

## JR. BUFFALO ACADEMY

- \* WHERE: JEFFERSON COUNTY MIDDLE SCHOOL
- \* WHEN: MONDAY THROUGH FRIDAY (AUGUST 20~24, 2018) 8:00am-12:15pm
- \* WHO: INCOMING 6TH, 7TH, & 8TH GRADERS
- \* WHAT: A SUMMER ACADEMY THAT FOCUSES ON STEM AND FUN!

This is an opportunity to jumpstart the next school year and register for STEM CAMP. Students will be provided both breakfast and lunch. Transportation will pick up at specific locations in Metolius and Madras to get students to JR. Buffalo Academy by 8:00AM and will drop students back in those locations at 12:30PM. This summer academy will be 5 days , so please register and plan to attend the entire time. This is NOT a drop-in summer program. Please return the registration forms to the district office or the JCMS office on Wednesdays between the hours of 10:00AM-12:00PM.

### BUS#62 AM

7:33~Jefferson St before the 97 Mart chain link fence

7:39~NW Commercial St & SW Cleveland St (Topps)

7:47~ SW Marshall & SW H St (Skate Park)

7:51~ SW 2nd St behind Westside (Kids Club Gate)

### BUS#50 AM

7:33~Washington & 5th St (Metolius)

7:37~ Metolius Elementary

7:45~SW K St & SW Madison St

7:51 SW 2nd ST behind Westside (Kid's Club Gate)

### BUS#62 PM

12:06~Jefferson St before the 97 Mart chain link fence

12:10~NW Commercial ST & SW Cleveland St (Topps)

12:20~SW Marshall & SW H St (Skate Park)

12:23~SW 2nd St behind Westside (Kids Club gate)

### BUS#50 PM

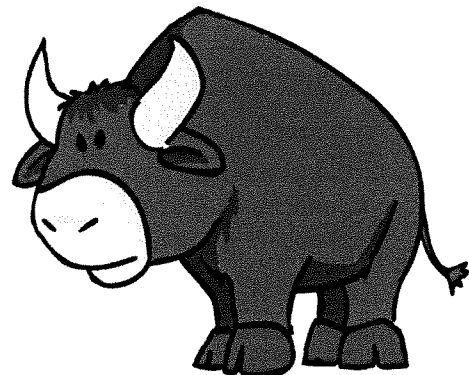
12:19~ Washington & 5th St (Metolius)

12:22~ Metolius Elelmentary

12:08~SW K St & SW Madison St

12:11~SW 2nd St behind Westside (Kid's Club Gate)

If you have any questions about the JR. Buffalo Academy,  
please contact Simon White, School principal  
at 541.475.7253 or by email [swhite@509j.net](mailto:swhite@509j.net)



**JEFFERSON COUNTY SCHOOL DISTRICT 509J STUDENT REGISTRATION**

**FOR OFFICE USE ONLY**

ENTRY DATE \_\_\_\_\_ CODE \_\_\_\_\_ BUS # \_\_\_\_\_ GRAD YR \_\_\_\_\_ GRADE \_\_\_\_\_

**STUDENT INFORMATION**

Female  
 Male

LEGAL LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ STUDENT CELL PHONE \_\_\_\_\_

DOB: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ Grade Level \_\_\_\_\_

PROOF OF AGE  Birth Certificate  Baptismal Certificate  Passport  Other: \_\_\_\_\_

**FEDERAL RACE & ETHNICITY**

ETHNICITY - Federal & State reporting requires one ethnicity be selected

RACE - Federal & State reporting requires at least one race be selected. If Hispanic ethnicity is checked, you must also check at least one race. You may check more than one race.

Not Hispanic/Latino  White  African American  Native Hawaiian/Pacific Islander  Asian  
 Hispanic/Latino  American Indian/Alaskan Native (You will be asked to complete a 506 Form for Title VII funding)

*Note: If Ethnicity/Race are not selected, Jefferson County School District staff by law will complete the information and registration process based on observation. The selected race & ethnic data will be completed based on information such as the student's birthplace, family, customs, or language spoken.*

**PREVIOUS SCHOOL INFORMATION**

Has This Student Previously Been Enrolled In ANY 509J School?  YES  NO If yes, school name \_\_\_\_\_

Most Recent School (Including Pre-School): \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Has your child ever been expelled from school:  YES  NO \_\_\_\_\_ School Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**SPECIAL SERVICES: Does This Child Receive Special Services Such As:**

IEP (Individual Education Plan)  Speech  504 Plan  ESL (English Language Development)

**PARENT/GUARDIAN INFORMATION**

LEGAL CUSTODY OF:  Both Parents  Mother  Father  Foster  Grandparent  Other: \_\_\_\_\_ Relationship \_\_\_\_\_

Lives With: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Lives With Student?  YES  NO  
Last First

Is This Person An Emergency Contact?  YES  NO Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preference for Alerts/Announcements:  Call and/or  Text

Place Of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ Lives With Student?  YES  NO  
Last First

Is This Person An Emergency Contact?  YES  NO Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preference for Alerts/Announcements:  Call and/or  Text

Place Of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place Of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Preference for Alerts/Announcements:  Call and/or  Text

**EMERGENCY CONTACTS (OTHER THAN PARENT OR GUARDIAN ALREADY WRITTEN ON REGISTRATION)**

Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Last Name First Name  
Phone # \_\_\_\_\_  Cell  Work  Home Phone # \_\_\_\_\_  Cell  Work  Home  
May pick up student from school:  YES  NO

Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Last Name First Name  
Phone # \_\_\_\_\_  Cell  Work  Home Phone # \_\_\_\_\_  Cell  Work  Home  
May pick up student from school:  YES  NO

Contact 3 \_\_\_\_\_ Relationship \_\_\_\_\_  
Last Name First Name  
Phone # \_\_\_\_\_  Cell  Work  Home Phone # \_\_\_\_\_  Cell  Work  Home  
May pick up student from school:  YES  NO

This student has permission to walk home (*Elementary & Middle School students only*):  YES  NO

**EMERGENCY MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies & Health Conditions \_\_\_\_\_

Life Threatening?  YES  NO Does this student take any medications?  YES  NO If yes, please fill out medication forms.

Jefferson County School District 509J has my permission to transport this student to a medical facility in case of an emergency:  YES  NO

**SIBLING INFORMATION**

No other siblings attending Jefferson County School District 509J schools

Brother or Sister

Last \_\_\_\_\_ First \_\_\_\_\_ School \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ School \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ School \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ School \_\_\_\_\_

**RELEASE OF STUDENT DIRECTORY INFORMATION**

Directory Information: Jefferson County School District 509J, in compliance with ORS 326.565, has a policy that allows for the release of student's name, address, telephone number and photo as directory information. Student directory information is regularly included in publications such as yearbooks, student directories, playbills, sports programs, honor roll and recognition lists, class photographs and media release information. If you do not want this student's directory information released, please indicate your choice on the release of directory information form included with the registration packet.