



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.

STUDENT INFORMATION

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. _____

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

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.

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 _____

RACE/ETHNICITY INFORMATION

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: _____

PREVIOUS SCHOOL INFORMATION

26. School (most recent first)	City and State	Years Attended (ex: 2014-25)
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

Student Name _____ School _____
 Student ID# _____ Grade _____ Homeroom _____

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. 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), phone calls with important messages, and text message: English Spanish Vietnamese Chinese Russian Somali
 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: _____
 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

Student Name _____ School _____
 Student ID# _____ Grade _____ Homeroom _____

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), phone calls with important messages, and text message: English Spanish Vietnamese Chinese Russian Somali

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

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 Name _____ School _____
 Student ID# _____ Grade _____ Homeroom _____

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):

TRANSPORTATION

Bus services is determined by eligibility as defined by the Transportation Guidelines (www.pps.net/Page/142). If eligibility is determined, students who answered yes will be assigned to an accessible stop nearest to their home address. Services is not guaranteed by checking the boxes below.

111. If eligible, will your student utilize transportation?

- Student needs transportation in AM Student needs transportation in PM

112. Check the box below if the student has permission to walk to and from school.

- Permission to walk

113. Check the box below if the student has permission to ride bike to and from school.

- Permission to ride bike

PROGRAM INFORMATION

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

115. Has your student received additional classes or support for learning the English language? Yes No

116. Is your student in or has your student been in a Dual Language Immersion program? Yes No

117. Is your student pregnant and/or parenting? Yes No

Student Name _____ School _____
 Student ID# _____ Grade _____ Homeroom _____

**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.

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", proceed to 123.
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

FEDERAL TITLE PROGRAM QUESTIONS

(NOTE TO SCHOOL STAFF: If "Yes" for 123, 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 #124, send student information to migranteducation@pps.net. If "Yes" for #125 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."

123. 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.

124. 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.

125. 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.

Student Name _____ School _____
 Student ID# _____ Grade _____ Homeroom _____

- 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.

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

126. 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.

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

128. Signature of Parent/Responsible Adult: _____ Date _____

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