

STUDENT REGISTRATION FORM

SHADED AREA FOR OFFICE USE ONLY

STUDENT I.D. NO.

SCHOOL	ADMISSION REASON	ENTRY DATE	GRADE	ADMISSION STATUS	FT/PT	GRAD YEAR	HOME RM	COUNSELOR (OR TEACHER) NAME
PROOF OF AGE <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHER		PROOF OF ADDRESS <input type="checkbox"/> UTILITY BILL(S) <input type="checkbox"/> OTHER		LOCKER NO.		ROUTE #		<input type="checkbox"/> P/P <input type="checkbox"/> SPEC ED <input type="checkbox"/> TAG <input type="checkbox"/> TITLE I <input type="checkbox"/> 504 <input type="checkbox"/> ELL

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 black ball-point pen, completing both pages.** If any information you provide should change in the future, please notify your school immediately.

STUDENT INFORMATION

1. LEGAL LAST NAME	2. LEGAL FIRST NAME	3. MIDDLE NAME	4. SUFFIX	5. USUAL LAST NAME (if different)	6. PREFERRED FIRST NAME	7. GENDER <input type="checkbox"/> F <input type="checkbox"/> M
8. BIRTHDATE / /	9. HOME PHONE NO. ()	10. UNLISTED <input type="checkbox"/> Yes <input type="checkbox"/> No	11a. ETHNICITY Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		11b. RACE <u>Select at least one.</u> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
10a. BIRTH COUNTRY or STATE (if USA)		12. HOME ADDRESS (Street Address & Apartment No.)		13. CITY	14. STATE	15. ZIP CODE
17. MAILING ADDRESS (if different from home)		18. CITY		19. STATE	20. ZIP CODE	21. PREVIOUS SCHOOL DISTRICT ATTENDED
22. PREVIOUS SCHOOL ATTENDED		23. DATES ATTENDED		24. PREVIOUS SCHOOL ADDRESS		25. PREVIOUS SCHOOL PHONE NO. ()
26. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? If YES, please fill in tribe name:			YES <input type="checkbox"/> NO <input type="checkbox"/> (THIS INFORMATION ESTABLISHES THE DISTRICTS ELIGIBILITY FOR A FEDERAL GRANT UNDER TITLE VII-A OF THE NO CHILD LEFT BEHIND ACT. COMPLETE INFORMATION WILL BE SENT TO STUDENTS MARKING 'YES' ON THIS ITEM.)			
27. IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE, OR THE LANGUAGE USED AT HOME OR WITH FRIENDS? If YES, please complete the following:			YES <input type="checkbox"/> (If answer is YES, ESL/Bilingual services will be provided only with an assessment.) NO <input type="checkbox"/> assessment.)			
• Student's first (or other) language:		• Language spoken at home or with friends:		• Language student uses most:		• If Yes, send printed materials in language spoken at home? YES <input type="checkbox"/> NO <input type="checkbox"/>
						• Interpreter needed? YES <input type="checkbox"/> NO <input type="checkbox"/>

PARENT/GUARDIAN INFORMATION

(Contact phone numbers and email addresses will be used to distribute important school or district information.)

28. CHILD LIVES WITH: (check one) <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER:			29. STUDENT MAY BE MIGRANT ELIGIBLE? YES <input type="checkbox"/> NO <input type="checkbox"/> (TO QUALIFY FOR MIGRANT EDUCATION SERVICES A CHILD MUST HAVE MOVED WITHIN THE PAST THREE (3) YEARS ACROSS THE SCHOOL DISTRICT, COUNTY, OR STATE LINES WITH HIS/HER PARENT(S) OR GUARDIAN(S) TO OBTAIN TEMPORARY OR SEASONAL EMPLOYMENT IN AN AGRICULTURAL OR FISHING ACTIVITY.)			
30. PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		31. LAST NAME		32. FIRST NAME		33. Contact in event of emergency: YES <input type="checkbox"/> NO <input type="checkbox"/>
34. ADDRESS: Living with student? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please fill address in box No. 35 and check <input type="checkbox"/> Same as student address? YES <input type="checkbox"/> NO <input type="checkbox"/> to receive copy of report card/correspondence.			35. DIFFERENT ADDRESS		36. CITY	37. STATE
39. HOME PHONE NO. ()		40. CELL PHONE NO. ()		41. WORK PHONE NO. ()		42. EMAIL ADDRESS
43. SPEAKS ENGLISH: YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, primary language:		44. Interested in volunteering: YES <input type="checkbox"/> NO <input type="checkbox"/>		45. LIVE/WORK ON FEDERAL PROPERTY: Federal <input type="checkbox"/> Military <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING.)		46. MIGRANT WORKER: YES <input type="checkbox"/> NO <input type="checkbox"/>
47. PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		48. LAST NAME		49. FIRST NAME		50. Contact in event of emergency: YES <input type="checkbox"/> NO <input type="checkbox"/>
51. ADDRESS: Living with student? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please fill address in box No. 52 and check <input type="checkbox"/> Same as student address? YES <input type="checkbox"/> NO <input type="checkbox"/> to receive copy of report card/correspondence.			52. DIFFERENT ADDRESS		53. CITY	54. STATE
39. HOME PHONE NO. ()		40. CELL PHONE NO. ()		41. WORK PHONE NO. ()		42. EMAIL ADDRESS
60. SPEAKS ENGLISH: YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, primary language:		61. Interested in volunteering: YES <input type="checkbox"/> NO <input type="checkbox"/>		62. LIVE/WORK ON FEDERAL PROPERTY: Federal <input type="checkbox"/> Military <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING.)		63. MIGRANT WORKER: YES <input type="checkbox"/> NO <input type="checkbox"/>

ADDITIONAL EMERGENCY CONTACTS Please use separate form to list additional emergency contacts if desired.

Please make sure the emergency information is correct. In an emergency, parent/guardians on page one will be called first, unless you indicate otherwise below.

64 EMERGENCY CONTACT LAST NAME	65. FIRST NAME	66. RELATIONSHIP	67. CALL: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
68. HOME PHONE NO. ()	69. CELL PHONE NO. ()	70. WORK PHONE NO. ()	71. By listing this person as an emergency contact, you are authorizing him or her to pick up your child at school if you cannot be reached.
72 EMERGENCY CONTACT LAST NAME	73. FIRST NAME	74. RELATIONSHIP	75. CALL: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th
76. HOME PHONE NO. ()	77. CELL PHONE NO. ()	78. WORK PHONE NO. ()	79. By listing this person as an emergency contact, you are authorizing him or her to pick up your child at school if you cannot be reached.

MEDICAL INFORMATION

School staff need to know when your child has current medical conditions for which he/she may require help during the school day. Remember to advise your school of any changes in information.

80. DOCTOR'S NAME (Optional)	81. PHONE NO. (Optional) ()	82. DENTIST'S NAME (Optional)	83. PHONE NO. (Optional) ()
82a. DENTAL CERTIFICATE (only for PreK-7 years old - 1st time enrolling in public school) <u>Mark one box</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OPT OUT (Religious reasons) <input type="checkbox"/> PROVIDED to previous school			
84. PREFERRED HOSPITAL	85. 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.		
86. INSURANCE CARRIER (optional)	87. PLEASE CHECK ANY CURRENT MEDICAL CONDITIONS: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type I <input checked="" type="checkbox"/> Type II <input type="checkbox"/> Serious Allergies: Date of Diagnosis: <input type="checkbox"/> Other:		
88. OTHER SPECIAL HEALTH NEEDS AT SCHOOL	89. MEDICATIONS TO BE TAKEN AT SCHOOL (please list and also complete the Authorization for Medication form)		90. LAST PHYSICAL EXAM DATE

SIBLINGS (Currently attending a school within this District) Please use separate form to list additional siblings.

91 SIBLING LAST NAME	92. FIRST NAME	93. RELATIONSHIP	94. AGE	95. GENDER <input type="checkbox"/> F <input type="checkbox"/> M	96. SCHOOL	97. GRADE
98 SIBLING LAST NAME	99. FIRST NAME	100. RELATIONSHIP	101. AGE	102. GENDER <input type="checkbox"/> F <input type="checkbox"/> M	103. SCHOOL	104. GRADE
SIBLING LAST NAME	FIRST NAME	RELATIONSHIP	AGE	GENDER <input type="checkbox"/> F <input type="checkbox"/> M	SCHOOL	GRADE
SIBLING LAST NAME	FIRST NAME	RELATIONSHIP	AGE	GENDER <input type="checkbox"/> F <input type="checkbox"/> M	SCHOOL	GRADE

INDIVIDUALIZED EDUCATION PLAN (I.E.P.) and 504 PLAN

105. Does the student have a current Individualized Education Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	106. Does the student have a Section 504 Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	GENERAL INFORMATION	
		107. Do you have internet access at home? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PERMISSIONS / AUTHORIZATIONS

INTERNET-BASED INSTRUCTION: All log-in access to school computers grants access to the internet and internet-based instructional resources. By opting out of internet access, students will not be able to log-in to any school computer and many instructional resources. If you do not approve your student to have Internet access at school, please complete the Internet Opt-Out form found under Parents on the district/school website and submit the completed form to the school office.

AUTOMATED NOTIFICATIONS: Oregon Trail schools use an automated notification system to send messages to parents using the parent/guardian contact information provided on this form, including home/work/cell phone numbers and email addresses. Messages could include announcements, newsletters, student attendance information, and school lunch account balance. If you do not want to receive automated messages, please unsubscribe on the school website.

PUBLICITY: Personally identifiable information includes student name, parent name, address, phone number, photo, or other information that would help to identify a student. If you do not want your child's information or photo used in school or district newsletters, website, or other publications or media please complete the Non-Release of Information form found under Parents on the district/school website and submit the completed form to the school office.

VOLUNTEER INFORMATION: Schools release parent/guardian contact information to school volunteer coordinators and parent/teacher groups and foundations to help promote parent involvement in school activities. If you do not want your contact information released to school volunteer groups, please complete the Non-Release of Information form found under Parents on the district/school website and submit the completed form to the school office.

110. SIGNATURE OF PARENT/RESPONSIBLE ADULT (Required) X	111. DATE	112. SIGNATURE OF PARENT/RESPONSIBLE ADULT X	113. DATE
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