



Student Registration Form

For new elementary students

Office Use Only	
Permanent ID	_____
Teacher	_____
Start Date	_____

This enrollment form is a legal document. The information you provide must be accurate and complete. This information is protected by the Family Educational Rights and Privacy Act (FERPA).

SECTION 1: Student Information

1. Student Name _____

Legal Last Name Legal First Name Middle Name Suffix

2. Preferred Name _____

Preferred Last Name Preferred First Name

3. Grade _____

4. Gender Female Male

5a. Language First Learned English Spanish Other (specify) _____

5b. Home Language/Language to Home English Spanish Other (specify) _____

Indicate the language you would like for all home correspondence

6a. Date of Birth _____ **Verified By:** Birth Certificate Baptismal Certificate Other

Proof of Age – Required

6b. Birth Place _____

City or County State Country

7a. Ethnicity Hispanic or Latino
Select one Not Hispanic or Latino

7b. Race American Indian or Alaskan Native
Select all that apply Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

8a. Home Address _____

Street Address Apt#, Room#, Space

City State ZIP

8b. Mailing Address _____

If different than home address

Street Address Apt#, Room#, Space

City State ZIP

8c. Proof of Address Mortgage Bill / Tax Bill / Utility Bill / Driver's License or Oregon ID card / Other (specify) _____

Circle one. Please present proof to registrar at time of enrollment.

9. Last School Attended _____

School Name City and State Last Date Attended

10. Is your student a member of a federally recognized American Indian Tribe? Yes No

If yes, enter their tribal information _____

Name of Tribe Student's Tribal Enrollment Number (if known)

11. If your student was not born in the United States or Puerto Rico, what date did they first begin school in the United States? _____

Date of First US School Enrollment

SECTION 2: Parent/Guardian Information

Redmond School District uses an automated phone messaging system ("Autodialer") for contacting parents/guardians concerning student attendance, emergency/snow closures and miscellaneous school communications. In the check boxes below, indicate which phones you would like to receive messages from your student's school. You may select as many phones as you want, but at least one phone must be selected per family. For cell phones, if you would like to receive text messages from the Autodialer in addition to voice messages, check "Send text messages".

If parents are legally separated or divorced, each parent has equal rights to the custody of the child UNLESS a parent has a court order that indicates which parent has sole custody of the child. The school **MUST HAVE A COPY OF THE COURT ORDER**, otherwise either parent may check the child out of school with proper identification. It is the custodial parent's responsibility to notify the school of the individuals legally authorized to receive school correspondence. To discontinue correspondence with any parent, a legal court order is required.

Parent / Guardian 1

12. Parent Name _____
Legal Last Name Legal First Name Middle Initial Preferred Name

13. Relationship to Student _____ **14. Living with Student** Yes No
Mother, Father, Grandparent, other (describe)

15. Check all that apply: Contact Allowed Educational Rights Has Custody Release To

16. Parent Address Same as Student Yes No

17. Mailing Address _____
If different than student address Street Address City State ZIP

18. Phone Numbers Cell (____) ____ - _____ Home (____) ____ - _____ Work (____) ____ - _____
 Use for Autodialer messages Use for Autodialer messages Use for Autodialer messages
 Send texts messages Unlisted

19. Parent Employer _____ **20. Parent Email Address** _____

Parent / Guardian 2

21. Parent Name _____
Legal Last Name Legal First Name Middle Initial Preferred Name

22. Relationship to Student _____ **23. Living with Student** Yes No
Mother, Father, Grandparent, other (describe)

24. Check all that apply: Contact Allowed Educational Rights Has Custody Release To

25. Parent Address Same as Student Yes No

26. Mailing Address _____
If different than student address Street Address City State ZIP

27. Phone Numbers Cell (____) ____ - _____ Home (____) ____ - _____ Work (____) ____ - _____
 Use for Autodialer messages Use for Autodialer messages Use for Autodialer messages
 Send text messages Unlisted

28. Parent Employer _____ **29. Parent Email Address** _____

Parent / Guardian 3

30. Parent Name _____
Legal Last Name Legal First Name Middle Initial Preferred Name

31. Relationship to Student _____ **32. Living with Student** Yes No
Mother, Father, Grandparent, other (describe)

33. Check all that apply: Contact Allowed Educational Rights Has Custody Release To

34. Parent Address Same as Student Yes No

35. Mailing Address _____
If different than student address Street Address City State ZIP

36. Phone Numbers Cell (____) ____ - _____ Home (____) ____ - _____ Work (____) ____ - _____
 Use for Autodialer messages Use for Autodialer messages Use for Autodialer messages
 Send text messages Unlisted

37. Parent Employer _____ **38. Parent Email Address** _____

Parent / Guardian 4

39. Parent Name _____
Legal Last Name Legal First Name Middle Initial Preferred Name

40. Relationship to Student _____ 41. Living with Student Yes No
Mother, Father, Grandparent, other (describe)

42. Check all that apply: Contact Allowed Educational Rights Has Custody Release To

43. Parent Address Same as Student Yes No

44. Mailing Address _____
If different than student address Street Address City State ZIP

45. Phone Numbers Cell (____) ____-____ Home (____) ____-____ Work (____) ____-____
 Use for Autodialer messages Use for Autodialer messages Use for Autodialer messages
 Send text messages Unlisted

46. Parent Employer _____ 47. Parent Email Address _____

SECTION 3: Siblings

List student's sibling(s) currently attending Redmond School District schools.

	Sibling Last Name	Sibling First Name	Relationship to Student	School
48.				
49.				
50.				
51.				

SECTION 4: Emergency Contacts

In an emergency, the parents/guardians listed previously on this form will be contacted first, in the order they are listed on the form. By listing a name in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

	Contact Name	Relationship to Student	Phone Numbers	Call Order
52.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
53.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
54.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
55.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	

Student Name _____ DOB _____ Parent/Primary Contact _____ Phone _____

SECTION 5: Student Services

- 56. Does your student have a current 504 or Individualized Education Plan? 504 Plan IEP
- 57. Has your student ever qualified for English Learner services? Yes No
If yes, were they previously exited? Yes _____ Exit Date No
- 58. Has your student ever been identified as Talented and/or Gifted? Yes No
- 59. Is your student currently expelled from any school? Yes No
If yes, list school name, city and state _____

SECTION 6: 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. In a life-threatening situation, district staff will dial 9-1-1 for paramedic assistance and resuscitate any student requiring it in order to sustain life until relieved by paramedics or other appropriate medical personnel (School District Board Policy EBBC).

Remember to advise the school of any changes in information.

- 60. Does your student have health conditions/concerns Yes No

If yes, specify below and indicate Past or Current:

Past	Current		Past	Current		Past	Current	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	Severe injury _____	<input type="checkbox"/>	<input type="checkbox"/>	Bone/muscle _____
		Severe <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Concussion/head injury _____	<input type="checkbox"/>	<input type="checkbox"/>	Migraine _____
		Epipen needed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Bladder/kidney _____	<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder _____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	Toileting Issues _____	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD _____
		Inhaler needed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Severe illness _____	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health _____
		Nebulizer needed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes since _____	<input type="checkbox"/>	<input type="checkbox"/>	Cancer _____
<input type="checkbox"/>	<input type="checkbox"/>	Hearing _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart _____	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorder _____
<input type="checkbox"/>	<input type="checkbox"/>	CP/brain/shunt _____	<input type="checkbox"/>	<input type="checkbox"/>	Vision _____	<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses/contacts _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____						

- 61. Doctor Name _____ Doctor Phone (____) ____ - _____
- 62. Insurance Provider _____
- 63. Medication Allergy _____
- 64. Date of Last Tetanus (Tdap, Dtap) Shot _____ 65. Date of last dental screening _____
- 66a. Date of last Vision Screen/Eye Exam _____ 66b. I have provided a copy of the results Yes No
- 67. Current Medications _____
- 68. Medications Needed at School _____
Please list and complete Authorization for Medication forms
- 69. I have provided a current immunization record Yes No

SECTION 7: Student Rights and Responsibilities

For annual notices on the Protection of Student Rights, Student Records, Complaint Procedures, and the release of Directory Information, see the *Student Rights and Responsibilities Handbook*, available on-line on the district web site.

Under federal law the school district may release the Directory Information of a student without prior parental permission. Directory information is information contained in a student education record which is not generally considered harmful or an invasion of privacy if released. Directory Information is defined as: Student name, address, electronic address, photograph, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, diplomas and awards received, and the most recent school attended. In order to protect student privacy, and to prevent unwanted solicitation of students and their families, the district will not release names and addresses together, except in a health or safety emergency to law enforcement or other agencies as designated by law. Directory information considered by the District to be detrimental will not be released. **If you would like to keep your student's Directory Information confidential, please contact your school to submit a written request.**

_____ I understand that the *Student Rights and Responsibilities Handbook* is available at www.redmond.k12.or.us and can be printed for me at my request.

By signing this form, I affirm that all the above information is true.

Kindergarten Parent Input Form

Child's Name _____
(First) (Middle) (Last) (Preferred)
Guardian/Parent's Names _____

HEALTH INFORMATION

1. Does your child need special medical treatment or medication? If yes, please give us more information.

2. Any allergies? _____

3. Has your child experienced any emotional or traumatic experiences? If yes, please give us more information.

GENERAL INFORMATION

4. What group experiences has your child had?

Pre School ? _____ How Long? _____ Other ? _____ How Long? _____

5. Does your child have any special interests? If so, what?

6. Is your child more: Dependent / Shy _____ Independent / Bold _____

8. Does your child prefer to play: Alone _____ With Another Child _____ In a Group _____

9. How often does someone read with your child? Often _____ Sometimes _____ Seldom _____

10. Does your child: (Check all that apply):

look at books _____ read books _____ writes name _____ writes words _____

knows letter sounds _____ identify numerals 0-10 _____ identify letters in name _____

Identifies other letters _____ can count to 10 _____ 20 _____ other _____

How often does your child watch television? Often _____ Sometimes _____ Seldom _____

How often does your child play with an electronic device? Often _____ Sometimes _____ Seldom _____

12. How does your child react to new situations? _____

How does your child feel about beginning kindergarten? _____

- 13.. At times, we participate in holiday activities. May your child take part in these activities? Yes/No

14. Is there anything else you would like to tell us a about your child?



Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services.

Student Name: _____ Grade Level: _____

School: _____ Date of Birth: _____

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

2. 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 or Native Language
- Only English

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

Father/Guardian: _____ Mother/Guardian: _____

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

4. What language(s) did your **child speak/express** from 0-4 years of age? _____

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

6. 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 (for example: once/week, 2 times/week, once a month, etc.).

7. Is there anything else you think the school should know about your child's language use?

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

Father/Guardian:

Oral _____ Written _____ American Sign Language _____

Mother/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ Date _____

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

OREGON TITLE 1C MIGRANT EDUCATION PROGRAM

The Title 1C Program offers services to children and families who have moved within the last **three** years to look for temporary or seasonal work in **agriculture, forestry, nurseries, ranch work and dairy work.**

Date: _____ Name of School/Agency: _____

Name of Mother/Father: _____

Names of Children: _____

Address: _____ Telephone: _____

Have you or your family moved within the past three years with the purpose of obtaining work in the activities listed above? YES/NO

PROGRAMA DE EDUCACIÓN MIGRANTE TÍTULO 1C OREGON

El Programa de Título 1C ofrece servicios a los niños y familias que se han mudado durante los últimos **tres** años para buscar trabajo temporal o estacional en **agricultura, trabajo forestal, viveros, ranchos y lecherías.**

Fecha de hoy: _____ Nombre de escuela/Agencia: _____

Nombre de padre o tutor: _____

Nombre de los niños(as):

Domicilio: _____ Teléfono: _____

¿Se ha mudado usted o sus hijos durante los últimos tres años con el propósito de trabajar en las actividades mencionadas? SÍ/NO



**TITLE 1C STAFF WILL PICK UP ALL COMPLETED SURVEYS
PLEASE DO NOT PLACE SURVEYS IN CUM FILES**



Faxed: _____

Mailed: _____

Transitional Housing Referral Form 2017-2018

Please complete this form **ONLY** if your child is in **transitional housing**. Do one or more of these situations apply?

ARE YOU LIVING....

- ___ With relatives or others due to lack of affordable or available housing?
- ___ In a motel, camper, camping, campground or substandard? **(please circle all that apply)**
- ___ In a shelter or transitional housing? (please circle all that apply)
- ___ In a car, park or any other area that is not normally used for sleeping?
- ___ Youth not living with Parent or guardian?-Unaccompanied minor
- ___ Couch Surfing?

By completing this form the student **MAY** qualify for assistance.
Please ensure form is complete before faxing to district liaison!

Student Name _____ School ID# _____ DOB _____ M/F ___ Grade _____	
State ID # _____ School Child attends/or will be attending _____ Number of schools attended this year? _____ Where? _____	
List all of YOUR other children living in the home, including under 5.	
Name _____ School _____ Grade _____ School ID# _____ DOB _____ M/F ___ State ID # _____	
Name _____ School _____ Grade _____ School ID# _____ DOB _____ M/F ___ State ID # _____	
Name _____ School _____ Grade _____ School ID# _____ DOB _____ M/F ___ State ID # _____	
Name _____ School _____ Grade _____ School ID# _____ DOB _____ M/F ___ State ID # _____	
Who does Student (s) live with? ___ Mom ___ Dad ___ Step-Parent ___ Relative ___ Friend ___ Alone ___ Legal Guardian Other _____	
Adult's Name _____ Phone Number (s) _____	
Address _____	
Does your student need assistance with? ___ Immediate Housing Ideas ___ FAN Advocate ___ Out of	

LIAISON ONLY TO FILL IN!

Is this Student: ___ Special Education ___ ELL ___ TAG ___ Migrant
Any Alerts: _____
___ Called ___ Enrollment Help ___ Connected to FAN ___ Synergy ___ Lunch ___ Transport Req
___ Transport Starts ___ Title I ___ Mthly Report ___ FASFA mtg ___ FASFA letter ___ Spreadsheet

Completed by _____
Date _____
Referred by _____

Please return completed form to:
Brooke Clark
Phone~541-923-4868
Fax~541-923-4867



Parents, don't let your child get left behind!



School Year 2017-2018

Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering
**Child Care or
Early Education** needs*

Check with your child's program or
healthcare provider for required vaccines

A child 18 months or older entering
**Preschool, Child Care, or
Head Start** needs*

4 Diphtheria/Tetanus/Pertussis (DTaP)
3 Polio
1 Varicella (chickenpox)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B
2 Hepatitis A
3 or 4 Hib

A student entering
**Kindergarten or
Grades 1-6** needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 7-9 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 10-12 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Please check with your child's school, child care or healthcare provider for details.*