

For Office Use Only:

Date Received: ____/____/____

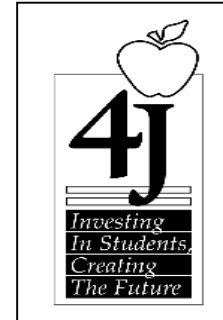
Date Enrolled: ____/____/____

- 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.
This information is protected by the Family Educational Rights and Privacy Act (FERPA).*

Student Information

Please print legibly

Student Address Information

Grade					Street Number				
Gender					Street Name				
Legal Last Name					Apartment #				
Legal First Name					City				
Usual Last Name					Zip Code				
Preferred First					Dwelling Type	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Motel/Hotel
Legal Middle						<input type="checkbox"/>	Group Home	<input type="checkbox"/>	Shared Housing
Birth Date						<input type="checkbox"/>	House	<input type="checkbox"/>	Shelter
Proof of Age <i>(√ provided document)</i>	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Medical Card	Proof of Residency <i>(√ provided document)</i>	<input type="checkbox"/>	Mobile home	<input type="checkbox"/>	Unsheltered
	<input type="checkbox"/>	Court Order	<input type="checkbox"/>	Passport		<input type="checkbox"/>	Lease	<input type="checkbox"/>	Tax bill
	<input type="checkbox"/>	Hospital Record	<input type="checkbox"/>			<input type="checkbox"/>	Mortgage	<input type="checkbox"/>	Utility bill
Home Phone	()				Mail from government agency				
Student Status <i>√ all that apply</i>	<input type="checkbox"/>	ELL	<input type="checkbox"/>	IEP	<input type="checkbox"/>	504	Mailing Address <i>(If different) Street</i>		
	<input type="checkbox"/>	Special Ed	<input type="checkbox"/>	Speech	<input type="checkbox"/>	TAG	<i>(If different) City/Zip</i>		
	<input type="checkbox"/> This Student has other special needs. <i>(Please describe here)</i>								
					Previous District				
					Previous School				
					Prev. Sch. Address				
					City/State/Zip				
					Phone #				
					Fax #				

Parent Information

Custody <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

Lives With <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

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

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

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

See page 3 for additional Parent/Guardian information.

Parent/Guardian <i>(Check 1 type)</i> Last Name 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	<input type="checkbox"/>
								Send copy of correspondence (Not student's address)						

Local Emergency Contact Information *In an emergency, parent/guardians will be called 1st, 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.*

Last Name #1							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
Last Name #2							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
Last Name #3							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
Last Name #4							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.*

Sibling Name							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	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:	Gender:	<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:	Gender:	<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:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	Current 4J School:					

Permissions

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Field Trip Permission: My student has permission to participate in school related field trips.		Yes		No
Permission to Transport: I give my permission to have my student transported to a medical facility.		Yes		No

Restrictions

HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times.		Yes		No
PG Movies: My student may view PG movies.		Yes		No
Photographs: My student's picture may be used in the school year book, tv, newspaper, website and video taping during class and class assignments.		Yes		No
School Directory: My student's information may be printed in a school directory.		Yes		No

Birth Information

Country of Birth		City of Birth	
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Medical Information (There are separate medical forms for immunizations and health history. Please complete **all** forms.)

Doctor Name		Phone	
Dentist Name		Phone	
Allergies And Health Conditions			
	Life Threatening?	Yes	No
Other			

Signature

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 162.075).

Further, I understand that my student could be returned to their neighborhood school upon determination of a false address.

Date: / /	Signature of Parent or Legal Guardian:
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