



ID: 100136

Name:

CRAMPTON,  
PAYTON  
JUSTINA

:

Building:

Chiloquin  
Jr/Sr  
High  
School

G

## Registration Information

Status: Active

Gender: Female

Calendar: Regular  
Calendar

Age: 15

Counselor:

House/Team:

Birthdate: 2/16/2000

Homeroom:

Sec. Homeroom:

Language: English

HRM Teacher:

Sec. HRM Teacher:

Nick Name:

## District Registration Information

Family/Census #:

Res. District: Klamath County

Alt. Building:

Alt. District:

## Personal Information

Hispanic/Latino Ethnicity: N

Race:

American  
Indian/Alaskan  
Native

Meal Sta

Locker:

242  
(Combination:  
6-16-10)

Social Security Number:

Section 5

State Of Birth:

NY

Country Of Birth:

US

Transfer

Migrant Status:

N

Migrant ID:

Fee Stati

Student State ID:

10255087

ESL:

N

Has IEP:

## Contact Information

| Priority | Name                                               | Type                           | Address                                            | Phone Number (s)                       | E-Mail Address |
|----------|----------------------------------------------------|--------------------------------|----------------------------------------------------|----------------------------------------|----------------|
| N/A      | <u>PAYTON</u><br><u>JUSTINA</u><br><u>CRAMPTON</u> | Student<br>Mailing<br>Address  | PO BOX 139<br>PO BOX 139<br>CHILOQUIN,<br>OR 97624 | <u>Student</u><br>Cell: (541) 331-5611 | N/A            |
| N/A      | <u>PAYTON</u><br><u>JUSTINA</u><br><u>CRAMPTON</u> | Student<br>Physical<br>Address | 417 SOUTH<br>THIRD<br>STREET<br>CHILOQUIN,         | <u>Student</u><br>Cell: (541) 331-5611 | N/A            |

|   |                           |               |                                                                     |                                                                                                  |                               |
|---|---------------------------|---------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------|
| 1 | <u>JUILE CRAMPTON</u>     | Guardian      | OR 97624<br><u>417 SOUTH THIRD STREET</u><br>CHILOQUIN,<br>OR 97624 | Cell: (541)<br>331-5611<br><u>P1 OCN:</u><br>(541)331-5611                                       | N/A                           |
| 2 | <u>DIANA BETTLES</u>      | Other Contact | <u>36161 MODOC POINT ROAD</u><br>CHILOQUIN,<br>OR 97624             | Cell: (541)<br>274-1839<br><u>P1 OCN:</u><br>(541)274-1839<br><u>Work:</u><br>(541)885-9669      | <u>SQUIDGELUM@HOTMAIL.COM</u> |
| 3 | <u>FRANCES HARTSFIELD</u> | Other Contact | <u>Klamath Falls,</u><br><u>OR 97603</u>                            |                                                                                                  | N/A                           |
| 4 | <u>PATRICK CRAMPTON</u>   | Other Contact |                                                                     | <u>Home:</u><br>(541)783-7762<br><u>Other:</u><br>(541)331-7028<br><u>Work:</u><br>(541)331-1919 | N/A                           |

### Emergency Information

|                        |                                                        |                    |                         |
|------------------------|--------------------------------------------------------|--------------------|-------------------------|
| <b>Physician:</b>      | Klamath Family Practice Center<br>Phone: (541)883-8134 | <b>Hospital:</b>   | SkyLakes Medical Center |
| <b>Insurance:</b>      | Not specified                                          | <b>ID:</b>         | Not specified           |
| <b>Group:</b>          | Not specified                                          | <b>Subscriber:</b> | Not specified           |
| <b>Medical Alerts:</b> | Wears Corrective Lenses                                |                    |                         |

### Schedule Information

| Period | Course-Section          | Room               | Teacher                | Time                | Building |
|--------|-------------------------|--------------------|------------------------|---------------------|----------|
| 1      | <u>GEOMETRY - S1</u>    | <u>H0903A-1</u> A2 | <u>PARKER, DAVID</u>   | 8:08 AM - 8:58 AM   | CHJH     |
| 2      | <u>Creative Studies</u> | <u>H0110-1</u> A1  | <u>JOHNSON, RACHEL</u> | 9:02 AM - 9:52 AM   | CHJH     |
| 3      | <u>BIOLOGY - S1</u>     | <u>H1507A-1</u> A4 | <u>GLIDDEN, TANNER</u> | 10:02 AM - 11:05 AM | CHJH     |
| 4      | <u>HEALTH I</u>         | <u>H1200-1</u> B2  | <u>PASCHE, TODD</u>    | 11:09 AM - 11:59 AM | CHJH     |

|   |                             |                 |    |                          |                    |      |
|---|-----------------------------|-----------------|----|--------------------------|--------------------|------|
| 5 | <u>ENGLISH II - S1</u>      | <u>H0701A-1</u> | D1 | <u>GRANBERG, CYNTHIA</u> | 12:03 PM - 1:23 PM | CHJH |
| 6 | <u>Concert Band - S1</u>    | <u>H1151A-1</u> | M1 | <u>KAYTON, SARAH</u>     | 1:27 PM - 2:17 PM  | CHJH |
| 7 | <u>MANUFACTURING TECH I</u> | <u>H0505-1</u>  | S2 | <u>DUNHAM, ROBERT</u>    | 2:21 PM - 3:11 PM  | CHJH |

### Attendance Information

| Building | Room | Course | Description | Attendance Period | Scheduling Period | Absence | Dismiss | Arrive | Source |
|----------|------|--------|-------------|-------------------|-------------------|---------|---------|--------|--------|
|----------|------|--------|-------------|-------------------|-------------------|---------|---------|--------|--------|

No attendance information has been entered for this student today.

### Programs

| ID    | Description                       |
|-------|-----------------------------------|
| ORDEM | <u>OR Demographics - Programs</u> |
| ORMEL | <u>Meal Status - Programs</u>     |