

Eugene School District 4J Student Enrollment



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 Demographic Information	Enter Date: ____/____/____	4J Perm ID: _____
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Student's Legal Name:

Legal Last Name Legal First Legal Middle Suffix

Grade (starting at this school): _____ **Gender:** Female Male

Home Language:

1. Which language did this student learn first? English _____
(Other)
2. Which language does this student most often use at home? English _____
(Other)
3. Which language do parents most often use at home? English _____
(Other)
4. Has this student attended school in any other country? No Yes: _____
(Country)
 - a. If yes, when did this student begin school in the US? ____/____/____
Month Day Year
 - b. If yes, what grade level did he/she complete? _____
 - c. If yes, has this student been in an English Learner program in the US? Yes No
 - d. If yes, when? ____/____/____ and where? _____
5. Has your student been out of school for two years or more? Yes No
 - a. If yes, are you concerned that your student is not at grade level in reading or math? Yes No

Birth Date: ____/____/____ **Birth Verification:** Birth Certificate
(Bring 1) Passport
 Adoption papers
 Court Order
 Individual Tax ID Number (ITIN) card
 Matricula Consular card

Birth City: _____

Birth State: _____

Birth Country: _____

Ethnicity: Hispanic Non-Hispanic

Race: White (*ancestors from Europe*) Asian Native Hawaiian or Pacific Islander
(Mark all that apply) Black or African American American Indian or Alaska Native
 Non-US Native American (*ancestors from Mexico, Central America, South America or Canada*)

Student's Home Address:	Mailing Address: <input type="checkbox"/> Same as home address
_____ # _____	_____
Address	Address (<i>If different than home address</i>)
City State Zip	City State Zip
County by address: _____	

Student's Home Phone: _____ **Cell Phone:** _____

Address Verification: Bring 1 current document or correspondence from each column (post marked within the last 60 days).

Column A Docs	Column B Correspondence Documents
<input type="checkbox"/> Property Tax Statement	<input type="checkbox"/> Social Security Administration <input type="checkbox"/> Financial Institutions (checking/savings)
<input type="checkbox"/> Lease or Rental Agreement	<input type="checkbox"/> Oregon Gov. Agencies <input type="checkbox"/> Insurance company
<input type="checkbox"/> Documents related to purchase of residence	<input type="checkbox"/> Utility companies <input type="checkbox"/> State and Federal Revenue Document
	<input type="checkbox"/> Credit card bill <input type="checkbox"/> Paycheck information

Parent/Guardian Information

Enrolling Parent Photo ID **required**

ODL OR Id Card Passport/Consular

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact Allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ Email: _____

Interpreter Needed: Yes No Employer: _____

This parent/guardian is an active member of the military. Uniformed Military branch of service: Army ___ Navy ___ Air Force ___ Marine Corps ___
Coast Guard ___ National Guard (full-time member) ___ Active Duty Reserves(at least 180 consecutive days) ___ Start Date of service: ___ / ___ / ___

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact Allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ Email: _____

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Coast Guard ___ National Guard (full-time member) ___ Active Duty Reserves(at least 180 consecutive days) ___ Start Date of service: ___ / ___ / ___

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact Allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ Email: _____

Interpreter Needed: Yes No Employer: _____

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Coast Guard ___ National Guard (full-time member) ___ Active Duty Reserves(at least 180 consecutive days) ___ Start Date of service: ___ / ___ / ___

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact Allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ Email: _____

Interpreter Needed: Yes No Employer: _____

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Coast Guard ___ National Guard (full-time member) ___ Active Duty Reserves(at least 180 consecutive days) ___ Start Date of service: ___ / ___ / ___

Emergency Contacts *(Do not re-list parents please.)*

List only those authorized to pick up your student when parent/guardian cannot be reached.

1st	_____	_____	(____)_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
	Name	Relationship to Student	Phone	
2nd	_____	_____	(____)_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
	Name	Relationship to Student	Phone	
3rd	_____	_____	(____)_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
	Name	Relationship to Student	Phone	
4th	_____	_____	(____)_____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
	Name	Relationship to Student	Phone	

(Services contacts, if applicable)

_____	_____	(____)_____
Case Worker	Supervisor	Phone
_____	_____	(____)_____
Parole Officer	Court	Phone

Student's **Doctor:** _____ **Phone:** (____)_____

Has Insurance: Yes No

Student's **Dentist:** _____ **Phone:** (____)_____

Siblings *(List all school age brothers, sisters, step and half brothers and sisters of this student living in 4J.)*

_____	_____	_____	_____
Student Name	Relationship to Student	Grade	School Enrolled
_____	_____	_____	_____
Student Name	Relationship to Student	Grade	School Enrolled
_____	_____	_____	_____
Student Name	Relationship to Student	Grade	School Enrolled
_____	_____	_____	_____
Student Name	Relationship to Student	Grade	School Enrolled

Other Information

Previous School: _____ **Phone:** (____)_____

Address _____ City _____ State _____ Zip _____

Permissions: *(Valid at this school until changed by Parent/Guardian – If left unchecked, assumption is YES)*

Field Trips: My student may participate in all school field trips.	<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
News Media: My student may be seen, interviewed or quoted on television, radio or newsprint.	<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
HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email: My student has permission to use a 4J email account for school work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Google Apps: My student has permission to use Google Applications for school work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Middle and High Schools only:

School Year Book: My student may be mentioned or pictured in the School Year Book.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PG-13 Movies: My student may watch movies rated PG-13.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

High School only: *(By law the district must release to military recruiters the name, address and phone number of high school students, unless your Student, Parent or Guardian notifies the district that they do not want the information released.)*

I request my student's name/contact information be released to Military Recruiters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I request my student's name/contact information be released to College/Coach Recruiters.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Special Services

Special Services: Please check all services needed by this student.

- EL/LEP Services IEP/Special Education Plan Teen & Pregnant Parenting Program
 Section 504 Plan Talented and Gifted Program Title VII Indian Ed (Natives Program)
 Speech Services

IDEA: Special Education Eligibility/Individualized Education Plan (IEP)

Individuals with Disabilities Education Act (IDEA): This is a law ensuring services to children with disabilities. IDEA governs how states and public agencies provide early intervention, special education and related services.

Does the student have an Individualized Education Plan (IEP) from another school/district? Yes No

* If yes, enter all known data: Prior case manager/contact name: _____

Prior IEP Date: _____ Prior Eligibility Date: _____

Eligibility Category: _____

Title VII: Indian Education Program

Office: Fax Yes forms to: 541-790-5905

Title VII - Indian Education Program: This program serves students who are members of a US federally recognized American Indian Tribe. Through this program students are able to participate in multiple learning activities at no charge. Is this student, parent or grandparent a member of a US federally recognized American Indian Tribe?

*If Yes, please fill in the tribe name: _____ Yes No

Title I-C: Migrant Education Program

Office: Fax Yes forms to: 541-461-8297 (or courier to LESD)

Title I-C - Migrant Education Program: This program provides assistance to youth ages 0-21 who move in order for them or their parents/guardians to seek or obtain temporary or seasonal work in agriculture, forestry or fishing. Free services may include summer school, prekindergarten support, accident insurance, and referrals to community resources.

Has your family moved within the last three years? (including short duration moves) Yes No

Has a person in your family ever worked or planned to work in agriculture? forestry? fishing? Yes No

McKinney-Vento Program

Office: Fax checked form to: 541-790-7217

McKinney-Vento Program: This program guarantees that students, no matter their living situations, have access to public education. Program resources may include transportation assistance, school supplies and other services to help ensure success in school.

Please check the box that applies:

- You are sharing the housing of other persons due to economic hardship or other similar reason.
 You are staying in a motel or hotel due to economic hardship or similar reason.
 You are staying in a car, RV, campsite, or substandard housing.
 You are staying in a shelter.

Special Circumstances

Is this student currently suspended? No Yes _____
School and Address

Is this student currently expelled? No Yes _____
School and Address

Signature: I declare that the above information is true to the best of my knowledge and belief. I understand that I commit the crime of false swearing if I make a false statement, knowing it to be false. (ORS 162.075). Furthermore, I understand that my student could be returned to their neighborhood school upon determination of a false address.

Parent/Guardian Name: _____ Date: _____

For Office only: Student Name: _____ Perm ID: _____
(Please Print)

School Name: _____
(Please Print)

General Medical Profile *(Complete for Health Staff and Health Folder)*

Student Name: _____	Birthdate: / /	Grade: _____
Doctor/Phone: _____	Dentist/Phone: _____	
Primary Caregiver: _____	Phone #s _____	_____

Medical Conditions:

History of Surgery/Severe Injury/Concussion:

Check if your student has any of the following?

If your student has any of the conditions with an asterisk, ask office staff for that condition form.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Allergies – food: _____
<input type="checkbox"/> Allergies – insects: _____
<input type="checkbox"/> Allergies – seasonal: _____
<input type="checkbox"/> Allergies – misc: _____
<input type="checkbox"/> Anaphylaxis – Last episode: _____
<input type="checkbox"/> Asthma* _____
<input type="checkbox"/> Diabetes* _____
<input type="checkbox"/> Heart Problem* _____
<input type="checkbox"/> Seizure Disorder* _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Check if Life Threatening *
<input type="checkbox"/> Check if Life Threatening *
<input type="checkbox"/> Check if Life Threatening *
<input type="checkbox"/> Check if Life Threatening *
<input type="checkbox"/> Check if Epi Prescribed
<input type="checkbox"/> Check if Life Threatening
<input type="checkbox"/> Check if Life Threatening
<input type="checkbox"/> Check if Life Threatening
<input type="checkbox"/> Check if Life Threatening
<input type="checkbox"/> Check if Life Threatening * | <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Fainting
<input type="checkbox"/> Vision Condition
<input type="checkbox"/> Wears glasses
<input type="checkbox"/> Wears contacts
<input type="checkbox"/> Hearing Condition
<input type="checkbox"/> Hearing Aids/devices

<input type="checkbox"/> Has Insurance |
| <input type="checkbox"/> Physical Condition <input type="checkbox"/> Therapy/Interventions _____
<input type="checkbox"/> Behavioral Condition <input type="checkbox"/> Therapy/Interventions _____
<input type="checkbox"/> Speech Condition <input type="checkbox"/> Speech Therapy/Interventions _____ | | |

Current Medication/s	Dose/s	Time/s Taken	For

Student Needs at school:

- My student requires Medication at school (daily/as needed/emergency): _____
A separate Medication Authorization Form is required for each medication to be given at school and for changes in dosage or time of administration.
- My student requires Medical/Nursing Assistance at school: _____
- My student has Physician-Ordered Food Restrictions: _____
- My student has Physician-Ordered Activity Restrictions: _____

There is not a licensed nurse in the building at all times. Please direct any medical correspondence, changes of school medical orders or prescriptions for your student to the nurse at your student's school. Please keep emergency contacts updated with the school office. Parent/guardian must bring any medication your student requires at school in the original, labeled container (with Rx – for prescription medication). The information on this form will be kept in your student's health file and will be shared with school staff as needed in the interest of your student's well being, safety and education.

Parent Signature: _____ **Date:** _____

REQUEST FOR STUDENT RECORDS



Last School Attended: _____
Street Address: _____
City, State, Zip: _____
Telephone: Fax: _____

Student(s) Name:	Birth Date	Grade
_____	_____	_____
_____	_____	_____

Please send complete information about student(s) by forwarding the following records to the address indicated below on this form within ten (10) days of receipt of this request.

- ✓ Cumulative Folder (attendance records, grade level, classroom test results, grades)
- ✓ Health record folder (hearing, vision, immunizations, etc.)
- ✓ If from a state other than Oregon, please include the Certificate of Immunization
- ✓ All Special Education records

Please fax the following immediately to _____:

- **Current IEP**
- **Current eligibility statement(s)**
- **Most recent evaluation report/assessment results**
- ✓ Psychological Testing (educational, social, developmental information)
- ✓ Behavioral Records
- ✓ Other special program records (TAG, FARMS, Title 1, etc.)

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon State law, I hereby authorize the release of all records on the student(s) listed above to the below referenced school.

*Please note: Federal Law 99.31 requires no parent signature for educational records to be sent to another agency.

_____ *Signature of secretary/school designee**
 _____ *Signature of parent or guardian*
 _____ *Date*

Date of Enrollment at new school: _____.

Parent Notification: Under Oregon law, you have the right to review your student's records, to request an amendment of specified content and to request a hearing if the school district does not agree to amend the records.

Send Records to: **School** _____
Address _____
Eugene, OR 9740_
(541) 790-####