

**GRADE:** \_\_\_\_\_  Gervais ES  Gervais MS  Gervais HS  Early Learning Center

Has your child attended any school in the Gervais SD? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when: MM/DD/YYYY:	
<b>Previous School name (City &amp; State)</b>		<b>Last date attended:</b> MM/DD/YYYY:	

In the year before kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or child care center)?  Yes  No  
**If so, please tell us where:**

Special Programs: To your knowledge has your child received any of the following services?  
 SPED/IEP  Speech/Language  TAG  504  EL  Migrant

STUDENT INFORMATION:					
Last Name:		First Name:			
Middle Name:		Preferred Name:			
Birthdate: <small>MM/DD/YYYY:</small>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary (X)			
Birth City:		Birth State:		Birth Country:	

PHONE AND ADDRESSES:								
Primary phone:								
Street address:							Apt:	
City:				State:			Zip:	
Mailing address: <input type="checkbox"/> Same as above	PO BOX:		City:		State:		Zip:	

STUDENT ETHNICITY:	
Is the student Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race: (Check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Russian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Pacific Islander

LANGUAGES SPOKEN:			
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	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian Other _____

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

**PARENT INFORMATION:**

<b>Mother:</b>		Cell#:
<input type="checkbox"/> Has Custody	<input type="checkbox"/> Lives with	Email:
Employer:	Work#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
<b>Father:</b>		Cell#:
<input type="checkbox"/> Has Custody	<input type="checkbox"/> Lives with	Email:
Employer:	Work#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other

**STEP-PARENT/GUARDIAN INFORMATION:**

<b>Step-Mother:</b>			Cell#:
<input type="checkbox"/> Has Custody	<input type="checkbox"/> Lives with	<input type="checkbox"/> School pick up	Email:
Employer:	Work#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
<b>Step-Father:</b>			Cell#:
<input type="checkbox"/> Has Custody	<input type="checkbox"/> Lives with	<input type="checkbox"/> School pick up	Email:
Employer:	Work#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
<b>Guardian:</b>			<b>Relation to Student:</b>
<input type="checkbox"/> Has Custody	<input type="checkbox"/> Lives with	<input type="checkbox"/> School pick up	Cell#:
Employer:	Work#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	

**EMERGENCY CONTACT INFORMATION: (Parents or Guardians will be notified first.)**

<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pick up	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pick up	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pick up	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pick up	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pick up	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	

**MEDICAL/ALLERGY INFORMATION:**

School staff needs to know when your child has a medical condition for which he or she may require help during the school day.  
Remember to advise your school office of any changes to medical conditions.

Does your child have a medical condition?  No  If yes, then please complete the Student Health Form

**DOCTOR INFORMATION:**

Name of Clinic:

Phone:

Health Insurance:

ID#

Gr#

**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?  Yes  No

**STUDENT CELLPHONE: (Grades 6 to 12)**

We would like to call and/or text directly to your child's cell phone with school-related information.

Do we have your permission?  Yes  No

If not, may we text your cell phone number, and have you forward those texts to your child?  Yes  No

May we have your child's cell phone number in order to call and/or text?  Yes  No

Student Cellphone#:

**PARENT/TEACHER CONFERENCE TIMES:**

**Preference language:**  English  Spanish  Russian Other \_\_\_\_\_

**Preference Time:**  12:00 pm – 3:00 pm  4:00 pm – 7:30 pm  Anytime

**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 worked or is working in agriculture, fishing, nursery, forestry, mills, farming, dairies or canneries in the past 3 years?  Yes  No

**RELEASE INFORMATION TO MILITARY: (Grades 9 to 12)**

Federal law requires school districts to provide, on a request made by military recruiters or an institution of higher education, access to secondary school students' names, addresses, and telephone listings.

A secondary school student or the parent of the student may request that the student's name, address, and telephone listing not be released without prior written parental consent, and the district shall notify parents of the option to make a request and shall comply with any request. Do you give permission?  Yes  No

**CHILDREN LIVING AT HOME: (ages 0 to 21 years old)**

Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate _____	Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate _____
Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate _____	Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate _____
Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate _____	Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate _____

I agree to the information as I have indicated on this form. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Print name: _____	
Signature: _____	Date: _____ <small>MM/DD/YYYY:</small>

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