

# MOSIER COMMUNITY SCHOOL STUDENT APPLICATION FORM FOR 2010-2011 SCHOOL YEAR

Return to Mosier Community School, PO Box 307, Mosier, OR 97040

Student ID # \_\_\_\_\_

Date \_\_\_\_\_

Student's Last Name (Legal)	First Name (Legal)	Middle Name (Legal)	Name Student goes by
Street Address	Mailing Address	Home Phone	Grade for 2010-2011
Email address to be used for school communication:	<b>Parents, would you like to join the MCS Foundation?</b> There is no cost to membership and no obligations. Membership is however required to be eligible to vote in the annual election of the Mosier Community School Board of Directors. <input type="checkbox"/> Yes, I want to join _____ <input type="checkbox"/> Yes, I want to join _____		
Date of Birth Month    Day    Year	Age	Place of Birth City                      State	<input type="checkbox"/> Female <input type="checkbox"/> Male Name of School last attended:
<b>Name &amp; Phone No. of Person to Contact in Case of Emergency <i>Other than Mother, Father or Doctor</i></b> 1 <sup>st</sup> Choice: Name & Day Phone                      2 <sup>nd</sup> Choice: Name & Day Phone                      Day Care Provider & Phone			
Student Lives With: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other Who has LEGAL custody of student? _____ Temporary Guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Is there a COURT ORDER restricting the non-custodial parent from contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, this office must be provided with a copy of the Court Order.    Date Court Order received _____</b>			
Father's/Guardian's Full Name		Living in Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list all other children in the household under the age of 21. Indicate those who will be entering Kindergarten this fall. Name                      Age                      Grade in school for 2010-2011
Occupation	Employer	Cell and/or work phone:	
Step-Father		Living in Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation	Employer	Cell and/or work phone:	Ethnic group: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native America <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____
Mother's/Guardian's Full Name		Living in Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	I have made a move within the last three years to gain <input type="checkbox"/> Yes or seek employment in fishing or agriculture. <input type="checkbox"/> No
Occupation	Employer	Cell and/or work phone:	Previous involvement in special programs? <input type="checkbox"/> Yes If yes, specify program: <input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> PEP <input type="checkbox"/> TAG <input type="checkbox"/> No <input type="checkbox"/> Speech <input type="checkbox"/> ESL/Bilingual <input type="checkbox"/> Other: _____
Step-Mother		Living in Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert:                      Doctor's Name/Phone <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Medication <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____
Occupation	Employer	Cell and/or work phone:	Are you currently or have you been expelled from your previous school district? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, was the expulsion for a weapon violation? <input type="checkbox"/> YES <input type="checkbox"/> NO

