



# 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
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**2. Preferred Name** \_\_\_\_\_

Preferred Last Name	Preferred First Name
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**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
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**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
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**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)
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**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.

<b>Parent / Guardian 1</b>				
<b>12. Name</b> _____ <small>Legal Last Name                      Legal First Name                      Middle Initial                      Preferred Name</small>				
<b>13. Relationship to Student</b> _____ <small>Mother, Father, Grandparent, other (describe)</small>			<b>14. Living with Student</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15. Check all that apply:</b> <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Release To				
<b>16. Address Same as Student</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>17. Mailing Address</b> _____ <small>If different than student address                      Street Address                      City                      State                      ZIP</small>				
<b>18. Phone Numbers</b> 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				
<b>19. Employer</b> _____			<b>20. Email Address</b> _____	
<b>21. Currently a member of the Armed Forces on active duty or full-time National Guard</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

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