

Yoncalla Middle and High School Enrollment Information

Yoncalla School District 32



Date of Entry: _____	Grade Level: _____	Alert Flag: _____
Out of District: _____	SSID #: _____	Student ID #: _____

BASIC INFORMATION

Student's Last Name		Student's First Name		Student's Middle Name	
Student's Legal Name (If different from above)			Student Social Security No. (Optional)		Gender (Circle) Male Female Non-Binary
Date of Birth		City/State of Birth			Current Grade Level
Physical Address					Home Phone
Mailing Address (if different from above)					
Ethnic Origin (Check all that apply) ☐ White ☐ Hispanic ☐ Other/Tribal Affiliation: _____ ☐ Black/African American ☐ Two or more ☐ Asian or Pacific Islander ☐ Native American/American Indian					

FAMILY INFORMATION

Student Lives With (Check which applies)		☐ Both Parents	☐ Mother Only	☐ Father Only
☐ Other (Please Describe): _____				
Parent/Guardian 1			Relationship	
Email Address			Cell or Work Number	
Parent/Guardian 2			Relationship	
Email Address			Cell or Work Number	

SCHOOL HISTORY

Last School Attended	Grade Level
Address of Last School	Phone Number
Other(s) Attended	Dates Attended
_____	_____
_____	_____
_____	_____

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Has your child received any of the following special services in the last year? If yes, check those that apply:			
☐ Special Education (SPED)	☐ SPED – Speech	☐ SPED – Self Contained	☐ SPED – Pull Out or Push In
☐ SPED – OT/PT	☐ 504	☐ TAG	☐ ESOL

EMERGENCY CONTACT INFORMATION

Relatives, Neighbors, or Family Friends who might, by mutual agreement, help in case of illness/accident or emergency closure:			
Emergency Contact 1		Address	
Relationship to Student	Phone Number	Email Address	
Emergency Contact 2		Address	
Relationship to Student	Phone Number	Email Address	
If you or your emergency contacts cannot be reached, should the family physician or office be called? ☐ YES ☐ NO			
Family Physician or Doctor's Office			Phone Number

HEALTH INFORMATION

Does your child have any health problems we should be aware of:			
☐ Allergy – Bees	☐ Allergy – Food	☐ Skin Disorder	☐ Diabetes
☐ Asthma	☐ Eye Problems	☐ Orthopedic Problem	☐ Heart Condition
☐ Hay fever	☐ Ear Problem	☐ Epilepsy	☐ Urinary Problems
☐ Other:			

Will your child take medications at school?	☐ Yes	☐ No
If yes, please list:		
Yoncalla can provide my student medication if requested:	☐ Yes (see below)	No ☐
☐ Ibuprophen	☐ Tylenol or Advil	☐ Excedrin or Midol ☐ Benadryl

OTHER ADDITIONAL INFORMATION

Federal Funding: Under Public Law No. 874, the district can receive federal monies for each child if the parent:		
Works or lives on Federal Land	☐ Yes	☐ No
Is Active in the Armed Forces or is a Reservist	☐ Yes, Branch: _____	☐ No
Photo Release: Your child's photo may be taken for inclusion in the district publications, local newspapers, magazine articles, or letters relating to school activities.	☐ Yes	☐ No

Signature: _____ **Date:** _____

Relationship: _____