



# WILSON HIGH SCHOOL

Date: \_\_\_\_\_

## Clearance for Enrollment

ESIS # \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Birth date \_\_\_\_\_

Daytime phone \_\_\_\_\_ Grade \_\_\_\_\_ Place of birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Who is the student living with? \_\_\_\_\_ Relationship \_\_\_\_\_

Guardian verification  Yes, documentation \_\_\_\_\_  No, referred to ETC

Parent/guardian address \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address verification  Yes, documentation \_\_\_\_\_  No, copy of Declaration of Residency attached.

Have you ever attended Portland Public Schools?  Yes Where? \_\_\_\_\_ Grade \_\_\_\_\_

Last school attended \_\_\_\_\_ Counselor/contact \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  Transcript/report card attached

Faxed request for transcript/report card  Other \_\_\_\_\_

Immunization record  Yes, copy given to nurse  Immunization Record Status form given to parent and nurse

### SPECIAL SERVICES

SpEd – On district list  Yes  No  Copy of latest IEP attached  Faxed/phoned request for IEP

ESL - Referred to Assessment (503-916-5729)  Received ESL services at \_\_\_\_\_

TAG - Received TAG services at \_\_\_\_\_  Referred to TAG Coordinator

Student has SCF Worker Name and phone \_\_\_\_\_

Student has Court Counselor Name and phone \_\_\_\_\_

Student is accepted on Transfer from \_\_\_\_\_  Reminded of stipulations for attending on transfer

Special Programs  Foreign Exchange  Teen Parent  Academy  Other \_\_\_\_\_

Remind student of Attendance Policy

Student is interested in the following activities/athletics: (Give copy to appropriate staff):