

# JOIN THE AMBASSADORS CLUB

&

## VISION BOARD COMPETITION

**Learn leadership and how to set a vision for your life!**

Start Date: **October 2019**

### AMBASSADORS CLUB

Ambassadors are leaders who represent causes, teams, communities, and the nation! Also, come and learn about great Black leaders, from Harriet Tubman and Andrew Young to Damian Lillard and Colin Kaepernick.

### **YOU CAN BE GREAT, TOO.**

Join us to increase your confidence and learn the basic skills to lead.

**You Can Do It !!!**



admin@cobmpdx.org

(503) 919-6804

### VISION BOARD CAREER EXPLORATION COMPETITION

#### Cash Prizes

\$250

\$175

\$100

\$50

\$25

**Every Contestant Wins A Cash Prize**



**Equity & Partnerships Data Sharing**

2019-2020 School Year.

PERMISSION TO RELEASE OR EXCHANGE INFORMATION  
Portland Public Schools

Parent/Guardian Legal Last Name:	Parent/Guardian Legal First Name:	Phone Number	Email Address		Date
<u>Student(s) Last Name:</u>	<u>Student(s) First:</u>	<u>School</u>	<u>Grade</u>	<u>Birthdate</u>	<u>PPS ID#</u>

As Parent / Guardian / Surrogate Parent / Foster Parent / or Adult Student (circle one), I authorize the release and exchange of confidential information between Portland Public Schools, Coalition of Black Men and their evaluators.

This information may include:

- Student name and student ID#
- Demographic information (such as race, gender, grade)
- School enrollment and attendance
- Discipline data
- Individualized Education Plan (IEP) or 504 plan
- Special Program membership (Special Education, ESL, TAG)
- Academic Information (course grades, test scores, assessments, GPA, status, etc.).

The disclosure is to be used for the following purposes:

- To support students' educational needs
- To support students' school attendance
- Program evaluation

The organizations listed above receiving information about your student are informed of state and federal confidentiality provisions. They are not authorized to release information to any agency or person not listed in this release without specific written consent of the parent/legal guardian.

\_\_\_\_\_  
Parent/Guardian/Surrogate/Foster/Adult Student (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This authorization is valid for the academic year listed above through September of the following year.**