

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](http://www.kfalls.k12.or.us)

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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 now 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](mailto: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.oyp.com

## Academic Record

Last Name	Eiland	Birth Date	2 /26/1998	Graduated From Program	Yes
First Name, 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	

Accredited through the Northwest Accreditation Commission

Oregon Challenge High School

For further information, contact the Principal at

(541) 317-9623



# UNOFFICIAL

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
		<b>KlamathUnionHS/Klamath...</b>		<b>OR</b>					
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			<b>VACCINATIONS</b>		
		ENGLISH 09	B	0.500	DTP/DT/DP		04/22/98	06/15/98	08/26/98
		FOCUSSED ALGEBRA	A	0.500			12/10/99	03/05/03	
		INTRO TO ART	B	0.500	Hepatitis A		08/27/09		
		PE	A	0.500	Hepatitis B		03/12/98	04/08/98	04/23/99
06/14/13	09	BAND	B	0.500	Measles		04/23/99	03/05/03	
		BIOLOGY	C	0.500	Mumps		04/23/99	03/05/03	
		ENGLISH 09	B	0.500	Polio		04/22/98	06/15/98	12/10/99
		FOCUSSED ALGEBRA	B	0.500			03/05/03		
		HEALTH 1	B	0.500	Rubella		04/23/99	03/05/03	
		INTRO TO BUSINESS	C	0.500	Tdap		08/27/09		
		WEIGHT TRAINING	A	0.500	Tetanus/Diphtheria Boo...		08/27/09		
		GPA 3.071		7.000	Varicella		07/05/01	08/27/09	
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>	<i>[Signature]</i>
English	B	Workbooks Finished: 9 <i>Good</i>	<i>[Signature]</i>
Careers	A	103% Great Job!	<i>nm</i>
Gov	A	100% Excellent	<i>[Signature]</i>
Health	A +	111% - AWESOME WORK!!	<i>[Signature]</i>
Science	A <sup>+++++</sup>	178% wow - ALWAYS! ☆ OUTSTANDING!	<i>[Signature]</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

Dep. Relationship

Ext. Adult Address

Security Alert

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 [RobEiland@clackate.net](mailto:RobEiland@clackate.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 18, 15

To whom This May Concern

Robert I Elland, 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  
applauded 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 Elland

# 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 ROBERT ISAIAH ☒ Male ☐ Female  
Last First Middle

Preferred Name: SAME  
Last First Middle

Street Address 1130 MARIE ST KLAMATH FALLS, OR Zip 97601

Mailing Address \_\_\_\_\_ Parent e-mail address \_\_\_\_\_  
Only If Different From Street Address

Home Telephone 541 281-7922 Cell 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 \_\_\_\_\_ 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 8500413 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)