/Psychiatric Treatment Yes No _____

(Alcohol/Drug, Mental Health, and Medical Records include all aspects of diagnosis, treatment, and prognosis. Educational records include both behavioral and progress reports.)

I agree that the agency and/or individual listed above may share and exchange information about my family and my circumstances as checked above. Yes No

Purpose: The information received will be used to evaluate my situation and to plan for and coordinate services for me and my family, or for other purposes as specified:

The permission is good for one year, or until: _____

I can cancel this at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information as checked above. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

<input type="checkbox"/> Parent(s)	_____	Client Signature	_____	Date
<input type="checkbox"/> Legal Custody	_____	Signature	_____	Date
<input type="checkbox"/> Guardian	_____	Signature	_____	Date

Participant's Name _____ Date _____



Temporary Physical Custody Agreement

I/we _____, natural parent(s)/

legal guardian(s) of _____, grant
(client's name)

temporary physical custody of my child to Santiam Crossing so that they may do the following:

1. Acquire and consent to any necessary medical treatment for said minor child.
2. Execute in favor of any school, or school district, documents, including releases of incident to _____'s education, as shall be required.
(client's name)
3. Act as the parent of said minor child for all purposes relating to the health, education, maintenance and welfare of said child.

I/we further consent that Santiam Crossing has authority to have

_____ in care, custody and control.
(client's name)

Parent/Legal guardian

Date

Parent/Legal guardian

Date

Participant's Name _____ Date _____



Santiam Crossing

PO Box 482
Scio, Oregon 97374
(503) 394-4294 • (503) 394-7096/fax

IMAGE RELEASE

I, _____, agree to release any images of me/participant captured by means of photography while I am a student at Santiam Crossing. Santiam Crossing may use the above-mentioned, without limitation, in connection with any brochure, publicity, marketing, or educational materials. I release Santiam Crossing from any claims, whatsoever, which arise in said regard.

Participant's Signature

Date

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Participant's Name _____

Date _____



PARTICIPANT AGREEMENT AND ACKNOWLEDGMENT OF RISK

In consideration of the services of Santiam Crossing, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf I hereby agree to release and discharge Santiam Crossing, on behalf of myself, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that my child's/my participation in outdoor adventure-based activities such as hiking, camping, whitewater river trips, swimming, boating, driving, and other transportation entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, Santiam Crossing guides/instructors /facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, communications technology, if used, may be unreliable, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Santiam Crossing from any and all claims, demands, or causes of action, which are in any way connected with my child's / my participation in this activity or my or my child's use of Santiam Crossing's equipment or facilities, including any such claims which allege negligent acts or omissions of Santiam Crossing.
4. Should Santiam Crossing, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against Santiam Crossing, I agree to do so solely in Linn County in the state of Oregon, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's / my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Santiam Crossing on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Signature of Parent/Guardian _____ Print Name _____

Signature of Parent/Guardian _____ Print Name _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Date: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by Santiam Crossing to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Santiam Crossing from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Participant _____ Print Name _____ Date _____

Parent or Guardian _____ Print Name _____ Date _____

Parent or Guardian _____ Print Name _____ Date _____



Santiam Crossing

PARENT CONSENT

The successful conduct of this program and the safety of all its participants depend on the ability of our staff to relate to, supervise, and, where need be, control the behavior of Santiam Crossing participants. Rules and regulations formulated by the staff of Santiam Crossing must be followed by all participants.

Santiam Crossing staff carries a stock supply of prescription medications that can be used for the treatment of infections, allergies, severe pain, or other wilderness medical treatment.

Use of any drugs is prohibited except prescription drugs that have been approved by Santiam Crossing staff prior to acceptance of a student for the program, and are dispensed by staff as prescribed. Participant's personal effects and persons may be searched at the discretion of Santiam Crossing personnel for the purpose of looking for drugs, medications, or unauthorized supplies.

It is understood that any therapeutic hold will be the minimum required and will only be used to insure a participant's safety and that of other students, staff, or the public. Santiam Crossing personnel may place in a therapeutic hold, control, and detain participants for the following purposes:

- To prevent a participant's running away from Santiam Crossing supervision, jeopardizing his/her safety or that of other participants, staff, or the public.
- To detain participants should they try to leave the group and attempt to leave the program through any means of transportation. Such detention shall be for a period of time until Santiam Crossing personnel and/or the participant's parents will make a decision for the participant to continue in Santiam Crossing or return participant home immediately.

When a participant engages in inappropriate behaviors, the primary goal of behavioral support is to assist the client in regaining self-control as an integrated part of the overall individualized treatment plan. As such, pre-approved behavioral support interventions will be used to control problem behaviors. Use of non-approved interventions will be reviewed for appropriateness and action by the Clinical Department.

If it is deemed that a student is not making progress at controlling his or her behavior, we must acknowledge that the student may not be appropriate for our program. If, after various levels of consequences, a student is still not able to modify his or her behavior and adhere to campus rules, we will consider sending the student on a Catherine Freer Wilderness Therapy Expedition or a modified wilderness experience within the Santiam Crossing program. There will be an additional fee incurred for this programming. It is possible that the student may not be appropriate to return to campus and another placement will be sought.

Should a participant run away from the control and supervision of Santiam Crossing staff during their stay at Santiam Crossing, any appropriate law enforcement or security personnel of any federal, state, county, or municipal government may be directed to detain and retain custody of the participant until Santiam Crossing personnel or a parent can be contacted. At that time, Santiam Crossing personnel may re-obtain custody and control of the participant, or may authorize continued custody by the detaining government agency until travel is arranged for the participant to leave the program.

Must be signed by both parents:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



RUNAWAY AGREEMENT

Santiam Crossing makes no guarantee that a student will not attempt to runaway. We will, however, make regular efforts to minimize the risks associated with runaways by training staff and employing run prevention measures as outlined in our policies and procedures. A runaway is defined as a student leaving campus without permission and without adequate supervision (as determined by Santiam administration and policy).

In the event of a successful runaway, Santiam Crossing commits to the following measures in order to assist in the resolution of the runaway event and the recovery of the student runaway.

- Santiam will follow its own policy and procedures regarding its runaway response plan. This includes, but is not limited to, contacting the relevant family, local and state authorities/police and using Santiam staff to conduct an initial/immediate physical search on- and off-campus.
- Santiam will commit on-call and crisis management staff to assist in the recovery effort after it has been determined that a runaway has been missing for more than two hours. In most cases Santiam will employ additional staff to assist before two hours has passed.
- If, after 24 hours, Santiam and local authorities feel that recovery efforts and leads are becoming poor, Santiam may hire a private investigator to assist in resolution of the event. This decision will be made with input from law enforcement personnel working on the situation. If Santiam does hire outside help, it will work with the investigator to determine what level of additional resource it will provide in the ongoing search. Santiam will pay only for the private investigator for up to but not more than two days.
- After three days from the point of the initial run, Santiam will continue to cooperate fully with police and family as well as any entity hired by the family to assist, but will cease assisting directly (manpower, financially etc.) in the recovery effort except where doing so does not present significant burden to the school's resources.

Note: In the event of a runaway, Santiam Crossing typically advises families to remain close to home and to use the phone to contact friends and families who can help in resolving the runaway situation. This is what we have experienced to be most successful and what authorities typically advise.

Must be signed by both parents:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



PARENT AGREEMENT

- We commit to enroll our child for a minimum of six months at Santiam Crossing.
- We agree to support our child as they actively work through the Levels System at Santiam Crossing. Our Levels System is the fundamental system utilized to monitor, supervise, and motivate the holistic engagement of students in the Santiam Crossing program.
- The Santiam Crossing Parent Handbook, which includes the Levels System documents, is the primary sources of information dictating the sequence by which students' progress through our program. Santiam Crossing's commitment to this process ensures consistency and predictability for our student's and families. We understand that exceptions to this commitment are considered/supported only for emergencies or unreasonable family/student hardships.
- We agree to adhere to Santiam Crossing School's policies outlining expectations, procedures and protocols with regard to off-campus visits, off-campus overnight visits and home visits.
- We understand that on occasion a student may need an intensive short-term intervention such as a wilderness therapy expedition. These interventions operate on a different tuition scale than the typical Santiam Crossing program.
- We understand that transportation costs for home visits are the responsibility of the family.
- We understand that monthly tuition at Santiam is non-negotiable and takes into account the varying expenses incurred during the program including adventure trips, home visits, health appointments and campus life.
- We understand that the family's ability to support the treatment, risk management, and academic recommendations of Santiam Crossing is considered critical to the success of the enrollment.
- We understand that Santiam Crossing will actively screen the appropriateness of all new admits during the first month of enrollment. Santiam Crossing will communicate with families about their student's compatibility (by or at the end of the first month of enrollment) and, in the event it is determined that a student is unlikely to be successful at Santiam Crossing, we will work with you on a transitional plan.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Participant's Name _____ Date _____



EARLY TERMINATION AGREEMENT

In order to ensure the best treatment and for the safety of all of the clients in our care, we plan well in advance for staffing and other requirements to provide care for our students. We ask that if you plan to remove your child from our care against our clinical advice, that you provide us with a minimum of 30-days written notice. Should you fail to provide notice, you will be financially responsible for 30 additional days of treatment and will forfeit the final month tuition payment made upon enrollment. If we recommend a new placement for your child, we will refund your tuition (prorated from date of departure).

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

PARENT AUTHORIZATION AND CONSENT FOR HEALTH CARE

Santiam Crossing shall have the right to give first aid to the participant and to engage the service of a physician or dentist, or to hospitalize a participant if it deems necessary. The cost of such service, including expenses for both the participant and the staff member who accompanies him/her during the period of illness and in rejoining the group, medicines and ambulance service, but excluding first aid service, shall be charged to the parent/guardian and paid by the parent/guardian.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Participant's Name _____ Date _____



CONFIDENTIALITY AND ACKNOWLEDGMENT OF TREATMENT

I understand that the information I disclose to SANTIAM CROSSING is protected under federal and state regulations and cannot be disclosed without my written consent unless otherwise indicated in the regulations. Generally, without such consent, staff members in the program may not say to a person outside of the program that a participant attends the program or disclose any information identifying a participant.

Federal law and Santiam Crossing recognize the following exceptions:

1. Information regarding imminent danger to self or others, criminal activity involving the program or program personnel, or medical emergency.
2. Information regarding suspected child abuse.
3. Disclosure of information may be allowed by court order under limited circumstances.

I have read the policy stated above and acknowledge the rights and limitations upon my privacy as guaranteed under the law and through the operating procedure of Santiam Crossing.

I have been informed of the nature of the program and the policies of Santiam Crossing, the medical policy, and admission and fee policies." I will participate in the development of a treatment plan and will cooperate with the terms of that plan. I am aware of the procedures for lodging complaints or grievances with Santiam Crossing. I agree to accept treatment from Santiam Crossing under these conditions.

Participant's Signature

Date

Parent/Guardian/Legal Representative's Signature

Date

Parent/Guardian/Legal Representative's Signature

Date



EXPLANATION OF FEES

Tuition

The cost of the program is \$6300 per month. Tuition fees due upon enrollment are the first two months and the last month's tuition. Additional payments are due at the beginning of every month are due upon enrollment. A \$100 fee for incidentals (including haircuts, special outings, etc.) is also due at the time of admission as well as a \$2000 enrollment fee. There will be additional charges for transportation to and from the airport for home visits if necessary.

Medical Expenses

Medical expenses are covered by the parent(s)/guardian(s) or by their insurance. Proof of insurance is required upon enrollment. All medical, dental, laboratory and hospitalizations charges will be billed by the service provider directly to the parent(s)/guardian(s).

Equipment Package (Clothing and Personal Items)

Santiam Crossing will provide all outdoor clothing and some personal items for clients. The equipment package is included in the enrollment fee. Parents will provide selected clothing and personal items specified in the student-clothing list.

Student Incidental Expense Account

One hundred dollars is kept in an incidental expense account for each student to cover expenses such as haircuts, clothing, or other incidental expenses. This account will need to be replenished as needed. Any remaining balance will be returned to the family upon completion of the program.

Academics

Academics and textbooks are included in the tuition, except when the course fees and textbooks exceed \$240 per semester or when outside tutors or teachers are required to support student. If a student chooses to take a college course, the family is responsible for any costs above \$200. Santiam will cover the first \$200.

Property Damage

Parent(s)/Guardian(s) are responsible for costs associated with damage caused by their child to Santiam Crossing.

Enrollment Termination:

Santiam Crossing reserves the right to terminate enrollment at any time due to unmanageable behavior problems and/or disorders, illegal activity, uncontrollable activity, dangerous actions by the student toward self or others, unreported or previously unknown medical conditions, or any reason deemed necessary by personnel. If a student needs to be returned home for any of these reasons, the family will be financially responsible for transportation costs. Failure to pay fees in a timely manner is also sufficient reason for termination.

I have read and fully understand the above agreement. As the financial sponsor for _____, I agree to the terms outlined above and guarantee timely payment to Santiam Crossing for all fees pursuant to this agreement.

Name of Financial Sponsor

Signature of Financial Sponsor

Date

Participant's Name _____ Date _____



Automatic Payment Authorization

Name (s): _____ Child's Name: _____

Please check the box(es) for which you would like to have automatically charged to your account each month:

- Monthly Tuition \$ _____
- Monthly Medical Items (prescriptions, over-the-counter meds, doctor visits, etc.)
- Replenish Incidental Spending Account (Used for haircuts, travel costs, etc. does not include medical related items.)

Credit Card Information:

Type of credit card: Visa Mastercard Discover Card

Name as it appears on credit card: _____

Billing address: _____ Billing Zip Code: _____

Credit Card Number: _____ Exp. Date: _____

I hereby authorize Santiam Crossing to process monthly credit card charges for the above selected items for said credit card each month. I understand that my credit card will be charged on the _____ of each month. Automatic payments will continue until my child is no longer a client of Santiam Crossing and no other charges have been accrued.

By signing below, I agree to these terms and conditions of this Authorization:

Signature (s): X _____ Date: _____

X _____ Date: _____

Participant's Name _____ Date _____



Authorization for Direct Payment

Name (s): _____ Child's Name: _____

I/we hereby authorize Santiam Crossing School to initiate debit entries to my/our (must select one):

- Checking Account Savings Account

I/we acknowledge that the origination of direct deposit transactions to my/our account must comply with the provisions of U.S. Federal Law.

Bank Name: _____ Branch: _____

Routing Number: _____ Account Number: _____

Please check the box(es) for which you would like to have automatically charged to your account each month:

- Monthly Tuition \$ _____
- Monthly Medical Items (prescriptions, over-the-counter meds, doctor visits, etc.)
- Replenish Incidental Spending Account (\$100 - when balance runs low; includes haircuts, travel costs, etc., does not include medical related items)

I hereby authorize Santiam Crossing to process monthly debits for the above selected items for said account each month. I understand that my checking/savings account will be charged on the _____ of each month. Automatic payments will continue until my child is no longer a client of Santiam Crossing and no other charges have been accrued or until written notification to cancel has been received in such a manner as to afford Santiam Crossing and Citizens Bank a reasonable opportunity to act on it. I also understand that I will receive a \$25 credit/month to be applied to my child's incidental spending account.

Name of Account Holder(s): _____

By signing below, I agree to these terms and conditions of this Authorization:

Signature (s): X _____ Date: _____

X _____ Date: _____

Participant's Name _____ Date _____



RELEASE OF TRANSCRIPT AND SCHOOL RECORDS

To the Parent/Guardian: Please complete this form and submit it to the applicant's current school.

AUTHORIZATION OF RELEASE OF SCHOOL RECORDS TO SANTIAM CROSSING:

In accordance with regulations regarding the privacy rights of parents and students, the undersigned hereby consents to the immediate release to Santiam Crossing of all school records, including official transcripts, current grades in courses, test profiles, and educational/psychological and diagnostic evaluations.

Student _____ Current Grade _____
(PRINT) (LAST) (FIRST) (MIDDLE)

Name of School _____

Name of School Counselor _____

School address _____

City _____ State _____ ZIP _____ Country _____

Telephone (____) _____ - _____

Signature of parent/legal guardian _____ Date ____/____/____

Signature of student _____ Date ____/____/____

To Principal/Head/Counselor/Registrar:

The student whose name appears above has applied for admission to Santiam Crossing. We would appreciate your promptly forwarding the following information to the Santiam Crossing Admissions Office:

- An official transcript of the student's middle school and/or high school academic record to date, including grades for courses in progress and an explanation of your grading scale.
- A copy of the student's complete test profile.
- All educational/psychological or diagnostic evaluations.

Please retain this authorization form in the student's file so that additional forms will not be necessary for future information requests from Santiam Crossing.

AN OFFICIAL TRANSCRIPT MUST FOLLOW FAXED COPIES
Santiam Crossing • PO BOX 482 • Scio, Oregon 97374 • (503) 394-4294 • (503) 394-7096/fax