



Beaverton Schools

Registration Form



Student Information

Student Name: _____ Male Female Unspecified
(From Birth Certificate) (LAST) (FIRST) (MIDDLE)

Birthdate: ____/____/____ Birthplace: _____ Age: _____ Grade: _____

Does student have an IEP or 504 Plan? Yes No Date of Last Evaluation: _____ School District: _____

Home Phone Number: (____) _____ Primary Cell Phone Number:(____) _____

Phone Number for Attendance/Weather Delay: _____ Student Phone Number:(____) _____

Current Physical Address: _____
(Street Address) (City) (State) (Zip) (County)

Mailing Address: _____
(Street Address) (City) (State) (Zip) (County)

Resident District: _____

Is Transportation needed? To School From School Does student have special transportation needs

Housing Arrangements: Permanent housing Living with Friend or relative Shelter In Transition

Is the primary language used in your child's home or environment a language other than English? Yes No
If yes, what is that language? _____

ETHNICITY (Part A) and RACE (Part B)

Race and Ethnicity (Both Part A and Part B) of the question must be answered.

Part A: Ethnicity (choose only one)	Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> NO
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Part A refers to ethnicity, not race. No Matter which box you selected above, please continue to answer Part B (below) by marking one or more boxes to indicate what you consider your student's race to be.

Part B: Race (choose one or more) When choosing more than one, enter % for Each ethnicity	% _____ American Indian or Alaska Native
	% _____ Asian
	% _____ Black or African American
	% _____ Native Hawaiian / Other Pacific Islander
	% _____ White

PRIMARY HOUSEHOLD INFORMATION (WITH WHOM DOES THE CHILD RESIDE?)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adoptive Parents | <input type="checkbox"/> Father Only | <input type="checkbox"/> Relative (_____) |
| <input type="checkbox"/> Birth Parent(s) | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Double-up |
| <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Emancipated Minor | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Shelter | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Home
(less than 6months?) | <input type="checkbox"/> Other (_____) |

Primary Household Information	Parent/Step-Parent/Guardian 1	Parent/Step-Parent/Guardian 2
Name of Parent/Step-Parent/Guardian		
Relationship to Student		
Occupation/Employer		
Employer Phone		
Cell Phone		
Email Address		

RESIDENCY VERIFICATION AFFIDAVIT:

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing the affidavit, you are affirming that the address given on all enrollment form is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

Verification of residency may be made with any two of the following (circle): Driver's license or Registration, Lease Agreement, Moving Bill, Insurance Forms, Purchase agreement, Utility Bill, Other.

Signature: _____ Date: _____

SECONDARY HOUSEHOLD INFORMATION

- Does the child have a second parent/second residence? Yes No If yes with whom?
- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Mother only | <input type="checkbox"/> Stepmother/Father | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Father only | <input type="checkbox"/> Stepfather/Mother | Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Secondary Household Physical Address: _____
(Street Address) (City) (State) (Zip)

Current Mailing Address: _____
(if different than above) (Street Address) (City) (State) (Zip)

Should this household be included in all mailings? Yes No

Release student to second parent? Yes No

If you answered "No" to either of these questions, please attach legal documentation specific to this child and legal documentation specific to communication with the Secondary Household parent.

Secondary Household Information	Secondary Parent/Guardian 1	Secondary Parent/Guardian 2
Name of Parent/Step-Parent/Guardian		
Relationship to Student		
Occupation/Employer		
Employer Phone		
Home Phone		
Cell Phone		
Email Address		

OTHER SIBLINGS LIVING AT HOME

Name	Gender	Birthdate	School	Grade

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS/GUARDIAN)

CALLING ORDER	NAME	RELATIONSHIP TO STUDENT	CELL PHONE	HOME PHONE	WORK PHONE
1.)					
2.)					
3.)					
4.)					

Health Information

Medical information is confidential and will be shared with personnel on a need to know basis.

Special Health Conditions Diabetes Heart Asthma Seizures Other (Explain) _____

Allergies Insects/Bee Stings Medication Food Environmental (Explain all) _____

Is student currently taking any prescription medications? Yes No

Medication at Home: _____

Medication at School: _____

Physician Name: _____ Phone: _____ Insurance Carrier: _____

In case of emergency and you cannot be reached, your child will be sent to the nearest medical center for medical treatment.

Special Needs Information

Special Program received at Prior School:

Special Education Speech & Language 504 Plan Title 1 Services Others(Explain) _____

Last School Attended: Preschool, Elementary, Middle, High School, Charter, Online

Name: _____

Address: _____

Street Address

City

State

Zip Code

Last date of attendance at Previous School: _____

Pre-Kindergarten Schooling Information: Please circle the one that applies:

GSRP Head Start Home-Based Child Care Center-Based Child Family/Relative Care-Registered Daycare

Tuition-Based Preschool No Prior Care

I certify that all information is true and valid and that I am authorized to enroll this student:

Signature: _____ Date: _____