



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. Your student's 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

3a. Grade _____

3b. If Kindergarten, has your student had any previous Pre-Kindergarten experience? Yes No

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
(If the exact date is unknown, please provide an approximate date)

Notice of Non-Discrimination

Redmond School District is committed to equal opportunity and non-discrimination in all of its educational and employment activities. The district does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

District Title VI, Title IX, Age Discrimination & American Disabilities Act Contact: Lynn Evans, Director of Human Resources | Lynn.Evans@redmondschools.org | (541) 923-8922

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. Name _____ <small>Legal Last Name Legal First Name Middle Initial Preferred Name</small>				
13. Relationship to Student _____ <small>Mother, Father, Grandparent, other (describe)</small>			14. Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Release To				
16. Address Same as Student <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Mailing Address _____ <small>If different than student address Street Address City State ZIP</small>				
18. Phone Numbers Cell (____) ____ - _____ Home (____) ____ - _____ Work (____) ____ - _____ <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Send texts messages <input type="checkbox"/> Unlisted				
19. Employer _____			20. Email Address _____	
21. Currently a member of the Armed Forces on active duty or full-time National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent / Guardian 2				
22. Name _____ <small>Legal Last Name Legal First Name Middle Initial Preferred Name</small>				
23. Relationship to Student _____ <small>Mother, Father, Grandparent, other (describe)</small>			24. Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Release To				
26. Address Same as Student <input type="checkbox"/> Yes <input type="checkbox"/> No				
27. Mailing Address _____ <small>If different than student address Street Address City State ZIP</small>				
28. Phone Numbers Cell (____) ____ - _____ Home (____) ____ - _____ Work (____) ____ - _____ <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Send text messages <input type="checkbox"/> Unlisted				
29. Employer _____			30. Email Address _____	
31. Currently a member of the Armed Forces on active duty or full-time National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent / Guardian 3				
32. Name _____ <small>Legal Last Name Legal First Name Middle Initial Preferred Name</small>				
33. Relationship to Student _____ <small>Mother, Father, Grandparent, other (describe)</small>			34. Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Release To				
36. Address Same as Student <input type="checkbox"/> Yes <input type="checkbox"/> No				
37. Mailing Address _____ <small>If different than student address Street Address City State ZIP</small>				
38. Phone Numbers Cell (____) ____ - _____ Home (____) ____ - _____ Work (____) ____ - _____ <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Use for Autodialer messages <input type="checkbox"/> Send text messages <input type="checkbox"/> Unlisted				
39. Parent Employer _____			40. Parent Email Address _____	
41. Currently a member of the Armed Forces on active duty or full-time National Guard <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent / Guardian 4

42. Name _____
Legal Last Name Legal First Name Middle Initial Preferred Name

43. Relationship to Student _____ **44. Living with Student** Yes No
Mother, Father, Grandparent, other (describe)

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

46. Address Same as Student Yes No

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

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

49. Employer _____ **50. Email Address** _____

51. Currently a member of the Armed Forces on active duty or full-time National Guard Yes No

SECTION 3: Siblings

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

	Sibling Last Name	Sibling First Name	Relationship to Student	School
52.				
53.				
54.				
55.				

SECTION 4: Emergency Contacts

In an emergency, the parents/guardians listed in Section 2 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
56.			Cell (____) ____ - ____ Home (____) ____ - ____ Work/Other (____) ____ - ____	
57.			Cell (____) ____ - ____ Home (____) ____ - ____ Work/Other (____) ____ - ____	
58.			Cell (____) ____ - ____ Home (____) ____ - ____ Work/Other (____) ____ - ____	
59.			Cell (____) ____ - ____ Home (____) ____ - ____ Work/Other (____) ____ - ____	

SECTION 5: Student Services

60. Does your student have a current 504 or Individualized Education Plan? 504 Plan IEP

61. Has your student ever qualified for English Learner services? Yes No
If yes, were they previously exited? Yes _____ Exit Date No

62. Has your student ever been identified as Talented and/or Gifted? Yes No

63. Is your student currently expelled from any school? Yes No
If yes, list school name, city and state _____

Student Name _____ DOB _____ Phone _____

Parent/Primary Contact _____

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.

64. 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 _____						

65. Doctor Name _____ Doctor Phone (____) ____ - _____

66. Insurance Provider _____

67. Medication Allergy _____

68. Date of Last Tetanus (Tdap, Dtap) Shot _____ 69. Date of last dental screening _____

70a. Date of last Vision Screen/Eye Exam _____ 70b. I have provided a copy of the results Yes No

71. Current Medications _____

72. Medications Needed at School _____

Please list and complete Authorization for Medication forms

73. I have provided a current immunization record Yes No

SECTION 7: Annual Notices

For annual notices on Student Records, the Protection of Student Rights and Complaint Procedures see the *Student Rights and Responsibilities Handbook*, available online on the district website.

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Redmond School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student's education records. However, the school district may release designated "Directory Information" of a student without prior permission from the student's parent or guardian (or the student, if 18 years of age or older or emancipated). Directory information is information contained in a student education record which is not generally considered harmful or an invasion of privacy if released for use in local school publications, other media and for such other purposes as deemed appropriate by school administration. It is defined by the district as the student's name, address, electronic address, picture, major field of study, participation in officially recognized activities and sports, weight, height of athletic team members, dates of enrollment, diplomas or awards received, and the most recent school or program attended.

Directory information considered by the district to be detrimental will not be released. In order to protect student privacy, and to prevent unwanted solicitation of students and their families, the district will release either students' names or students' addresses. The district will not release names and addresses together, except to law enforcement or other agencies as designated by law.

If you would like to keep your student's Directory Information confidential, a written request must be submitted to your student's school within 15 days of receipt of this form. Requests to withhold Directory Information must be submitted annually.

_____ 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.

Parent or Guardian Signature

Print Name

Date