

**SOUTH ALBANY HIGH SCHOOL-REGISTRATION INFORMATION**

Please complete ALL areas of this form EXCEPT where shaded (Por favor complete TODAS las áreas sombreadas)

Enrollment Date: / / ID# \_\_\_\_\_ Code \_\_\_\_\_ Counselor \_\_\_\_\_

Advisor \_\_\_\_\_ Attendance - Full time \_\_\_\_\_ Part time \_\_\_\_\_

Last School Attended (Ultima Escuela a la que Asistio): \_\_\_\_\_ Dates enrolled (Fechas de): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City/State (Ciudad/Estado): \_\_\_\_\_ Current Grade Level (Grado Actual) \_\_\_\_\_

Student's Legal Name (Nombre Legal del Estudiante): \_\_\_\_\_  
 LAST (Apellido) FIRST (Primer Nombre) MIDDLE (Segundo Nombre)

Student's Preferred name (if different) (Nombre de Preferencia del Estudiante, si es diferente) \_\_\_\_\_ Student's Cell # (Teléfono Celular del Estudiante#) \_\_\_\_\_  
 LAST (Apellido) FIRST (Primer Nombre)

Birth Date (Fecha de Nacimiento): \_\_\_\_\_ Student's E-mail Address (Correo Electrónico del Estudiante): \_\_\_\_\_

Residence Address (Dirección de Residencia): \_\_\_\_\_ City (Ciudad) \_\_\_\_\_ Zip (Código Postal) \_\_\_\_\_

Mailing Address (if different) (Dirección de Correo (si es diferente) \_\_\_\_\_ City (Ciudad) \_\_\_\_\_ Zip (Código Postal) \_\_\_\_\_

Home Phone (Teléfono del Hogar): \_\_\_\_\_ Social Security # (Correo Electrónico del Estudiante): \_\_\_\_\_  Male Masculino  Female Femenino

City/State of Birth (Ciudad/Estado del Nacimiento): \_\_\_\_\_ Optional (Opcional) Country of Birth (País de Nacimiento) \_\_\_\_\_ Optional (Opcional)

Primary Home Language (Idioma Primario del Hogar) \_\_\_\_\_ Language of Origin (Idioma de Origen) \_\_\_\_\_

**ETHNIC GROUP (GRUPO ETNICO):** Hispanic (Hispano)/Latino  YES (SI)  NO  
**RACIAL GROUP (GRUPO RACIAL):**  \*American Indian (\*Indio Americano)/Alaska Native (Nativo de Alaska)  
 Asian (Asiático)  
 Black or African (Negro o Afro Americano)  
 Native Hawaiian or Other Pacific Islander (Nativo Hawaiano u Otro de las Islas del Pacifico)  
 White (Blanco)

\*Includes all native people from North, Central and South America (Incluye a toda la gente native del Norte, Centro y Sur América)  
 School Staff MUST complete this information if left blank. (El personal de la Escuela DEBERA completar esta information se se deja e blanco.)

**DO WE NEED TO SEND PROGRESS REPORTS and REPORT CARDS TO ANY OTHER PERSON/ADDRESS BESIDES THOSE LISTED ON THE FRONT OF THIS FORM? (¿NECESITAMOS ENVIAR REPORTES DE PROGRESO y REPORTES DE CALIFICACIONES OTRA PERSONA/DIRECCIÓN ADEMÁS DE LOS LISTADOS ANTERIORMENTE EN ESTE FORMULARIO?)**

**If yes, please fill out the following (Si es si, por favor llene lo siguiente):**  
 Name (Nombre): \_\_\_\_\_ Relationship to Student (Formulario Completado por): \_\_\_\_\_  
 Address (Dirección): \_\_\_\_\_ City/State (Ciudad/Estado) \_\_\_\_\_ Zip (Código Postal): \_\_\_\_\_

Yes  No **PERSONAL CONTACT INFORMATION:** Do you give permission to have your parent/student contact information provided under a for Public Records Request? (Yes may allow anyone access to your personal contact information; No helps us protect your information.)  
 Si  No **INFORMACIÓN DE CONTACTO PERSONAL:** ¿Da Ud. Su permiso para que su información de contacto del padre-estudiante, sea provis por medio de un Pedido de los Archivos Públicos? (Marcando sí permite a cualquier persona tener acceso a su información de contacto; Marcando no nos ayudará a proteger su información.)

**THIS SECTION FOR HOUSEHOLD INFORMATION ONLY (Who the student lives with)**  
**ESTA SECCION ES SOLO SOBRE LA INFORMACION DEL HOGAR (¿Con quién vive el estudiante?)**

**Student lives with (El estudiante vive con):**

FATHER (Padre)     MOTHER (Madre)     STEPFATHER (Padrastró)     STEPMOTHER (Madrastro)     FOSTER CARE/GUARDIAN (Cuidado Adoptivo/Apoderado)     OTHER (Otro): \_\_\_\_\_

**Foster Parent MUST** provide a copy of Placement letter for student records. **Guardian, Grandparent, Family Member, etc MUST** provide a recorded copy Guardianship Papers for student records. (Padres Adoptivos DEBERAN proveer una copia de la carta Oficial para los archivos del estudiante. Apoderado, Abuelo/a, Miembro de la Familia, etc. DEBERA proveer una copia de los Papeles de Custodia para los archivos del estudiante.)

1) Parent/Guardian Name (Nombre del Padre/Apoderado): \_\_\_\_\_ Relationship (Parentesco): \_\_\_\_\_

Place of Employment (Lugar de Trabajo): \_\_\_\_\_ Daytime phone # (Teléfono en el Día): \_\_\_\_\_ Cell # (#Celular): \_\_\_\_\_

Language Spoken (Idioma que Habla): \_\_\_\_\_ E-mail Address (Correo Electrónico): \_\_\_\_\_

2) Parent/Guardian Name: (Nombre de la Madre/Apoderado): \_\_\_\_\_ Relationship (Parentesco): \_\_\_\_\_

Place of Employment: (Lugar de Trabajo): \_\_\_\_\_ Daytime phone # (Teléfono en el Día): \_\_\_\_\_ Cell # (#Celular): \_\_\_\_\_

Language Spoken (Idioma que Habla): \_\_\_\_\_ E-mail Address (Correo Electrónico): \_\_\_\_\_

**Siblings in Household (Hermanos en el Hogar)**

NAME (Nombre) \_\_\_\_\_ BIRTHDATE (Cumpleaños) \_\_\_\_\_ SCHOOL ATTENDING (Escuela a la que esta asistiendo) \_\_\_\_\_

NAME (Nombre) \_\_\_\_\_ BIRTHDATE (Cumpleaños) \_\_\_\_\_ SCHOOL ATTENDING (Escuela a la que esta asistiendo) \_\_\_\_\_

NAME (Nombre) \_\_\_\_\_ BIRTHDATE (Cumpleaños) \_\_\_\_\_ SCHOOL ATTENDING (Escuela a la que esta asistiendo) \_\_\_\_\_

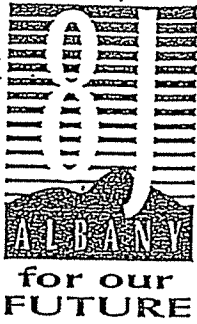
**Parent or Guardian (Padres ó Apoderado)—Please fill out the following information (Por favor llene la siguiente información, The following names you give have permission to act on your behalf when necessary (Usted da permiso a las siguientes personas a actuar en su nombre cuando sea necesario):**

NAME (Nombre) _____	Relationship (Parentesco) _____	Phone Number (Número de Teléfono) _____	Language Spoken (Idioma que Habla) _____	E-mail address (Correo Electrónico) _____
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NAME (Nombre) _____	Relationship (Parentesco) _____	Phone Number (Número de Teléfono) _____	Language Spoken (Idioma que Habla) _____	E-mail address (Correo Electrónico) _____
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NAME (Nombre) _____	Relationship (Parentesco) _____	Phone Number (Número de Teléfono) _____	Language Spoken (Idioma que Habla) _____	E-mail address (Correo Electrónico) _____
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NAME (Nombre) _____	Relationship (Parentesco) _____	Phone Number (Número de Teléfono) _____	Language Spoken (Idioma que Habla) _____	E-mail address (Correo Electrónico) _____
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Greater Albany  
Public School  
District 8J

718 Seventh Avenue SW  
Albany, Oregon 97321-2399  
www.albany.k12.or.us

Phone (541) 967-4501  
Business FAX (541) 967-4587  
Instruction FAX (541) 967-

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

### Proof of Residency Requirements

Students who attend school in Greater Albany Public Schools 8J must reside within its boundaries more than 50% of the time. If you are registering your child with us for the first time, or have changed your residence since registering, you will need to verify that your child still resides within the 8J school district.

At the time of registration, you must present one current document from each category below. ORIGINAL documentation is required and copies are not accepted; the school office will make copies of all originals.

Post Office boxes do not meet residency requirements. Only street addresses are accepted. All proofs submitted must show the residential Greater Albany Public Schools 8J address.

1. ONE of the following ORIGINAL parent/guardian's picture ID from the following list:

- Current State of Oregon Driver License;
- Valid Passport or Valid Consulate Issued Picture ID of any country.

2. ONE of the following ORIGINAL DOCUMENTS with the parent/Guardian's name and address:

- Current Property Tax Bill with parent/guardian's name and property address.
- Current Rental or Lease agreement with parent/guardian's name, student name, and address, as well as manager or owner's name and phone number.
- Documents related to the purchase of the residence with parent/guardian's name and property address.
- Mail dated within 60 days before the application date from the following sources:
  - Social Security Administration
  - Oregon State government agencies
  - Utility companies
  - Credit card bill
  - Financial institutions; including checking or savings
  - Insurance companies
  - State and Federal Revenue Documents
  - Paycheck information

Please note that the above information listed only satisfies the Proof of Residence Requirements; other requirements may be listed in the Registration Packet for enrollment.

All documents submitted must be acceptable to the Greater Albany Public Schools 8J. The Superintendent has discretion to require additional evidence to verify residence.

NAME: \_\_\_\_\_

## GREATER ALBANY PUBLIC SCHOOLS ADDENDUM 2016-2017

*Incomplete or Inaccurate Information may lead to delays or interruptions in enrollment*

Enrollment Date: ____/____/____	ID#: _____	Code: _____
Counselor: _____	Advisor: _____	
Attendance - Full time	Part time	

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of last school attended: \_\_\_\_\_

City/State of last school attended: \_\_\_\_\_

Phone Number of last school attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Date attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Grade Level: \_\_\_\_\_

Has your student ever been suspended or expelled from your previous school?  Yes  No

Reason: \_\_\_\_\_

Is your student CURRENTLY under or pending an expulsion from any school?  Yes  No

If "yes" list school and reason: \_\_\_\_\_

List any alternative programs or institutions your student attended or has been in residence?

Reason: \_\_\_\_\_

Is there a need for any type of specialized mental health or behavioral support?  Yes  No

If yes, please specify/explain: \_\_\_\_\_

(A meeting will be scheduled within 10 days with appropriate support staff.)

Does your student have a probation officer?  Yes  No

If so, Probation Officer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your student have any court involvement?  Yes  No

If "yes" list reason: \_\_\_\_\_

Does student have a DHS caseworker?  Yes  No

If "yes" list Caseworker's contact name and a contact phone number: \_\_\_\_\_

Does your student plan on participating in athletics?  Yes  No

If "yes" list sport(s): \_\_\_\_\_

Do any of the following apply to the student's academic progress:

Approx number of credits remaining: \_\_\_\_\_

5<sup>th</sup> or 6<sup>th</sup> year senior

Alternative Diploma Track (list): \_\_\_\_\_

Do you anticipate concerns regarding attendance or grades?  Yes  No

If "yes" please list concerns: \_\_\_\_\_

