

Enrolling New Student Questionnaire

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

Counselor: Corwin - Coupe - Gray - Kaufman - Lucente - Zalewski

Appointment Date: _____ Appointment Time: _____

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>Please provide 2 <u>approved documents</u> for proof of residency. (See form for approved documents)</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 the District Office to inquire about an Inter-District transfer. 503-785-8000</p>
2	<p>Parent contact name/phone # _____ →</p>	<p>Name:</p> <p>_____</p> <p>Phone #:</p> <p>_____</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 <u>legal court documents</u> verifying custody.</p> <p>If in transition contact our <u>McKinney-Vento</u> liaison MaryEllen Winterhalter 503-785-7892</p>
4	<p>Is your student on an <u>IEP</u>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ →</p> <p>Is your student on a <u>504 Plan</u>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide a current copy of the IEP or 504.</p>
5	<p>Has your student ever been removed from school for any <u>disciplinary</u> reasons?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your student <u>credit deficient</u> or had a <u>lapse in enrollment</u>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes to either question, an Administrator appointment will need to be scheduled prior to enrollment.</p>

Complete other side



6	<p>Has the student previously been enrolled in ESL classes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Is another language spoken at home?</p> <p><input type="checkbox"/> Yes</p> <p>What language _____</p> <p><input type="checkbox"/> No</p> <p>Do you need an interpreter?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, Counselor will contact Trevor Vollentine ext.5143</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</p> <p><input type="checkbox"/> No</p> <p>Do you need medication during the day?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, Counselor will contact the District Nurse: Linda Previs ext. 7220</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</p> <p><input type="checkbox"/> No</p> <p>Did you bring a current transcript/withdrawal grades?</p> <p><input type="checkbox"/> Yes</p> <p><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</p> <p><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 (2 approved pieces)</p> <p><input type="checkbox"/> Student Registration</p> <p><input type="checkbox"/> Code of Conduct</p> <p><input type="checkbox"/> Records Request</p> <p><input type="checkbox"/> Birth Certificate/Immunization</p> <p><input type="checkbox"/> Transcript</p> <p><input type="checkbox"/> 504</p> <p><input type="checkbox"/> IEP</p>	<p>Notes:</p>