



## St. Paul School District

### Student Enrollment 2023-2024 Registration Form

Please complete all sections of the registration forms and return to the office - PLEASE PRINT

**This registration form is a legal document. The information you provide must be accurate and complete.**

Student Information					
Legal Last Name:		Legal First Name:		Preferred Name: Last: First:	
Grade:	Gender: X(non-Binary) M F	Birth Date (m/d/yyyy):		Birth City:	Birth State:
Home Address (Physical, Not PO Box):		City:	State:	Zip Code:	County:
Mailing Address, if different:		City:	State:	Zip Code:	County:
Student Phone Number:		Cell		Home	
Previous School		Last attended (Month/Yr.) City: State: Grade:			
Please answer both RACE & ETHNICITY					
Are you Latino or Hispanic? Yes No		All persons of Latino, Hispanic, or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican or other Spanish-speaking country of origin, regardless of race or original language) should answer "Yes". All persons answering "yes" to this first question will be recorded as Hispanic/Latino.			
<b>RACE:</b> (Mark all that apply)		<input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East or North Africa) <input type="checkbox"/> <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.) <input type="checkbox"/> <b>Native Hawaiian/Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> <b>Black or African American</b> (A person having origins in any of the original peoples of the Black racial groups of Africa.) <input type="checkbox"/> <b>American Indian or Alaska Native</b> (A person having origins in any of the original peoples of North, Central or South America, including Mexico, who maintains tribal affiliation or community attachment.)			
BEFORE AND AFTER SCHOOL TRANSPORTATION					
Morning Transportation	Bus	Walk	Drop Off	Day Care	16 and Older Drive Self
Afternoon Transportation	Bus	Walk	Pick Up	Day Care	16 and Older Drive Self
SPECIAL PROGRAMS					
Is student currently on an IEP?		Yes	No	Is student currently on a 504?	
Did parent(s) or guardian(s) move within the last 36 months to work or seek work in agriculture, fishing, or related food processing?				Yes	No
Has student been enrolled in Talented and Gifted Programs?				Yes	No
Has student been enrolled in an "EL" English Language program?				Yes	No
Title X: McKinney-Vento Program					
Title X 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. <b>Please check the box that applies:</b>					
<input type="checkbox"/> You are staying in a motel, car, RV or campsite until you can find affordable housing. <input type="checkbox"/> You are sharing housing with another family due to economic hardships. <input type="checkbox"/> You are moving from place to place, without permanent housing. <input type="checkbox"/> You are living in a shelter. <input type="checkbox"/> N/A					
STUDENT MEDICAL INFORMATION Part 1					
<b>The school must be notified if your student has a condition/disease which has the potential to present a life threatening emergency.</b>					
Does your student have a medical condition that has the potential to present a life threatening emergency?					
If yes, please inform office of medical condition as soon as possible. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will your child need prescription or over the counter medications administered at school?					
If yes, please ask the school secretary for the additional form(s). <input type="checkbox"/> Yes <input type="checkbox"/> No					

## STUDENT MEDICAL INFORMATION Part 2

I have read the Student Medication Policy and understand that if my student needs to take any medication during the school year, I must personally bring the medication into the office and fill out a medication form, even for over the counter (OTC) medications. I understand that students (grade 9-12) are permitted to self-medicate with permission from me (the parent), the principal, and the doctor (for prescription medications). I understand that the prescription must be in its original bottle with the pharmacy label and I will need to fill out and sign a Medical Authorization form before the school will administer the medication.

☐ Agree

☐ Disagree

## EMERGENCY CONTACTS

*Please list individuals we can call to pick-up and assume temporary care of your child in the event a parent/guardian cannot be reached.*

Call order in case of emergency:	Last Name:	First Name:	Relationship:
1st	Cell Phone:	Work Phone:	Speaks English: Yes No If no, list primary language:
Call order in case of emergency:	Last Name:	First Name:	Relationship:
2nd	Cell Phone:	Work Phone:	Speaks English: Yes No If no, list primary language:

## INFORMATION ABOUT PERSON(S) NOT AUTHORIZED TO MAKE CONTACT WITH STUDENT OR RECEIVE STUDENT

Is there a **current** restraining/court order pertaining to this student?

☐ Yes

☐ No

Expiration date: \_\_\_\_\_

Initial \_\_\_\_\_

\*If there is a **current** restraining/court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. I have submitted a current Court/Restraining Order:

Yes

No

Name:	Relationship:	Restraining Order? Yes No	Court Order? Yes No
Name:	Relationship:	Restraining Order? Yes No	Court Order? Yes No

## SIBLINGS ATTENDING ST. PAUL SCHOOLS

Last Name:	First Name:	Grade:	School:
Last Name:	First Name:	Grade:	School:
Last Name:	First Name:	Grade:	School:

## FEDERAL NOTIFICATIONS

*Valid until changed by Parent/Guardian (contact school office) - If left unchecked, assumption is Yes*

**Photographs:** My student's photograph may appear or be used by school athletic teams, school publication such as a yearbook, newsletters, daily announcements, the media such as our website and the newspaper. (If no, please provide written statement to school):

Yes

No

**Student Name:** My student's name may appear or be used by school athletic teams, school publications such as yearbook, newsletters, daily announcements, the media such as our website and the newspaper. (If no, please provide written statement to school):

Yes

No

**High School only:** (The district is required by law to release secondary students' names, addresses and telephone numbers to military recruiters and/or institutions of higher education unless parents or eligible students request the district withhold this information).

My student's name/contact information may be released to Military Recruiters.

☐ Yes

☐ No

My student's name/contact information may be released to College/Coach Recruiters.

☐ Yes

☐ No

## STUDENT TELECOMMUNICATION ACCEPTABLE USE AGREEMENT

### For the Student:

As a user of the St. Paul School District computer network, I have read and agree to comply with the stated rules. I understand the consequences for improper access and/or use included in my school's Student Handbook.

Agree

Disagree

### For the Parent:

As a parent or guardian of the student(s), I have read the Acceptable Use Agreement and the Internet sites are filtered and the electronic information may be monitored. I understand my child(ren) may be disciplined for inappropriate or unacceptable use of the computer network. I further understand that student use of the computer network is designed for educational purposes. I understand it is impossible for St. Paul Schools to filter or restrict access to all inappropriate materials. I will not hold the St. Paul School District responsible for inappropriate or unacceptable materials my child(ren) may acquire on the network system.

Agree

Disagree

## ATHLETIC AND ACTIVITIES PARTICIPATION (APPENDIX B)

NOTE: Regardless of whether or not you participate in sports programs, students are expected to abide by this policy for any and all activities associated with St. Paul Schools. The complete Athletic and Activities Participation Policy can be found in the Student Handbook in Appendix B.

**I have read the statement of policy governing student athletic and activities participation and commit myself to this policy.**

Agree

Disagree

## HANDBOOK CONSENT AGREEMENT

My student(s) and I have read the Parent/Student Handbook. I agree that my family and I will abide by the policies outlined in the Student Handbook as they are written.

Agree

Disagree

## INFECTIOUS DISEASE INSTRUCTION

The Oregon Department of Education Standards requires that school incorporate an age-appropriate curriculum about infectious diseases, including Acquired Immune Deficiency Syndrome (AIDS) (ARC) (HIV) and Hepatitis B as an integral part of the health education curriculum throughout elementary, middle and high school grade levels. Any parent may request that their child(ren) be excused from that portion of the instructional program required by this rule under the procedures set forth in ORS 336.025(2) and OAR 581-22-415.

☐ YES, My child(ren) may participate in the communicable & sexually transmitted disease unit.

☐ NO, My child(ren) may not participate in the communicable & sexually transmitted disease unit.

## LUNCH POLICY (GRADE 9-12 ONLY) / PERMISSION SECTION

My student(s) and I have read the lunch policy and agree to abide by the following lunch guidelines:

- 1 I will not arrive tardy or miss 5th period
- 2 I will not allow another student to ride with me and I will not ride with another student (unless it is my sibling).
- 3 I will not go to any other destination other than my own home.  
I Understand the consequences of abusing this privilege may range from a detention or In-School suspension to the loss of the
- 4 privilege to leave school for lunch.

Student Name (please print)

Grade

Student Signature

## KINDERGARTEN STUDENT INFORMATION ONLY

In the year before kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or child care center)?

Yes

No

If so, please tell us where: \_\_\_\_\_

**State law requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (ORS 326.580)**

Has your child already had a dental screening?

Yes

No

If yes, then date (MM/YY): \_\_\_\_\_

## TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

My child was not screened due to the following (please check all that apply and initial):

We already submitted a certification form at a previous school.

☐

Initial \_\_\_\_\_

The dental screening is contrary to student or families religious beliefs.

☐

Initial \_\_\_\_\_

The dental screening is a burden (see below for definition).

☐

Initial \_\_\_\_\_

The dental screening is a burden for student or the parent or guardian of the student when:

- (A) The cost of obtaining the dental screening is too high; or  
(B) The student does not have access to a screener; or  
(C) The student was unable to obtain an appointment with a screener.

## CONTACT INFORMATION FOR THE DISTRICTS NOTIFICATION SYSTEM

Confirm your contact information that our district notification messages will be sent to.

Home phone number for a Voice Mail: \_\_\_\_\_

Cell phone number for a Text Message: \_\_\_\_\_

Email address for a Message sent to your Email: \_\_\_\_\_

**BUS RIDING RULES AND REGULATIONS All transportaion including, daily routes, sports, field trips, and activities**

For your safety, the following rules for riding the school bus have been established. Please read them carefully. You are expected to follow these rules at ALL times. Students are also governed by the District Student Responsibility and Rights Policies. You are reminded that school bus riding is a privilege; any infraction of the rules may result in discontinuation of riding privileges. Thank you for your cooperation.

1. Students being transported are under the authority of the bus driver.
2. Fighting, wrestling or boisterous activity is prohibited on the bus.
3. Students will use the emergency door only in case of emergency.
4. Students will be on time for the bus, both morning and afternoon.
5. Students will not bring animals, firearms, weapons or potentially hazardous material on the bus.
6. Students will remain seated while the bus is in motion.
7. Students may be assigned seats by the bus driver.
8. When necessary to cross the road, students will cross in front of the bus or as instructed by the bus driver.
9. Students will not extend their hands, arms or heads through the bus windows.
10. Students will have written permission to leave the bus other than at home or school.
11. Students will converse in normal tones; loud or vulgar language is prohibited.
12. Students will not open or close windows without permission of the driver.
13. Students will keep the bus clean and must refrain from damaging it.
14. Students will be courteous to the driver, to fellow students and passers-by.
15. Students who refuse to promptly obey the directions of the bus driver or refuse to obey regulations may forfeit their privilege to ride the bus.
16. Eating food, chewing gum or drinks other than water are not allowed. Place all litter in the trash can.

Student Initials \_\_\_\_\_

Date \_\_\_\_\_

Parent Initials \_\_\_\_\_

Date \_\_\_\_\_

**Parents/Guardians of Students**

Is there a Parent/Guardian to this student who is currently a member of the Armed Forces on active duty or full-time National Guard?

Yes \_\_\_\_\_

No \_\_\_\_\_

## PARENT/GUARDIAN PERMISSIONS

**Federal law and school board policies protect the privacy of student's education records and define and provide parents certain rights or permissions with respect to their child's records. Below are the defined permissions:**

**Contact Allowed:** This adult can have contact with the child.

**Educational Rights:** Has legal rights to access educational records (grades, attendance, behavior. etc.) For further information please review student policy **JO/IGBAB**.

**Has custody:** Adult who has legal custody of this student.

**Mailings Allowed:** Physical paper mail can be sent to this household, if Educational Rights are allowed, ex. Report Cards.

**Release to:** The District/School can release the child to this adult.

**Pursuant to the provisions of ORS 107.154, either parent may request school records by contacting the school.**

**Is there joint custody of this student?** ☐ Yes ☐ No

## PARENT/GUARDIAN INFORMATION

Mother Guardian	Father Other	Step Mother If other, list relationship:	Step Father	Call order in case of emergency: <b>FIRST</b>	
Last Name:				First Name:	
If address is different than student's, check here to receive copies of correspondence.			Address, City, State, Zip Code:		
Lives with Student? Yes      No		Contact Allowed? Yes      No		Educational Rights? Yes      No	
				Has Custody? Yes      No	
				Release to? Yes      No	
Speaks English    Yes      No		If no, list primary language:			
Would you like to receive daily/weekly email announcements/newsletters?    Yes      No      Email address if yes:					
<b>Call order #1 will be used for all communication, and considered your primary phone.</b>					
Phone No:		Home		Cell	
				Call order: <b>FIRST</b>	
Phone No:		Home		Cell	
				Call order: <b>SECOND</b>	
E-Mail Address:			Employer:		Work Phone:

## PARENT/GUARDIAN INFORMATION

Mother Guardian	Father Other	Step Mother If other, list relationship:	Step Father	Call order in case of emergency: <b>SECOND</b>	
Last Name:				First Name:	
If address is different than student's, check here to receive copies of correspondence.			Address, City, State, Zip Code:		
Lives with Student? Yes      No		Contact Allowed? Yes      No		Educational Rights? Yes      No	
				Has Custody? Yes      No	
				Release to? Yes      No	
Speaks English    Yes      No		If no, list primary language:			
Would you like to receive daily/weekly email announcements/newsletters?    Yes      No      Email address if yes:					
<b>Call order #1 will be used for all communication, and considered your primary phone.</b>					
Phone No:		Home		Cell	
				Call order: <b>FIRST</b>	
Phone No:		Home		Cell	
				Call order: <b>SECOND</b>	
E-Mail Address:			Employer:		Work Phone:

## PARENT/GUARDIAN INFORMATION

Mother Guardian	Father Other	Step Mother If other, list relationship:	Step Father	Call order in case of emergency: <b>THIRD</b>	
Last Name:				First Name:	
If address is different than student's, check here to receive copies of correspondence.			Address, City, State, Zip Code:		
Lives with Student? Yes      No		Contact Allowed? Yes      No		Educational Rights? Yes      No	
				Has Custody? Yes      No	
				Release to? Yes      No	
Speaks English    Yes      No		If no, list primary language:			
Would you like to receive daily/weekly email announcements/newsletters?    Yes      No      Email address if yes:					
<b>Call order #1 will be used for all communication, and considered your primary phone.</b>					
Phone No:		Home		Cell	
				Call order: <b>FIRST</b>	
Phone No:		Home		Cell	
				Call order: <b>SECOND</b>	
E-Mail Address:			Employer:		Work Phone:

I understand that the contact information provided above will be used for home-school communication and will not be shared. I agree to notify my student's school of any changes in the contact information I have provided.      Initial

## ENROLLING RECORD

Name of person enrolling student (Please print name):

Relationship to student;

### Reason for Enrolling in St. Paul School District:

- ☐ Employment
- ☐ School and/or Community Preference
- ☐ Other: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of St. Paul School District to contact directly the persons named on this form, and do authorize emergency or medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event parents/guardians, or other persons named on this form, cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

I certify by my signature below that all the information provided on these pages is true and accurate to the best of my knowledge. I further certify by signing below that I agree with and will comply with all the policies and procedures listed above, on the pages of the Student Registration Packet and in the Student Handbook.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (please print)

Student(s) Name (please print)

Grade

Student Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Nondiscrimination Statement:

It is the policy of the St. Paul School District Board of Education and School District that there will be no discrimination or harassment on any basis protected by law, including but not limited to, an individual's perceived or actual race, color, gender, marital status, religion, sexual orientation, national or ethnic origin, age, mental or physical disability, pregnancy, familial status, economic status or veteran's status including but not limited to education programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Superintendent/Title IX Coordinator and persons having questions about special needs should contact the Director of Special Programs/Section 504 Coordinator at the St. Paul School District Office, 20449 Main Street NE, St. Paul, Oregon 97137, phone (503)633-2541.