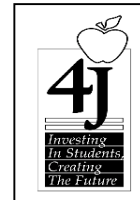


<i>For Office Use Only:</i>	Date Received: ___/___/___	Date Enrolled: ___/___/___	<input type="checkbox"/> In School Boundary verified <input type="checkbox"/> In-District Transfer verified <input type="checkbox"/> Out of District Exchange verified	4J Pupil Number: _____
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Eugene School District 4J Middle/High Enrollment Form



Student Information <small>Please PRINT legibly.</small>										Student Address			
Gender	<input type="checkbox"/> F	<input type="checkbox"/> M					Street Number						
Legal Last Name						Street Name							
Legal First Name						Apartment #							
Preferred First Name						City							
Legal Middle Name						Zip Code							
Birth Date						County		<input type="checkbox"/> Lane County	<input type="checkbox"/> Linn County				
Proof of Age <small>(Check 1 box)</small>	<input type="checkbox"/> Birth Registration		<input type="checkbox"/> Medical Card			Dwelling Type <small>(Check 1 box)</small>	<input type="checkbox"/> Apartment		<input type="checkbox"/> Motel/Hotel				
	<input type="checkbox"/> Court Order		<input type="checkbox"/> Passport				<input type="checkbox"/> Group Home		<input type="checkbox"/> Shared Housing				
	<input type="checkbox"/> Hospital Record						<input type="checkbox"/> House		<input type="checkbox"/> Shelter				
						<input type="checkbox"/> Mobile home		<input type="checkbox"/> Unsheltered					
Home Phone	() () () () ()					Proof of Residency <small>(Check 1 box)</small>		<input type="checkbox"/> Lease		<input type="checkbox"/> Tax bill			
						<input type="checkbox"/> Mortgage		<input type="checkbox"/> Mortgage		<input type="checkbox"/> Utility bill			
Ethnicity	Is this student Hispanic or Latino?					<input type="checkbox"/> Yes		Mailing Address					
						<input type="checkbox"/> No		Check if same as Student Address					
Race Mark all that apply	<input type="checkbox"/> American Indian/Alaska Native					<input type="checkbox"/> (If different) Street							
	<input type="checkbox"/> Asian		<input type="checkbox"/> Black		<input type="checkbox"/> White	<input type="checkbox"/> (If different) City/Zip							
	<input type="checkbox"/> Native Hawaiian/Pacific Islander					Previous District							
Student Status	<input type="checkbox"/> ELL		<input type="checkbox"/> IEP		<input type="checkbox"/> 504	Previous School							
	<input type="checkbox"/> Special Ed		<input type="checkbox"/> Speech		<input type="checkbox"/> Tag	School Address							
	<input type="checkbox"/> Does this student have any special needs?					City/State/Zip							
	<i>(Please describe)</i>					Phone #							
					Fax #								
If currently expelled/suspended, student and parent/guardian will need to meet with administrators to determine if registration is possible at this time.													
					<input type="checkbox"/> Is this student currently suspended?		<input type="checkbox"/> No		<input type="checkbox"/> Yes from:				
					<input type="checkbox"/> Is this student currently expelled?		<input type="checkbox"/> No		<input type="checkbox"/> Yes from:				
					Name of Parole Officer:								

Parent Information

Custody Check person/s with legal custody	<input type="checkbox"/>	Both parents	<input type="checkbox"/>	Father Only	<input type="checkbox"/>	Father/stepmother	<input type="checkbox"/>	Step Father	<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Foster Parent
	<input type="checkbox"/>	Joint	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Mother/stepfather	<input type="checkbox"/>	Step Mother	<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Guardian
	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Sister	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Step Parents	<input type="checkbox"/>	Grandparents	<input type="checkbox"/>	Other

Living With Check person/s students live with	<input type="checkbox"/>	Both parents	<input type="checkbox"/>	Father Only	<input type="checkbox"/>	Father/stepmother	<input type="checkbox"/>	Step Father	<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Foster Parent
	<input type="checkbox"/>	Joint	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>	Mother/stepfather	<input type="checkbox"/>	Step Mother	<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Guardian
	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Sister	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Step Parents	<input type="checkbox"/>	Grandparents	<input type="checkbox"/>	Other

For Office Only Copy of Court/Custody Order on file in Main Office dated: _____ Copy of Restraining Order on file in Main Office dated: _____

Parent/Guardian Type (Check 1 box)	<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				

Last Name							Work Place						
	First Name							Occupation					
Address (if different)		<input type="checkbox"/>	Living with Student	<input type="checkbox"/>	Emergency Contact	Business Phone							
	<i>Home address is the same as student address</i>						Home Phone						
City/State/Zip							Cell Phone						
Spoken Language							Email Address						
Correspondence Language							Speaks English			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Not Student Address. Send copy of correspondence here also.													

Parent/Guardian Type (Check 1 box)	<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				

Last Name							Work Place						
	First Name							Occupation					
Address (if different)		<input type="checkbox"/>	Living with Student	<input type="checkbox"/>	Emergency Contact	Business Phone							
	<i>Home address is the same as student address</i>						Home Phone						
City/State/Zip							Cell Phone						
Spoken Language							Email Address						
Correspondence Language							Speaks English			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Not Student Address. Send copy of correspondence here also.													

Parent/Guardian Type (Check 1 box)	<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				

Last Name							Work Place						
	First Name							Occupation					
Address (if different)		<input type="checkbox"/>	Living with Student	<input type="checkbox"/>	Emergency Contact	Business Phone							
	<i>Home address is the same as student address</i>						Home Phone						
City/State/Zip							Cell Phone						
Spoken Language							Email Address						
Correspondence Language							Speaks English			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Not Student Address. Send copy of correspondence here also.													

Parent/Guardian Type <i>(Check 1 box)</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				

Last Name First Name							Work Place						
							Occupation						
Address <i>(if different)</i> City/State/Zip	<input type="checkbox"/>	Living with Student			<input type="checkbox"/>	Emergency Contact			Business Phone				
	<i>Home address is the same as student address</i>						Home Phone						
Spoken Language							Cell Phone						
Correspondence Language							Email Address						
						Speaks English				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
						Not Student Address. Send copy of correspondence here also.							

Local Emergency Contact Information *In emergency, parent/guardians will be called 1st, so you need not repeat Parent information here.*

Last Name	First Name				Relationship to student				
Home Phone	Language Spoken						<i>This person may pick up my student</i>		
				Work #		Cell #			

Last Name	First Name				Relationship to student				
Home Phone	Language Spoken						<i>This person may pick up my student</i>		
				Work #		Cell #			

Last Name	First Name				Relationship to student				
Home Phone	Language Spoken						<i>This person may pick up my student</i>		
				Work #		Cell #			

Last Name	First Name				Relationship to student				
Home Phone	Language Spoken						<i>This person may pick up my student</i>		
				Work #		Cell #			

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

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

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

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

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

Permissions

Internet Access?	<input type="checkbox"/>	Yes	<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"/>	No	
		If yes, type of access permitted:	<input type="checkbox"/> Internet <input type="checkbox"/> Email <input type="checkbox"/> Both
<input type="checkbox"/>	Field Trip Permission: My student has permission to participate in school related field trips		
<input type="checkbox"/>	Permission to Transport: I give my permission to transport this student to medical facility.		

Restrictions

<input type="checkbox"/>	HIV/AIDS Instruction: I do not want my student to be present during HIV/AIDS instruction times.
<input type="checkbox"/>	News Media: I do not want my student to be seen, interviewed or quoted on television, radio or newsprint.
<input type="checkbox"/>	PG Movies: I do not want my student viewing PG movies.
<input type="checkbox"/>	PG 13 Movies: I do not want my student viewing PG 13 movies.
<input type="checkbox"/>	Photographs: I do not want my student's picture taken during class or for class activities.
<input type="checkbox"/>	Video: I do not want my student video taped during class or class assignments.
<input type="checkbox"/>	School Directory: I do not want my student's information printed in a school directory.
<input type="checkbox"/>	School Website: I do not want my student to be mentioned or pictured on the school website.
<input type="checkbox"/>	Yearbook photos: I do not want my student's picture to be in the school's yearbook.
<i>For high school only</i>	<input type="checkbox"/> I request my student's name and/or contact information not be given to Military Recruiters
	<input type="checkbox"/> I request my student's name and/or contact information not be given to College Recruiters

Citizenship

Language

Country of Birth		First Language	
City of Birth		Lang. at Home	
State of Birth		Lang. Most Used	
Citizen of		Home Lang Survey	Survey date / /

Medical

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

Doctor Name		Phone	
Dentist Name		Phone	
Allergies/Health Conditions			
			<input type="checkbox"/> Life Threatening?
Other			

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).

Date: / /	Signature of Parent or Guardian:
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