



# NESTUCCA VALLEY SCHOOL DISTRICT STUDENT 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. 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

1. LEGAL LAST NAME \_\_\_\_\_ 2. LEGAL FIRST NAME \_\_\_\_\_  
3. LEGAL MIDDLE \_\_\_\_\_ 4. GRADE \_\_\_\_\_ 5. GENDER ☐ Female ☐ Male ☐ X 6. HOME LANGUAGE \_\_\_\_\_  
7. FIRST NAME "GOES BY" \_\_\_\_\_ 8. LAST NAME "GOES BY" \_\_\_\_\_  
9. BIRTHDATE \_\_\_\_\_ 10. BIRTH CITY \_\_\_\_\_ 11. BIRTH STATE \_\_\_\_\_ 12. BIRTH 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

14. HOME ADDRESS \_\_\_\_\_ 15. CITY \_\_\_\_\_ 16. STATE \_\_\_\_\_ 17. ZIP \_\_\_\_\_

18. MAILING ADDRESS (if different) \_\_\_\_\_ 19. CITY \_\_\_\_\_ 16. STATE \_\_\_\_\_ 17. ZIP \_\_\_\_\_

22. FAMILY PRIMARY PHONE (cell? Yes ☐ No ☐ ) \_\_\_\_\_ 23. STUDENT CELL PHONE \_\_\_\_\_

Note: Family primary phone number will be used for attendance and emergency notifications

## PREVIOUS SCHOOL INFORMATION

	24. School (most recent first)	25. City and State	26. Years Attended (ex 2007-09)
1.			
2.			

27. Has this student been expelled from his or her previous school?

Yes ☐ No ☐

August 2019

**PARENT/GUARDIAN INFORMATION**—Contact phone numbers and email addresses will be used to distribute important information.

**PARENT/RESPONSIBLE ADULT #1:** 27. LIVING WITH STUDENT: Y ☐ N ☐ (If no, provide mailing address on #35; check if you want copy of correspondence ☐)

28. ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER: \_\_\_\_\_

29. LAST NAME \_\_\_\_\_ 30. FIRST NAME \_\_\_\_\_

31. PRIMARY LANGUAGE \_\_\_\_\_ 32. E-MAIL ADDRESS \_\_\_\_\_

33. IS THIS PARENT A MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD Yes ☐ No ☐

34. EMPLOYER \_\_\_\_\_ 34a. JOB TITLE \_\_\_\_\_

35. MAILING ADDRESS \_\_\_\_\_ 36. CITY \_\_\_\_\_ 37. STATE \_\_\_\_\_ 38. ZIP \_\_\_\_\_

39. PRIMARY PHONE (if different than #22) \_\_\_\_\_ Cell phone? Yes ☐ No ☐

40. SECONDARY PHONE \_\_\_\_\_ 41. WORK PHONE \_\_\_\_\_ 42. INTERESTED IN VOLUNTEERING Yes ☐ No ☐

43. Contact allowed with student Yes ☐ No ☐ 44. Has Custody of student Yes ☐ No ☐ 45. Permission to pick up? Yes ☐ No ☐

**PARENT/RESPONSIBLE ADULT #2:** 46. LIVING WITH STUDENT: Y ☐ N ☐ (If no, provide mailing address on #54; check if you want copy of correspondence ☐)

47. ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER: \_\_\_\_\_

48. LAST NAME \_\_\_\_\_ 49. FIRST NAME \_\_\_\_\_

50. PRIMARY LANGUAGE \_\_\_\_\_ 51. E-MAIL ADDRESS \_\_\_\_\_

52. IS THIS PARENT A MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD Yes ☐ No ☐

53. EMPLOYER \_\_\_\_\_ 53a. JOB TITLE \_\_\_\_\_

54. MAILING ADDRESS \_\_\_\_\_ 55. CITY \_\_\_\_\_ 56. STATE \_\_\_\_\_ 57. ZIP \_\_\_\_\_

58. PRIMARY PHONE (if different than #22) \_\_\_\_\_ Cell phone? Yes ☐ No ☐

59. SECONDARY PHONE \_\_\_\_\_ 60. WORK PHONE \_\_\_\_\_ 61. INTERESTED IN VOLUNTEERING 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.

65. RELATIONSHIP TO STUDENT \_\_\_\_\_ 66. FIRST AND LAST NAME \_\_\_\_\_

67. PRIMARY PHONE \_\_\_\_\_ 68. WORK PHONE \_\_\_\_\_ 69. ADDITIONAL PHONE \_\_\_\_\_

70. RELATIONSHIP TO STUDENT \_\_\_\_\_ 71. FIRST AND LAST NAME \_\_\_\_\_

72. PRIMARY PHONE \_\_\_\_\_ 73. WORK PHONE \_\_\_\_\_ 74. ADDITIONAL PHONE \_\_\_\_\_

75. RELATIONSHIP TO STUDENT \_\_\_\_\_ 76. FIRST AND LAST NAME \_\_\_\_\_

77. PRIMARY PHONE \_\_\_\_\_ 78. WORK PHONE \_\_\_\_\_ 79. ADDITIONAL PHONE \_\_\_\_\_

**SIBLINGS**—Please list student's sibling(s) currently attending a district school.

80. SIBLING LAST NAME \_\_\_\_\_ 81. SIBLING FIRST NAME \_\_\_\_\_

82. RELATIONSHIP TO STUDENT \_\_\_\_\_ 83. SCHOOL \_\_\_\_\_ 84. GRADE \_\_\_\_\_

85. SIBLING LAST NAME \_\_\_\_\_ 86. SIBLING FIRST NAME \_\_\_\_\_

87. RELATIONSHIP TO STUDENT \_\_\_\_\_ 88. SCHOOL \_\_\_\_\_ 89. GRADE \_\_\_\_\_

90. SIBLING LAST NAME \_\_\_\_\_ 91. SIBLING FIRST NAME \_\_\_\_\_

92. RELATIONSHIP TO STUDENT \_\_\_\_\_ 93. SCHOOL \_\_\_\_\_ 94. GRADE \_\_\_\_\_

**STUDENT 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. Remember to advise the school of any changes in information.

95. PHYSICIAN'S NAME (optional) \_\_\_\_\_ 96. PHONE (optional) \_\_\_\_\_

97. 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.

98. DENTIST'S NAME (optional) \_\_\_\_\_ 99. PHONE (optional) \_\_\_\_\_

100. 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.

101. CHECK ANY CURRENT MEDICAL CONDITIONS: ☐ SERIOUS ALLERGIES: \_\_\_\_\_ LIFE THREATENING? Y ☐ N ☐  
☐ ASTHMA ☐ HEART DISEASE ☐ SEIZURE DISORDER ☐ DIABETES: ☐ TYPE I ☐ TYPE II

102. OTHER SPECIAL HEALTH NEEDS AT SCHOOL:

103. MEDICATIONS TO BE TAKEN AT SCHOOL (please list and also complete the Authorization for Medication form):

**KINDERGARTEN STUDENTS ONLY**

104. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)? ☐ Yes ☐ No

105. Name of preschool \_\_\_\_\_

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

**HIGH SCHOOL ONLY**

106. I do not want my child's name, address and phone number released to: ☐ Military Recruiters ☐ College Recruiters  
 The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check one or both of the categories above.

PROGRAMS

### **PROGRAM INFORMATION**

107. Does your student have a current Individualized Education Plan (IEP)? Yes ☐ No ☐

108. Does your student have a current Section 504 Plan? Yes ☐ No ☐

109. Is your student in a Talented and Gifted (TAG) program? Yes ☐ No ☐

LANGUAGE

### **LANGUAGE INFORMATION**

110. What was the first language your child learned to speak? \_\_\_\_\_

111. What language does the student speak at home most of the time? \_\_\_\_\_

If a language other than English is given to any of the above questions, your child will be referred for English language assessment to determine if he/she qualifies for ESL services.

112. Is the student in, or has the student been in, an English as a Second Language Program? Yes ☐ No ☐

113. In a Bilingual/Dual Program? Yes ☐ No ☐

If Yes to 112, what was the student's first day in a U.S. school? \_\_\_\_\_

Your family has the right to receive information in your home language.

114. Does your family need an interpreter for school meetings? Yes ☐ No ☐

### **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."

115. 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.

116. 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.

117. 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.**

118. SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) \_\_\_\_\_ DATE \_\_\_\_\_

119. SIGNATURE OF PARENT/RESPONSIBLE ADULT \_\_\_\_\_ DATE \_\_\_\_\_

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