

INSTRUCTIONS: This registration form is an official record. It asks for important information that will help provide services for your child. If you have any questions, please contact your school. **Please print, using black or blue pen, completing both pages.**

STUDENT INFORMATION

Legal Last Name Legal First Name Middle Name Suffix Preferred Last Name Preferred First Name

Gender M F Birth Date _____ Birth Place (City/State) _____ Grade _____

Proof of Age Birth Certificate Baptismal Certificate Hospital Certificate Passport Other _____

Country of Birth _____ If country of birth is outside of USA or Puerto Rico, start date of school attendance in USA _____

Ethnicity _____ Race (check at least one and all that apply)

Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Native Hawaiian or <input type="checkbox"/>	White <input type="checkbox"/>
Tribal Affiliation: _____				Other Pacific Islander <input type="checkbox"/>	

Home Address

Street _____ Apt. _____ City/State/Zip _____

Home Phone () _____ Unlisted Student Cell () _____ Student email _____

Mailing Address (if different from home address)

Street _____ Apt. _____ City/State/Zip _____

Previous School and District Attended: School Name _____

Attended From _____ to _____ Address (Street/City/State/Zip) _____

HOME LANGUAGE SURVEY

Is a language other than English the language student first learned to speak or the language used at home or with friends? Y N

If yes, please complete the following questions:

Student's first language: _____ Language spoken at home or with friends: _____

Preferred language for parent communications: _____ Interpreter needed for conferences, etc.? Y N

PARENT/GUARDIAN INFORMATION

FIRST PARENT/RESPONSIBLE ADULT

Last Name _____ First Name _____ MI _____

Relationship to student _____

Address (if different than student's) _____

Place of Employment _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Pager () _____

FAX Number () _____ Email Address _____

Contact Allowed Educational Rights Has Custody Mailings Allowed
Migrant Worker Y N (To qualify for migrant education services, a child must have moved within the past 3 years across the school district, city, county, or state lines with their parents or guardians to obtain temporary or seasonal employment in an agricultural or fishing activity.)

SECOND PARENT/RESPONSIBLE ADULT

Last Name _____ First Name _____ MI _____

Relationship to student _____

Address (if different than student's) _____

Place of Employment _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Pager () _____

FAX Number () _____ Email Address _____

Migrant Worker Y N (See description above.) Send copies of correspondence May pick up child
 Contact Allowed Educational Rights Has Custody Mailings Allowed

STUDENT LIVES WITH
(Check all that apply)

- Both Parents
- Father
- Mother
- Guardian
- Grandparent
- Foster Parent
- Step-parent
- Other: _____

LEGAL DOCUMENTS

Are there legal documents concerning the custody of this child? Y N

If yes, please provide copies of the custody documents when submitting this form.

Legal Guardian Name _____

(Continued on reverse)

ADDITIONAL EMERGENCY CONTACTS

(May pick up child. In an emergency, parents/guardians will be called 1st/2nd unless indicated otherwise.)

3rd Contact Last Name _____ First Name _____ Relationship _____
Speaks _____
English: Phone: Home (____) _____ Work (____) _____ Cell (____) _____

4th Contact Last Name _____ First Name _____ Relationship _____
Speaks _____
English: Phone: Home (____) _____ Work (____) _____ Cell (____) _____

5th Contact Last Name _____ First Name _____ Relationship _____
Speaks _____
English: Phone: Home (____) _____ Work (____) _____ Cell (____) _____

MEDICAL INFORMATION

Doctor: _____ Phone: (____) _____ **HEALTH INSURANCE (Optional)**
Dentist: _____ Phone: (____) _____ Health Insurance Yes No
Preferred Hospital _____ Company: _____

EMS (Emergency Medical System) makes 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.

Medical Conditions (Current Medical Diagnosis): Life Threatening Yes No
Asthma Yes No Seizures: Yes No Diabetes Yes No
Serious Allergies Yes No Heart Disease Yes No Other _____

List current allergies, medications, PE limitations (NOTE: Medical restrictions signed by doctor must be on file in the office)

SIBLING INFORMATION (Attending Oregon City School District schools)

Last Name	First Name	Relationship	Birthdate	Gender	School	Grade

SPECIAL PROGRAM INFORMATION (Please check any areas your child has received special services in the last year)

Title I Special Education (IEP) English Language Learners (ELL)
 Talented and Gifted (TAG) 504 Plan Other _____

PERMISSIONS/AUTHORIZATIONS: PARENT MAY SUBMIT A CHANGE TO THIS REQUEST, IN WRITING, TO THE SCHOOL OFFICE AT ANY TIME DURING THE SCHOOL YEAR.

- Internet Access/Directory Information – Students will be granted internet access and email accounts. Student directory information may be published. If you do not wish your student to have access to these services or do not want directory information published, you MUST SUBMIT a request in writing within 2 weeks of enrollment each school year. Directory information may include: student's name, address, telephone listing, student's image, participation in officially recognized sports and activities, degrees or awards received.
- HIGH SCHOOL ONLY: I do not want my child's name address and phone number released to:
 - Military Recruiters College/University Recruiters

The No Child Left Behind Act of 2001 requires school districts to provide upon request the names, addresses and phone numbers of juniors and seniors to military recruiters and colleges or universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out". In order to do so, you must check next to one or both of the categories (Military Recruiters or College/University Recruiters) above.

PARENT/RESPONSIBLE ADULT SIGNATURE _____ DATE _____

PARENT/RESPONSIBLE ADULT SIGNATURE _____ DATE _____