

Enrolling New Student Questionnaire

Student Name: _____ Grade: _____ Date of Birth: _____

Please print clearly

1	<p>What is your address? _____ →</p> <p>Do you currently live in the Oregon City High School attendance area?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Please note: For your convenience, we have a list of approved documents accepted for proof of residency.</u></p>	<p>Address: _____</p> <p>_____</p> <p>_____</p> <p>If no, you live <u>outside</u> of the Oregon City High School attendance area, please contact Brenda Kirk at 503-785-8000 to inquire about an Inter-District transfer</p>
2	<p>Parent contact name/phone # _____ →</p>	<p>Name: _____</p> <p>Phone #: _____</p>
3	<p>Is student living with his/her parent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, please provide a copy of legal court document verifying custody.</p> <p>(If McKinney-Vento contact liaison MaryEllen Winterhalter)</p>
4	<p>Is your student on an IEP or 504 plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please bring in a current copy of the IEP or 504 <u>BEFORE</u> the enrollment appointment.</p>
5	<p>Has your student ever been removed from school for any disciplinary reasons?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your student credit deficient or had a lapse in enrollment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, an Administrator appointment will need to be scheduled prior to enrollment.</p> <p>If yes, an Administrator appointment will need to be scheduled prior to enrollment.</p>

6	<p>Has the student previously been enrolled in ESL classes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is another language spoken at home?</p> <p><input type="checkbox"/> Yes What language _____ <input type="checkbox"/> No</p> <p>Do you need an interpreter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, Counselor will contact Trevor Vollentine.</p> <p>If yes, scheduler will invite Maria Elena Lopez-Mabrey to the intake appointment.</p>
7	<p>Do you have any health concerns the school nurse should be aware of?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you need medication during the day?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, Counselor will notify the Health Center Secretary or District Nurse Linda Previs.</p> <p>If yes, see the Health Center for forms and procedures.</p>
8	<p>What was the last school your student attended? →</p> <p>Did you withdraw from your past school and let them know you would be attending a different school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you bring a current transcript/withdrawal grades?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If they are an incoming 9th grader, What high school would have been your attending school? →</p> <p>Have you ever been enrolled in the OCSD?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Last school attended: _____</p> <p>We want to be sure we request records from the correct location, in order to get the information to your counselor.</p> <p>If no, we will request it for you. A meeting will be scheduled once received.</p> <p>High school they would have attended: _____</p> <p>If yes, what level or school: _____</p>
	<p>For Staff purposes Only:</p> <p><input type="checkbox"/> Proof of Residency <input type="checkbox"/> Student Registration <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Records Request <input type="checkbox"/> Birth Certificate/Immunization <input type="checkbox"/> Transcript <input type="checkbox"/> 504 <input type="checkbox"/> IEP</p>	<p>Appointment: _____</p> <p>Grade: _____</p> <p>Counselor: _____</p> <p>Case Manager: _____</p> <p>Staff Check-List Verified _____</p>