

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:	<input type="checkbox"/> SPED <input type="checkbox"/> TAG <input type="checkbox"/> ELL <input type="checkbox"/> P/P

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREVIOUS DISTRICT? Sandy	PREVIOUS SCHOOL? Sandy HS.
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STUDENT INFORMATION

LEGAL LAST NAME Coc	LEGAL FIRST NAME Abias	LEGAL MIDDLE NAME Isaac	SUFFIX	GENDER <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
LAST NAME (GOES BY) Coc	NICKNAME Isaac	BIRTHDATE 12/10/97	AGE 17	PRIMARY PHONE <input type="checkbox"/> HOME <input checked="" type="checkbox"/> CELL (800) 358-5327
HOME ADDRESS 21625 SE Alder St	APT. #	CITY Gresham	STATE OR	ZIP 97030
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? 2014-15 - Sandy HS

PARENT AND OTHER INFORMATION

DOES THE STUDENT OR HIS/HER PARENTS LIVE OR WORK ON FEDERAL PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IS THE STUDENT, OR PARENT, OR GRANDPARENT A MEMBER OF A U.S. FEDERALLY RECOGNIZED AMERICAN INDIAN TRIBE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YES, PLEASE PROVIDE TRIBE NAME:

STUDENT LIVES WITH? <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> BLENDED FAMILY <input checked="" type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> GRANDPARENTS <input type="checkbox"/> OTHER	ARE THERE ANY CURRENT LEGAL RESTRICTIONS OR RESTRAINING ORDERS REGARDING CONTACT BY A NON-CUSTODIAL PARENT OR OTHER PERSON(S)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES (LEGAL PROOF REQUIRED), WHO? IT IS ASSUMED BOTH PARENTS/GUARDIANS HAVE ACCESS TO STUDENT/STUDENT INFORMATION UNLESS LEGAL DOCUMENTATION IS PROVIDED INDICATING OTHERWISE.
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LAST NAME Martel-Ochoa	FIRST NAME Cassidy	LEGAL RELATIONSHIP TO STUDENT Foster Mother
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
HOME PHONE	CELL PHONE 533-358-5327	WORK PHONE
EMPLOYER	JOB TITLE	EMAIL ADDRESS: Cassidymartel@gmail.com
		WILLING TO VOLUNTEER <input type="checkbox"/> YES <input type="checkbox"/> NO