

LOSD STUDENT REGISTRATION FORM

STUDENT I.D. NO.

SHADED AREA FOR OFFICE USE ONLY

| | | | | | | | | | | |
|------------------|------------|-------|------------------|-----|-----------|---------|-----------------------------|----------------------------------|----------------------------------|------------------------------|
| ADMISSION REASON | ENTRY DATE | GRADE | ADMISSION STATUS | FTE | GRAD YEAR | HOME RM | COUNSELOR (OR TEACHER) NAME | <input type="checkbox"/> P/P | <input type="checkbox"/> SPEC ED | <input type="checkbox"/> TAG |
| | | | | | | | | <input type="checkbox"/> TITLE 1 | <input type="checkbox"/> 504 | <input type="checkbox"/> ELL |
| OFFICE NOTES | | | | | | | | LOCKER NO. | BUS | |

INSTRUCTIONS: The Registration Form is an official record. The questions on this form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school. **Please complete online and print, or print by hand using a ball-point pen, completing both pages.**

STUDENT INFORMATION

| | | | | | | | | | | | | | |
|---|--|--------------------------|------------------------------|--|--|--|--|---|---|--|--|--|--|
| 1. LEGAL LAST NAME | | 2. LEGAL FIRST NAME | | 3. MIDDLE NAME | | 4. SUFFIX | | 5. USUAL LAST NAME (if different) | | 6. PREFERRED FIRST NAME | | 7. GENDER <input type="checkbox"/> F <input type="checkbox"/> M | |
| 8. BIRTH DATE / / | | 9. HOME PHONE NO. () | | 10. UNLISTED YES <input type="checkbox"/> NO <input type="checkbox"/> | | 12a. ETHNICITY: Hispanic/Latino? (Check One) YES <input type="checkbox"/> NO <input type="checkbox"/> | | 12b. RACE: (Check at least one, and all that apply.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | | | | |
| 13. HOME ADDRESS <small>(Street Address & Apartment. No.)</small> | | | | 14. CITY | | 15. STATE | | 16. ZIP CODE | | 17. IS MAILING ADDRESS SAME AS HOME ADDRESS? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(If NO, please fill in box No. 18)</small> | | | |
| 18. DIFFERENT MAILING ADDRESS | | | | 19. CITY | | 20. STATE | | 21. ZIP CODE | | 22. STATE OF BIRTH <small>(if in USA)</small> | | | |
| 23. PREVIOUS SCHOOL DISTRICT ATTENDED | | | 24. PREVIOUS SCHOOL ATTENDED | | | 25. DATES ATTENDED | | | 26. PREVIOUS SCHOOL ADDRESS | | | | |
| 27. IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE, OR THE LANGUAGE USED AT HOME? If YES, please complete the following: | | | | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | (If answer is YES, you will be referred to the ELL/Bilingual Assessment Center. ELL/Bilingual services will be provided only with an assessment) | | | |
| • First language learned: | | | • Language spoken at home: | | | • Language most used: | | | Student is or has been in ELL/Bilingual program? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

PARENT/GUARDIAN INFORMATION

| | | | | | | | | | | | |
|---|--|---------------------------|--|--|--|---|--|---|----------------|----------------|--|
| 28. CHILD LIVES WITH: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER: | | | | | | | | | | | |
| 29. FIRST PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: | | | | | | 30. Contact in event of emergency: YES <input type="checkbox"/> NO <input type="checkbox"/> | | 31. LAST NAME | | 32. FIRST NAME | |
| 33. ADDRESS: Living with Student? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please fill address in box No. 34, and check <input type="checkbox"/> to receive copy of report card/correspondence. Same as student address: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | 34. DIFFERENT ADDRESS | | | | | |
| 35. HOME PHONE NO. () | | 36. WORK PHONE NO. () | | 37. CELL PHONE NO. () | | 38. PAGER PHONE NO. () | | 39. EMAIL ADDRESS <small>(EMAIL ADDRESS WILL BE INCLUDED IN LISTSERV FOR ELECTRONIC DISTRIBUTION OF NEWSLETTERS AND EMERGENCY INFORMATION.)</small> | | | |
| 40. SPEAKS ENGLISH: YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, primary language: | | | | 41. WILLING TO VOLUNTEER YES <input type="checkbox"/> NO <input type="checkbox"/> | | 42. PLACE OF EMPLOYMENT | | | 43. OCCUPATION | | |
| 44. SECOND PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: | | | | | | 45. Contact in event of emergency: YES <input type="checkbox"/> NO <input type="checkbox"/> | | 46. LAST NAME | | 47. FIRST NAME | |
| 48. ADDRESS: Living with Student? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please fill address in box No. 49, and check <input type="checkbox"/> to receive copy of report card/correspondence. Same as student address: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | 49. DIFFERENT ADDRESS | | | | | |
| 50. HOME PHONE NO. () | | 51. WORK PHONE NO. () | | 52. CELL PHONE NO. () | | 53. PAGER PHONE NO. () | | 54. EMAIL ADDRESS <small>(EMAIL ADDRESS WILL BE INCLUDED IN LISTSERV FOR ELECTRONIC DISTRIBUTION OF NEWSLETTERS AND EMERGENCY INFORMATION.)</small> | | | |
| 55. SPEAKS ENGLISH: YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, primary language: | | | | 56. WILLING TO VOLUNTEER YES <input type="checkbox"/> NO <input type="checkbox"/> | | 57. PLACE OF EMPLOYMENT | | | 58. OCCUPATION | | |

| ADDITIONAL EMERGENCY CONTACTS (In emergency, parent/guardians on page 1 will be called 1 st and 2 nd unless shown otherwise below.) | | | |
|---|---------------------------|---------------------------|---|
| 59. FIRST ADDITIONAL CONTACT LAST NAME | 60. FIRST NAME | 61. RELATIONSHIP | 62. CALL: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th |
| 63. HOME PHONE NO. () | 64. WORK PHONE NO. () | 65. CELL PHONE NO. () | 66. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 67. SECOND ADDITIONAL CONTACT LAST NAME | 68. FIRST NAME | 69. RELATIONSHIP | 70. CALL: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th |
| 71. HOME PHONE NO. () | 72. WORK PHONE NO. () | 73. CELL PHONE NO. () | 74. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/> |

Please use separate form to list additional emergency contacts if desired.

| MEDICAL INFORMATION | | | |
|---|--|---|---|
| School staff needs to know when your child has a current ongoing health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information. | | | |
| 75. DOCTOR'S NAME | 76. PHONE NO. () | 77. DENTIST'S NAME | 78. PHONE NO. () |
| 79. PREFERRED HOSPITAL | 80. HEALTH POLICY NO. (optional) | 81. INSURANCE CARRIER (optional) | |
| 82. PLEASE CHECK ANY CURRENT ON-GOING PROBLEMS: | | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Serious Allergies: |
| <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II | Date of Diagnosis: | <input type="checkbox"/> Other: | |
| 83. REGULARLY USED PRESCRIPTION MEDICATIONS | 84. PRESCRIPTION MEDICATIONS TAKEN AT SCHOOL | | 85. LAST PHYSICAL EXAM DATE |

| SIBLINGS (Attending same school district.) | | | | | | |
|--|-----------------|-------------------|----------|--|-------------|------------|
| 86. FIRST SIBLING LAST NAME | 87. FIRST NAME | 88. RELATIONSHIP | 89. AGE | 90. GENDER <input type="checkbox"/> F <input type="checkbox"/> M | 91. SCHOOL | 92. GRADE |
| 93. SECOND SIBLING LAST NAME | 94. FIRST NAME | 95. RELATIONSHIP | 96. AGE | 97. GENDER <input type="checkbox"/> F <input type="checkbox"/> M | 98. SCHOOL | 99. GRADE |
| 100. THIRD SIBLING LAST NAME | 101. FIRST NAME | 102. RELATIONSHIP | 103. AGE | 104. GENDER <input type="checkbox"/> F <input type="checkbox"/> M | 105. SCHOOL | 106. GRADE |

Please use separate form to list additional siblings.

| PERMISSIONS / AUTHORIZATIONS | |
|---|---|
| 107. My student has permission to use the internet: YES <input type="checkbox"/> NO <input type="checkbox"/> (THE STUDENT'S USE OF THE INTERNET IS SUBJECT TO THE ACCEPTABLE USE REGULATION, WHICH IS IN THE REGISTRATION PACKET AND IS AVAILABLE FROM YOUR SCHOOL AND ONLINE.) | 108. In the case of illness, accident, or other emergency involving the student, the Principal is authorized to send my child to the preferred hospital specified above: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <p>STUDENT RECORDS</p> <p>Annual Parent Notification for Family Education Rights and Privacy Act. Parent Rights: 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Education concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from the school.</p> <p>Release of General Information About Student. The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as "directory information" which schools may release for school purposes without parent consent: student's name, address, phone listing, date and place of birth, photograph, illness or accident information as required in health and safety emergencies, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous school attended. Within 15 days of enrollment, a parent may request, in writing to the school, that directory information not be released while the student is enrolled. This authority must be renewed annually per instructions in the applicable Student Rights and Responsibilities brochure.</p> <p>Transferring Records: Grades K-12. Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school.</p> <p>Records Retention. Student records will be retained the minimum time set by the State of Oregon. The District will retain speech pathology and physical therapy records until the student reaches age 21 or five years after last seen, whichever is longer. The District will retain all other special education records for a minimum of five years after the school year in which the records were created. The District may destroy these records after these periods of time unless the parent or adult student requests these records.</p> | |
| 109. SIGNATURE OF FIRST PARENT/RESPONSIBLE ADULT X | 110. DATE |
| 111. SIGNATURE OF SECOND PARENT/RESPONSIBLE ADULT X | 112. DATE |