

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).

Check this box if you need assistance completing this form. Name: _____ Phone: _____

Student Demographic Information Enter Date: ___/___/___ 4J Perm ID: _____

Student's Legal Name:

_____ Legal Last Name _____ Legal First _____ Legal Middle _____ Suffix

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

Birth Date: ___/___/___ **Birth Verification:** _____ (Bring 1)

- Birth Certificate
- 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: _____ (Mark all that apply)

- White (ancestors from Europe)
- Black or African American
- Non-US Native American (ancestors from Mexico, Central America, South America or Canada)
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- Asian

Educational History:

1. 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? _____
2. 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

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

_____ Address _____ City _____ State _____ Zip

Student's Home Address:

_____ # _____
 Address

 City State Zip
 County by address: _____

Mailing Address: Same as home address

_____ Address (If different than home address)

 City State Zip

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

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

Column A Docs

- Property Tax Statement
- Lease or Rental Agreement
- Documents related to purchase of residence

Column B Correspondence Documents

- Social Security Administration
- Oregon Gov. Agencies
- Utility companies
- Credit card bill
- Financial Institutions (checking/savings)
- Insurance company
- State and Federal Revenue Document
- 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: _____ ASL (American Sign 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: _____ ASL (American Sign 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: _____ ASL (American Sign 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: _____ ASL (American Sign 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: ___/___/___

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

List only those authorized to pick up your student when parent/guardian cannot be reached. Only list Primary Language if other than English.

1st _____ (_____) _____ Home
 Name Relationship to Student Phone Cell
 Primary Language: _____ ASL (American Sign Language)

2nd _____ (_____) _____ Home
 Name Relationship to Student Phone Cell
 Primary Language: _____ ASL (American Sign Language)

3rd _____ (_____) _____ Home
 Name Relationship to Student Phone Cell
 Primary Language: _____ ASL (American Sign Language)

4th _____ (_____) _____ Home
 Name Relationship to Student Phone Cell
 Primary Language: _____ ASL (American Sign Language)

(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

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 |

Note: Email will automatically be enabled if Google Apps permission is given.

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 |

Student Name: _____ 4J Perm ID: _____
 (Please Print) (For Office only)

School Name: _____
 (Please Print)

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: 541-790-4960

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: _____



Oregon Department of Education

Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (ELL) services.

Student Name: _____
 School: _____

Grade Level: _____
 Date of Birth: _____

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? Hear _____ Use (i.e. ASL) _____

2. Describe the language(s) your child **understands**.

- No English
- Mostly another language and a little English
- English and another language equally
- Mostly English and a little of another language
- Tribal or Native Language
- Only English

3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Father/Guardian: _____ Mother/Guardian: _____
 Other Adults in the Home: _____ Child-care Providers: _____

4. What language(s) did your **child speak/express** from 0-4 years of age? _____

5. What language(s) does your **child CURRENTLY speak/express** most frequently outside of school?

6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.).

7. Is there anything else you think the school should know about your child's language use?

Parent Questions: In what language(s) do you want to receive information from the school (if available)

Father/Guardian:

Oral _____ Written _____ American Sign Language _____

Mother/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ Date _____

What is your relationship to the student? _____ (ie, parent, grandparent, etc.)

For Office only: Student Perm ID: _____

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**IMPORTANT NOTICE FOR PARENTS OF 4J HIGH SCHOOL STUDENTS
AND FOR STUDENTS 18 AND OLDER
DISCLOSURE OF INFORMATION TO MILITARY OR COLLEGE RECRUITERS AND OPT-OUT OPTION**

Federal law requires the district to provide names, addresses, and telephone numbers of high school students to military recruiters and colleges that request this information, except where the parent notifies the district in writing that he/she does not consent to release this information. By policy, recruiters request this information only on juniors and seniors. When a high school student has reached 18 years of age, the right to opt out transfers from the parent/ guardian to the student.

If you do **not** consent to the disclosure of your child's name, telephone number and address listing to military recruiters and/or colleges, you **must** fill out the form and return it to your child's school by **October 13, 2017**. You will need to submit this form, even if you previously opted out. If you do not return the form by this date, we will release your child's information upon request. If you choose to return the form at a later date, the request for non-disclosure will be honored after that point.

OPT-OUT FORM

Please complete this form if you do not consent to the release of your child's name, address, and telephone listing to military recruiters and/or institutions of higher education that request this information.

Student's Last Name: _____ Student ID No.: _____

Student's First Name: _____ School: _____

I am requesting that my child's name, address, and telephone number NOT be shared with: (please check one or both boxes).

Military Recruiters

Colleges

Signature of Parent or Student 18 years or older

Date

Print Name of Parent or Student 18 years or older

**COMPLETED FORMS MUST BE RETURNED TO THE SCHOOL
A COPY OF THE COMPLETED FORM WILL BE PLACED IN STUDENT RECORDS**

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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:** _____

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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- _____