

**For Office Use Only:**

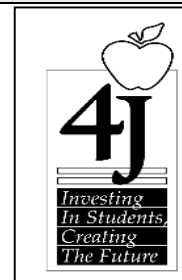
Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

# Eugene School District 4J Middle/High Enrollment Form



*This enrollment form is a legal document. The information you provide must be accurate and complete.  
This information is protected by the Family Educational Rights and Privacy Act (FERPA).*

## Student Information

Please **print** legibly

## Student Address

<b>Grade</b>	(grade student is starting at this school)					<b>Street Number</b>					
	<b>Gender</b>	Female		Male			<b>Street Name</b>				
<b>Legal Last Name</b>						<b>Apartment #</b>					
<b>Legal First Name</b>						<b>City</b>					
<b>Preferred First</b>						<b>Zip Code</b>					
<b>Legal Middle</b>						<b>Dwelling Type</b>	<input type="checkbox"/> Apartment	<input type="checkbox"/>	<input type="checkbox"/> Motel/Hotel		
<b>Birth Date</b>							<input type="checkbox"/> Group Home	<input type="checkbox"/>	<input type="checkbox"/> Shared Housing		
<b>Proof of Age</b> <i>(√ provided document)</i>	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/> Medical Card		<b>Proof of Residency</b>	<input type="checkbox"/> House	<input type="checkbox"/>	<input type="checkbox"/> Shelter			
	<input type="checkbox"/> Court Order	<input type="checkbox"/>	<input type="checkbox"/> Passport			<input type="checkbox"/> Mobile home	<input type="checkbox"/>	<input type="checkbox"/> Unsheltered			
	<input type="checkbox"/> Hospital Record	<input type="checkbox"/>				<input type="checkbox"/> Lease	<input type="checkbox"/>	<input type="checkbox"/> Tax bill			
<b>Home Phone</b>	(      )					<b>Mailing Address</b>	√ here if same as Student Address above				
<b>Student Status</b> <i>(√ all that apply)</i>	<input type="checkbox"/> ELL	<input type="checkbox"/>	<input type="checkbox"/> IEP	<input type="checkbox"/>	<input type="checkbox"/> 504	<b>Mailing Address</b> <i>(If different)</i> Street					
	<input type="checkbox"/> Special Ed	<input type="checkbox"/>	<input type="checkbox"/> Speech	<input type="checkbox"/>	<input type="checkbox"/> TAG		City/Zip				
	<input type="checkbox"/> This Student has special needs listed below.					<b>Previous District</b>					
						<b>Previous School</b>					
						<b>Prev. Sch. Address</b>					
					<b>City/State/Zip</b>						
					<b>Phone #</b>						

**If currently expelled/suspended, student and parent/guardian will need to. with administrators to determine if registration is possible at this time.**

Is student currently suspended?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, from:
Is student currently expelled?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, from:
Name of Parole Officer:				Phone #

# 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>	
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student	<input type="checkbox"/> Emergency Contact				
	<i>Home address is the same as student's address.</i>				<b>Business Phone:</b>	
<b>Address</b>					<b>Home Phone:</b>	
<b>City/State/Zip</b>					<b>Cell Phone:</b>	
<b>Spoken Language</b>					<b>Email Address:</b>	
<b>Correspondence Language</b>					<b>Speaks English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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>	
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student	<input type="checkbox"/> Emergency Contact				
	<i>Home address is the same as student's address.</i>				<b>Business Phone:</b>	
<b>Address</b>					<b>Home Phone:</b>	
<b>City/State/Zip</b>					<b>Cell Phone:</b>	
<b>Spoken Language</b>					<b>Email Address:</b>	
<b>Correspondence Language</b>					<b>Speaks English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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>	
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student	<input type="checkbox"/> Emergency Contact				
	<i>Home address is the same as student's address.</i>				<b>Business Phone:</b>	
<b>Address</b>					<b>Home Phone:</b>	
<b>City/State/Zip</b>					<b>Cell Phone:</b>	
<b>Spoken Language</b>					<b>Email Address:</b>	
<b>Correspondence Language</b>					<b>Speaks English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				<b>Send copy of correspondence (Not student's address)</b>		

See page 3 for additional Parent/Guardian information.

<b>Parent/Guardian</b> <small>(Check 1 type)</small>  <b>Last Name</b> First Name  <small>(Fill in address only if different than student's)</small>  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						
	Home address is the same as student address.												
									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>					

<b>Permissions</b>					Page 4
<b>Field Trip Permission:</b> My student has permission to participate in school related field trips.		Yes		No	
<b>Permission to Transport:</b> I give my permission to have my student transported to a medical facility.		Yes		No	
<b>Restrictions</b>					
HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times.		Yes		No	
News Media: My student may be seen, interviewed or quoted on television, radio or newsprint.		Yes		No	
PG Movies: My student may view PG movies.		Yes		No	
PG 13 Movies: My student may view PG 13 movies.		Yes		No	
Photographs: My student's picture may be taken during class or for class activities.		Yes		No	
Video: My student may be video taped during class or class assignments.		Yes		No	
School Directory: My student's information may be printed in a school directory.		Yes		No	
School Website: My student may be mentioned or pictured on the school website.		Yes		No	
School Year Book: My student may be mentioned or pictured in the School Year Book.		Yes		No	
<i>High School only</i>	I request my student's name and/or contact information <b>not</b> be given to Military Recruiters.				
	I request my student's name and/or contact information <b>not</b> be given to College Recruiters.				
<b>Birth Information</b>					
Country of Birth		State of Birth			
City of Birth		Citizen of			
<b>Medical Information</b> <small>(There are separate medical forms for immunizations and health history. Please complete <b>all</b> forms.)</small>					
Doctor Name		Phone			
Dentist Name		Phone			
Allergies And Health Conditions			Life Threatening?		
			Yes	No	
Other					
<b>Signature</b>					
<p><i>I hereby declare that the above statement is true to the best of my knowledge and belief. I understand I commit the crime of false swearing if I make a false statement, knowing it to be false. (ORS 162.065).</i></p> <p><i>Further, I understand that my student could be returned to their neighborhood school upon determination of a false address.</i></p>					
<b>Date:</b>	<b>Signature of Parent or Legal Guardian:</b>				
/ /					