



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 X (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

Mailings Allowed Yes No Educational Rights 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

Mailings Allowed Yes No Educational Rights Yes No

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 _____

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 _____

RELATIONSHIP TO STUDENT _____ SCHOOL _____ GRADE _____

PARENTS

EMERGENCY

SIBLINGS

EMERGENCY

HEALTH

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.

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 Administration 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 _____

WE WISH YOU AND YOUR STUDENT A SUCCESSFUL ACADEMIC SCHOOL YEAR!

PERMISSIONS / AUTHORIZATIONS

Student Name _____ Grade _____

EMERGENCY CLOSURE/EARLY DISMISSAL:

Certain emergencies may require closure/early dismissal. In the event of such an emergency, an Alert phone call will be made.

Please indicate your choice of **one** of the following.

- Dismiss using normal daily routine
- Go to childcare/neighbor. Ride Bus or Walk (Please circle one)

Name and address of childcare/neighbor.

Other

Instructions: _____

PERMISSIONS / CHECK THOSE WHICH APPLY:

- Field Trip** *When possible prior notice will be sent home with child*
- Transport** *Permission to transport in the event of a medical emergency (every effort will be made to contact parent)*
- Permission to Video Tape/Photograph/Publish/Post on Social Media** for classroom instruction or extra-curricular activities using your student's first and last name. Every effort will be made to ensure that your student is not photographed. However, realistically, a school cannot guarantee that a student will not be photographed by news media. Please review **Student Handbook**.
- Re-Screen Hearing** *Elementary only. In the event that your child fails the initial screening.*
- For students less than 12 years of age**, parents must furnish age appropriate medication for their students. Please contact the office for the necessary form and information.
- For students 12 and over:** If you want your student to have one or both of the following medications available to him/her, please fill out the following information:
My child has permission to have the following medication(s) at school.
- Acetaminophen (500mg) maximum 2 tablets every 6 hours Yes___ No___
 - Ibuprofen (200mg) maximum 2 tablets every 4-6 hours Yes___ No___

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

INTERNET USER AGREEMENT

As a user of any networks made available to Vernonia School District students and staff, I hereby agree to comply with the Acceptable User, Privileges, Security, Vandalism, and General Etiquette Guideline section as stated in the K-12 Student Handbook and this the User Agreement. I will not access networked computer services without the permission of my teacher or other supervising adult.

Student Signature Date

As Parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and those network systems available to Vernonia School District students and staff. I understand that individuals and families may be held liable for violations. I understand some materials on the networks may be objectionable, but I accept responsibility for guidance of network systems by setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Signature (Parent/Legal Guardian) Date