



Student Registration Form

Your student's registration form: Important for you and Portland Public Schools



The student registration form is a required official record and **very important** — for you and for Portland Public Schools. The information allows PPS to:

- ▶ Distribute important information to you, including your student's academic progress (report cards) and attendance record.
- ▶ Respond appropriately in the event of an emergency.
- ▶ Provide and evaluate student supports such as language services.
- ▶ Honor the racial/ethnic and/or cultural identity of students.
- ▶ Pursue and distribute resources to strengthen instruction for all students.
- ▶ Ensure compliance with civil rights laws.

Instructions: Please print using a black ballpoint pen, complete all pages and sign and date the last page. Notify your school immediately if any of your information changes. If you need help filling out this form, please contact your school.

Español (503) 916-3582 Si usted tiene alguna pregunta acerca de este o cualquier otro documento que usted reciba de las Escuelas Públicas de Portland, por favor comuníquese con la Línea de Lenguajes de PPS para recibir una explicación en su idioma.

Tiếng Việt (503) 916-3584 Nếu quý vị có bất cứ thắc mắc gì về văn thư này hoặc về tài liệu nào nhận được từ Sở Học Chánh Portland, xin vui lòng liên lạc đường dây điện thoại ngôn ngữ "Language Line" để được giải thích bằng tiếng Việt.

中文 (503) 916-3585 假如您有任何疑問有關波特蘭公立學校寄給您的文件，請聯絡波特蘭公立學校的語言電話介時將有職員為您解答問題

Soomaaliga (503) 916-3586 Haddii aad hayso wax su'aalo ku saabsan tani ama wixii waraaqo ee aad ka hesho Dugsiyada Dadweynaha Portland, fadlan waxaad la xidhiidhaa khadka Luqadaha Dadweynaha Dadweynaha Portland si uu kuugu sharxo luqadaada.

Русский (503) 916-3583 Если у вас есть какие-либо вопросы по этому или какому-либо другому документу, полученному из Портлендского государственного школьного округа (PPS), пожалуйста, позвоните на русскую линию PPS, чтобы получить объяснение на вашем языке.

Student Information

1. Legal Last Name _____ 2. Legal First Name _____
3. Legal Middle _____ 4. Grade _____
5. Gender Female Male
6. Preferred Last Name _____ 7. Preferred First Name _____

Language Information

8. What is the student's first language? _____
9. What language is spoken by the student at home? _____ If a language other than English is given to either of the above questions, your student will be referred for English language assessment to determine if he/she qualifies for ESL services.
10. Is the student in, or has the student been in, an English as a Second Language Program? Yes No
11. In a Bilingual/Dual Language Program? Yes No
12. When did the student first begin school in the US? _____
13. Birthdate _____
14. Place of Birth: City _____ State _____ Country _____
15. Student email address _____
16. Home Address _____ Apt. # _____
17. City _____ 18. State _____ 19. Zip _____
20. Mailing Address (If Different From Home) _____ Apt. # _____
21. City _____ 22. State _____ 23. Zip _____
24. Family Primary Phone No. _____
(Note: Family phone number will be used for attendance, emergency and event notifications)
25. Student Cell Phone No. _____

Student Name _____	School _____	Official use only
Student ID # _____	Grade _____	Homeroom _____

Race/Ethnicity Information

26. Federal and state regulations require PPS to gather this information for statistical reports. (Both 26a. and 26b. are required)

26 a. Is your child of Hispanic or Latino origin? Yes No

26 b. What races do you consider your child? Mark the one or more races that apply.

Asian Black Native American or Alaska Native Native Hawaiian or Other Pacific Islander White

27 . Please provide the following additional information to assist PPS in better representing and responding to our students' racial/ethnic identities:

What races/ethnicities do you consider your child? Please mark all that apply.

African American

African

Burundian Eritrean Ethiopian Somali Other African: _____

Other Black

Caribbean Island(s): _____ Other Black: _____

American Indian/Alaska Native

Alaska Native Burns Paiute Tribe Confederated Tribes of the Coos, Lower Umpqua & Siuslaw Indians

Confederated Tribes of the Grand Ronde Community of Oregon Confederated Tribes of Siletz Indians

Confederated Tribes of the Umatilla Indian Reservation Confederated Tribes of Warm Springs Coquille Indian Tribe

Cow Creek Band of Umpqua Tribe of Indians Klamath Tribes

Other American Indian Tribe/Nation: _____

Native/Indigenous to Canada Please describe: _____

Asian

Asian Indian Burmese Cambodian Chinese Filipino Hmong Japanese Karen Korean

Laotian Mien Nepali Thai Tibetan Vietnamese Other Asian: _____

Hispanic/Latino

Caribbean Island(s): _____ Central American Country(s): _____

Indigenous Mexican, Central American or South American Mexican

South American Country(s): _____ Other Hispanic/Latino: _____

Middle Eastern/North African Please describe: _____

Pacific Islander

Chuukese Guamanian or Chamorro Micronesian Native Hawaiian Samoan Tongan

Other Pacific Islander: _____

White

Romanian Russian Ukrainian

European Country(s): _____ Other White: _____

Optional: If you would like to share in your own words how you describe your child's race, origin, ethnicity, ancestry and/or Tribal affiliations, please use this space: _____

For additional information please go to www.pps.net/back-to-school/9929.htm.

Previous School Information

28. School (most recent first)	29. City and State	30. Years Attended (example: 2007-09)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Student Name _____	School _____	Official use only
Student ID # _____	Grade _____	Homeroom _____

Kindergarten Students Only

31. 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 childcare center)? Yes No 32. Name of preschool _____

Family Information

Contact phone numbers, address and email addresses will be used to distribute important school and district information. Online access to student records will be provided to each Parent/Responsible Adult listed below.

Parent/Responsible Adult #1: 33. Same as Student Address Yes No (If no, please provide full address on #38; check if you want copy of correspondence)

34. **Mother** **Father** **Guardian** **Other** _____

35. Legal Last Name _____ 36. Legal First Name _____

37. Email Address _____

38. Address (if different from student) _____ Apt. # _____

39. City _____ 40. State _____ 41. Zip _____

42. Mailing Address (if different from home address) _____ Apt. # _____

43. City _____ 44. State _____ 45. Zip _____

46. Primary Phone No. (if different than #24) _____

Type: Home Cell with text Cell with no text Work

47. Secondary Phone No. _____

Type: Home Cell with text Cell with no text Work

48. Permission to pick up? Yes No 49. Interested in volunteering: Yes No 50. Live/work on federal property: Yes No

Your family has the right to receive information in your home language.

51. Does your family need an interpreter for school meetings? Yes No

52. In which language do you want translated printed materials?

Chinese English Russian Somali Spanish Vietnamese

Parent/Responsible Adult #2: 53. Same as Student Address Yes No (If no, please provide full address on #58; check if you want copy of correspondence)

54. **Mother** **Father** **Guardian** **Other** _____

55. Legal Last Name _____ 56. Legal First Name _____

57. Email Address _____

58. Address (if different from student) _____ Apt. # _____

59. City _____ 60. State _____ 61. Zip _____

62. Mailing Address (if different from home address) _____ Apt. # _____

63. City _____ 64. State _____ 65. Zip _____

66. Primary Phone No. (if different than #24) _____

Type: Home Cell with text Cell with no text Work

67. Secondary Phone No. _____

Type: Home Cell with text Cell with no text Work

68. Permission to pick up? Yes No 69. Interested in volunteering: Yes No 70. Live/work on federal property: Yes No

Your family has the right to receive information in your home language.

71. Does your family need an interpreter for school meetings? Yes No

72. In which language do you want translated printed materials?

Chinese English Russian Somali Spanish Vietnamese

Student Name _____	School _____	Official use only
Student ID # _____	Grade _____	Homeroom _____

Emergency Contacts

In an emergency, the parent/guardian listed in #33 will be called first, the parent/guardian listed in #53 will be called second. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

73. Relationship To Student _____	74. First and Last Name _____
75. Primary Phone No. _____	76. Work Phone No. _____
	77. Additional Phone No. _____
78. Relationship To Student _____	79. First and Last Name _____
80. Primary Phone No. _____	81. Work Phone No. _____
	82. Additional Phone No. _____
83. Relationship To Student _____	84. First and Last Name _____
85. Primary Phone No. _____	86. Work Phone No. _____
	87. Additional Phone No. _____

Siblings

Please list student's sibling(s) currently attending a Portland Public Schools school.

88. Sibling Last Name _____	89. Sibling First Name _____
90. Relationship To Student _____	91. School _____
	92. Grade _____
93. Sibling Last Name _____	94. Sibling First Name _____
95. Relationship To Student _____	96. School _____
	97. Grade _____
98. Sibling Last Name _____	99. Sibling First Name _____
100. Relationship To Student _____	101. School _____
	102. Grade _____

Student Medical Information

School staff need to know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

103. Doctor's Name (optional) _____	104. Phone No. (optional) _____
105. Preferred Hospital _____	County-operated Emergency Medical Services (EMS) makes the 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.
106. Insurance Carrier (optional) _____	<input type="checkbox"/> Health Care Reform creates access to medical insurance for everyone at no cost or tax credits to help pay for health care coverage. If you would like help accessing health coverage, please check the box so we can contact you.
107. Dentist's Name (optional) _____	108. Phone No. (optional) _____
109. Please check any current medical conditions: <input type="checkbox"/> Serious Allergies _____	
Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II	
110. Other special health needs at school _____	
111. Medications to be taken at school (please list and also complete the Authorization for Medication form)	

Program Information

112. Does your student have a current Individualized Education Plan (IEP)? Yes No

113. Does your student have a current Section 504 Plan? Yes No

114. Is your student in a Talented and Gifted (TAG) program? Yes No

Student Name _____	School _____	Official use only
Student ID # _____	Grade _____	Homeroom _____

Federal Title Program Questions

(Note to school staff: If a family checks "Yes" for any of these questions, please fax this page to 503-916-3111)

Title VII-A Program, Indian Education — This information establishes the district's eligibility for a federal grant under the Title VII-A of the No Child Left Behind Act. You will receive more information if you mark "Yes."

115. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? Yes No

If **Yes**, please fill in tribe name _____

Oregon Title I-C Migrant Education Program — This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

116. A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Yes No

Title X McKinney-Vento Program — This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative will be in touch if you check a box.

117. Please place a check in the appropriate box if it applies:

- You are staying in a motel, car or campsite until you can find affordable housing
- You are sharing housing with another family due to economic hardship
- Your child is living with a relative, friend or anyone other than his/her parents/guardians
- You are living in a shelter, temporary housing or moving from place to place without permanent housing
- You are experiencing housing difficulties related to finances and would like to be contacted about services
- At Home Through School

Permissions/Authorizations

For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District Parent and Student Handbook.

*Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request. This form must be completed each year** [Non-Release of Student Directory Information Form].

*Student photographs are commonly used in yearbooks, newsletters, websites and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request** [Publicity Denial and Non-Release of information to School Directory Form].

*Many schools or PTAs publish school directories that include parent/guardian contact information. **If you do not want your name and contact information released for the school directory, please contact your school to submit a written request** [Publicity Denial and Non-Release of information to School Directory Form].

*If you do not want your student to have access to district-provided email or on-line educational tools including Google Apps for Education (an online collaboration suite used to increase collaboration between students and teachers while providing access to a rich toolset for learning), please contact your school.

High School Only

118. I do not want my child's name, address and phone number released to: Military Recruiters College Recruiters

The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and 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 one or both of the categories above.

By signing this form, I agree that all the information is true. If it is determined that the address I have provided is false, I acknowledge that my student could be removed from the school immediately.

119. Signature of Parent/Responsible Adult (Required) _____ Date _____

120. Signature of Parent/Responsible Adult _____ Date _____

Portland Public Schools wishes you and your student a successful academic school year!

