

MRS. CHARLENE HERRON
Principal

MR. SCOTT MASON
Athletic Director
Assistant Principal

MS. JENNIFER COLE
Assistant Principal

MR. BILL TODD
Dean of Students

KLAMATH UNION HIGH SCHOOL

Inspire Curiosity - Create Solutions

www.kfalls.k12.or.us



Dear Hardship Committee

This letter is in regards to Robert Eiland. Robert has attended KUHS starting as a freshman in 2013, he had no behavioral issues and maintained good grades. During his junior year, Robert began to struggle academically. At the end of his junior year, his parents decided to intervene and made the decision to have Robert attend the Oregon Youth Challenge Program in Bend Oregon.

Robert began the program in July of 2015 and completed the program in December of 2015. Upon completion of the program, Robert has made up classes he had previously failed. His total number of credits before beginning the program were 18.5 so he was only short 5.5 credits of the required 24 credits. With the completion of the Oregon Youth Challenge Program he will know have 8 credits towards graduation. Not all of these credits are core academic and he will need to complete his requirements here at KU

Robert left KU last year for no other reason than his parents wanted to correct his academic problems, which he has done. My request is that you approve this Hardship and allow Robert to return to playing sports at KUHS

Thank you

Scott Mason
Assistant Principal/Athletic Director
KUHS Masons@kfalls.k12.or.us
(541) 883-4710 ext 3071



Oregon Challenge High School
23861 Dodds Rd
Bend, OR 97701
Phone (541) 317-9623
Fax (541) 382-6785
www.0ychp.com

Academic Record

LastName	Eiland	Birth Date	2/26/1998	Graduated From Program	Yes
FirstName, MI	Robert	Attendance Start	7/16/2015	ID Number	OR-2015-2-00172
Gender	Male	Attendance Finish	12/16/2015		
Subject		Grade	Credits Earned	Class Code	
Read/Writ		P	0.5	LA	
PE Advanced		P	1	PE	
Integ Science - Lab		A	1	SC	
Health and Wellness		A	1	HE	
Gov & Econ		A	1	SS	
English		A	1	LA	
Composition		P	0.5	LA	
Careers/CTE		A	1	AA	
Geometry		B	1	MA	
Total Credits			8		
GPA			3.83		

UNOFFICIAL

Accredited through the Northwest Accreditation Commission



Oregon Challenge High School
For further information, contact the Principal at
(541) 317-9623

Authorized Signature

Klamath Union High School
 1300 Monclaire Street
 Klamath Falls, OR 97601

Phone: (541) 883-4710
 Fax: (541) 885-4276

Eiland, Robert Isaiah
 1130 Maple Street
 Klamath Falls, OR 97601

Parent/Guardian
 M/M Robert Eiland

Sex Male
 DOB 02/26/98
 SSN
 Entry Date 09/08/15
 Exit Date 09/08/15
 Graduation

ACADEMIC HISTORY

DATE	GL	TITLE	MARK	CREDIT	DATE	GL	TITLE	MARK	CREDIT
		KlamathUnionHS/Klamath...	OR						
01/25/13	09	BAND	B	0.500	06/10/15	11	WEIGHT TRAINING	A	0.500
		BIOLOGY	C	0.500			GPA 1.750		4.500
		COMPUTER APPLICATIONS	A	0.500					
		ENGLISH 09	B	0.500					
		FOCUSED ALGEBRA	A	0.500					
		INTRO TO ART	B	0.500					
		PE	A	0.500					
06/14/13	09	BAND	B	0.500					
		BIOLOGY	C	0.500					
		ENGLISH 09	B	0.500					
		FOCUSED ALGEBRA	B	0.500					
		HEALTH 1	B	0.500					
		INTRO TO BUSINESS	C	0.500					
		WEIGHT TRAINING	A	0.500					
		GPA 3.071		7.000					
01/24/14	10	CULINARY ARTS I	C	0.500					
		ENGLISH 10	C	0.500					
		INTEGRATED ALGEBRA	C	0.500					
		INTEGRATED SCIENCE	C	0.500					
		SPANISH 1	B	0.500					
		TEAM /OUTDOOR SPORTS	A	0.500					
		WORLD HISTORY	B	0.500					
06/13/14	10	BUSINESS MARKETING LAB	P	0.500					
		ENGLISH 10	C	0.500					
		INTEGRATED ALGEBRA	D	0.500					
		INTEGRATED SCIENCE	C	0.500					
		INTRO TO ART	A	0.500					
		SPANISH 1	C	0.500					
		WORLD HISTORY	B	0.500					
		GPA 2.462		7.000					
01/22/15	11	ADVANCED ENGLISH 11	B	0.500					
		ALGEBRA 2	F	0.000					
		AMERICAN HISTORY	C	0.500					
		HEALTH 2	A	0.500					
		MARINE SCIENCE	C	0.500					
		SPANISH 2	D	0.500					
06/10/15	11	ADV MATH TOPICS	D	0.500					
		ADVANCED ENGLISH 11	C	0.500					
		AMERICAN HISTORY	C	0.500					
		MARINE SCIENCE	F	0.000					
		SPANISH 2	F	0.000					

ACADEMIC STANDING
 As of: 12/11/15 Total Credits 18.500 GPA Credits 19.500 GPA 2.462 Class Rank 97/171

AUTHORIZATION

X

Title

Date



Name: Eiland, R
Platoon: 1

Course	Grade	Comments	Teacher
Math	B	Workbooks Finished: 10	<i>Awesome</i>
English	B	Workbooks Finished: 9	<i>Good</i>
Careers	A	100%	<i>Great Job</i>
Gov	A	100%	<i>Excellent</i>
Health	A +	111% -	<i>AWESOME work!!</i>
Science	A++	178%	<i>Wow - Awesome / Outstanding</i>

Student : Phones and Addresses



Index Name



View Phones and Addresses



Robert I Eiland

ID 121865

Homeroom

GL 12 Male

Withdrawn

Birthdate 02/26/98

Age 17 yrs 9 mos



Student Email

Student Cell

Relationship

Relationship

Relationship	Adult	Contact Priority	OK to Pickup	Legal Custody	Lives With	Receives Mailings	N
Father	Eiland, Robert	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mother	Eiland, Kelly	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandmother	Sanford, Sandra	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandfather	Sanford, Collins	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister	Eiland, Jennifer	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Email RobertEiland@charter.net

Mailing Title M/M Robert Eiland

Phones

Unlisted

Address

Primary (541) 281-2379	No	1130 Maple Street
Klamath County Sheriffs Dept. (541) 883-4197	No	
Other (541) 281-7922 cell	No	Klamath Falls, OR 97601

Dec 08, 15

To whom this may concern

Robert I Eiland, age 17

has ELECTED on his own to ATTEND Oregon NATIONAL GUARD Youth Challenge Program to better himself as a student AND Person. As Parents the idea was presented to him. Robert had to on his own elect to Attend knowing that he would be gone from everything that he knows for 22 wks. As a Parent I APPLAUSED his decision. His goal was to get back on track as a student, come back to KU, play basketball and graduate with his class. Our son has been exceptional in this program. His Leaders and Peers all have good things to say about him. Robert's Mother and I could not be prouder.

Sincerely:

Bobby and Kelly Eiland

KLAMATH FALLS CITY SCHOOLS REGISTRATION FORM

Formas de registro son disponibles en español. Por favor de pedir le una a la secretaria
Si usted necesita ayuda o interprete por favor llame a la oficina Migrante/Bilingüe a el teléfono 883-4747.

OFFICE USE ONLY

Enrollment Date 12/17/15 Birth Certificate _____ Immunizations _____ Homeroom Teacher _____

STUDENT INFORMATION

School Klamath Union HS Grade Level 12

Student (legal name) ROBERT EILAND Last ROBERT First ISAIAH Middle Male Female

Preferred Name: SAME Last SAME First SAME Middle

Street Address 1130 MADIE ST Klamath Falls, OR Zip 97601

Mailing Address _____ Parent e-mail address _____

Home Telephone 541 281-7922 Cell Student e-mail address _____

Date of Birth 2-26-98 Place of Birth MODESTO, CA

Ethnicity: Hispanic / Latino Yes No

Select yes or no

Race: American Indian or Alaskan Native Asian
Select one or more Black or African American Native Hawaiian or Other Pacific Islander
 White

Was this student born in the United States? Yes No If not, what date did this student first attend school in the U.S.? _____
Do you need written and/or phone communication in a language other than English? Yes No (If yes, please fill out survey)

PARENT/GUARDIAN INFORMATION

Student Lives With:

• Last Name EILAND First Name ROBERT
 Mom Dad Step Parent Legal Guardian Foster Parent Power of Attorney Self

Employer KLAMATH COUNTY Work Phone 541 883 4197 Cell Phone _____

• Last Name EILAND First Name KELLY
 Mom Dad Step Parent Legal Guardian Foster Parent Power of Attorney Self

Employer ONSTAD INSURANCE Work Phone _____ Cell Phone 541-539 1994

Other Parent: non-custodial (not living with)

Last Name SANFORD First Name SANDY
 Mom Dad Step Parent Legal Guardian Other GRAND PARENT

Address _____

Employer _____ Work Phone _____ Cell Phone 541 281 8167

Restraining Orders in place Send Mailings Send Report Cards Has permission to Pick Child Up from School

EMERGENCY INFORMATION

Contact: Name: Robert W EILAND Home Phone 541 281-2379 Cell 541 281-7922

Ok to pick up Authorize Medical Care Relationship to Student FATHER

Name: SANDRA SANFORD Home Phone 541 850 0413 Cell 541 281 8167

Ok to pick up Authorize Medical Care Relationship to Student _____

Daycare Provider _____ Address _____ Phone _____

First

Last

Street

Zip Code

SPECIAL NEEDS INFORMATION

• Does this student have a current IEP (Individual Education Plan)/504 plan and/or needs Special Education? Yes No
• If yes, in what area(s)? _____
• Academic Needs _____

• Please list any special health considerations such as asthma, migraines, diabetes, and allergies: ASTHMA
(SEASONAL)