



Student Registration Form

For new secondary students

Office Use Only	
Permanent ID	_____
Counselor	_____
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

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

7. Student Phone (____) _____ - _____

8a. Ethnicity Hispanic or Latino

Select one Not Hispanic or Latino

8b. Race American Indian or Alaskan Native

Select all that apply Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

9a. Home Address _____

Street Address Apt#, Room#, Space

City State ZIP

9b. Mailing Address _____

If different than home address

Street Address Apt#, Room#, Space

City State ZIP

9c. 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.

10. Last School Attended _____

School Name City and State Last Date Attended

11. 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)

12. 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

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

14. Relationship to Student _____ **15. Living with Student** Yes No
Mother, Father, Grandparent, other (describe)

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

17. Address Same as Student Yes No

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

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

20. Employer _____ **21. Email Address** _____

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

Parent / Guardian 2

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

24. Relationship to Student _____ **25. Living with Student** Yes No
Mother, Father, Grandparent, other (describe)

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

27. Parent Address Same as Student Yes No

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

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

30. Employer _____ **31. Email Address** _____

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

Parent / Guardian 3

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

34. Relationship to Student _____ **35. Living with Student** Yes No
Mother, Father, Grandparent, other (describe)

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

37. Parent Address Same as Student Yes No

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

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

40. Parent Employer _____ **41. Parent Email Address** _____

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

Parent / Guardian 4

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

44. Relationship to Student _____ **45. Living with Student** Yes No
Mother, Father, Grandparent, other (describe)

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

47. Address Same as Student Yes No

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

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

50. Employer _____ **51. Email Address** _____

52. 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
53.				
54.				
55.				
56.				

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
57.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
58.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
59.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
60.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	

SECTION 5: Student Services

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

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

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

64. 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.

65. 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 _____						

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

67. Insurance Provider _____

68. Medication Allergy _____

69. Date of Last Tetanus (Tdap, Dtap) Shot _____

70. Current Medications _____

71. Medications Needed at School _____

Please list and complete Authorization for Medication forms

72. I have provided a current immunization record Yes No

SECTION 7: Annual Notices

For annual notices on Student Records, the Protection of Student Rights, Military Recruiting 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 and height of athletic team members, dates of enrollment, diplomas or awards received, and the most recent previous 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 made annually.

In accordance with the Elementary and Secondary Education Act of 1965 (ESEA), and with the district’s desire to promote higher education, upon written request the district will release students names, telephone numbers, and addresses to recruiters for the United States military and to colleges and other post-secondary educational Institutions, unless parents or eligible students request the district withhold this information.

_____ I do not want my student’s name, address, and phone number released to: Military Recruiters College Recruiters

_____ 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