

Appointment: Date _____ Time _____ Synergy # _____

Counselor: Corwin – Coupe - Kaufman - Lucente - Zalewski Transcript Attached

COUNSELING DEPARTMENT

2016-2017 New Student Intake

Students Name _____ DOB _____ Grade _____

Parents/guardians name _____

Address _____

Phone number _____ Who does the student live with? _____

If not parents - do they have legal guardianship? Yes / No Must have court documents _____

Do you live in Oregon City School District? Yes / No Need Inter-district transfer Yes / No

Has your student ever attended an Oregon City School District School No / Yes _____

Name of school student coming from? _____
City State

Have you withdrawn? Yes / No

Have there been discipline issues? Yes / No - Discipline records will be ordered

Have you ever been suspended? Yes / No

Check all that apply

IEP (Individual Education Plan) - Special Education

504 Plan

Credit deficient

Lapse in Enrollment

ELL - Is there a language other than English spoken at home? Yes / No

Name of Associate Principal you will need to see _____

Required documents

These must be completed and turned in before you can be enrolled.

Do you have ...

Proof of Residence with 2 pieces of proof attached

Student Registration Form completed and signed by parent/guardian

Unofficial Transcript

Weapons/Code of Conduct & Attendance Contract signed by student and parent/guardian

Records Request form

Birth Certificate/Immunizations (Especially from out-of-state)

Copy of Legal Guardianship (court documents if student is not living with parent/s)

Inter-District Transfer -if student does not live in our district

Any other legal documents (restraining orders, no-contact orders, DHS Foster Care provider)