

## Gervais School District #1

## Student Registration 2024-2025

GRADE: \_\_\_\_\_

☐ Gervais ES☐ Gervais MS☐ Gervais HS☐ Preschool

Has your child attended any school in Gervais SD? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when: MM/DD/YYYY:	
Previous School name		Last date attended:	
City and State			

Special Programs: To your knowledge has your child received any of the following services?

☐ SPED/IEP☐ Speech/Language☐ TAG☐ 504☐ EL☐ Migrant

## STUDENT INFORMATION:

Last Name:		First Name:	
Middle Name:		Birthdate: MM/DD/YYYY:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary (X)		Birth City:	
Birth State:		Birth Country:	
(Grade 6 to 12) Student Cell number:			

## PHONE AND ADDRESSES:

Primary phone:									
Street address:						Apt:			
City:				State:			Zip:		
Mailing address: <input type="checkbox"/> Same as above	PO BOX:			City:			State:		

## STUDENT ETHNICITY:

Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Russian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Pacific Islander	

## LANGUAGES SPOKEN:

Language(s) spoken by student:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	Other: _____
Language(s) spoken by parents:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	Other: _____
Home correspondence language:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian	(choose 1 only)

Child lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Stepmother
	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Mother	<input type="checkbox"/> Foster Father	<input type="checkbox"/> Self

PARENT INFORMATION:			
<b>Mother:</b>			Cell#:
<input type="checkbox"/> Custody	<input type="checkbox"/> Lives with	<input type="checkbox"/> School Pickup	<input type="checkbox"/> Emergency Contact
Email:		Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	
Employer:		Work#:	
<b>Father:</b>			Cell#:
<input type="checkbox"/> Custody	<input type="checkbox"/> Lives with	<input type="checkbox"/> School Pickup	<input type="checkbox"/> Emergency Contact
Email:		Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	
Employer:		Work#:	

STEP-PARENT/GUARDIAN INFORMATION:				
<b>Stepmother:</b>			Cell#:	
<input type="checkbox"/> Has Custody	<input type="checkbox"/> Lives with	<input type="checkbox"/> School pickup	<input type="checkbox"/> Emergency Contact	Email:
Employer:		Work#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	
<b>Stepfather:</b>			Cell#:	
<input type="checkbox"/> Has Custody	<input type="checkbox"/> Lives with	<input type="checkbox"/> School pickup	<input type="checkbox"/> Emergency Contact	Email:
Employer:		Work#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	
<b>Guardian:</b>			Relation to Student:	
<input type="checkbox"/> Has Custody	<input type="checkbox"/> Lives with	<input type="checkbox"/> School pickup	Cell#:	Email:
Employer:		Work#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	

EMERGENCY CONTACT INFORMATION: (Parents and/or Guardians do not add parents here) <input type="checkbox"/> None at this time			
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pickup	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pickup	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pickup	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pickup	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	
<b>Contact Name:</b>		Relation to Student:	
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> School pickup	Phone#:	Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish (choose 1)	

**MEDICAL/ALLERGY INFORMATION:**

School staff needs to know when your child has a medical condition for which he or she may require help during the school day. Remember to advise your school office of any changes to medical conditions. In case of an emergency, such as injury or serious illness, I understand that the school shall attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on this form and follow the doctor's direction or call 911. I authorize the school to transport and take whatever action necessary for my child's safety. **I understand I will incur all medical expenses.**

Does your child have a medical condition? ☐ No ☐ If yes, then please complete the Student Health Form

**DOCTOR INFORMATION:**

☐ Private Health Insurance ☐ OHP ☐ None currently

Name of Clinic: Phone:

Health Insurance: ID#

**PARENT/TEACHER CONFERENCE TIMES:**

**Preference language:** (choose 1) ☐ English ☐ Spanish ☐ Russian Other \_\_\_\_\_

**Preference Time:** ☐ 12:00 pm – 3:00 pm ☐ 4:00 pm – 7:30 pm ☐ Anytime

**AUDIO VISUAL RELEASE:**

☐ I give my permission for... ☐ I do not give my permission for...

...my child to be photographed or videotaped by the district or media. I understand my child will not be paid and these items could be published in the newspaper, TV, Internet or other media.

**INTERNET PERMISSION:**

☐ I give my permission for my child to use the district's internet connection for computer use and state testing.

☐ I do not give my permission for my child to use the district's internet connection for computer use and state testing.

**MIGRANT AGRICULTURAL INFORMATION:**

Have you or anyone in your household moved to a new town (permanently or temporarily) to find work in the last 3 years? ☐ Yes ☐ No **If yes, where was the move to or from** \_\_\_\_\_

In the last 36 months have you worked in agriculture, fieldwork, fishing, forestry, nurseries, lumber mills, canneries, dairies, or meat processing plants? ☐ Yes ☐ No

**If yes, what type of work** \_\_\_\_\_

**MILITARY CONNECTED STUDENT:**

At any time during the school year, does the student have a parent or guardian who is a member of the Armed Forces on active duty or full-time National Guard? ☐ Yes ☐ No

**RELEASE INFORMATION TO MILITARY: (Grades 9 to 12)**

Federal law requires school districts to provide, on a request made by military recruiters or an institution of higher education, access to secondary school students' names, addresses, and telephone listings.

A secondary school student or the parent of the student may request that the student's name, address, and telephone listing not be released without prior written parental consent, and the district shall notify parents of the option to make a request and shall comply with any request. Do you give permission? ☐ Yes ☐ No

CHILDREN LIVING AT HOME: (ages 0 to 21 years old)	
Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate: _____	Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate: _____
Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdat: _____	Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate: _____
Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate: _____	Name _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Birthdate: _____

I agree with the information I have indicated on this form. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Print name:	
Signature:	Date: MM/DD/YYYY:

OREGON LAW REQUIRES THAT PROGRESS AND BEHAVIORAL OR ANY EDUCATIONAL RECORDS, WHICH RELATE TO THE ABOVE STUDENT, WILL BE SHARED WITH NON-CUSTODIAL PARENTS UPON THEIR REQUEST.

Gervais School District #1      290 1st ST   PO BOX 100   Gervais, OR 97026-0100      Telephone 503-792-3803      Fax 503-792-3809

NONDISCRIMINATION NOTICE

Gervais School District does not discriminate on the basis of race, religion, color, national origin, disability, marital status, sexual orientation, sex, or age in providing or access to benefits of education services, activities, and programs in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issue; Section 504 of the Rehabilitation Act of 1973, as amended, and the American with Disabilities Act.

The following has been designated to coordinate compliance with these legal requirements and may be contacted at the Gervais School District office for additional information and/or compliance issues:  
Title II Coordinator, Title IX Coordinator and Section 504 Coordinator: Director of Special Programs