

Welcome to Eugene School District 4J. We are excited that you are joining our family. Your student's enrollment form is a required official student record and is very important for you and the district. The information you provide must be accurate and complete. Its contents are protected by the Family Educational Rights and Privacy Act (FERPA).

The information in this form allows our schools to:

- Communicate important information to you, including report cards and attendance notifications.
- Offer appropriate services to your student, such as language learner or special education services.
- Respond appropriately in the event of an emergency.
- Ensure compliance with civil rights laws.
- Better respond to students' racial and ethnic identities.

If you need assistance completing this form, please let a school staff member know.

Student Information

Enter Date: ___/___/___

4J Perm ID: _____

(Completed by school)

Are you a student (unaccompanied youth) enrolling yourself? Yes No

Legal Last Name

Legal First Name

Legal Middle Name

Suffix

Gender: Female (F) Male (M) Non-Binary (X)

(To have student's record reflect gender identity that differs from legal gender and name, complete Gender/ Name Change form)

Birth Date: ___/___/___

Proof of Age
(Bring 1)

- | | |
|--|--|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Matricula consular card |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Tribal ID card |
| <input type="checkbox"/> Adoption papers | <input type="checkbox"/> Declaration form |
| <input type="checkbox"/> Court order | <input type="checkbox"/> State-issued ID in student's name |

Grade *(starting at this school)*: _____

Place of Birth:

- United States & Territories (Puerto Rico, Guam, Northern Mariana Islands, US Virgin Islands & American Samoa)
 Outside of United States

Race and Ethnicity: The district is required by law to gather ethnicity and race information for statistical reports. Please answer both questions. If this information is not provided, your child will be reported as non-Hispanic and multi-racial.

Is your child of Hispanic or Latino origin? Yes No
 – and –

What race(s) do you consider your child? Mark all that apply.

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 Non-US Native American *(including a person having origins in any of the indigenous peoples of Mexico, Central America, South America, the Caribbean or Canada).*
 White

Student's Home Address:

Mailing Address: Same as home address

Street address

Street address *(if different from home address)*

City State Zip

City State Zip

County _____

Student's Home Phone: _____

Student's Cell Phone: _____

Address Verification: Bring 1 current document from each category at enrollment.

Category A Documents

- Property tax statement
- Lease or rental agreement
- Documents related to purchase of residence

Category B Correspondence Documents – postmarked in last 30 days

- Social Security Administration
- Oregon government agencies
- Utility companies
- Paycheck information
- Bank/credit union (checking/savings)
- Insurance company
- State or federal revenue document

If you cannot provide two proofs of residency, contact the School Choice and Student Assignment Coordinator at 541-790-7553.

Student Support Programs and Services

Special Education Services – 541-790-7800

The district provides special education and related services to children with disabilities.

- Yes** **No** Has the student ever received or participated in special education services?
- Yes** **No** Has the student ever been in a special education testing or evaluation process?
- Yes** **No** Is the student currently on an IEP from another school/district?
- Yes** **No** Is the student currently receiving speech services?

If yes, enter all known information:

Prior case manager/contact name: _____

Prior IEP Date: _____ Prior Eligibility Date: _____

Eligibility Category(ies): _____

Native American Education Program (Title VI-A) Office: Fax yes forms to 541-790-5905

Yes **No** Is the student, a parent, or a grandparent, a member of a U.S. federally recognized tribe, a state recognized tribe, a terminated tribe, Alaska Native or organized Indian Community?

If yes, name of tribes, bands, villages or nations: _____

Migrant Education Program (Title I-C) Office: Fax yes forms to 541-461-8297

- Yes** **No** Has your family moved within the last three years (including for a short time only)?
- Yes** **No** Has anyone in your household worked in agriculture, fishing, nursery, forestry (mill), farming, dairies or canneries in the past 3 years? If yes, type of work: _____

McKinney-Vento Program Office: Fax yes forms to 541-790-4960

This program supports students in a temporary living situation with resources, which may include transportation assistance, school supplies, and other resources to help ensure success in school.

Check the living situation that applies:

- Yes** **No** Is the student sharing the housing of other persons due to economic hardship or other similar reasons?
- Yes** **No** Is the student staying in a motel or hotel due to economic hardship or for a similar reason?
- Yes** **No** Is the student staying in a car, RV, campsite or substandard housing?
- Yes** **No** Is the student staying in a shelter?

English Language Development Program (Title III) Office: Fax yes forms to 541-790-6516

Yes **No** Has the student been in an English Language Development Program in the United States?

If yes, when? ____/____/____ and where? _____

Other Programs and Services

- Yes** **No** Has the student been in a Talented and Gifted Program?
- Yes** **No** Is the student pregnant and/or parenting?
- Yes** **No** Does the student have a current 504 Plan?

Office Use Only:

Student Name _____ Student ID _____

School Name _____

Educational History

Previous School: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

1. Has this student attended school in any other country? Yes No _____
Country _____
 - a. If yes, when did this student begin school in the United States? _____ / _____ / _____
Month Day Year
 - b. If yes, how many years of school (formal education) did your child complete? _____
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
3. Is student currently suspended or expelled? Yes No _____
List school _____

Parent/Legal Guardian Information

Please provide the following information on the student's parents and legal guardians, including parents who do not live with student. Only parents with legal custody or legal guardians may enroll a student, except as provided by law. You will need to present a court order or power of attorney issued pursuant to ORS 109.056 if you are not a parent with legal custody.

Enrolling Parent/Legal Guardian - 1

Photo ID **required** Driver's License State ID Card Passport/Consular Tribal ID Military ID

Legal Last Name _____ Legal First Name _____

Relationship to student: Father Mother Legal Guardian Other (explain): _____

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

Cell: _____ Home Phone: _____ Work: _____

Primary Phone (preferred contact): Cell Home Work

Email: _____ Employer: _____

Does student live with you? Yes No

Are you the custodial parent or legal guardian of the student? Yes No

Is there is a current court order regarding custody (sole or joint) or restricted contact with the student? Yes No

If yes, you must provide a copy of the court order before the school can limit a noncustodial parent's rights regarding the student.

Primary Language: _____ ASL (American Sign Language)

Do you need an interpreter?: Yes No

Are you an active member of the military or full-time member of the National Guard? Yes No

Other Parent/ Legal Guardian - 2

Legal Last Name _____ Legal First Name _____

Relationship to student: Father Mother Legal Guardian Other (explain): _____

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

Cell: _____ Home Phone: _____ Work: _____

Primary Phone (preferred contact): Cell Home Work

Email: _____ Employer: _____

Check all that apply to this parent:

Has Legal Custody Lives with Student Contact Allowed View Records Release Student To

Primary Language: _____ ASL (American Sign Language)

Does this person need an interpreter?: Yes No

Is this person an active member of the military or full-time member of the National Guard? Yes No

Other Parent/ Legal Guardian - 3

Legal Last Name _____ Legal First Name _____

Relationship to student: Father Mother Legal Guardian Other (explain): _____

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

Cell: _____ Home Phone: _____ Work: _____

Primary Phone (preferred contact): Cell Home Work

Email: _____ Employer: _____

Check all that apply to this parent:

Has Legal Custody Lives with Student Contact Allowed View Records Release Student To

Primary Language: _____ ASL (American Sign Language)

Does this person need an interpreter?: Yes No

Is this person an active member of the military or full-time member of the National Guard? Yes No

Other Parent/Legal Guardian - 4

Legal Last Name _____ Legal First Name _____

Relationship to student: Father Mother Legal Guardian Other (explain): _____

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

Cell: _____ Home Phone: _____ Work: _____

Primary Phone (preferred contact): Cell Home Work

Email: _____ Employer: _____

Check all that apply to this parent:

Has Legal Custody Lives with Student Contact Allowed View Records Release Student To

Primary Language: _____ ASL (American Sign Language)

Does this person need an interpreter?: Yes No

Is this person an active member of the military or full-time member of the National Guard? Yes No

Emergency Contacts Please list persons other than the parents/guardians listed above. It is important to list at least one emergency contact who lives in the area. In an emergency, parents/guardians will be contacted in the order they appear above. By listing other name(s) below as emergency contacts, you are authorizing another person or people to pick up your student at school if a parent/guardian cannot be reached.

1st Name _____ Relationship to Student _____ (_____) _____
Primary Phone

Primary Language: _____ ASL (American Sign Language) (_____) _____
Alternate Phone

2nd Name _____ Relationship to Student _____ (_____) _____
Primary Phone

Primary Language: _____ ASL (American Sign Language) (_____) _____
Alternate Phone

3rd Name _____ Relationship to Student _____ (_____) _____
Primary Phone

Primary Language: _____ ASL (American Sign Language) (_____) _____
Alternate Phone

Services Contacts, if applicable

Case Worker _____ Supervisor _____ (_____) _____
Phone

Parole Officer _____ Court _____ (_____) _____
Phone

Student Medical Information

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

Has Insurance: Yes No

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

Siblings List all school age siblings and step-siblings of the student

Student Name	Relationship to Student	Grade	School Enrolled
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Permissions and Notices

For annual notices on Directory Information, Student Records, Military Recruiting, and Protection of Pupil Rights, please see the annual District Handbook or www.4j.lane.edu/enrollment.

Directory Information: District policy JOA, in compliance with state and federal law, provides for the release of directory information without prior parental consent. Student directory information is information from a student education record which would not generally be considered harmful or an invasion of privacy if released, and includes information such as student names and photographs. Student directory information is regularly included in yearbooks, class pictures, and event programs. For a detailed description, please refer to the annual Handbook or school board policy JOA, available online or at your school. If you do not want directory information about your student released, you must submit the Objection to Release of Directory Information Form by September 20 of each school year or upon enrollment. The form is available in school offices and may be found online.

Google Apps: The district uses Google Apps for Education, which is an online collaboration suite used to increase collaboration between students and teachers for teaching and learning. Email will automatically be enabled if Google Apps permission is given. Parents must submit a permission form in order for their student to receive access to their Google education account. You may revoke permission for use of Google Apps at any time.

High School Only: 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. When a high school student has reached 18 years of age, the right to opt out transfers from the parent/ guardian to the student.

By checking the box(es) below, I am requesting that my student's name, address and telephone number:

- Not** be shared with military recruiters
- Not** be shared with colleges

Signature: *I declare that the information on this enrollment form is true to the best of my knowledge and belief. I understand that my student could be returned to their neighborhood school upon determination of a false address.*

Parent/Guardian Name: _____ Date: _____
(Signature please)

Parent/Guardian Name: _____
(Print please)

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____ Grade Level: _____

School: _____ Date of Birth: _____

Student Perm ID: _____ **(completed by office staff only)**

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., American Sign Language (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/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- Only English

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

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home: _____ Child-care Providers: _____

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

5. 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 (e.g., once/week, 2 times/week, once a month, etc.).

6. Is there anything else you think the school should know about your child's language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

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

Parent/Guardian:

Oral _____ **Written** _____ **American Sign Language** _____

Parent/Guardian:

Oral _____ **Written** _____ **American Sign Language** _____

Parent or Guardian Signature _____ Date _____

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

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

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

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

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.)
- ✓ 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, McKinney-Vento, Title 1, 504, 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 34 CFR 99.31(a)(2) does not require a parent signature for educational records to be sent to another school district for purposes of enrollment or transfer.

Signature of secretary/school designee

Signature of parent or guardian

Date

Date of enrollment at new school: _____

Send Records to: