

754902



Student Information and/or Enrollment Form

PLEASE PRINT USING A BLUE OR BLACK INK AND COMPLETE ALL PAGES.

SHADED AREA FOR OFFICE USE ONLY

STUDENT:	SSID:	GRADE:	HOMEROOM:
ENROLLMENT DATE:	ENROLLMENT REASON:	HS GRAD. YEAR:	G SPED: <input type="checkbox"/> TAG: <input type="checkbox"/> ELL: <input type="checkbox"/> P/P: <input type="checkbox"/>

THIS ENROLLMENT FORM IS AN OFFICIAL RECORD. THE QUESTIONS ON THIS FORM ASK FOR IMPORTANT INFORMATION THAT WILL HELP PROVIDE SERVICES FOR YOUR CHILD. IF YOU NEED INFORMATION OR ASSISTANCE WITH THIS FORM PLEASE CONTACT YOUR SCHOOL.

HAS YOUR STUDENT BEEN PREVIOUSLY ENROLLED IN A GBSD SCHOOL?		PREVIOUS DISTRICT?	PREVIOUS SCHOOL?	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Sandy	Sandy HS.	
STUDENT INFORMATION				
LEGAL LAST NAME <i>Cor (Cucu)</i>	LEGAL FIRST NAME <i>Abias</i>	LEGAL MIDDLE NAME <i>Isaac</i>	SUFFIX	GENDER <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
LAST NAME (GOES BY) <i>Cor</i>	NICKNAME <i>Isaac</i>	BIRTHDATE <i>12/10/97</i>	AGE <i>17</i>	PRIMARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <i>(503) 358-5327</i>
HOME ADDRESS <i>21625 SE Alder St</i>	APT. #	CITY <i>Gresham</i>	STATE <i>OR</i>	ZIP <i>97030</i>
MAILING ADDRESS (IF DIFFERENT THAN HOME)	CITY		STATE	ZIP

ETHNICITY/RACE - THIS INFORMATION IS REQUIRED BY THE FEDERAL GOVERNMENT AND IS USED FOR DATA ANALYSIS AND REPORTING PURPOSES ONLY. IF YOU CHOOSE NOT TO RESPOND, GRESHAM-BARLOW SCHOOL DISTRICT IS REQUIRED TO REPORT THIS INFORMATION THROUGH AN OBSERVER IDENTIFICATION PROCESS. COMPLETION OF PART A AND PART B IS REQUIRED.

PART A: ETHNICITY (CHOOSE ONE) NOT HISPANIC/LATINO HISPANIC/LATINO - (HAVING ORIGINS IN CUBA, MEXICO, PUERTO RICO, CENTRAL OR SOUTH AMERICA OR OTHER SPANISH CULTURE OR ORIGIN)

PART B: RACE - NO MATTER WHAT YOU SELECTED ABOVE, PLEASE CONTINUE TO ANSWER THE FOLLOWING BY MARKING ONE OR MORE BOXES TO INDICATE WHAT YOU CONSIDER YOUR RACE TO BE.

AMERICAN INDIAN OR ALASKAN NATIVE - HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA), AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT

ASIAN - HAVING ORIGINS IN THE FAR EAST, SOUTHEAST ASIA OR THE INDIAN SUBCONTINENT, INCLUDING CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND AND VIETNAM

BLACK OR AFRICAN AMERICAN - HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS

WHITE - HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AFRICA

HOME LANGUAGE SURVEY

ENGLISH LANGUAGE SERVICES WILL ONLY BE PROVIDED IF STUDENT IS ELIGIBLE.

WHAT LANGUAGE DID YOUR CHILD LEARN WHEN HE/SHE BEGAN TO SPEAK? *Spanish*WHAT LANGUAGE DOES YOUR SON OR DAUGHTER MOST FREQUENTLY SPEAK AT HOME? *Spanish*WHAT LANGUAGE IS SPOKEN MOST OF THE TIME IN YOUR HOME? *Spanish*HAS THE STUDENT EVER BEEN IN AN ELL AND/OR BILINGUAL PROGRAM? YES NO IF YES, WHEN? *7/14/15 - Sandy HS*

PARENT AND OTHER INFORMATION

DOES THE STUDENT OR HIS/HER PARENTS LIVE OR WORK ON FEDERAL PROPERTY? YES NOIS THE STUDENT, OR PARENT, OR GRANDPARENT A MEMBER OF A U.S. FEDERALLY RECOGNIZED AMERICAN INDIAN TRIBE? YES NO

IF YES, PLEASE PROVIDE TRIBE NAME:

STUDENT LIVES WITH:	ARE THERE ANY CURRENT LEGAL RESTRICTIONS OR RESTRAINING ORDERS REGARDING CONTACT BY A NON-CUSTODIAL PARENT OR OTHER PERSON(S)?
<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> BLENDED FAMILY <input checked="" type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN	IF YES (LEGAL PROOF REQUIRED), WHO?
<input type="checkbox"/> GRANDPARENTS <input type="checkbox"/> OTHER	IT IS ASSUMED BOTH PARENTS/GUARDIANS HAVE ACCESS TO STUDENT/STUDENT INFORMATION UNLESS LEGAL DOCUMENTATION IS PROVIDED INDICATING OTHERWISE.

LAST NAME <i>Montiel-Ochoa</i>	FIRST NAME <i>Cassidy</i>	LEGAL RELATIONSHIP TO STUDENT <i>Foster Mother</i>	
CONTACT ORDER: <input checked="" type="checkbox"/> 1ST <input type="checkbox"/> 2ND	ADDRESS SAME AS STUDENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, COMPLETE ADDRESS SECTION BELOW)	PLEASE INDICATE: <input checked="" type="checkbox"/> LIVES WITH <input type="checkbox"/> CONTACT ALLOWED EDUCATIONAL RIGHTS <input type="checkbox"/> HAS CUSTODY <input type="checkbox"/> MAILINGS ALLOWED	
ADDRESS (ONLY IF DIFFERENT THAN STUDENT)	CITY	STATE	ZIP
HOME PHONE	CELL PHONE <i>503-358-5327</i>	WORK PHONE	EMAIL ADDRESS: <i>Cassseymontiel@gmail.com</i>
EMPLOYER	JOB TITLE	WILLING TO VOLUNTEER <input type="checkbox"/> YES <input type="checkbox"/> NO	