



# PORTLAND PUBLIC SCHOOLS 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.

**The District uses only your address and student birthdate as criteria for enrollment. Under Oregon law, the school district has a legal responsibility to educate a school-aged child if the child resides in the district with a parent, guardian or person in parental relationship. No other criteria are used for enrollment at a Portland Public School.**

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### STUDENT INFORMATION

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- 1. Legal *Last* Name: \_\_\_\_\_ 2. Legal *First* Name: \_\_\_\_\_
- 3. Legal *Middle* Name: \_\_\_\_\_ 4. Grade: \_\_\_\_\_ 5. Gender:  Female  Male  Non-Binary
- 6. Preferred Last Name: \_\_\_\_\_ 7. Preferred First Name: \_\_\_\_\_
- 8. Birthdate: \_\_\_\_\_ 9. Student Email Address: \_\_\_\_\_
- 10. Home Address: \_\_\_\_\_ Apt # \_\_\_\_\_
- 11. City: \_\_\_\_\_ 12. State: \_\_\_\_\_ 13. Zip \_\_\_\_\_
- 14. Mailing Address (If Different from Home): \_\_\_\_\_ Apt # \_\_\_\_\_
- 15. City: \_\_\_\_\_ 16. State: \_\_\_\_\_ 17. Zip: \_\_\_\_\_
- 18. Family Home Phone No. \_\_\_\_\_
- 19. Student Cell Phone No. \_\_\_\_\_

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**ADDITIONAL INFORMATION TO ASSIST US WITH PLACEMENT AND SUPPORT.  
THE FOLLOWING QUESTIONS WILL NOT BE USED AS A BASIS FOR ENROLLMENT.**

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### LANGUAGE USE SURVEY

The purpose of this survey is to determine if your student’s current language exposure and use might make your student eligible to receive English Language Development (ELD) services. If a language other than English is listed, your student’s English proficiency will be assessed. English language services will only be provided if student is eligible.

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools.

We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.

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- 20. What language(s) are primarily used in the home? \_\_\_\_\_
- 21. What was the first language(s) that your student learned? \_\_\_\_\_
- 22. What language(s) does your student use most frequently at home? \_\_\_\_\_

This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.

This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.

- 23. In what language(s) would you prefer to receive communication from the school? \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_  
 Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

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### RACE/ETHNICITY INFORMATION

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**24. Federal and state regulations require PPS to gather this information for statistical reports.**

(Both A and 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.

**25. 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 and 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): \_\_\_\_\_

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

Student Name \_\_\_\_\_ School \_\_\_\_\_  
 Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

### PREVIOUS SCHOOL INFORMATION

26. School (most recent first) \_\_\_\_\_ City and State \_\_\_\_\_ Years Attended (ex: 2014-15) \_\_\_\_\_
- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

### KINDERGARTEN STUDENTS ONLY

27. 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
28. If "Yes", 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.

29. **PARENT/RESPONSIBLE ADULT #1:** Lives with student  Yes  No (If no, provide full address #34,  Check for mailings)
30.  Mother  Father  Guardian  Other: \_\_\_\_\_
31. Legal *Last* Name: \_\_\_\_\_ 32. Legal *First* Name: \_\_\_\_\_
33. Email Address: \_\_\_\_\_
34. Address (If Different from Student): \_\_\_\_\_ Apt # \_\_\_\_\_
35. City: \_\_\_\_\_ 36. State: \_\_\_\_\_ 37. Zip: \_\_\_\_\_
38. Mailing Address (If Different from Home): \_\_\_\_\_ Apt # \_\_\_\_\_
39. City: \_\_\_\_\_ 40. State: \_\_\_\_\_ 41. Zip: \_\_\_\_\_
42. Primary Phone No. (Required): \_\_\_\_\_ Type:  Home  Cell  Work

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

43. Secondary Phone No. (Required): \_\_\_\_\_ Type:  Home  Cell  Work
44. Permission to pick up?  Yes  No 45. Interested in volunteering?  Yes  No 46. Live/work on federal property?  Yes  No
47. Member of the Armed Forces on active duty or full-time National Guard?  Yes  No
48. PPS supports the five languages with a higher number of speakers across the district. Please select one of these languages if you would like to receive:
- Written communications (printed or digital)  English  Spanish  Vietnamese  Chinese  Russian  Somali
  - Phone calls with important messages  Yes  No
  - Text message  Yes  No

49. **PARENT/RESPONSIBLE ADULT #2:** Lives with student  Yes  No (If no, provide full address #54,  Check for mailings)
50.  Mother  Father  Guardian  Other: \_\_\_\_\_
51. Legal *Last* Name: \_\_\_\_\_ 52. Legal *First* Name: \_\_\_\_\_
53. Email Address: \_\_\_\_\_
54. Address (If Different from Student): \_\_\_\_\_ Apt # \_\_\_\_\_
55. City: \_\_\_\_\_ 56. State: \_\_\_\_\_ 57. Zip: \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_  
 Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

58. Mailing Address (If Different from Home): \_\_\_\_\_ Apt # \_\_\_\_\_

59. City: \_\_\_\_\_ 60. State: \_\_\_\_\_ 61. Zip: \_\_\_\_\_

62. Primary Phone No. (Required): \_\_\_\_\_ Type:  Home  Cell  Work  
**The primary phone number will be used for attendance and emergency notifications.**

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

64. Permission to pick up?  Yes  No  
 65. Interested in volunteering?  Yes  No  
 66. Live/work on federal property?  Yes  No

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

68. PPS supports the five languages with a higher number of speakers across the district. Please select one of these languages if you would like to receive:

- Written communications (printed or digital)  English  Spanish  Vietnamese  Chinese  Russian  Somali
- Phone calls with important messages  Yes  No
- Text message  Yes  No

**EMERGENCY CONTACTS**

In an emergency, the parent/guardian listed in #29 will be called first, the Parent/guardian listed in #49 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.

69. Relationship to Student: \_\_\_\_\_ 70. First & Last Name: \_\_\_\_\_

71. Primary Phone No. \_\_\_\_\_ 72. Other Phone No. \_\_\_\_\_

73. Email Address: \_\_\_\_\_

74. Relationship to Student: \_\_\_\_\_ 75. First & Last Name: \_\_\_\_\_

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

78. Email Address: \_\_\_\_\_

79. Relationship to Student: \_\_\_\_\_ 80. First & Last Name: \_\_\_\_\_

81. Primary Phone No. \_\_\_\_\_ 82. Other Phone No. \_\_\_\_\_

83. Email Address: \_\_\_\_\_

**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.**

84. First & Last Name: \_\_\_\_\_ 85. Primary Phone No. \_\_\_\_\_

86. Choose only **ONE**: 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...

- Leave school and go to home, daycare provider or neighbor as usual
- Be picked up by parent or other authorized contact
- Go to the home of a designated friend or neighbor

Student Name \_\_\_\_\_ School \_\_\_\_\_  
 Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

### SIBLINGS

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

87. Sibling *Last Name* \_\_\_\_\_ 88. Sibling *First Name* \_\_\_\_\_  
 89. Relationship to Student \_\_\_\_\_ 90. School \_\_\_\_\_ 91. Grade \_\_\_\_\_  
 92. Sibling *Last Name* \_\_\_\_\_ 93. Sibling *First Name* \_\_\_\_\_  
 94. Relationship to Student \_\_\_\_\_ 95. School \_\_\_\_\_ 96. Grade \_\_\_\_\_  
 97. Sibling *Last Name* \_\_\_\_\_ 98. Sibling *First Name* \_\_\_\_\_  
 99. Relationship to Student \_\_\_\_\_ 100. School \_\_\_\_\_ 101. Grade \_\_\_\_\_

### STUDENT MEDICAL INFORMATION

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

102. Doctor's Name (Optional) \_\_\_\_\_ 103. Phone No. (Optional) \_\_\_\_\_  
 104. 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.  
 105. Insurance Carrier (Optional) \_\_\_\_\_

- For information regarding Oregon Health Care, visit OregonHealthCare.gov website:  
<https://healthcare.oregon.gov/pages/types-of-coverage.aspx>
- If additional information is needed, contact studentservices@pps.net.

106. Dentist's Name (Optional) \_\_\_\_\_ 107. Phone No. (Optional) \_\_\_\_\_

108. Please check any current medical conditions:

- Serious Allergies: \_\_\_\_\_ Life Threatening?  Yes  No  
 Asthma  Heart Disease  Seizure Disorder  Diabetes:  Type I  Type II

109. Other special health needs at school: \_\_\_\_\_

110. Medications to be taken at school (please list and also complete the Authorization for Medical form):  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROGRAM INFORMATION

111. Is your student in a Talented and Gifted (TAG) program?  Yes  No  
 112. Has your student received additional classes or support for learning the English language?  Yes  No  
 113. Is your student in or has your student been in a Dual Language Immersion program?  Yes  No  
 114. Is your student pregnant and/or parenting?  Yes  No

Student Name \_\_\_\_\_ School \_\_\_\_\_  
 Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

### FEDERAL TITLE PROGRAM QUESTIONS

**(NOTE TO SCHOOL STAFF:** If “Yes” for 115, please send a 506-form home with the family and then send completed 506 form to the Indian Education Department at indianeducation@pps.net. If “Yes” for #116, send student information to migranteducation@pps.net. If “Yes” for #117 send student information to pps-mckinney-vento@pps.net and submit a McKinney Vento referral form which is available on their website.)

**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.”

115. 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.

116. A person in a family has work 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.

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.

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.

You are staying temporarily with another family due to loss of your own housing or economic hardship.

You are living in a shelter, transitional housing program or moving from place to place without permanent housing.

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.

### ADDITIONAL VOLUNTARY INFORMATION TO ASSIST US WITH PLACEMENT AND SUPPORT. THE FOLLOWING QUESTIONS WILL NOT BE USED AS A BASIS FOR ENROLLMENT.

118. Does your student have a current Individualized Education Plan (IEP) or an Individual Family Service Plan (IFSP)?

Yes  No

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

The following information is being requested to determine whether or not a student meets Title III definition of an immigrant child and youth. The information is used to calculate and disperse additional funds to LEAs (Local Education Agencies), and to meet annual reporting requirements. This is helpful to students as the information may provide additional funds to the district for aiding the education of newly arrived/immigrant students. In addition, the information helps the English Language Development program understand the demographics and needs of PPS schools so they can ensure students get the best services matched to their needs.

Student Name \_\_\_\_\_ School \_\_\_\_\_  
 Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

120. Was your student born outside of the United States or U.S. territories?  Yes  No

- If you answered "Yes", please continue to answer questions 121 and 122.
- If you answered "No", do not proceed.

121. When was your student first enrolled in a U.S. school? \_\_\_\_\_ (MM/DD/YYYY)

122. Has your child had 2 or more years of interrupted schooling? (interrupted schooling is defined as not attending school, or missing long periods of instruction)  Yes  No

### 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].

### HIGH SCHOOL ONLY

123. 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.**

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

125. Signature of Parent/Responsible Adult: \_\_\_\_\_ Date \_\_\_\_\_

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