

Gervais School District #1

Student Registration 2018-2019

Grade: _____ Gervais ES Gervais MS Gervais HS Samuel Brown Academy
 Preschool AM (8:00-11:00) Preschool PM (12:00-3:00) Daycare

Has your child attended any school in the Gervais SD? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Birth City:	Birth State:

PHONE, ADDRESSES AND EMAIL INFORMATION:											
Home Phone:				-				-			
Email:											
HOME ADDRESS:						Mailing Address: (<input type="checkbox"/> Same as home address)					
Street:						PO BOX:			City:		
City:			State:		Zip:		State:			Zip:	

STUDENT ETHNICITY AND LANGUAGES:	
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Russian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Am Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Pacific Islander	
Languages in the home:(Please select all that apply.)	
Language(s) spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian Other: _____	
Language(s) spoken by parents: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian Other: _____	
Home correspondence language: <input type="checkbox"/> English or <input type="checkbox"/> 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

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?	<input type="checkbox"/> No <input type="checkbox"/> Yes, then please complete the Student Health Form	
Name of Clinic:	Phone:	
Health Insurance name:	ID#	Gr#

CONFERENCES:	
Preference language: <input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____	
Preference Time: <input type="checkbox"/> 12:00 - 3:00 pm or <input type="checkbox"/> 4:00 - 7:30 pm (please select one only)	

PARENT INFORMATION:

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

Contact 1: Mother or Father

Cell #				-						Work:				-					
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Contact 2: Mother or Father

Cell #				-						Work:				-					
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STEP-PARENT/GUARDIAN INFORMATION:

Contact 3: StMother StFather Other:

Cell #				-						Work:				-					
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Contact 4: StMother StFather Other:

Cell #				-						Work:				-					
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EMERGENCY CONTACT INFORMATION: Parents or Guardians will be notified first.

1st Contact's Name:

Relation to Student:	Home ____ Cell ____				-				
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2nd Contact's Name:

Relation to Student:	Home ____ Cell ____				-				
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3rd Contact's Name:

Relation to Student:	Home ____ Cell ____				-				
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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

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

Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____	Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____
Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____	Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____
Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____	Name _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____

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