Gervais School District #1 Student Registration 2017-2018

Grade: _____ ☐Gervais ES ☐Gervais MS ☐Gervais HS ☐Samuel Brown Academy

☐Preschool AM ☐Preschool PM ☐Daycare

Has your child attended any school in the Gervais SD? ☐Yes ☐No	If yes, when: Month/Year:
Previous School name (City & State)	**Last date attended:**

Special Programs: To your knowledge has your child received any of the following services?
☐IEP/SPED ☐Speech/Language ☐TAG ☐Reading Support ☐504 ☐ELL

STUDENT INFORMATION:			
Last:	First:		Middle:
Preferred name:	Birthdate: (mm/dd/yyyy)	City of Birth:	State of Birth:

Home ○ Cell ○ | | | | - | | | | - | | | | | Gender: ☐Male ☐Female

Email:

What is your home address? :			Mailing Address: (☐**Same as home address**)	
Street:			PO BOX:	City:
City:	State:	Zip:	State:	Zip:

Languages in the home:(Please select all that apply.)
Language(s) spoken by student: ☐English ☐Spanish ☐Russian Other_____
Language(s) spoken by parents: ☐English ☐Spanish ☐Russian Other_____
Home correspondence language: ☐English or ☐Spanish (please select one only)

MILITARY CONNECTED STUDENT: At any time during the school year, does the student have a parent or guardian who is a member of the Armed Forces on active duty or full-time National Guard. Please check one: ☐Yes ☐No

Conference Preference language: ☐English ☐Spanish ☐Russian Other_____
Conference Preference Time: ☐12:00 – 3:00 pm or ☐4:00 – 7:30 pm (please select one only)

STUDENT ETHNICITY:

Is the student Hispanic or Latino? ☐Yes ☐ No

Race: ☐White ☐Hispanic ☐Russian ☐Black ☐Asian ☐ Am Indian ☐Alaskan Native ☐Hawaiian ☐Pacific Islander

MEDICAL/ALLERGY INFORMATION:

School staff needs to know when your child has a health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.

Does your child have a medical condition or allergies?	☐No ☐Yes, then please complete the Student Health Form
Name of Clinic & Phone	
Health Insurance name & ID & Group number	

AUDIO VISUAL RELEASE:

☐I give my permission for... ☐I do not give my permission for...

...my child to be photographed or videotaped by the district or media. I understand my child will not be paid and these items could be published in the newspaper, TV, Internet or other media.

INTERNET PERMISSION:

☐ I give my permission for my child to use the district's internet connection for computer use and state testing.

☐ I do not give my permission for my child to use the district's internet connection for computer use and state testing.

MIGRANT INFORMATION:

Has anyone in your household is working or has worked in agriculture, fishing, nursery, forestry, mills, farming, dairies or canneries in the past 3 years? ☐ Yes ☐ No

PARENTS/GUARDIANS ONLY INFORMATION: Please mark for type of phone number.

Child lives with: ☐ Parents ☐ Mother ☐ Father ☐ Grandparent ☐ Step-Parent ☐ Guardian ☐ Foster-Parent ☐ Self

Contact 1:	Relation to Student:
Home__ Cell ___ Work__ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___	Home___ Cell ____ Work __ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Contact 2:	**Relation to Student:**
Home__ Cell ___ Work__ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___	Home___ Cell ____ Work __ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Contact 3:	**Relation to Student:**
Home__ Cell ___ Work__ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___	Home___ Cell ____ Work __ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Contact 4:	**Relation to Student:**
Home__ Cell ___ Work__ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___	Home___ Cell ____ Work __ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

EMERGENCY CONTACT INFORMATION: Please mark for type of phone number.

1st Contact's Name:

Relation to Student: Home___ Cell ____ Work ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

2nd Contact's Name:

Relation to Student: Home___ Cell ____ Work ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

3rd Contact's Name:

Relation to Student: Home___ Cell ____ Work ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

CHILDREN LIVING AT HOME: (ages 0 to 18 years old)

Last Name _____ First _____ Middle _____

Gender - ☐ Male ☐ Female School Attending _____ Grade_____ Age _____

Last Name _____ First _____ Middle _____

Gender - ☐ Male ☐ Female School Attending _____ Grade_____ Age _____

Last Name _____ First _____ Middle _____

Gender - ☐ Male ☐ Female School Attending _____ Grade_____ Age _____

I agree to the information as I have indicated on this form.

_____

Signature Date

OREGON LAW REQUIRES THAT PROGRESS AND BEHAVIORAL OR ANY EDUCATIONAL RECORDS, WHICH RELATE TO THE ABOVE STUDENT, WILL BE SHARED WITH NON-CUSTODIAL PARENTS UPON THEIR REQUEST.

Gervais School District #1 290 1st ST PO BOX 100 Gervais, OR 97026-0100 Telephone 503-792-3803 Fax 503-792-3809

NONDISCRIMINATION NOTICE

Gervais School District does not discriminate on the basis of race, religion, color, national origin, disability, marital status, sexual orientation, sex or age in providing or access to benefits of education services, activities and programs in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issue; Section 504 of the Rehabilitation Act of 1973, as amended; and the American with Disabilities Act.

The following has been designated to coordinate compliance with these legal requirements and may be contacted at the Gervais School District office for additional information and/or compliance issues:

Title II Coordinator, Title IX Coordinator and Section 504 Coordinator: Director of Special Programs