

**BRIDLEMILE ELEMENTARY SCHOOL**  
Brad Pearson Principal  
Office Email: [bridlemile-office@pps.net](mailto:bridlemile-office@pps.net)  
4300 SW 47<sup>th</sup> Drive, Portland, OR 97221  
Phone- 503-916-6292 Fax- 503-916-2613  
Website: [www.pps.k12.or.us/schools/bridlemile/](http://www.pps.k12.or.us/schools/bridlemile/)

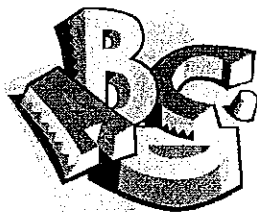
## **BRIDLEMILE STUDENT REGISTRATION CHECKLIST**

Please provide the following pieces of information to complete the registration process for your child:

- COMPLETED SCHOOL REGISTRATION FORMS**
- IMMUNIZATION RECORDS** – *please transfer your records to the form enclosed, and sign and date it before turning it in*
- VISION AND DENTAL SCREENING CERTIFICATION FORM**
- BIRTH CERTIFICATE**
- PROOF OF ADDRESS - TWO DOCUMENTS** – *examples include utility bills, rental agreements, or mortgage closing papers, which must be recent and also have the parent or guardian's name listed.*

*Please also complete the other documents in this packet such as Student Intake Form, Email sign-up and if necessary Records request form.*

Please contact Enrollment and Transfer for any questions regarding proof of address or other registration requirements 503-916-3205  
<http://www.pps.k12.or.us/departments/enrollment-transfer/>



***WELCOME TO BRIDLEMILE!***



# Oregon Certificate of Immunization Status

## Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Non-medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**



**Oregon Certificate of Immunization Status, Page 2**  
**Oregon Health Authority, Immunization Program**

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV7, PCV13) (Only children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
Other Vaccine Please specify:						

**For medical exemptions:**

Please submit a *letter signed by a licensed physician stating:*

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): Please submit a *letter signed by a licensed physician stating:*

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Nonmedical Exemption:**

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- A health care practitioner
- The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio                        | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella                    | <input type="checkbox"/> Hib         |
| <input type="checkbox"/> Measles/Mumps/Rubella        |                                      |

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Optional:**

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- Religious belief
- Philosophical belief
- Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_



# Vision and Dental Screening Certification Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please print: Last Name, First Name)

Student ID: \_\_\_\_\_

Oregon Law now requires a child who is 7 years of age or younger to have dental and vision screenings before entering school for the first time. For information about vision requirements see 2013 Oregon HB3000 Section 1: (2)(a) through (3)(b) For information about dental requirements see 2015 Oregon HB2972 Section 1: (2)(a) through (3)(c)

Parents/Guardians please complete and sign **both** Vision and Dental Screening Certifications.

## VISION SCREENING CERTIFICATION (Please check the appropriate box)

My Child has received a vision screening.

Most recent screening or eye exam date: \_\_\_\_\_ Was follow-up was recommended? (circle) Yes or No

Name of provider: \_\_\_\_\_

I have previously submitted certification to the school office at \_\_\_\_\_

I am not providing certification of vision screening/exam due to my religious beliefs.

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

Date \_\_\_\_\_

## DENTAL SCREENING CERTIFICATION (Please check the appropriate box)

My Child has received a dental screening within the last 12 months.

Most recent screening or dental exam date: \_\_\_\_\_ Was follow-up was recommended? (circle) Yes or No

Name of provider: \_\_\_\_\_

I have previously submitted certification to the school office at \_\_\_\_\_

I am not providing certification of vision screening/exam due to my religious beliefs.

The dental screening is a burden because:

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

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

Date \_\_\_\_\_



# STUDENT REGISTRATION FORM



Español (503) 916-3582 | Tiếng Việt (503) 916-3584 | 中文 (503) 916-3585 | Soomaali (503) 916-3586 | Русский (503) 916-3583

**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.

## 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 \_\_\_\_\_
- 8. What is the student's first language? \_\_\_\_\_
- 9. What language is spoken by the student at home? \_\_\_\_\_ If a language other than English, your student will be referred for English language assessment to determine if he/she qualifies for ESL services.
- 10. Birthdate \_\_\_\_\_
- 11. Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_
- If your child's country of birth is not the US,
  - 12. When did the student first begin school in the US? \_\_\_\_\_
  - 13. Did your child attend school before coming to the US?  Yes  No  
 If yes, how many years of school (formal education) did your child complete? \_\_\_\_\_  
 Can your child read and/or write in their native language?  Yes  No
- 14. Student email address \_\_\_\_\_
- 15. Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_
- 16. City \_\_\_\_\_ 17. State \_\_\_\_\_ 18. Zip \_\_\_\_\_
- 19. Mailing Address (If Different From Home) \_\_\_\_\_ Apt. # \_\_\_\_\_
- 20. City \_\_\_\_\_ 21. State \_\_\_\_\_ 22. Zip \_\_\_\_\_
- 23. Family Home Phone No. \_\_\_\_\_
- 24. Student Cell Phone No. \_\_\_\_\_

## RACE/ETHNICITY INFORMATION

- 25. **Federal and state regulations require PPS to gather this information for statistical reports.** (Both A. & B. are required)
  - A. Is your child of Hispanic or Latino origin?  Yes  No
  - 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  
 If you mark "Yes" for A. your student will be reported as Hispanic.  
 If you mark "No" for A. and select two or more answers to B. your student will be reported as Multi-Racial.
- 26. **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  Klamath Tribes  Confederated Tribes of Warm Springs  Coquille Indian Tribe  Cow Creek Band of Umpqua Tribe of Indians  Other American Indian Tribe/Nation: \_\_\_\_\_
  - Native/Indigenous to Canada Please describe: \_\_\_\_\_



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

**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: \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

<b>27. School (most recent first)</b>	<b>28. City and State</b>	<b>29. Years Attended (example: 2014-15)</b>
1. _____		
2. _____		
3. _____		
4. _____		

**KINDERGARTEN STUDENTS ONLY**

**30.** 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

**31.** 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.

**32. Parent/Responsible Adult #1:** Lives with student  Yes  No (If no, provide full address #37;  Check for mailings)

**33.**  **Mother**  **Father**  **Guardian**  **Other** \_\_\_\_\_

**34.** Legal Last Name \_\_\_\_\_ **35.** Legal First Name \_\_\_\_\_

**36.** Email Address \_\_\_\_\_

**37.** Address (if different from student) \_\_\_\_\_ Apt. # \_\_\_\_\_

**38.** City \_\_\_\_\_ **39.** State \_\_\_\_\_ **40.** Zip \_\_\_\_\_

**41.** Mailing Address (if different from home address) \_\_\_\_\_ Apt. # \_\_\_\_\_

**42.** City \_\_\_\_\_ **43.** State \_\_\_\_\_ **44.** Zip \_\_\_\_\_

**45.** Primary Phone No. (Required) \_\_\_\_\_ Type:  Home  Cell  Work

**The primary phone number will be used for attendance and emergency notifications.**

**46.** Secondary Phone No. (Required) \_\_\_\_\_ Type:  Home  Cell  Work

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

**50.** Member of the Armed Forces on active duty or full-time National Guard?  Yes  No

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

**51.** Would your family like to have an interpreter for school meetings?  Yes  No **Which language?** \_\_\_\_\_

**52.** In which language do you want translated printed materials and phone calls?  
 English  Spanish  Vietnamese  Chinese  Russian  Somali

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

53. Parent/Responsible Adult #2: Lives with student  Yes  No (If no, provide full address #58;  Check for mailings)

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. (Required) \_\_\_\_\_ Type:  Home  Cell  Work

**The primary phone number will be used for attendance and emergency notifications.**

67. Secondary Phone No. (Required) \_\_\_\_\_ Type:  Home  Cell  Work

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

71. Member of the Armed Forces on active duty or full-time National Guard?  Yes  No

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

72. Would your family like to have an interpreter for school meetings?  Yes  No **Which language?** \_\_\_\_\_

73. In which language do you want translated printed materials and phone calls?  
 English  Spanish  Vietnamese  Chinese  Russian  Somali

**EMERGENCY CONTACTS**

In an emergency, the parent/guardian listed in #32 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.

74. Relationship To Student \_\_\_\_\_ 75. First & Last Name \_\_\_\_\_

76. Primary Phone No. \_\_\_\_\_ 77. Other Phone No. \_\_\_\_\_

78. Relationship To Student \_\_\_\_\_ 79. First & Last Name \_\_\_\_\_

80. Primary Phone No. \_\_\_\_\_ 81. Other Phone No. \_\_\_\_\_

82. Relationship To Student \_\_\_\_\_ 83. First & Last Name \_\_\_\_\_

84. Primary Phone No. \_\_\_\_\_ 85. Other Phone No. \_\_\_\_\_

**Please also list an emergency contact who lives at least 100 miles away, for use in a natural disaster when local phone lines are not available.**

86. First and Last Name \_\_\_\_\_ 87. Primary Phone No. \_\_\_\_\_

If there is an emergency school closure which requires that students are released early, which **ONE** of these plans should your student follow? *Your Student Will...*

88.  Leave school and go to home, daycare provider or neighbor as usual      89.  Be picked up by parent or other authorized contact

90.  Go to the home of a designated friend or neighbor

**SIBLINGS**

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

91. Sibling Last Name \_\_\_\_\_ 92. Sibling First Name \_\_\_\_\_

93. Relationship to student \_\_\_\_\_ 94. School \_\_\_\_\_ 95. Grade \_\_\_\_\_

96. Sibling Last Name \_\_\_\_\_ 97. Sibling First Name \_\_\_\_\_

98. Relationship to student \_\_\_\_\_ 99. School \_\_\_\_\_ 100. Grade \_\_\_\_\_

101. Sibling Last Name \_\_\_\_\_ 102. Sibling First Name \_\_\_\_\_

103. Relationship to student \_\_\_\_\_ 104. School \_\_\_\_\_ 105. Grade \_\_\_\_\_

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

**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.

106. Doctor's Name (optional) \_\_\_\_\_ 107. Phone No. (optional) \_\_\_\_\_
108. 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.
109. Insurance Carrier (optional) \_\_\_\_\_  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.
110. Dentist's Name (optional) \_\_\_\_\_ 111. Phone No. (optional) \_\_\_\_\_
112. Please check any current medical conditions:  Serious Allergies \_\_\_\_\_  
 Life Threatening?  Yes  No  Asthma  Heart Disease  Seizure Disorder  Diabetes  Type I  Type II
113. Other special health needs at school \_\_\_\_\_
114. Medications to be taken at school (please list and also complete the Authorization for Medication form)

**PROGRAM INFORMATION**

115. Does your student have a current Individualized Education Plan (IEP)? . . . .  Yes  No
116. Does your student have a current Section 504 Plan? . . . . .  Yes  No
117. Is your student in a Talented and Gifted (TAG) program? . . . .  Yes  No
118. Is your student in or has he/she been in an English as a Second Language program? .  Yes  No
119. Is your student in or has he/she been in a Dual Language Immersion program? . . . .  Yes  No
120. Is your student (he or she) pregnant and/or parenting? . . . . .  Yes  No

**FEDERAL TITLE PROGRAM QUESTIONS**

*(NOTE TO SCHOOL STAFF: If a family checks "Yes" for #121 please fax this page to (503) 916-2728, if yes for other questions please fax this page to (503) 916-3111)*

**Title VI-A Program, Indian Education** – This information establishes the district's eligibility for a federal grant under the Title VI-A of the Every Student Succeeds Act. You will receive more information if you mark "Yes."

121. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized/State recognized American Indian Tribe or Alaskan Native?  Yes  No if Yes, Name of the Tribe, Nation or Village: \_\_\_\_\_

**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.

122. 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

**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.

123. Please place a check in the appropriate box if it applies:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> You are staying in a motel, car or campsite until you can find affordable housing.  | <input type="checkbox"/> You are staying temporarily with another family due to loss of your own housing or economic hardship.              | <input type="checkbox"/> Your housing is substandard: for example the utilities are off, there is severe mold, it is extremely overcrowded or it is a space not meant for human habitation. |
| <input type="checkbox"/> Student is not living with or being supported by their parent or guardian. Student living on their own or may be staying temporarily with someone else. | <input type="checkbox"/> You are living in a shelter, transitional housing program or moving from place to place without permanent housing. |   |



Student Name _____	School _____	Official Use Only
Student ID # _____	Grade _____	Homeroom _____

**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**

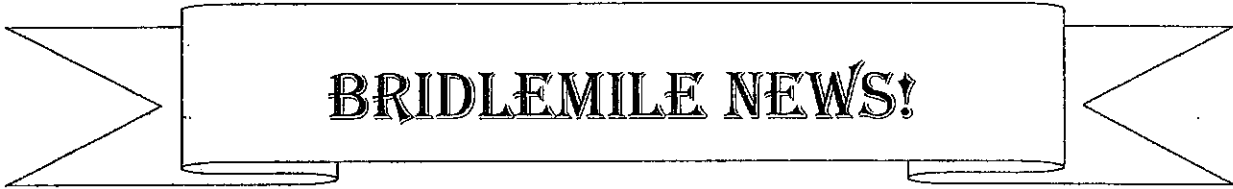
124. I do not want my child's name, address and phone number released to:  Military Recruiters  College Recruiters  
 The Every Student Succeeds Act requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges 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.**

125. Signature of Parent/Responsible Adult (Required) \_\_\_\_\_ Date \_\_\_\_\_

126. Signature of Parent/Responsible Adult \_\_\_\_\_ Date \_\_\_\_\_

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



***BE CONNECTED AND STAY INFORMED!***

The Bridlemile Listserv is used to keep our community connected about upcoming events and important announcements; this is the main way we communicate to our community.

Please complete this form and return it to the school office with your registration materials.

Student Name/Grade: \_\_\_\_\_

Student Name/Grade: \_\_\_\_\_

Student Name/Grade: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_ I do not have email, please provide me a paper copy of the weekly Friday Flyer.



## Student Intake Form

The following information will help us meet any special needs or requests you or your child may have. All information will be kept confidential. Thank you for your help.

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical diagnosis that would apply to your child's education needs? \_\_\_\_\_

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Does your child have any specific challenges that the Bridlemile staff needs to be aware of?  
(example: IEP, 504 or other needs: motor, speech, language, behavior/attention, sensory  
etc...)

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Has your child received any special services to address these needs? \_\_\_\_\_

Please share any other comments about your child that may assist us in making the best  
classroom placement:

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## **FREQUENTLY ASKED QUESTIONS ABOUT BRIDLEMILE SCHOOL**

### **WHEN DOES SCHOOL BEGIN AND END?**

- Students start arriving at 7:50 a.m.
- Students in grades K-2 go directly to the cafeteria and line up by class. Their teacher will escort them as a group to the classroom when the 8:00 am bell rings.
- Students in grades 3-5 wait on the covered playground until the 8:00 am bell rings.
- First bell rings at 8:00 am and the school day begins at 8:05 a.m. The school day ends at 2:15 p.m.

### **CAN MY CHILD EAT BREAKFAST AT SCHOOL?**

Yes, breakfast begins at 7:45 a.m. Students eating breakfast should try to arrive no later than 7:50 a.m. so that they can get to class on time.

### **WHAT IF MY STUDENT ARRIVES LATE TO SCHOOL?**

Please come to the office and sign in. The secretaries will give your child a late slip to take to the teacher. Failure to check in the office may result in your child being marked absent for the entire day, and generate an automated absence call to parents.

### **CAN I DELIVER A FORGOTTEN LUNCH, INSTRUMENT, HOMEWORK, JACKET, ETC?**

Yes, all items need to be dropped off in the school office. The 3<sup>rd</sup> -5<sup>th</sup> grade students are expected to check the office for left at home items, rather than the office calling the classrooms- this minimizes classroom disruptions and teaches them personal responsibility.

### **WHAT IF MY CHILD IS SICK OR OTHERWISE ABSENT?**

Please call the office attendance line 503-916-6292 (option 2) or email, [bridlemile-office@pps.net](mailto:bridlemile-office@pps.net) before 9:00 a.m. to report an absence.

### **WHEN SHOULD I KEEP MY CHILD HOME FROM SCHOOL?**

If your child exhibits any of the following, please keep him or her home from school until your child has been symptom free for 24 hours. If your child develops these symptoms while at school, your child will be sent home:

- Vomiting and /or Diarrhea
- Fever of 100 or higher
- Colored (yellow/green) drainage from nose, eyes, or ears
- Rash or unusual skin color, with or without fever
- Skin lesions or sores that are weepy or pus-filled
- Cough: deep, barking, congested , or productive of colored mucus

### **CAN I REQUEST HOMEWORK FOR MY CHILD DURING AN ABSENCE?**

Yes, you may email your child's teacher with your request. Please note that teachers have 24 hours to put together a homework packet, which will be left in the school office for pick-up.

### **CAN I EAT LUNCH WITH MY CHILD?**

Yes! Simply sign in the office and wear a Visitor Badge to the cafeteria.

**WHAT IF MY CHILD NEEDS MEDICATION AT SCHOOL?**

All medication, including over the counter, must be secured in the school office and distributed by the office staff. Parents must bring all medications to the office and complete a medication form. For safety reasons, children may not carry medications of any kind (including cough drops) in their pockets or backpacks. Additionally, students are not permitted to carry meds to and from school themselves; all medications must be delivered to and from the school by a parent or guardian.  
NO EXCEPTIONS.

**HOW DO I ADD MONEY TO MY CHILD'S LUNCH ACCOUNT?**

Each student has a personal debit account linked to their PPS student identification (ID) number. The student's account can be loaded with money by bringing cash or a check directly to the school cafeteria, or via credit card payment through our online account management at [www.schoolcafe.com](http://www.schoolcafe.com). (NOTE: There is a 5% convenience fee per transaction when you pay by credit card). Please see the Calendar Menu provided by Nutrition Services for the latest meal prices.

**WHAT IF MY CHILD IS GOING HOME WITH ANOTHER CHILD OR IS DEVIATING FROM THE USUAL AFTER-SCHOOL PLAN IN SOME WAY?**

Please email the office ([bridlemile-office@pps.net](mailto:bridlemile-office@pps.net)) at least 1 day in advance and send your child with a signed note to the office, where we will also sign it. If your child is riding a friend's school bus, your child will need the signed note in hand to board (please be sure to specify the bus # in your note). Unless it is an emergency, please have all changes to the office by 11 am. If your child has an appointment during the school day we will call him/her to the office, and you will need to sign them out.

**WHAT IF MY CHILD HAS AN UNEXPECTED CHANGE IN AFTER-SCHOOL PLANS?** We ask that parents make every effort to organize after-school plans outside the school hours. We do recognize that last minute changes and emergencies arise. In these situations, please call the office as early in the school day as possible and we will do our best to deliver a message.

**WHAT IS THE BEST WAY TO KEEP INFORMED ABOUT EVENTS AT SCHOOL?** The school maintains an email listserv, which is our primary method of communication regarding school events. If a family does not have access to email, paper copies are available by request for families. Teachers will also periodically send home newsletters specific to their classroom.

**CAN I VOLUNTEER IN THE SCHOOL?** Of course! We welcome all volunteers, and there are numerous ways to get involved. Contact the PTA or your child's Room Parents to sign up for classroom help, various committee work, etc. All Portland Public School volunteers are required to fill out a Volunteer Background Check at <https://volunteer.pps.net>

**CAN I BRING TREATS FOR MY CHILD'S BIRTHDAY?** Many teachers allow for birthday treats of some kind. Please contact your child's teacher for specific details. Please note it is the district policy that any treats served to the students must be store-bought.

**WHAT IF SCHOOL IS DELAYED OR CLOSED DUE TO INCLEMENT WEATHER?** Information regarding school closures is broadcast through the FLASHALERT service and on radio, TV and by SchoolMessenger. You can receive text alerts by texting YES to 68453.

**IS CHILDCARE AVAILABLE?** Yes, Vermont Hills Family Life Center offers aftercare at Bridlemile, from 2:15-6:00 PM Monday -Friday. If interested, please contact them directly at (503)-452-8633 or [inquiries@vhflc.com](mailto:inquiries@vhflc.com).