

Clatskanie School District 6J

Clatskanie, Oregon 97016

REQUEST FOR STUDENT RECORDS

(Previous school)

(Mailing Address)

(City, State, Zip)

(Phone)

(Fax)

_____ DOB _____ has enrolled with the

Clatskanie School District in grade _____ on _____

Please fax Special Education Records (IEP, 504), Immunization Records, Birth Certificate, and Progress Report/Withdraw Grades.

Please forward the permanent records pertaining to this student to:

Clatskanie Elementary School

Attn: S. McClure – Secretary

PO Box 327

Clatskanie, Or 97016

Fax # 503.728.2840

Clatskanie Middle/High School

Attn: B. McDonald - Registrar

PO Box 68

Clatskanie, Or 97016

Fax # 503.728.4632

Date _____

Signature _____

EMERGENCY INFORMATION CARD

Bus # (Route) _____ Teacher/Guide _____ 2019-2020

STUDENT'S LEGAL NAME _____ PREFERRED NAME _____

Last First Middle

GRADE _____ BIRTHDATE _____ MALE FEMALE PRIMARY PHONE # _____

PARENT/GUARDIAN EMAIL: _____

PARENT/GUARDIAN EMAIL: _____

PLACE OF BIRTH _____ County of Residence _____

MAILING ADDRESS _____ STREET/LOCATION _____

DWELLING TYPE: House Apartment Shared Housing Camp Trailer Motel/Hotel Unsheltered

LIVES WITH: _____ RELATIONSHIP TO STUDENT: _____

PARENT/ GUARDIAN #1 NAME _____ PHONE # _____

*Phone # will be used for automated attendance, meal balance, and/or emergency closure calls. I DO NOT want these calls _____

PARENT/GUARDIAN #2 NAME _____ PHONE # _____

*Phone # will be used for automated attendance, meal balance, and/or emergency closure calls. I DO NOT want these calls _____

IMPORTANT NOTICE:

It is the responsibility of the custodial parent to provide any court order that curtails the rights of the non-custodial parent at the time of enrollment or at any other time a court order is issued. The school official must see the court order and may request a copy. In the absence of such an order, the enrolling parent is notified that the school does not have the authority to limit the rights of known non-custodial parents.

PLACE OF EMPLOYMENT (or where parent can be reached if not at home):

MOTHER'S WORK PLACE _____ WORK PHONE # _____

FATHER'S WORK PLACE _____ WORK PHONE # _____

MILITARY CONNECTED STUDENT? YES NO

*Mark YES if the student currently has a parent/guardian who is a member of the Armed Forces on active duty (including active duty reserves) or a full-time National Guard member.

ETHNIC GROUP:

Which of the following races describes your child? You may check more than one.

- White Black or African American
- Hispanic Asian
- Alaskan Native Native Hawaiian or other Pacific Islander
- American Indian Tribal Affiliation: _____

LANGUAGE SPOKEN AT HOME: English Spanish Other

FIRST LANGUAGE CHILD LEARNED: English Spanish Other

EMERGENCY CONTACTS: *by listing these individuals you give the school permission to release your student to their care.

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____
3. Name _____ Relationship _____ Phone _____

NEW STUDENT INFORMATION: School Last Attended _____

Address _____ Grade _____

MEDICAL INFORMATION:

PHYSICIAN'S NAME _____ PHONE # _____

MEDICAL PROBLEMS (past or current) _____

MEDICATION BEING TAKEN _____ SURGERIES _____

RESTRICTIONS IN PHYSICAL ACTIVITY _____

ALLERGIES _____ WHAT HAPPENS WITH AN ALLERGIC REACTION _____

IF IN AN EMERGENCY THE SCHOOL IS UNABLE TO CONTACT THE PARENTS WE WILL:

- 1. CONTACT ABOVE PHYSICIAN AND FOLLOW HIS/HER INSTRUCTIONS
- 2. TAKE WHATEVER ARRANGEMENTS SEEM NECESSARY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PERMISSIONS:

PHOTO USE POLICY AND AGREEMENT:

During the year, the Clatskanie Schools often have the opportunity to photograph and/or videotape our students in a variety of school-related activities. Student recognition programs, academic programs, and fine arts programs are a few examples of these opportunities. As such, these photographs/videos may be used in district communication tools such as the district newsletter, annual report, local newspapers, district/schools websites and other mediums. Highlighting the achievements and celebrating the successes in our schools is an integral part of responsible reporting to our community as well as a way of sharing in the success of our schools and students. However, it is our goal to respect your privacy as well. Therefore, parents/guardians are requested to indicate their authorization for their students photo use each year.

I, the parent/guardian have read and therefore understand the student photo use policy and **DO PERMIT** the school to use my child's image under this policy.

Parent/Guardian Signature _____ Date _____

I, the parent/guardian have read and therefore understand the student photo use policy and **DO NOT PERMIT** the school to use my child's image under this policy.

Parent/Guardian Signature _____ Date _____

WALKING FIELD TRIP AUTHORIZATION:

It is customary for teachers to take their classes on walking field trips in our community throughout the school year for educational purposes.

I hereby give permission for my child to participate in supervised walking field trips in the community for the current school year.

Parent/Guardian Signature _____ Date _____

INTERNET USER AGREEMENT AND PARENT/GUARDIAN AUTHORIZATION:

We are pleased to offer CES students access to the schools computer network for the internet. Students are responsible for good behavior on the school's computer network. Students will be monitored on what material they are using/viewing. Access to the network is given to students who agree to act in a considerate and responsible manner. Access is a privilege and may be revoked at any time. Access entails responsibility.

Yes, my a child may use the internet Parent/Guardian Signature _____ Date _____

No, my child may NOT participate. Parent/Guardian Signature _____ Date _____

Clatskanie Elementary School

Home of the Cougars

815 South Nehalem Street P.O. Box 327 Clatskanie, Oregon 97016
Telephone: 503-728-2191 Fax: 503-728-2840

Mr. Brad Thorud, Principal

Special Services Survey

Student Name: _____ Grade: _____

Date of Birth: _____ Previous School District: _____

1. Has your child ever been retained? If so what grade? _____ Yes No
2. Has your child ever received Resource Specialist Program Services? Yes No
3. Has your child ever received Speech Services? Yes No
4. Has your child ever received Title 1 Services? Yes No
5. Has our child ever received Bilingual Services? Yes No
Which Language? _____
6. Has your child ever been in a Self-Contained Special Education Class
or Learning Center? Yes No
7. Has your child been "TAG identified"? Yes No
8. Do you have a copy of your child's IEP? Yes No
9. Has your child had specific medical needs or on a 504 plan? Yes No
10. Do you have other children who have received special services? If Yes No
yes, please explain what services.

Child's Name

Grade

School

11. Is there any special information you would like your child's teacher to know
regarding your child's academic background or special needs?

Parent/Guardian Signature

Date

Clatskanie School District 6J
Transportation Department
Rider Registration

Dear Parents:

The below information is required from each student riding a school bus in order to determine transportation eligibility, the planning of bus loads, and possible route revisions. On the back side are the rules and regulations. We ask that you sit down with your student(s) and read these rules and regulations and have the student sign the form as well as the parent. **Please complete this registration form and return it to your bus driver or school office.**

PLEASE PRINT

Date _____

Student Name _____

Address _____

Name of Parent / Guardian _____

Home Phone # _____ Work Phone# _____

School Attending: CES or CMHS Grade _____

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS GOVERNING STUDENT CONDUCT ON THE SCHOOL BUS AS INDICATED ON THE REVERSE SIDE.

Student Signature _____

Parent/Guardian Signature _____

FOR OFFICE USE ONLY

Date Issued _____

Route # _____

Date Received _____

Eligible for Transportation **YES** _____ **NO** _____

NOTES _____
