



Illinois Valley High School
Student Profile
McLanahan, Skylar T. -- Homeroom: N/A

Year: 2015-2016
Report: STU201

General Information

Student Name McLanahan, Skylar T.	Perm ID 239755	Gender M	Grade 11	
State ID 13926497	Last Name Goes By McLanahan	Nick Name		
Birth Date 08/04/1998	Birth Place Mt Vernon	Leave Date	Enter Date 04/01/2016	
Home Phone 541-450-2935	Home Language English	Resolved Race/Ethnicity White		
Home Address 106 Wookcock Crt Cave Junction, OR 97523		Mailing Address 106 Wookcock Crt Cave Junction, OR 97523		
Bus Routes: AM Bus: _____ AM K bus to home: _____ PM Bus: _____ PM K bus to school: _____ Day Care: _____				

Custodial Information

Father McLanahan, Thomas	Employer Good Earth Organics	<input checked="" type="checkbox"/> Lives With	<input checked="" type="checkbox"/> Contact Allowed	<input checked="" type="checkbox"/> Mailings Allowed
		<input checked="" type="checkbox"/> Has Custody	<input checked="" type="checkbox"/> Ed. Rights	
Address: 106 Wookcock Crt Cave Junction, OR 97523		E-Mail:		
Phone Type: Cell	Phone: 541-450-3941	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Mother McLanahan, Heather	Employer	<input checked="" type="checkbox"/> Lives With	<input checked="" type="checkbox"/> Contact Allowed	<input checked="" type="checkbox"/> Mailings Allowed
		<input checked="" type="checkbox"/> Has Custody	<input checked="" type="checkbox"/> Ed. Rights	
Address: 106 Woodcock Ct Cave Junction, OR 97523		E-Mail: redhotmamawp@hotmail.com		
Phone Type: Cell	Phone: 541-450-2935	Extension: Mom's	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input checked="" type="checkbox"/> Contact Phone	

Health Conditions

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IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility

Name Tom McLanahan	Relationship Grandfather	Home Phone 541-450-1235	Work Phone	Other Phone
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Physician: Dr. Ayoli Phone: 541-955-5683

1. Specify health conditions/allergies _____
2. Is your child on daily medication? Yes _____ No _____ Specify _____
3. Recent surgery, accident or illness (past year) _____



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I, the undersigned parent/guardian, give my consent for the above named child to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency.

I understand that **Three Rivers School District does not provide accident medical/dental coverage for students** for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan.

I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

Acetaminophen (aspirin substitute) permission, to be given at the nurse's discretion

Please Initial One: _____ **PERMITTED** _____ **NOT PERMITTED**

Signature Parent/Guardian _____ **Date** _____

Student Name:: **McLanahan, Skylar T.** School:: **Illinois Valley High School** Homeroom:: Teacher::

Enrollment

Last Name:	First Name:	Middle Name:	Suffix:	Perm ID:	G
McLanahan	Skylar	Thomas		239755	1

Enrollment Information

SAIS ID:	Enter Date:	Enter Code:	Leave Date:	Leave Code: ADA/ADM:
13926497	04/01/2016	50		

Enrolled in US less than three years: ☐ US School Entry Date: **County Resident:**



Enrollment Activity

Last Activity Date: EffectiveDate:

04/01/2016

Grade:	Previous Grade Exit Code:	FTE:	Tuition Payer Code:
11	Promoted	1.00	Eligible for state funding

District Of Residence: Instructional Setting:

Three Rivers School District

Program Code: Special Enrollment Code: Special Program Code: Title 1 Program: Access 504:
01

Homebound: ☐ College Enrolled: ☐

Came From: Moved To: Previous Location Type:

EnrUser1: Enr User 2:

Enr User 3:

Enr User DD 4: Enr User DD 5: Enr User DD 6:

☐ Military Compact Statute:

Serving District: Serving School: Responsible District: Responsible School:

Other Enrollment Information

Original Enter Date: Original Enter Code: Original State Enter Date:

02/23/2010 **eSIS**

Enrolled in US less than three years: ☐ US School Entry Date: US Entry Date: Entry From Country:

United States

Completion Status: Previously In Grade Level:



Summer Withdrawal

Summer Withdrawal Code: Summer Withdrawal Date: Summer Withdrawal Reason Code:



Illinois Valley High School Student Enrollment Profile

Year: 2015-2016
Report: STU207

Student Information

Student Name McLanahan, Skylar T.	Perm ID 239755	Gender M	Grade 11	Address 106 Wookcock Crt Cave Junction, OR 97523	
Last Name Goes By McLanahan	Nick Name		Birth Date 08/04/1998		
Phone 541-450-2935	Home Language English	Resolved White		Enter Date 04/01/2016	Leave Date

McLanahan, Skylar T.

Enrollment History

Year	School	Enter Date	Enter Code	Leave Date	Leave Code	Grade	ADA/ADM
2009-2010	Fort Vannoy Elementary School	02/23/2010	20			05	
2010-2011	Fleming Middle School	09/07/2010	10			06	
2011-2012	Fleming Middle School	09/06/2011	10	02/13/2012	87	07	
2011-2012	Lorna Byrne Middle School	03/08/2012	40			07	
2012-2013	Lorna Byrne Middle School	09/04/2012	40			08	
2013-2014	Illinois Valley High School	09/03/2013	10			09	
2014-2015	Illinois Valley High School	09/02/2014	10			10	
2015-2016	Illinois Valley High School	09/08/2015	10	02/29/2016	41	11	
2015-2016	Illinois Valley High School	04/01/2016	50			11	

*Leave Date is the summer withdrawal date for a 'No Show' record

School: Ashland High School

Term: 15-16 Semester 2

Quick Lookup

McLanahan, Skylar Thomas 11 35844 A AHS

Attendance By Class																		
Exp	Last Week					This Week					Course	S1	S2	Y1	Absences		Tardies	
	M	T	W	H	F	M	T	W	H	F					S2	15-16	S2	15-16
12(A)	UNX	EXC	DRP	DRP	DRP	DRP					ATTENDANCE Full Time Staff, AHS - Rm: ADMIN		-	-	6	6	0	0
1(A)	.	EXC	.	DRP	.	DRP	.		.		TEACHER AIDE Barats, Karyn G - Rm: COUNSELING		-	-	3	3	0	0
2(A)	.	EXC	.	DRP	.	DRP	.		.		ENGLISH LIT (S2) Healey, Kimberley J - Rm: H-28		D- 61	-	3	3	0	0
3(A)	.	EXC	.	DRP	.	DRP	.		.		ADV CONDITION Hall, Charles M - Rm: WEIGHT		A 96	-	3	3	0	0
4(A)	.	EXC	.	DRP	.	DRP	.		.		INTRO TO FOODS Newcomb, Carroll Ann - Rm: TH-16		F 0	-	3	3	0	0
5(A)	UNX	.	DRP	.	DRP	.	UNX	.	.		ALGEBRA 2 (S2) Sobotka, Lisa - Rm: H-30		A 100	-	6	6	3	3
6(A)	UNX	.	DRP	.	DRP	.		.			AMERICAN STUDY S2 Antilla, Aimee Cathleen - Rm: 206		A 98	-	3	3	0	0
7(A)	UNX	.	DRP	.	DRP	.		.			SPANISH 2 (S2) Hobein, Barbara A - Rm: H-36		NM	-	3	3	1	1
9(A)		.	DRP			ADVISORY - 2017 Hall, Charles M - Rm: MUSIC		-	-	1	1	0	0
Attendance Totals															31	31	4	4

Current AHS Cumulative GPA GPA (S2): 3.676

Show dropped classes also