

**For Office Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

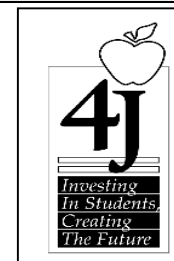
Date Enrolled: \_\_\_\_/\_\_\_\_/\_\_\_\_

- In School Boundary verified
- In District Transfer verified
- Out of District Exchange verified

4J Pupil number: \_\_\_\_\_

Teacher Placement: \_\_\_\_\_

# Eugene School District 4J Elementary Enrollment Form



*This enrollment form is a legal document. The information you provide must be accurate and complete.*

*Any personal information requested is solely for the safety and well-being of your student. Thank you in advance for your kind cooperation.*

## Student Information

Please **print** legibly

## Student Address Information

<b>Legal Last Name</b>	Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<b>Street Number</b>			
<b>Legal First Name</b>				<b>Street Name</b>			
<b>Usual Last Name</b>				<b>Apartment #</b>			
<b>Preferred First</b>				<b>City</b>			
<b>Legal Middle</b>				<b>Zip Code</b>			
<b>Birth Date</b>				<b>County</b>	<input type="checkbox"/> Lane	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proof of Age</b> <small>(√ document you are providing to this school)</small>	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Court Order	<input type="checkbox"/> Hospital Record	<input type="checkbox"/> Medical Card	<input type="checkbox"/> Passport		
<b>Home Phone</b>	(      )			<b>Dwelling Type</b> <small>(√ 1 box)</small>	<input type="checkbox"/> Apartment	<input type="checkbox"/> Motel/Hotel	
<b>Ethnicity</b>	Is this student Hispanic or Latino?		<input type="checkbox"/> Yes	<b>Proof of Residency</b> <small>(√ provided document)</small>	<input type="checkbox"/> Group Home	<input type="checkbox"/> Shared Housing	
			<input type="checkbox"/> No		<input type="checkbox"/> House	<input type="checkbox"/> Shelter	
<b>Race</b> <small>Mark all that apply P=Primary S=Secondary</small>	<input type="checkbox"/> American Indian/Alaska Native		<b>Mailing Address</b> <small>(If different) Street</small>	<input type="checkbox"/> Mobile home	<input type="checkbox"/> Unsheltered		
	<input type="checkbox"/> Asian	<input type="checkbox"/> Black		<input type="checkbox"/> White	<input type="checkbox"/> Lease	<input type="checkbox"/> Tax bill	
	<input type="checkbox"/> Native Hawaiian/Pacific Islander			<input type="checkbox"/> Mortgage	<input type="checkbox"/> Utility bill		
<b>Student Status</b> <small>(√ all that apply)</small>	<b>Grade:</b>			<b>Previous District</b>			
	<input type="checkbox"/> ELL	<input type="checkbox"/> IEP	<input type="checkbox"/> 504	<b>Previous School</b>			
	<input type="checkbox"/> Special Ed	<input type="checkbox"/> Speech	<input type="checkbox"/> TAG	<b>Prev. Sch. Address</b>			
	<input type="checkbox"/> This student has other special needs. <small>(Please describe here)</small>			<b>City/State/Zip</b>			
				<b>Phone #</b>			
				<b>Fax #</b>			

# Parent Information

<b>Custody</b> <i>(√ person/s with legal custody)</i>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Father/Step Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Relatives
	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother only	<input type="checkbox"/> Mother/Step Father	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Other

<b>Lives With</b> <i>(√ person/s student lives with)</i>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Father/Step Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Relatives
	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother only	<input type="checkbox"/> Mother/Step Father	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Other

<b>Parent/Guardian</b> <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services	
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other			
	<b>Last Name</b>				<b>Work Place:</b>		
	<b>First Name</b>				<b>Occupation:</b>		
	<input type="checkbox"/> Living with Student <input type="checkbox"/> Emergency Contact				<b>Business Phone:</b>		
	<i>Home address is the same as student's address.</i>				<b>Home Phone:</b>		
	<b>Address</b>				<b>Cell Phone:</b>		
	<b>City/State/Zip</b>				<b>Email Address:</b>		
<b>Spoken Language</b>				<b>Speaks English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Correspondence Language</b>				<b>Send copy of correspondence (Not student's address)</b>			

<b>Parent/Guardian</b> <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services	
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other			
	<b>Last Name</b>				<b>Work Place:</b>		
	<b>First Name</b>				<b>Occupation:</b>		
	<input type="checkbox"/> Living with Student <input type="checkbox"/> Emergency Contact				<b>Business Phone:</b>		
	<i>Home address is the same as student's address.</i>				<b>Home Phone:</b>		
	<b>Address</b>				<b>Cell Phone:</b>		
	<b>City/State/Zip</b>				<b>Email Address:</b>		
<b>Spoken Language</b>				<b>Speaks English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Correspondence Language</b>				<b>Send copy of correspondence (Not student's address)</b>			

<b>Parent/Guardian</b> <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services	
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other			
	<b>Last Name</b>				<b>Work Place:</b>		
	<b>First Name</b>				<b>Occupation:</b>		
	<input type="checkbox"/> Living with Student <input type="checkbox"/> Emergency Contact				<b>Business Phone:</b>		
	<i>Home address is the same as student's address.</i>				<b>Home Phone:</b>		
	<b>Address</b>				<b>Cell Phone:</b>		
	<b>City/State/Zip</b>				<b>Email Address:</b>		
<b>Spoken Language</b>				<b>Speaks English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Correspondence Language</b>				<b>Send copy of correspondence (Not student's address)</b>			

See page 3 for additional Parent/Guardian information.

<b>Parent/Guardian</b> <i>(Check 1 type)</i>  <b>Last Name</b> First Name  <i>(Fill in address only if different than student's)</i>  Address City/State/Zip Spoken Language Correspondence Language	<input type="checkbox"/>	Father	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Social Services		
	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Stepmother	<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Other						
									Work Place:					
									Occupation:					
	<input type="checkbox"/>	Living with Student		<input type="checkbox"/>	Emergency Contact			Business Phone:						
									Home Phone:					
									Cell Phone:					
									Email Address:					
									Speaks English:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
									Send <b>copy of correspondence</b> (Not student's address)					

**Local Emergency Contact Information** *In an emergency, parent/guardians will be called 1<sup>st</sup>, so you need not repeat Parent information here. All Emergency Contacts you list here will be checked as having your permission to pick up this student.*

<b>Last Name #1</b>							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
<b>Last Name #2</b>							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
<b>Last Name #3</b>							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
<b>Last Name #4</b>							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					

**4J Siblings** *Please list all brothers, sisters, half and step, CURRENTLY registered in a 4J school.*

<b>Sibling Name</b>							Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	<b>Current 4J School:</b>					
<b>Sibling Name</b>							Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	<b>Current 4J School:</b>					
<b>Sibling Name</b>							Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	<b>Current 4J School:</b>					
<b>Sibling Name</b>							Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	<b>Current 4J School:</b>					

**Permissions**

<b>Internet Access:</b> My student may have Internet Access at school. <i>(The Student's use of the Internet is subject to the District's Acceptable Use Regulation, which is available from your school.)</i>				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Type of Internet Access Permitted:	<input type="checkbox"/>	Internet Only	<input type="checkbox"/>	Email Only	<input type="checkbox"/>	Both Internet and email	
<b>Field Trip Permission:</b> My student has permission to participate in school related field trips.				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Permission to Transport:</b> I give my permission to have my student transported to a medical facility.				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Restrictions**

HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
News Media: My student may be seen, interviewed or quoted on television, radio or newsprint.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PG Movies: My student may view PG movies.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PG 13 Movies: My student may view PG 13 movies.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Photographs: My student's picture may be taken during class or for class activities.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Video: My student may be video taped during class or class assignments.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
School Directory: My student's information may be printed in a school directory.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
School Website: My student may be mentioned or pictured on the school website.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
School Year Book: My student may be mentioned or pictured in the School Year Book.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Birth Information**

**Language Information**

Country of Birth	<input type="text"/>	First Language	<input type="text"/>
City of Birth	<input type="text"/>	Lang. at Home	<input type="text"/>
State of Birth	<input type="text"/>	Lang. Most Used	<input type="text"/>
Citizen of	<input type="text"/>	Home Language Survey Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

**Medical Information**

*(There are separate medical forms for immunizations and health history. Please complete **all** forms.)*

Doctor Name	<input type="text"/>	Phone	<input type="text"/>
Dentist Name	<input type="text"/>	Phone	<input type="text"/>
Allergies	<input type="text"/>		
And Health	<input type="text"/>		
Conditions	<input type="text"/>	Life Threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="text"/>		

*By signing below, I attest the information provided here is accurate and complete. I understand false swearing to a public agency is unlawful. (ORS 162.075).*

<b>Date:</b> / /	<b>Signature of Parent or Legal Guardian:</b> <input type="text"/>
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