Vernonia School District 47J

STUDENT REGISTRATION FORM

OFFICE USE ONLY: ☐ WGS ☐ Mist ☐ VMS ☒ VHS

Student I.D.: #	Entry Code	Entry Date	Grade	Counselor (or Teacher) Name	Graduation Year
336437		9-6-13	9		2017

INSTRUCTIONS: The Registration form is an official record. The questions on this form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school. *Please print using a ballpoint pen with blue or black ink, completing ALL pages.*

STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	SUFFIX
Gerken	Rhett	HARLEY	
PREFERRED LAST NAME (IF DIFFERENT)	**PREFERRED FIRST NAME (IF DIFFERENT)**	**GENDER**	**Birth Date**
Gerken-Hamner	Rhett	F ☐ M ☒	12/11/96

Home Phone No. / Unlisted	Student Email Address (if applicable):	Social Security No. (Optional)	City, State of Birth	Country of Birth	Current Grade
(503) 755-0522 YES ☐ NO ☐			Coos County, OREGON	USA	9
Student Cell Phone No. (if applicable) ( )					

Home Address (Street Address and Apartment No.)	City	State	Zip Code
71634 Fishhawk Rd	Birkenfeld	OR	97016

Is Mailing Address same as Home Address?	Different Mailing Address (P.O., Street Address and Apartment No.)		
Yes ☒ No ☐			
City	**State**	**Zip Code**	**Name Used Previously:**

Previous School District Attended	Previous Grade	Dates Attended
Roseburg OR	8	OCT 2012 JUNE 2013
Public ☒ Private ☐ Charter ☐ Home ☐		

Primary Ethnicity (Check Appropriate Group)

Hispanic ☐ Non-Hispanic ☒

Secondary Race Background (Check ALL Appropriate Groups)

American Indian/Alaskan Native ☐ Asian ☐ African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☒

Is the student, or parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe?
(This information establishes the District's eligibility for a federal grant under Title IV-A of the Indian Education Act. Complete information will be sent to students marking "yes" on this item.) YES ☐ NO ☒ If yes, please fill in the tribe name: _____

In accordance with Oregon State Law (ORS 339.250), please answer these questions:
Has your child ever been expelled from school? YES ☐ NO ☒ If Yes, Reason _____ Date _____

Name of School: _____

SPECIAL PROGRAMS

Is student currently on an IEP? YES ☐ NO ☒

Has student enrolled in any special programs? YES ☐ NO ☒ If yes, indicate programs(s): Special Ed ☐ 504 Plan ☐ T.A.G. ☐ Speech ☐ Counseling ☐ Title 1 Math ☐ Title 1 Reading ☐ Other ☐ _____

Additional information _____