

SECONDARY SCHOOL ENROLLMENT INFORMATION



Yoncalla School District 32

SCHOOL: YONCALLA HIGH SCHOOL	OFFICE USE ONLY
DATE OF ENTRY: _____	GRADE LEVEL: _____ ALERT FLAG: _____
OUT OF DISTRICT: _____	DISTRICT NO: _____ STUDENT NO: _____

BASIC INFORMATION

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F
STUDENT'S LEGAL NAME (IF DIFFERENT FROM ABOVE)		STUDENT'S SOCIAL SECURITY NO. (OPTIONAL)	
DATE OF BIRTH	CITY/STATE OF BIRTH		CURRENT GRADE LEVEL
MAILING ADDRESS		APT.NO	HOME PHONE
STREET ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	ZIP CODE
STUDENT'S PRIMARY LANGUAGE		DATE ENTERED U.S.	
ETHNIC ORIGIN (CHECK ONE)	<input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN, NATAIVE AMERICAN OTHER _____		

FAMILY INFORMATION

STUDENT LIVES WITH	<input type="checkbox"/> BOTH PARENTS	<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> FATHER ONLY
OTHER NAME _____			
PARENT/GUARDIAN		RELATIONSHIP	
WORKPLACE	WORK PHONE NO.	EXT.	
PARENT/GUARDIAN		RELATIONSHIP	
WORKPLACE	WORK PHONE NO.	EXT.	

SCHOOL HISTORY

LAST SCHOOL ATTENDED	PREVIOUS GRADE LEVEL		
ADDRESS OF LAST SCHOOL	CITY	STATE	ZIP CODE
OTHER (S) ATTENDED:		DATES ATTENDED:	
_____		_____	
_____		_____	
_____		_____	

HAS YOUR CHILD RECEIVED SPECIAL EDUCATION/SPECIAL CLASSES WITHIN LAST YEAR? IF YES, CHECK THOSE THAT APPLY:

SPEECH GIFTED RESOURCE ROOM TITLE I READING
 SELF CONTAINED TITLE I MATH OPT/PT ESL

EMERGENCY INFORMATION

NEIGHBORS OR RELATIVES WHO MIGHT, BY MUTUAL AGREEMENT, HELP IN CASE OF ILLNESS/ACCIDENT OR EMERGENCY CLOSURE:

NAME :RELATIVE, OR FRIEND	ADDRESS	PHONE
NAME: RELATIVE, OR FRIEND	ADDRESS	PHONE

IF THE ABOVE NAMED CANNOT BE REACHED, SHOULD THE FAMILY PHYSICIAN BE CALLED ? YES NO

FAMILY PHYSICIAN	PHONE
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HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE, SUCH AS:

- BEE STING FOOD ALLERGY SKIN DISORDER DIABETES
 ASTHMA EYE PROBLEMS ORTHOPEDIC PROBLEM HEART CONDITION
 HAYFEVER EAR PROBLEM CONVULSIONS (EPILEPSY) URINARY PROBLEMS

OTHER _____

DOES YOUR CHILD TAKE MEDICINE REGULARLY? YES NO OTHER IMPORTANT HEALTH INFORMATION: _____

ADDITIONAL INFORMATION

FEDERAL FUNDING: UNDER PUBLIC LAW NO874, THE DISTRICT CAN RECEIVE FEDERAL MONEY FOR EACH CHILD IF THE PARENT:

WORKS ON FEDERAL LAND () (LIVES ON FEDERAL LAND () _____
 IS IN THE ACTIVE ARMED FORCES/DATES : _____/_____/ INACTIVE AS OF _____/_____

VOTER REGISTRATION: ARE YOU A REGISTERED VOTER IN THE YONCALL SCHOOL DISTRICT #32 ? YES NO
 IF NO, ASK YOUR CHILD'S SCHOOL HOW TO REGISTER OR CHANGE YOUR PRECINCT

FIELD TRIPS: OVER THE COURSE OF THE YEAR, YOUR CHILD MAY HAVE THE OPPORTUNITY TO PARTICIPATE IN EDUCATIONAL FIELD TRIPS REQUIRING YOUR CHILD TO LEAVE THE SCHOOL GROUNDS. CAN YOUR CHILD PARTICIPATE? PLEASE CHECK BELOW:
 YES, I GIVE PERMISSION NO, I DO NOT GIVE MY PERMISSION

PHOTO RELEASE: YOUR CHILD'S PHOTO MAY BE TAKEN FOR INCLUSION IN THE DISTRICT PUBLICATIONS OR IN LOCAL NEWSPAPERS OR MAGAZINE ARTICLES OR LETTERS RELATING TO SCHOOL ACTIVITIES. PLEASE CHECK BELOW:
 YES, I GIVE PERMISSION NO, I DO NOT GIVE MY PERMISSION

SIGNATURE: _____ DATE _____ RELATIONSHIP: _____