INSTRUCTIONS: This registration form is an official record. It asks for important information that will help provide services for your child. If you have any questions, please contact your school. Please print, using black or blue pen, completing both pages.

STUDENT INFORMATION				
Legal Last Name Legal First Name Middle Name Suffix Preferred Last Nam	e Preferred First Name			
Birth Date Birth Place (City/State)	Gender M F			
Proof of Age: Birth Certificate Baptismal Certificate Hospital Certificate Passport Othe	r:			
Home Phone Number () Unlisted Grade				
Ethnicity Race (circle at least one and all that apply)				
Hispanic/Latino American Indian or Alaska Native Asian Black or African American Nat	ive Hawaiian or White er Pacific Islander			
Yes No Tribe: Otto	or ruomo ioiamaor			
Name Address (Street/City/State/Zip)				
Home Address				
StreetAptCity/State/Zip				
Mailing Address (if different from home address)				
StreetAptCity/State/Zip				
LANGUAGE				
Is a language other than English spoken at home? \underline{Y} \underline{N} If yes, please complete the following	questions:			
Student's first language: Language spoken at home or with friends:				
Preferred language for communications: Interpreter Needed? Y N				
PARENT/GUARDIAN INFORMATION				
FIRST PARENT/RESPONSIBLE ADULT	STUDENT LIVES WITH			
Last NameMI	(Circle all that apply)			
Relationship to student	- Both Parents			
Address (if different than student's)	_ Father			
	Mother Guardian			
Place of Employment	Grandparent			
Home Phone () Work Phone ()	Foster Parent			
Cell Phone () Pager ()	Step-parent			
FAX Number () Email Address				
Migrant Worker 3Y 3N (To qualify for migrant education services, a child must have moved within the past 3 years across the school district, city, county, or state lines with their parents or guardians to obtain temporary or seasonal employment in an agricultural or fishing activity.)				
SECOND PARENT/RESPONSIBLE ADULT	If yes, please provide			
Last Name First Name MI	copies of the custody documents when			
Relationship to student submitting this form.				
Address (if different than student's)	Legal Guardian Name			
Place of Employment				
Home Phone () Work Phone ()	_			
Cell Phone () Pager ()	-			
FAX Number () Email Address	-			
Migrant Worker? Y N Send copies of correspondence May pick up child	(Continued on reverse)			

ADDITIONAL EMERGENCY CONTACTS (May pick up child. In an emergency, parents/guardians will be called 1st/2nd unless indicated otherwise.) Relationship First Name 3rd Contact Last Name Cell (Work (Phone: Home (Relationship First Name 4th Contact Last Name Cell (Phone: Home (Work (Relationship First Name 5th Contact Last Name Cell (Phone: Home (MEDICAL INFORMATION **HEALTH INSURANCE (Optional)** Phone: (Doctor: No Health Insurance Yes Phone: (Dentist: Company: Preferred Hospital EMS (Emergency Medical System) makes final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference. Medical Conditions (Current Medical Diagnosis): Life Threatening Yes No Diabetes Yes No Seizures: Yes No Yes No Asthma Heart Disease Yes No Other Serious Allergies Yes No List current allergies, medications, PE limitations (NOTE: Medical restrictions signed by doctor must be on file in the office) SIBLING INFORMATION School Grade Gender **Birthdate** Last Name First Name Relationship SPECIAL PROGRAM INFORMATION (Please circle any areas your child has received special services in the last year) Special Education (IEP) English Language Learners (ELL) Title I Talented and Gifted (TAG) 504 Plan Other PERMISSIONS/AUTHORIZATIONS My child has permission to use the internet. Yes No The student's use of the internet is subject to the student acceptable use policy, which is in the registration packet and is available from your school. I allow directory information* about my child to be released. *Directory Information is student name, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, degrees and awards received, the most recent school attended and student picture or likeness. I do not want personally identifiable information ** about my child used in: Newspaper Student Directory Website Yearbook Photo Television/Radio ** Personally Identifiable information is student name, parent name, address, phone number, photo, or other information that would help identify a student. HIGH SCHOOL ONLY: I do not want my child's name address and phone number released to: Military Recruiters College/University Recruiters The No Child Left Behind Act of 2001 requires school districts to provide upon request the names, addresses and phone numbers of juniors and seniors to military recruiters and colleges or universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out". In order to do so, you must check next to one or both of the categories (Military Recruiters or College/University Recruiters) above.

PARENT/RESPONSIBLE ADULT SIGNATURE ______DATE______DATE_____

Parents, don't let your child get left behind! School Year 2020-2021



Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering

Child Care or
Early Education needs*

Check with your child's program or healthcare provider for required vaccines

A child 18 months or older entering

Preschool, Child Care, or Head Start needs*

- 4 Diphtheria/Tetanus/Pertussis (DTaP)
- 3 Polio
- 1 Varicella (chickenpox)
- > 1 Measles/Mumps/Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 3 or 4 Hib

A student entering

Kindergarten or Grades 1-6 needs*

- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 4 Polio
- 1 Varicella (chickenpox)
- 2 MMR or 2 Measles, 1 Mumps, 1 Rubella
- 3 Hepatitis B
- 2 Hepatitis A

A student entering

Grades 7-12 needs*

- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 1 Tdap
- 4 Polio
- 1 Varicella (chickenpox)
- 2 MMR or 2 Measles, 1 Mumps, 1 Rubella
- 3 Hepatitis B
- 2 Hepatitis A

^{*}At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available.

Please check with your child's school, child care or healthcare provider for details.

1/2020

Application #	App	lication	#
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CONFIDENTIAL FAMILY APPLICATION FOR FREE & REDUCED MEALS

NOTICE:						
•	If you received an ELIGIBILITY NOT See Application Instructions on ba		E MEALS from the scho	ool district do not con	nplete this applicat	ion.
1	HOUSEHOLD INFORMATION					
	Name <u>Print</u>			Work Phone		_
	Mailing Address – Apt #			(Write nar	ng in this household mes of all household	members
0	City State Zip	· · · · · · · · · · · · · · · · · · ·		on part 2 ar	nd/or part 4 of this for	m)
	STUDENT INFORMATION Child's Name (Legal Last name, First na		School	Grade	Birth Date (optional)	Check if Foster Child
1.						
2.						
3.						
						ā
J						
3 Na	BENEFITS If any member of your houme			ame and case number of Case Number		
	0.00		ANF		Go to Pai	t 5 below
1	Does this household receive FDPIR	(Food Distributio	n on Indian Reservatio	ons) 🗆 Yes (Go Part	5 and complete)	
	HOUSEHOLD MEMBERS & GR					
	Column 1 List all household members, including children not attending school, and income Do not include students listed in part 2, unless they receive regular income. (Last name, first name)	Column 2 MONTHLY	Column 3 MONTHLY CHILD SUPPORT,	Column 4 MONTHLY PENSIONS, SOCIAL SECURITY, RETIREMENT	Column 5 OTHER MONTHLY INCOME -Including unemployment and workers comp.	No No
1.						- 🗆
2						
			-			
					,	
4.	SIGNATURE DATE and Last for	ur numbors of 9	SOCIAL SECURITY I	NUMBER (Adult m	nust sian)	
5 SIGNATURE, DATE and Last four numbers of SOCIAL SECURITY NUMBER (Adult must sign) I certify (promise) that all of the information on this application is true (correct) and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I give purposely false information, my children may lose meal benefits and I may be prosecuted.						
Sig	nature of Adult Household Member	Date Sig		ecurity Number acy statement on bac	1.3	o not have a
Х		Month/d				cial Security mber.
Month/day/year XXX-XX - Number. 6 RACIAL OR ETHNIC GROUP (OPTIONAL) Mark one ethnic identity: Mark one or more racial identities:						
☐ Hispanic or Latino ☐ Asian ☐ Black or African American ☐ Not Hispanic or Latino ☐ American Indian & Alaskan Native ☐ White, not of Hispanic origin ☐ Native Hawaiian or Other Pacific Islander ☐ Other						
	I prefer all written correspondence					
7	I do not want my information share	ed with State child	ren's health insuranc	e programs. Sign he	ere:	-14b
I have a child (or children) who does not have any kind of health coverage – neither private health insurance nor Oregon Health Plan/Healthy Kids. I am interested in free or reduced cost health coverage for at least one of my children. ☐ Yes ☐ No SCHOOL USE ONLY - DO NOT WRITE BELOW THIS LINE						
T. (- DO NOT WRITE BEL		e Withdrawn:	and recognized substitu
	Il Income: Number in ho ree based on: □ Reduced		☐ Denied – Reason			-
]	□ SNAP/TANF/FDPIR □ house □ Foster child categorical	hold income	□ income too hig □ incomplete app	ıh		
[☐ household income Determining	Official's Signature :		Date		

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.

Stu	udent Name:	Grade Level:			
Sc	hool:	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 E English and another language equally Mostly English and a little of another la Tribal/Heritage/Native Language (i.e. I Hawaiians, and citizens of U.S. Territo Only English	anguage languages spoken by American Indian/Alaska, Native			
3.	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.)?				
	rent Questions: In what language(s) do g	you want to receive information from the school (if			
Pa	rent/Guardian:				
	Oral Written	American Sign Language			
Pa	rent/Guardian:				
	Oral Written	American Sign Language			
Pa	rent or Guardian Signature	Date			
		(i.e., parent, grandparent, etc.)			

POTENTIAL EL - KEY

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.

		_(must be complete)	Grade Level: Date of Birth:
SCI	1001.		
1.			larly in your household (i.e., spoken, media, . American Sign Language (ASL))
lar		is response is used to d	NISTER SCREENER (use this language as etermine the need for a language
	r example, if Spanisl ta system.	h is listed here – screen	for EL and make this language of origin in
De	scribe the language(s) y	our child understands.	
	 b. YES - POTENTIAL c. YES - POTENTIAL d. YES - POTENTIAL e. YES - POTENTIAL f. NO - DO NOT AD 	EL - ADMINISTER SCREE EL - ADMINISTER SCREE EL - ADMINISTER SCREE EL - ADMINISTER SCREE EL - ADMINISTER SCREE MINISTER SCREENER, UN	NER NER NER NER LESS THERE IS A IS A SIGNIFICANT IMPACT
2.	What language(s) do a	dults most frequently use w	hen speaking to your child?
	Parent/Guardian:		Parent/Guardian:
	Other Adults in the Ho	ome:	Child-care Providers:
	IF OTHER THAN E	NGLIGH – YES, POTENT	IAL EL – ADMINISTER SCREENER
3.		s your child CURRENTLY s i	peak/express most frequently outside of
	school? IF OTHER THAN ENGLIGH – YES, POTENTIAL EL – ADMINISTER SCREENER Use this language for the language of origin field if question 1 did not trigger a		
4.	language screener. This question is for additional information (if student participates in regular cultural activities with to a significant extent)- POTENTIAL EL – ADMINISTER SCREENER		
5.	This question is for additional information that may help determine if the screener needs accessibility supports due to a potential disability.		
Pai	ent Questions: In wh	at language(s) do you wan	to receive information from the school (if
			providing communication to parents in a
lan	guage the parents can	ı understand.	
Par	ent/Guardian:		
	Oral	Written	American Sign Language
Parent/Guardian:			
	Oral	Written	American Sign LanguageRev. 2/6/18