



Student Registration Form

For new elementary students

Office Use Only	
Permanent ID	_____
Teacher	_____
Start Date	_____

Instructions: This enrollment form is a legal document. Answer all questions, and sign and date where indicated on page 4. All information you supply is used solely to provide appropriate services for your student, and is protected by the Family Educational Rights and Privacy Act (FERPA). Please remember to inform your student's school promptly of any changes to this information.

SECTION 1: Student Information

Student Name _____

Legal Last Name	Legal First Name	Middle Name	Suffix
-----------------	------------------	-------------	--------

Preferred Name _____

Preferred Last Name	Preferred First Name
---------------------	----------------------

Grade _____

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

Gender Female Male Non-binary

Home Language English Spanish Other (specify) _____
Indicate your preferred language for home correspondence, including phone and text messages.

Date of Birth _____ **Verified By:** Birth Certificate Birth Registration Form Prior School Records Other _____
Check one. At least one form of age verification is required at time of enrollment.

Place of Birth _____

City or County	State	Country
----------------	-------	---------

Ethnicity Hispanic or Latino Not Hispanic or Latino

Race American Indian or Alaskan Native
Select all that apply Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Race and ethnicity information is required for State and Federal statistical reporting purposes only.

Home Address _____

Street Address	Apt or Space #
----------------	----------------

City	State	ZIP
------	-------	-----

Mailing Address _____

Street Address or PO Box	Apt or Space #
--------------------------	----------------

City	State	ZIP
------	-------	-----

Proof of Address Utility bill Mortgage document Tax statement Driver's License or Oregon ID card Other (specify) _____
Check one. Present proof to registrar at time of enrollment.

Last School Attended _____

School Name	City and State	Last Date Attended
-------------	----------------	--------------------

Is your student a member of a federally recognized American Indian Tribe? Yes No

If yes, enter their tribal affiliation _____

Name of Tribe	Student's Tribal Enrollment Number (if known)
---------------	---

If your student was not born in the United States or Puerto Rico, what date did they first begin school in the U.S.? _____
 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:** Tracie Renwick, Director of Human Resources | tracie.renwick@redmondschools.org | (541) 923-8922

SECTION 2: Parent/Guardian Information

Oregon law requires schools to notify a parent/guardian when a student has an unexcused or unverified absence. Redmond School District uses an automated phone messaging system ("Autodialer") for contacting parents/guardians concerning their student's attendance, as well as emergency/snow closures and miscellaneous school communications. Indicate which phone(s) you would like to receive messages from your student's school in the check boxes provided. You may select as many phones as you want, but at least one phone must be selected per family.

Please provide information for all parents, including those who do not live with the student. All legal parents are assumed to have the right to inspect and review the student's education records, to receive school correspondence and/or to check the student out of school with proper identification, **unless legal documentation is provided showing otherwise.** A copy of the legal documentation must be left on file at the school.

Parent / Guardian 1

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

Living with Student Yes No

Relationship to Student _____
Mother, Father, Grandparent, other (describe)

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

Email Address _____ **Employer** _____

Parent currently a member of the Armed Forces on active duty or full-time National Guard? Yes No

Mailing Address _____
If different than student address Street Address or PO Box City State ZIP

Phone Numbers Cell (____)____-____ Home (____)____-____ Work (____)____-____
 Use for Autodialer messages Use for Autodialer messages Use for Autodialer messages

Parent / Guardian 2

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

Living with Student Yes No

Relationship to Student _____
Mother, Father, Grandparent, other (describe)

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

Email Address _____ **Employer** _____

Parent currently a member of the Armed Forces on active duty or full-time National Guard? Yes No

Mailing Address _____
If different than student address Street Address or PO Box City State ZIP

Phone Numbers Cell (____)____-____ Home (____)____-____ Work (____)____-____
 Use for Autodialer messages Use for Autodialer messages Use for Autodialer messages

Parent / Guardian 3

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

Living with Student Yes No

Relationship to Student _____
Mother, Father, Grandparent, other (describe)

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

Email Address _____ **Employer** _____

Parent currently a member of the Armed Forces on active duty or full-time National Guard? Yes No

Mailing Address _____
If different than student address Street Address or PO Box City State ZIP

Phone Numbers Cell (____)____-____ Home (____)____-____ Work (____)____-____
 Use for Autodialer messages Use for Autodialer messages Use for Autodialer messages

Parent / Guardian 4

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

Living with Student Yes No

Relationship to Student _____
Mother, Father, Grandparent, other (describe)

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

Email Address _____ Employer _____

Parent currently a member of the Armed Forces on active duty or full-time National Guard? Yes No

Mailing Address _____
If different than student address Street Address or PO Box City State ZIP

Phone Numbers Cell (____)____-____ Home (____)____-____ Work (____)____-____
 Use for Autodialer messages Use for Autodialer messages Use for Autodialer messages

SECTION 3: Siblings

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

	Sibling Last Name	Sibling First Name	Relationship to Student	School
1.				
2.				
3.				
4.				

SECTION 4: Emergency Contacts

In an emergency, the parents/guardians listed in Section 2 will be contacted first, in the order listed on the form. It is not necessary to repeat parent/guardian contact information here. By listing a name or names in this section, you are authorizing the person or people to pick up your student at school if a parent/guardian cannot be reached.

Call Order	Contact Name	Relationship to Student	Phone Numbers
1.			Cell (____)____-____ Home (____)____-____ Work/Other (____)____-____
2.			Cell (____)____-____ Home (____)____-____ Work/Other (____)____-____
3.			Cell (____)____-____ Home (____)____-____ Work/Other (____)____-____
4.			Cell (____)____-____ Home (____)____-____ Work/Other (____)____-____

SECTION 5: Student Services

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

Has your student ever qualified for English Learner services? Yes No

If yes, were they previously exited? Yes _____ Exit Date No

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

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.

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 _____						

Doctor Name _____ Doctor Phone (____) ____ - _____

Insurance Provider _____

Medication Allergy _____

Date of Last Tetanus (Tdap, Dtap) Shot _____ Date of last Dental Screening _____

Date of Last Vision Screen/Eye Exam _____ I have provided a copy of the results Yes No

Current Medications _____

Medications Needed at School _____

Please list and complete Authorization for Medication forms

I have provided a current immunization record Yes No

SECTION 7: Annual Notices and the Release of Student Information

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 (www.redmond.k12.or.us) and at your student's school. A paper copy may be provided to you at your request.

Current Federal law (the Family Educational Rights and Privacy Act (FERPA)) allows the release of directory information of a student without prior permission from the student's parent or guardian. Directory information is regularly included in school publications such as sports and theater programs, yearbooks, honor roll and other recognition lists, and on school and district web pages and social media. A detailed definition of directory information can be found in the *Student Rights and Responsibilities Handbook* and in School District Policy JOA.

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.

SECTION 8: Parent/Guardian Signature

By signing this form, I affirm that all the above information is accurate and complete. I understand that my student may be immediately returned to their neighborhood assigned school if it is determined that the address I have provided is false.

Parent or Guardian Signature

Print Name

Date

Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____ Grade Level: _____

School: _____ Date of Birth: _____

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? hear _____ use (i.e., American Sign Language (ASL)) _____

2. Describe the language(s) your child **understands**.

- No English
- Mostly another language and a little English
- English and another language equally
- Mostly English and a little of another language
- Tribal/Heritage/Native Language (i.e. languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- Only English

3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home: _____ Child-care Providers: _____

4. What language(s) does your **child CURRENTLY speak/express** most frequently **outside of school**?

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.).

6. Is there anything else you think the school should know about your child's language use (i.e., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ **Date** _____

What is your relationship to the student? _____ (i.e., parent, grandparent, etc.)