



SUTHERLIN SCHOOL DISTRICT STUDENT 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 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 HOME LANGUAGE _____

FIRST NAME "GOES BY" _____ LAST NAME "GOES BY" _____

STATE ID (not SSN) _____ BIRTHDATE _____ BIRTH COUNTRY _____

STUDENT E-MAIL ADDRESS _____

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

ETHNICITY - HISPANIC/LATINO? Yes ☐ No ☐ (Note: both Ethnicity & Race must be selected)

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

Is the student currently expelled? Yes ☐ No ☐

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

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 ☐

☐ **MOTHER** ☐ **FATHER** ☐ **GUARDIAN** ☐ **OTHER:** _____

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

EMPLOYER _____ JOB TITLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE (if different than #22) _____ Cell phone? Yes ☐ No ☐

SECONDARY PHONE _____ WORK PHONE _____ INTERESTED IN VOLUNTEERING Yes ☐ No ☐

SHADED AREA FOR OFFICE USE ONLY

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 ☐

☐ **MOTHER** ☐ **FATHER** ☐ **GUARDIAN** ☐ **OTHER:** _____

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

EMPLOYER _____ JOB TITLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ Cell phone? Yes ☐ No ☐

SECONDARY PHONE _____ WORK PHONE _____ INTERESTED IN VOLUNTEERING Yes ☐ No ☐

SHADED AREA FOR OFFICE USE ONLY

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

PARENTS

Current Restraining Order Yes ☐ No ☐ Notes: _____

Legal Paperwork Provided Yes ☐ No ☐ Notes: _____

PARENT CUSTODY

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

STUDENT MEDICAL INFORMATION—School staff need 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.

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): _____

STUDENT MEDICAL TREATMENT: EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs needs for transporting to a hospital. You are financially responsible for medical treatment given to your child. If possible, the school will advise EMS of your hospital preference.

PREFERRED HOSPITAL: _____ PARENT/GUARDIAN SIGNATURE: _____

KINDERGARTEN STUDENTS ONLY

In the year before Kindergarten, did your child usually spend 5 hours or more per week in a **preschool or preschool classroom** (such as in a school, Head Start, or childcare center)? ☐ Yes ☐ No

Name of preschool _____

PERMISSIONS / AUTHORIZATIONS—For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the *District Parent and Student Handbook*.

* Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request. This request must be completed each year.**

* Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request.**

* All students have access to use district-provided email. **If you do not want your student to have access to district-provided email, please contact your school to submit a written denial.**

HIGH SCHOOL ONLY

I do not want my child's name, address and phone number released to: ☐ Military Recruiters ☐ College Recruiters

The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and 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 one or both of the categories above.

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

PROGRAMS

PROGRAM INFORMATION

Does your student have a current Individualized Education Plan (IEP)? Yes ☐ No ☐

Does your student have a current Section 504 Plan? Yes ☐ No ☐

Is your student in a Talented and Gifted (TAG) program? Yes ☐ No ☐

LANGUAGE

LANGUAGE INFORMATION

What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? **hear** _____

use (e.g., American Sign Language (ASL)) _____

Describe the language(s) your child **understands**.

- ☐ No English
- ☐ Mostly another language and a little English
- ☐ English and another language equally
- ☐ Mostly English and a little of another language
- ☐ Tribal/Heritage/Native Language (e.g., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- ☐ Only English

What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home: _____ Child-care Providers: _____

What language(s) does your **child CURRENTLY speak/express** most frequently **outside of school**? _____

Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.). _____

Is there anything else you think the school should know about your child's language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)? _____

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian: Oral _____ Written _____ American Sign Language _____

Parent/Guardian: Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ **Date** _____

What is your relationship to the student? _____ (e.g., parent, grandparent, etc.)

Is the student in, or has the student been in, an English as a Second Language Program? Yes ☐ No ☐

In a Bilingual/Dual Program? Yes ☐ No ☐

Does your family need an interpreter for school meetings? Yes ☐ No ☐

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 _____