



# PILOT ROCK SCHOOL DISTRICT

Pilot Rock High School  
101 NE Cherry St PO Box BB  
Pilot Rock, OR 97868  
541.443.2671

Pilot Rock Elementary  
200 McGowan Dr PO Box BB  
Pilot Rock, OR 97868  
541.443.2361

Pilot Rock District Office  
200 Mc Gowan Dr PO Box BB  
Pilot Rock, OR 97868  
541.443.8291

Has your student previously attended a school in the Pilot Rock School District?		Yes    No		If Yes, what year?	
Previous Out-of-District School or Pre-School Enrollment					
Grade		School Name		City                      State	
Student LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
Enrolling Grade	Gender	Nick Name	Age	Birthdate	
Birth City and State				Birth Country	
If student was not born in the U.S.A., when did the student move to the U.S.A: (month/year)					
Student Home Phone Number					
Student Home Address		Apt	City	State	Zip
Student Mailing Address (if different from Home Address)		Apt	City	State	Zip
<b>FEDERAL AND STATE ETHNICITY AND RACE REPORTING:</b> The U.S. Department of Education encourages self-identification of race and ethnicity to allow individuals the opportunity to identify themselves as being of or belonging to more than one race and ethnicity. Individuals are not required to self-identify their race or ethnicity. However, <b>Educational Institutions are required to collect and report Student Race and Ethnicity data.</b> If the information requested is not provided, we are required to verify that you have not overlooked the questions. If you choose not to answer the questions, office staff will provide identification based on observation.					
Is the Student's Ethnicity Hispanic or Latino?		Yes    No			
What Race(s) do you consider your Student? (circle at least one)					
American Indian or Alaskan Native		Asian	Black or African American	Native Hawaiian or	White
(Includes a person having origins from North, Central Other Pacific Islander or South America, including Mexico, who maintains tribal affiliation or community attachment)					
<b>NOTE:</b> If there is an active Order of Protection, Restraining Order or Custody Order that affects your student, please provide a copy of the court document to the School Office for your student's file.					
Who has legal custody? (circle all that apply)					
Mother		Father	Stepmother	Stepfather	Guardian    Other (specify)
Is there joint custody of this student?		Yes    No    Does Not Apply			

## ADDITIONAL STUDENTS ATTENDING PILOT ROCK SCHOOLS

Last Name	First Name	Middle Name	Date of Birth	Grade	School



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## PARENT/GUARDIAN CONTACT INFORMATION

(1) Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Lives With	<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational Rights	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailings Allowed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolling Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Release To	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speaks English	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Spoken	_____

(2) Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Lives With	Yes	No	Educational Rights	Yes	No	Has Custody	Yes	No
Mailings Allowed	Yes	No	Enrolling Parent	Yes	No	Release To	Yes	No
Speaks English	Yes	No	Interpreter Needed	Yes	No	Language Spoken	_____	

Please check if any of the following apply to your student and mark the parent or guardian that it applies to below. If not applicable, please mark "Does Not Apply".

- ☐ My student is placed with a temporary guardian while one or both parents are deployed
- ☐ My student has parent(s)/guardian(s) that are FULL-TIME Army, Navy, Air Force, Marine Corps, or Coast Guard Active or Training Duty
- ☐ My student has parent(s)/guardian(s) that are students at a school designated as a service school, while in active military
- ☐ My student has parent(s)/guardian(s) that are full-time National Guard members
- ☐ My student has parent(s)/guardian(s) that are Active Duty Reserves (members of the reserves who have been called to active duty for at least 180 consecutive days)
- ☐ My student has parent(s)/guardian(s) that are Dual Status Military Technicians

Does Not Apply      Mother      Father      Other (specify) \_\_\_\_\_



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## ADDITIONAL EMERGENCY/OTHER CONTACT INFORMATION

In case of an emergency, parents/guardians will be contacted first. Emergency contacts listed below will be called in the order indicated if a parent/guardian cannot be reached. In addition, check "Yes" to Release Student To? if you are granting permission for your contact to pick up your student from school.

<b>1</b>	Name	Relationship	
Home phone		Work Phone	Cell Phone
Release Student To?    Yes    No		Speaks English?    Yes    No	

<b>2</b>	Name	Relationship	
Home phone		Work Phone	Cell Phone
Release Student To?    Yes    No		Speaks English?    Yes    No	

<b>3</b>	Name	Relationship	
Home phone		Work Phone	Cell Phone
Release Student To?    Yes    No		Speaks English?    Yes    No	

<b>4</b>	Name	Relationship	
Home phone		Work Phone	Cell Phone
Release Student To?    Yes    No		Speaks English?    Yes    No	

## SPECIAL SERVICES/PROGRAMS

1.    Yes        No    Is the student currently on an IEP?
2.    Yes        No    Does the student have a physical or mental impairment (504 status) that limits one or more activities? For Example, the inability to care for one's self; participate in daily activities, learn or concentrate on school work?
3.    Has your student received or been enrolled in any of the following programs at their previous school:  
  
         Yes    No    Migrant Education  
         Yes    No    Speech Services



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Yes No Talented and Gifted Program  
Yes No Counseling  
Yes No English Language Learner  
Yes No Pregnant and Parenting Teen  
Yes No McKinney-Vento Act / Homeless Program

Other:

Signature of Enrolling Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFIDENTIAL STUDENT MEDICAL INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Student Primary Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_

**Please answer the following questions:**

- ☐ Yes ☐ No **Glasses or Contacts?** Date of last eye evaluation: \_\_\_\_\_
- ☐ Yes ☐ No **Hearing aids?** Date of last hearing exam: \_\_\_\_\_ ☐ Yes ☐ No **Health Insurance?**
- ☐ Yes ☐ No **Student is receiving Special Services in a specific area?**
- ☐ Counseling ☐ IEP ☐ 504 ☐ Other \_\_\_\_\_

### **CURRENT HEALTH CONDITIONS (check all that may impact your student at school)**

- ☐ Asthma (takes medication only when needed) ☐ Bowel Disorder ☐ ADD/ADHD  
☐ Cardiovascular Condition ☐ Orthopedic Problem ☐ Eye Problems  
☐ Skin Disorder ☐ Mental Health Issues ☐ Ear Problems  
☐ Neurological Disorder ☐ Surgeries/Fractures  
☐ Other: \_\_\_\_\_

**DAILY MEDICATIONS:** The Pilot Rock School District requires written permission from a parent/guardian to administer medication at school. Requests shall include the written instructions of the physician for the administration of prescription medication (a prescription label will be deemed sufficient to meet the requirements for physician instructions) or written instructions from the parent/guardian for non-prescription medications. See School Office for a Medication Authorization Form.

☐ Yes ☐ No **Medication needed at SCHOOL?** Please List: \_\_\_\_\_

☐ Yes ☐ No **Medication needed at HOME?** Please List: \_\_\_\_\_

☐ Yes ☐ No **Medication ALLERGIES?** Please List: \_\_\_\_\_

**\*LIFE THREATENING CONDITIONS:** The Pilot Rock School District requests a parent/guardian provide the school with information on any "Life-Threatening" conditions their student may have (meaning a health condition that will put the student in danger of death during the school day if medication or a treatment plan or a nursing care plan are not in place).

- ☐ Yes ☐ No **\*Severe Allergy (requires emergency medication)** ☐ Nuts ☐ Bee Stings  
☐ Other Severe Allergies – Specify \_\_\_\_\_



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☐ Yes ☐ No \***Severe Asthma** (regularly takes medication for asthmatic condition or hospitalized within last 5 years for asthmatic condition)

☐ Yes ☐ No \***Diabetes** Check all that apply: ☐ Diet controlled ☐ Oral Medication ☐ Insulin

☐ Yes ☐ No \***Hemophilia or other serious blood disorder**

☐ Yes ☐ No \***Seizure disorder that requires emergency medication**\_\_\_\_\_

☐ Yes ☐ No \***Other** \_\_\_\_\_

☐ Yes ☐ No \***In the event of serious injury and parent/guardians cannot be contacted, does the school staff have permission to seek medical attention from the nearest physician? If the answer is No, please state the procedure you wish the staff to follow:**

Potentially Life-Threatening conditions REQUIRE a CARE PLAN/MEDICAL PROTOCOL be in place **BEFORE** your child can attend school. Please complete a Medical Authorization Form available in the School Office.

Additional comments or physical limitations that could affect the student's classroom performance or physical activities:

Student First Name	Middle Name	Last Name
Enrolling Grade	Student School	

Signature of Enrolling Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Housing Questionnaire

If any of the following **DO NOT APPLY** to you, **PLEASE STOP HERE.**

The answers to the following questions can help determine services a student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing temporary housing difficulties. All answers are voluntary and will be kept confidential.

Are you currently living in any of the following **TEMPORARY** housing locations? Please check all that apply.

- |  |  |
|--|--|
| <input type="radio"/> In a Motel   | <input type="radio"/> In a Car, Park, Campsite or Similar Location |
| <input type="radio"/> In a Shelter   | <input type="radio"/> Transitional Housing                         |
| <input type="radio"/> Moving from place to place/couch surfing   | <input type="radio"/> Other (specify)                              |
| <input type="radio"/> In someone else's house or apartment with another family                               |  |
| <input type="radio"/> In a residence with inadequate facilities<br>(no water, no heat, no electricity, etc.) |  |

If you marked any of the temporary housing situations above, please provide the following information:



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Student First Name	Middle Name	Last Name
Enrolling Grade	Contact Phone Number	
Check One: <input type="radio"/> Student is unaccompanied (not living with a parent or legal guardian) <input type="radio"/> Student is living with a parent or legal guardian		
Parent or Guardian Name:		
Current Residence Address:		

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## McKinney-Vento Act 42 U.S.C. 11435

### SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

### Additional Resources

[http://center.serve.org/nche/ibt/parent\\_res.php](http://center.serve.org/nche/ibt/parent_res.php)

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>



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## 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 support in academic English instruction.

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

School: \_\_\_\_\_

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., 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 (for example: 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 (i.e., 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? \_\_\_\_\_ (i.e., parent, guardian, grandparent, etc.)



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## SCHOOL RELEASE FORM

<b>Student Name:</b>	<b>Grade:</b>	<b>Homeroom/Advisory Teacher:</b>
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**Attendance:** I understand that students are required to maintain satisfactory attendance, including being on time to class, throughout the school day. I will do my best to ensure my student is attending school regularly. If my student is ill or there is an emergency, I will make contact with the office as soon as possible to excuse the absence. Contact may be in the form of a phone call, signed parent/guardian note with the reason and date of the absence, or you may email the school secretary – please provide information within two days of an excused absence.

**Student/Parent Handbook:** I understand the Student/Parent Handbook can be found in our school and district websites. I have read and understand the rules and regulations set forth in the handbook.

\_\_\_\_\_ Check here if you would like to receive a paper copy of the handbook to be sent home with your student.

**Student Code of Conduct:** I understand and consent to the responsibilities outlined in the Student Code of Conduct. I also understand and agree that my student shall be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school during the regular school day, at any school-related activities regardless of time or location, and while being transported on district provided transportation. I understand that should my student violate the Student Code of Conduct, he/she shall be subject to disciplinary action, up to and including expulsion from school and /or referral to law enforcement officials, for violations of the law.

**Website:** During the school year we update the school and district websites with current pictures of ongoing school activities. I give permission for my student's picture (no names) to be published on the school and/or district websites. ☐ YES ☐ NO

**Field Trips:** During the school year there are times when the educational program is experienced outside of the school classroom. Field trips are considered a regular part of the educational program that all students should attend. Every reasonable precaution for the safety of all students will be taken while on a school sponsored field trip. The school will advise the parents/guardians prior to each field trip with a notification form to include a brief description of the field trip. I give permission for my student to participate in school sponsored field trips. ☐ YES ☐ NO

**Pictures/Names:** During the school year, there are times when your student's picture and/or name may be printed, videotaped and photographed for the Year Book, newspaper articles, television newscasts and/or classroom activity pictures. I give permission to include my student picture and/or name. ☐ YES ☐ NO

**Volunteering:** In order to volunteer in the Pilot Rock School District, you must complete and submit a volunteer application to the district office prior to the volunteer activity. The application must be renewed every 3 years. ☐ YES ☐ NO

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\*I understand that it is my responsibility to contact the school should changes in my decisions occur.