

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 _____ Dates enrolled _____
 (Ultima Escuela a la que Asistio): _____ (Fechas de): _____ / _____ to _____ / _____

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

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

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

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

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

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

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

City/State of Birth _____ Optional (Opcional) Country of Birth _____
 (Ciudad/Estado del Nacimiento): _____ (Pais de Nacimiento) _____
 Optional (Opcional) Optional (Opcional)

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

ETHNIC GROUP (GRUPO ETNICO):

RACIAL GROUP (GRUPO RACIAL):

Hispanic (Hispano)/Latino

- YES (SI)
- NO

- *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 REPORTE DE PROGRESO Y REPORTE DE CALIFICACIONES. OTRA PERSONA/DIRECCION ADEMAS 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.)

FURN OVER TO COMPLETE THE BACK OF THIS PAGE (VOLTEAR PARA COMPLETAR LA PARTE POSTERIOR DE ESTA PAGINA

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 (Padrastro) STEPMOTHER (Madrastra) 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): _____

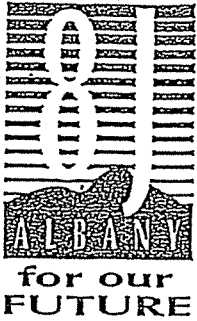
Siblings in Household (Hermanos en el Hogar)

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)
_____	_____	_____	_____	_____
NAME (Nombre)	Relationship (Parentesco)	Phone Number (Número de Teléfono)	Language Spoken (Idioma que Habla)	E-mail address (Correo Electrónico)
_____	_____	_____	_____	_____
NAME (Nombre)	Relationship (Parentesco)	Phone Number (Número de Teléfono)	Language Spoken (Idioma que Habla)	E-mail address (Correo Electrónico)
_____	_____	_____	_____	_____
NAME (Nombre)	Relationship (Parentesco)	Phone Number (Número de Teléfono)	Language Spoken (Idioma que Habla)	E-mail address (Correo Electrónico)
_____	_____	_____	_____	_____

Form Completed by (Formulario Completado por): _____ Date (Fecha): _____



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: _____

5th or 6th year senior

Alternative Diploma Track (list): _____

Do you anticipate concerns regarding attendance or grades? Yes No

If "yes" please list concerns: _____

