

SOUTH WASCO COUNTY SCHOOL DISTRICT #1

PO Box 346

MAUPIN, OREGON 97037

541-395-2665

FAX 541-395-2675

STUDENT REGISTRATION

TO BE COMPLETED BY PARENTS
PLEASE PRINT OR TYPE

Student's Legal Name _____
First Name M. I. Last Name Jr, Sr, II, III

Nickname _____

Date of Birth _____ Place of Birth _____

Student SSN _____ Sex F M

Student Resides With: Both Parents Father only Mother only Other...

Parent / Guardian Name _____

Mailing Address _____

Street Address _____

Medical Info
 Received
 Not Received

City _____ County _____ State _____ Zip _____

Day Phone Number _____ Evening Phone Number _____

Mother's Cell Ph. _____ Father's Cell Ph. _____

Mother's First Name _____ Father's First Name _____

Mother's Last Name _____ Father's Last Name _____

Mother's Address _____ Father's Address _____

City/State/Zip _____
City State Zip City State Zip

Home Ph. _____ Work Ph. _____ Home Ph. _____ Work Ph. _____

Mother's E-mail _____ Father's E-mail _____

Mother's Employer _____ Father's Employer _____

Mother copy of grades Yes No Father copy of grades Yes No

Nationality White Asian Hispanic Black American Indian Pacific Islander Other...

Enrollment Date _____ Withdrawal Date _____

Siblings (First Name)						
Birthdate						

Student rides bus home Yes No

Student goes home for lunch Yes No

Student takes hot lunch Yes No

Student brings lunch Yes No

Parent Signature _____ Date _____

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HEALTH INFORMATION

TO BE COMPLETED BY PARENTS
PLEASE PRINT OR TYPE

Student's Name _____

First Name

M.I.

Last Name

Parent / Guardian Name: _____

Name

Day Phone

Evening Phone

Additional emergency contact if parent/guardian cannot be reached:

Name _____ Ph. Number _____ Relationship _____

Name _____ Ph. Number _____ Relationship _____

In case of an emergency, serious illness or accident when I cannot be contacted, I hereby authorize school personnel to obligate me for emergency medical services and transportation.

- Yes, Administer Medical Treatment and/or Transport
- Do Not Administer Medical Treatment
- Do Not Transport

Doctor _____ Phone _____ Dentist _____ Phone _____

Hospital _____ Clinic _____

Health Information and Disease History

Last Tetanus Immunization date _____

Blood Type _____

- | | | | | | |
|--|-----------|--|---------------------|--|---------------------|
| <input type="radio"/> Yes <input type="radio"/> No | Allergies | <input type="radio"/> Yes <input type="radio"/> No | Heart Disease | <input type="radio"/> Yes <input type="radio"/> No | Orthopedic Problems |
| <input type="radio"/> Yes <input type="radio"/> No | Asthma | <input type="radio"/> Yes <input type="radio"/> No | Kidney Disease | <input type="radio"/> Yes <input type="radio"/> No | Hearing Problems |
| <input type="radio"/> Yes <input type="radio"/> No | Diabetes | <input type="radio"/> Yes <input type="radio"/> No | Convulsion Disorder | <input type="radio"/> Yes <input type="radio"/> No | Vision Problems |

Please give additional information and explain, if YES to any of the above:

.....
.....
.....

Insurance: Policy Name _____ Policy Num. _____ Group Num. _____

School Plan _____

School Sports Plan _____

Parent/Guardian Signature _____ Date _____

South Wasco Co School Dist 1 HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____, Sex: Male Female
 Parent/Guardian Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
3. What language is spoken by you and your family most of the time at home? _____
4. If available, in what language would you prefer to receive communication from the school? _____
6. Please check if your child is:
 A. Native American Indian Native Pacific Islander
 B. Alaska Native Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____
8. What language does your child most frequently speak at home? _____
9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____
10. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID#	Date Distributed	Date Received	

South Wasco Co School Dist 1
 PO Box 347
 MAUPIN, OREGON 97037
 541-395-2225 FAX 541-395-2223

Confidential

I the Parent, guardian, or surrogate of _____, realize that in order to plan the most appropriate educational program for my child an awareness of any special services is important. To the best of my knowledge, my child is or is not in need of the following services:

	Yes	No
1. Special Education		
a. Hearing	---	---
b. Speech	---	---
c. IEP Current/Active?	---	---
d. Testing and/or Evaluation	---	---
2. English Language Services?	---	---
3. Extra Academic Assistance? What Kind? _____	---	---
4. Counseling? What issues? _____	---	---
5. Medication? What type? _____	---	---
6. Special health problems or concerns?	---	---
<hr/>		
7. Does your child need any special services at this time If yes, what special services?	---	---
<hr/>		
8. Has your child received any special services at school during the last two years? If yes what specific services?	---	---
<hr/>		
9. Would you like one of our administrators to contact you at this time to discuss any special problems?	---	---

Grade my child attended last year. _____ Please contact me at _____

Parent Signature