



## Registration Form

### Your student's registration form: Important for you and our school district

Student registration forms are **very important** — for your family and for the school district. The information you provide allows us to:

- \* Distribute important school or school district information to you, including your student's academic progress (report cards) and attendance information.
- \* Respond appropriately in the event of a medical situation involving your student.
- \* Contact you or others if there is a school emergency.

Information from registration forms also supports students' academic success by allowing the school district to:

- \* Help your student receive support such as language services.
- \* Seek grants to strengthen classroom instruction.
- \* Evaluate our work on behalf of student groups (racial/ethnic, socioeconomic, etc.).
- \* Ensure that we are in compliance with civil rights laws regarding students and staff.

**INSTRUCTIONS:** The registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a blue or black pen, complete all pages and sign the last page.** If any information should change during the school year, notify your school immediately.

SHADED AREA FOR OFFICE USE ONLY: ENTRY DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

BUS # \_\_\_\_\_ BUS STOP \_\_\_\_\_ PICK UP TIME \_\_\_\_\_ FTE \_\_\_\_\_

PROOF OF AGE \_\_\_\_\_ PROOF OF RESIDENCE \_\_\_\_\_ IMMUNIZATION \_\_\_\_\_

#### STUDENT INFORMATION

LEGAL LAST NAME \_\_\_\_\_ LEGAL FIRST NAME \_\_\_\_\_

LEGAL MIDDLE \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER  Female  Male  Non Binary

HOME LANGUAGE \_\_\_\_\_ LANGUAGE FIRST LEARNED \_\_\_\_\_

FIRST NAME "GOES BY" \_\_\_\_\_ LAST NAME "GOES BY" \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ BIRTH CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Federal and State Regulations require schools to gather the information in 13a and 13b for statistical reports. For more information, your school can help.

13a. ETHNICITY - HISPANIC/LATINO? Yes  No  (**Note: both Ethnicity & Race must be selected**)

13b. RACE *select at least one*  American Indian/Alaska Native  Asian  Black  Native Hawaiian or Other Pacific Islander  White

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAMILY PRIMARY PHONE (cell? Yes  No ) \_\_\_\_\_ STUDENT CELL PHONE \_\_\_\_\_

Note: Family primary phone number will be used for attendance and emergency notifications

#### PREVIOUS SCHOOL INFORMATION

	School (most recent first)	City and State	Years Attended (ex 2007-09)
1.			
2.			
3.			

**PARENT/GUARDIAN INFORMATION**—Contact phone numbers and email addresses will be used to distribute important information.

**PARENT/RESPONSIBLE ADULT #1:** LIVING WITH STUDENT: Y  N  (check if you want copy of correspondence  ; Address must be provided)

MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Currently active in Military  Active  Reserve

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ Cell phone? Yes  No

SECONDARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ INTERESTED IN VOLUNTEERING Yes  No

Contact allowed with student Yes  No  Has Custody of student Yes  No  Permission to pick up? Yes  No

**PARENT/RESPONSIBLE ADULT #2:** LIVING WITH STUDENT: Y  N  (check if you want copy of correspondence  ; Address must be provided)

MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Currently active in Military  Active  Reserve

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ Cell phone? Yes  No

SECONDARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ INTERESTED IN VOLUNTEERING Yes  No

Contact allowed with student Yes  No  Has Custody of student Yes  No  Permission to pick up? Yes  No

PARENTS

**ADDITIONAL EMERGENCY CONTACTS**—In an emergency, parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached.

RELATIONSHIP TO STUDENT \_\_\_\_\_ FIRST AND LAST NAME \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ ADDITIONAL PHONE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ FIRST AND LAST NAME \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ ADDITIONAL PHONE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ FIRST AND LAST NAME \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ ADDITIONAL PHONE \_\_\_\_\_

EMERGENCY

**SIBLINGS**—Please list student's sibling(s) currently attending a district school.

SIBLING LAST NAME \_\_\_\_\_ SIBLING FIRST NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SIBLING LAST NAME \_\_\_\_\_ SIBLING FIRST NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SIBLING LAST NAME \_\_\_\_\_ SIBLING FIRST NAME \_\_\_\_\_

SIBLINGS

EMERGENCY

**STUDENT MEDICAL INFORMATION**—School staff needs to know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

PHYSICIAN'S NAME (optional) \_\_\_\_\_ PHONE (optional) \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_ EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

DENTIST'S NAME (optional) \_\_\_\_\_ PHONE (optional) \_\_\_\_\_

INSURANCE CARRIER (optional) \_\_\_\_\_  If not insured, check the box to be contacted by Healthy Kids Initiative for no-cost or low-cost health coverage for children 0 to 19 years old.

HEALTH

CHECK ANY CURRENT MEDICAL CONDITIONS:  SERIOUS ALLERGIES: \_\_\_\_\_ LIFE THREATENING? Y  N   
 ASTHMA  HEART DISEASE  SEIZURE DISORDER  DIABETES:  TYPE I  TYPE II

OTHER SPECIAL HEALTH NEEDS AT SCHOOL:

MEDICATIONS TO BE TAKEN AT SCHOOL (please list and also complete the Authorization for Medication form):

ENROLLMENT

**KINDERGARTEN STUDENTS ONLY**

In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool classroom?

(Such as in a preschool, Head Start, or childcare center)?  Yes  No

Name of preschool \_\_\_\_\_

PROGRAMS

**PROGRAM INFORMATION**

Does your student have a current Individualized Education Plan (IEP)? Yes  No  If yes, copy of current IEP MUST be provided before student start day

Does your student have a current Section 504 Plan? Yes  No  If yes, copy of current IEP may be required before student start day

**YES At any time during school, has this students parent(s)/guardian(s) been a member of the Armed Forces on active duty or full-time National Guard?**

- Students whose parent(s) are deployed, including:
- Students placed with temporary guardian while one or both parents are deployed
- Students whose parent(s) or guardian(s) are:
- Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty
- Students at a school designated as a service school, while in active military
- Full-time National Guard members
- Active Duty Reserves (members of the reserves who have been called to active duty for at least 180 consecutive days)
- Dual Status Military Technicians

**NO At any time during the school, was this student parent/guardian not a member of the Armed Forces, for the following reasons:**

- Students whose parent(s)/guardian(s) are:
- Members of other uniformed services, such as the commissioned corps of the National Oceanic and Atmospheric Administrative and commissioned corps of the Public Health Service.
- Retired or discharged former service members
- Part-time National Guard members who are not deployed
- Members of the reserves who have not been called to active duty
- Civilian (Title 5) employees of the Department of Defense
- Students with a relative in the armed forces other than the student's parent or guardian

**FEDERAL TITLE PROGRAM QUESTIONS** (note to school staff: if a family checks 'yes' for any of these questions, please scan this page to Student Services)

**Title VII-A Program, Indian Education**—This information establishes the district's eligibility for a federal grant under the Title VII-A of the No Child Left Behind Act. You may receive more information if you mark "Yes."

Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? Yes  No

If YES, please fill in tribe name: \_\_\_\_\_

**Oregon Title I-C Migrant Education Program** — This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Yes  No

**Title X McKinney-Vento Program** — This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative may be in touch if you check a box.

Please place a check in the appropriate box if it applies:

- You are staying in a motel, car or campsite until you can find affordable housing
- You are sharing housing with another family due to economic hardship
- Your child is living with a relative/friend/or anyone other than his/her custodial parents
- You are living in a shelter, temporary housing or moving from place to place without permanent housing
- You are experiencing housing difficulties related to finances and would like more information about services

**BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT COULD BE IMMEDIATELY REMOVED FROM THE SCHOOL.**

SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/RESPONSIBLE ADULT \_\_\_\_\_ DATE \_\_\_\_\_