

Doctor / Physician Information

Family Physician: \_\_\_\_\_

Does your student have any health or medical problems?  Yes  No

**Health questionnaire required for all students.**

Does your child require any over the counter or prescription medication at school?

Yes  No **If yes, an OTC form is required. See school office.**

**If yes, medication form required. See school office personnel**

Permission to transport to the nearest hospital in case of emergency?  Yes  No

Phone

Number: \_\_\_\_\_

Last School/Preschool\*

Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Grade \_\_\_\_\_ Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\* **If entering Kindergarten:** Did your child attend \_\_\_\_\_ Preschool \_\_\_\_\_ Head Start \_\_\_\_\_ Other **HOURS PER WEEK:** \_\_\_\_\_

**Publication/Display of Student Work and Published Photographs:** At times during the school year, our student's work or pictures may be published in newspapers, Facebook, submitted for publication or released for publication. I give my permission for HLE to publish or display my child's work or photograph/video. \_\_\_\_\_ (Initial)

**Handbook Release:** I have read and discussed the online Student-Parent Handbook with my child, including the policy concerning the release of students to custodial, joint custodial or non-custodial parents. \_\_\_\_\_ (Initial)

**Internet Usage:** I give my permission for my child to use Internet services at school. I realize by initialing this form that my child will have access to online research materials in the library and classroom, will be able to access instructional websites, and will be able to use email. Please see Student-Parent Handbook on our website for more details **HYPERLINK "http://www.knappa.k12.or.us"**

[www.knappa.k12.or.us](http://www.knappa.k12.or.us) \_\_\_\_\_ (Initial)

- **Please answer both #1 and #2:** 1.  Hispanic/Latino  Not Hispanic/Latino

2.  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White

Does anyone in your family perform seasonal or temporary work? YES/NO (please circle one) if yes, please see the office for Temporary Workers Form.

Hilda Lahti Elementary • Hilda Lahti Middle School • Knappa High School  
 •Phone: (503) 458-6162 •Phone: (503)458-6162 •Phone: (503)458-6166  
 •Fax: (503)458-6023 •Fax: (503)458-6023 •Fax: (503)458-5466

Student's Grade Level: K 1st 2nd 3rd 4th 5th  
6th 7th 8th 9th 10th 11th 12th

Office Use Only	
Student I.D. No.:	_____
Enrollment Date:	_____
Graduation Year:	_____
Teacher:	_____
Status:	_____ Fees Paid
Student/Parent Handbook Given	_____

Student's LEGAL Name: \_\_\_\_\_  
 Last Name First Name Middle Name

Student's PREFERRED Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female X

Proof of birth? \_\_\_\_\_ Proof of birth date must be provided (new students only)

Have you moved since last school year?( For returning students) Yes \_\_\_\_\_ No \_\_\_\_\_

Student Lives With: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there a restraining order in effect for this student?  Yes  No **\*\*If there is a current court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. I have submitted a current court order to the school:** Signature: \_\_\_\_\_

**PRIMARY PARENT/GUARDIAN**  
 Same address/phone as student

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Unlisted  
 Cell Number: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**SECONDARY PARENT/GUARDIAN**  
 Same address/phone as student unless noted

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Unlisted?  
 Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
Required if address/phone is different from student:  
 Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**Emergency Contacts Only. A note is necessary for student to be released to anyone other than parent/guardian.**

2. Full Name: \_\_\_\_\_  
 Phone/Cell: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 3. Full Name: \_\_\_\_\_  
 Phone/Cell: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 4. Full Name: \_\_\_\_\_  
 Phone/Cell: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Student **MAY NOT** be released to:  
 Full Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_