CENTRAL POINT SCHOOL DISTRICT 6
CENTRAL POINT · GOLD HILL · SAMS VALLEY

Student Enrollment Form

School Year 2014-2015

Student ID#

Has your student been previously enrolled in a CP schools? ☐ Yes ☒ No	Do You live outside of the District? ☐ Yes ☒ No If Yes, Do you have an interdistrict form on file? ☐ Yes ☐ No	New Enrollment ☒ Updated Enrollment ☐	Grade 10

Instructions: This Enrollment Form is an official record. The questions on this form ask for important information that will help provide services for your child. Some questions have supporting explanation. If you need further information, please contact your school. Please print using a ball-point pen, and complete all pages.

Student Information – If student is living in any of the following circumstances, additional services may be available: Sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Please inquire at the school for further information.

1. Legal Last Name	2. Legal First Name	3. Middle Name	4. Suffix	5. Gender ☐ Female ☑ Male
Garcia	Silo	Dayon		
6. Last Name (Goes By)	7. Nickname	8. Birthdate	9. Age	10. Primary Phone ☑ Home or ☐ Cell
		6-18-99	15	(541) 665-0359
11. City Of Birth (If in USA)	12. State Of Birth (If in USA)	13. Country Of Birth		
Salem	OR.	USA		

14. If country of birth is outside the USA or Puerto Rico, when did the child start attending school in the USA?

15. Home Address (mailing address)	16. Apartment Number & Complex Name (If applicable)	17. City	18. State	19. Zip
650 S. 4th st.		Central Point	OR	97502

20. Is mailing address same as home address?	21. Different Mailing Address physical Adress	22. City	23. State	24. Zip
☐ Yes ☒ No (If no, please complete boxes 21 – 24)	640 S. 2nd St.	Central Point	OR	97502

25. Does the student have a current Individualized Education Plan? ☐ Yes ☒ No

26. Does the Student have a Section 504 plan? ☐ Yes ☒ No

27. Student Current Living ☐ Permanent ☐ Foster ☐ Hotel/Motel ☐ Shelter ☐ Shared Housing ☐ Homeless ☒ Other Residential facility

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, Central Point School District is required to report this information through an Observer Identification process. Completion of part A and part B is required.

28. 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

29. 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

30. Which language did your child learn when he/she first began to speak?	31. What language does your child use most frequently at home?	32. What language is most often spoken by the adults in the home?	33. What language do you most frequently speak to your child?
English	English	English	English

34. Tribal Affiliation Klamath- Modoc

Enrollment in a Federal or State Recognized Tribe can establish eligibility to participate in the Title VII Indian Education Program, a Federal Grant under the Indian Education Act of 1988. A Title VII Student Eligibility Certification must be completed for every eligible student.

35. Previous School District	36. Previous School	37. Previous School Address	38. Dates Attended
Coos Bay Klamath County	Belloni Shelter Chiloquin High	Coos Bay OR 3599 Third St. 97420 5825 Climax Ave Klamath Falls, OR 97603	From 9/13 To 3/14 4/14 to 8/14

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Student Last Name	Student First Name	Grade	Student ID – Office Use
Garcia	Silo	10th	

Parent/Guardian Information – Please provide information on both parents, including parents who do not live with the student

Parent/Guardian – Please indicate one phone type as your primary phone number, home or cell.

39. Relationship to Student	40. Gender ☐ Female ☐ Male	41. Last Name	42. First Name

43. Contact Order ☐ 1st ☐ 2nd	44. Same as student address ☐ Yes ☐ No (If no, please complete boxes 46 – 50)	45. ☐ Lives with ☐ Contact allowed ☐ Educational rights ☐ Has custody ☐ Mailings allowed

46. Does this parent require an interpreter for educational conferences? ☐ Yes ☐ No	47. Primary language spoken

48. Email Address (Email is used to communicate important information about the school and your student. Notify the School if your Email Address Changes. Please Print).	49. Willing to Volunteer? ☐ Yes ☐ No
@	

50. Correspondence Address (only if different than student's address)	51. Apartment Number (If applicable)	52. City	53. State	54. Zip Code

55. Employer	56. Job Title	57. Education Level

58. Home Phone ( ) ☐ Primary ☐ Secondary Phone	59. Cell Phone ( ) ☐ Primary ☐ Secondary Phone	60. Work Phone ( ) ☐ Contact Phone	61. Pager ( )

Parent/Guardian – Please indicate one phone type as your primary phone number, home or cell.

#3

62. Relationship to Student	63. Gender ☒ Female ☐ Male	64. Last Name	65. First Name
Tribal Worker		Mitchell	Andrea

66. Contact Order ☐ 1st ☐ 2nd	67. Same as student address ☐ Yes ☒ No (If no, please complete boxes 69 – 73)	68. ☐ Lives with ☒ Contact allowed ☒ Educational rights ☐ Has custody ☒ Mailings allowed

69. Does this parent require an interpreter for educational conferences? ☐ Yes ☒ No	70. Primary language spoken
	English

71. Email Address (Email is used to communicate important information about the school and your student. Notify the School if your Email Address Changes. Please Print).	72. Willing to Volunteer? ☐ Yes ☒ No
andrea.mitchell @ klamathtribes.com	

73. Correspondence Address (only if different than student's address)	74. Apartment Number (If applicable)	75. City	76. State	77. Zip Code

78. Employer	79. Job Title	80. Education Level
Klamath Tribes	Tribal Worker	college

81. Home Phone (541) 783-2219 ☐ Primary ☐ Secondary Phone ext 187	82. Cell Phone ( ) ☐ Primary ☐ Secondary Phone	83. Work Phone ( ) ☐ Contact Phone	84. Pager ( )

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Student Last Name	Student First Name	Grade	Student ID – Use
Garcia	Silo	10th	

PARENT/GUARDIAN – PLEASE INDICATE ONE PHONE TYPE AS YOUR PRIMARY PHONE NUMBER, HOME OR CELL. #1

85. Relationship to Student	86. Gender	87. Last Name	88. First Name
Guardian	☒ Female ☐ Male	Armstrong	Megan

89. Contact Order	90. Same as Student Address	91.
☐ 3RD ☐ 4TH	☒ Yes ☐ No (If no, please complete boxes 92 – 96)	☒ Lives with ☒ Contact allowed ☒ Educational rights ☒ Has custody ☒ Mailings allowed

92. Does this parent require an interpreter for educational conferences?	93. Primary language spoken
☐ Yes ☒ No	English

94. Email Address (Email is used to communicate important information about the school and your student. Notify the School if your Email Address changes. Please Print).	95. Willing to Volunteer?
marmstrong @ solutions or. org	☐ Yes ☒ No

96. Correspondence Address (only if different than student's address)	97. Apartment Number (If applicable)	98. City	99. State	100. Zip Code
650 S. 4th St. Central Point OR 97502				

101. Employer	102. Job Title	103. Education Level
Family Solutions	Case manager	College

104. Home Phone	105. ~~Cell Phone~~	106. Work Phone	107. ~~Pager~~
(541) 665-0359 ext 4	(541) 665-0359 ext 1 = staff	( )	Megan's cell = 541-941-8862
☒ Primary ☐ Secondary Phone	☐ Primary ☒ Secondary Phone	☐ Contact Phone	

PARENT/GUARDIAN – PLEASE INDICATE ONE PHONE TYPE AS YOUR PRIMARY PHONE NUMBER, HOME OR CELL. #2

108. Relationship to Student	109. Gender	110. Last Name	111. First Name
DHS caseworker	☒ Female ☐ Male	Fairchild	Heather

112. Contact Order	113. Same as Student Address	114.
☐ 3RD ☐ 4TH	☐ Yes ☒ No ~~700 Klamath~~ (If no, please complete boxes 115 – 119)	☐ Lives with ☒ Contact allowed ☒ Educational rights ☒ Has custody ☒ Mailings allowed

115. Does this parent require an interpreter for educational conferences?	116. Primary language spoken
☐ Yes ☒ No	

117. Email Address (Email is used to communicate important information about the school and your student. Notify the School if your Email Address changes. Please Print).	118. Willing to Volunteer?
heather.fairchild @ state.or.us	☐ Yes ☒ No

119. Correspondence Address (only if different than student's address)	120. Apartment Number (If applicable)	121. City	122. State	123. Zip Code
700 Klamath Ave # 500		Klamath Falls,	OR	97601

124. Employer	125. Job Title	126. Education Level
DHS	Caseworker	College

127. Home Phone	128. Cell Phone	129. Work Phone	130. Pager
(541) 850-3682	( )	( )	( )
☒ Primary ☐ Secondary Phone	☐ Primary ☐ Secondary Phone	☐ Contact Phone	

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Student Last Name	Student First Name	Grade	Student ID – Office Use

Siblings (School Age Only - Attending Central Point School District)

131. Sibling Last Name	132. First Name	133. Age	134. Gender ☐M ☐F	135. School	136. Grade
137. Sibling Last Name	138. First Name	139. Age	140. Gender ☐M ☐F	141. School	142. Grade
143. Sibling Last Name	144. First Name	145. Age	146. Gender ☐M ☐F	147. School	148. Grade

Emergency Contacts Other Than Parents – In emergency, parents/guardians will be called 1st. Emergency contacts will be called in the order indicated. It is assumed that any person listed as an emergency contact also has permission to transport your student.

149. 1st Contact	150. Contact Last Name	151. First Name	152. Relationship to Student (Indicate if before or after school care)	153. City, State
154. Primary Language Spoken	155. Home phone Number ( )	156. Work Number ( )	157. Cell Number ( )	
158. 2nd Contact	159. Contact Last Name	160. First Name	161. Relationship to Student (Indicate if before or after school care)	162. City, State
163. Primary Language Spoken	164. Home phone Number ( )	165. Work Number ( )	166. Cell Number ( )	
167. 3rd Contact	168. Contact Last Name	169. First Name	170. Relationship to Student (Indicate if before or after school care)	171. City, State
172. Primary Language Spoken	173. Home phone Number ( )	174. Work Number ( )	175. Cell Number ( )	

Medical Information

176. Physician Name	177. Telephone Number	178. Health Insurance Policy (Middle & High School Use Only)
LaClinica	(541) 618-1300	GHP MV700561
179. Dentist Name	180. Telephone Number	181. Health Insurance Policy (Middle & High School Use Only)
LaClinica	(541) 618-1300	

182. Does your student have health/accident insurance? ☒ Yes ☐ No If No, Central Point School District offers low cost accident and health insurance options.
Please see District Accident and Health Insurance information in the back-to-school enrollment packet, contact your school secretary, or call (541) 494-6200.

Allergies & Health Concerns – See office staff if student requires medication at school. A school nurse may contact you to obtain more information regarding your child's medical condition.

183. Condition	184. Symptom(s)	185. Required Medication(s)	186. Life Threatening? ☐ Yes ☒ No
Allergic to Tuna	Swollen Throat	none	
187. Condition	188. Symptom(s)	189. Required Medication(s)	190. Life Threatening? ☐ Yes ☐ No

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STUDENT LAST NAME	STUDENT FIRST NAME	GRADE	STUDENT ID – E USE

EMERGENCY CLOSURE PLAN - MUST CHOOSE ONLY ONE OPTION - PLEASE INDICATE WHAT THE STUDENT SHOULD DO IN CASE OF EMERGENCY OR EARLY SCHOOL CLOSURE.

191. ☒ PICK UP BY PARENT/FRIEND/NEIGHBOR/RELATIVE/DAYCARE | 192. ☐ SCHOOL BUS TO HOME/NEIGHBOR/DAYCARE | 193. ☐ WALK/RIDE BIKE/DRIVE TO HOME/NEIGHBOR/DAYCARE

FAMILY MESSENGER/COURIER - APPLIES IF MORE THAN ONE FAMILY MEMBER ATTENDS SAME SCHOOL (ELEMENTARY ONLY)

194. SHOULD THIS STUDENT BE IDENTIFIED AS THE 'FAMILY MESSENGER/COURIER' TO CARRY SCHOOL INFORMATION PACKETS HOME? ☒ YES ☐ NO

195. SEND PRINTED MATERIALS IN LANGUAGE SPOKEN AT HOME (IF AVAILABLE)? ☐ YES ☐ NO

BUS INFORMATION

196. DOES THE STUDENT RIDE THE BUS? A.M. ☐ YES ☒ NO P.M. ☐ YES ☒ NO

197. PERMISSION INFORMATION – A PARENT MAY SUBMIT A CHANGE TO THIS REQUEST, IN WRITING TO THE SCHOOL OFFICE, AT ANY TIME DURING THE SCHOOL YEAR.

INTERNET ACCESS/DIRECTORY INFORMATION – STUDENTS WILL BE GRANTED INTERNET ACCESS AND EMAIL ACCOUNTS. STUDENT DIRECTORY INFORMATION MAY BE PUBLISHED. IF YOU DO NOT WISH YOUR STUDENT TO HAVE ACCESS TO THESE SERVICES OR DO NOT WANT DIRECTORY INFORMATION PUBLISHED, YOU **MUST** SUBMIT A REQUEST IN WRITING WITHIN 2 WEEKS OF ENROLLMENT EACH SCHOOL YEAR. DIRECTORY INFORMATION MAY INCLUDE: STUDENT'S NAME, ADDRESS, TELEPHONE LISTING; STUDENT'S IMAGE; PARTICIPATION IN OFFICIALLY RECOGNIZED SPORTS AND ACTIVITIES; DEGREES OR AWARDS RECEIVED. FOR DETAILS, PLEASE SEE THE **DIRECTORY INFORMATION** SECTION IN THE STUDENT PARENT RESOURCE HANDBOOK (SPRH) AT YOUR SCHOOL OR ONLINE AT HTTP://WWW.DISTRICT6.ORG/DO/ **PARENT INITIAL** MM **STUDENT INITIAL** SG

198. MEDICAL EMERGENCY TRANSPORT/MINOR CONSENT LAW 109.640

EVERY STUDENT HAS THE RIGHT TO BE TRANSPORTED IN CASE OF A MEDICAL EMERGENCY. IF YOU DO NOT WISH THE SCHOOL TO CALL FOR THE TRANSPORT OF YOUR CHILD IN CASE OF A MEDICAL EMERGENCY, YOU MUST INFORM THE SCHOOL OFFICE IN WRITING BY THE END OF THE SECOND WEEK OF THE START OF EVERY SCHOOL YEAR.

OREGON MINOR CONSENT LAW ORS 109.640 STATES THAT MINORS WHO ARE 15 YEARS OR OLDER ARE ABLE TO CONSENT TO MEDICAL AND DENTAL SERVICES WITHOUT PARENTAL CONSENT. THIS INCLUDES HOSPITAL CARE, AS WELL AS MEDICAL, DENTAL, OPTOMETRIC, AND SURGICAL DIAGNOSTIC CARE.

☐ MY CHILD IS UNDER 15, I AM GIVING MY PERMISSION FOR THEM TO BE SEEN BY THE HEALTH CENTER. I UNDERSTAND THAT I WILL NEED TO FILL OUT ADDITION PAPERWORK AT THE CLINIC.
PARENT INITIAL _____

199. OPT OUT - MILITARY/COLLEGE RECRUITMENT – HIGH SCHOOL STUDENT ONLY **PHOTO RELEASE/INTERVIEW & FIELD TRIPS– ALL STUDENTS**

THE 'NO CHILD LEFT BEHIND' ACT OF 2001 REQUIRES SCHOOL DISTRICTS TO PROVIDE, UPON REQUEST, THE NAMES, ADDRESSES AND PHONE NUMBERS OF JUNIORS AND SENIORS TO MILITARY RECRUITERS, COLLEGES AND UNIVERSITIES. IF YOU DO NOT WANT THE SCHOOL DISTRICT TO PROVIDE INFORMATION ABOUT YOUR STUDENT TO EITHER THE MILITARY OR COLLEGES AND UNIVERSITIES, YOU HAVE THE OPPORTUNITY TO "**OPT OUT**". IN ORDER TO DO SO, YOU MUST CHECK NEXT TO THE FOLLOWING CATEGORIES:

☐ NO MILITARY RECRUITERS ☐ NO COLLEGE RECRUITERS ☐ NO PHOTO RELEASE/INTERVIEW ☐ NO FIELD TRIPS

SIGNATURE OF PARENT/GUARDIAN – PLEASE NOTIFY THE SCHOOL OFFICE IF THE INFORMATION ON ANY OF THESE PAGES CHANGES.	**DATE**
X [signature]	10-20-14