Revision Date: March 1, 2023

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.

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 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.

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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? _____

_____

OFFICIAL USE ONLY

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 ☐ White
☐ Native Hawaiian or Other Pacific Islander

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:_____

_____

OFFICIAL USE ONLY

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. 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 address): _____ 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
- Text messages

☐ English ☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Russian ☐ Somali

OFFICIAL USE ONLY

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

FAMILY INFORMATION (CONTINUED)

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 address): _____ 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)
- ●Phone calls with important messages
- ●Text messages

☐ 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: _____

74. **Relationship To Student** _____

75. First & Last Name _____

76. Primary Phone No. _____ 77. Other Phone No. _____

78. Email: _____

79. **Relationship To Student** _____

80. First & Last Name _____

81. Primary Phone No. _____ 82. Other Phone No. _____

83. Email: _____

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. _____

OFFICIAL USE ONLY

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

EMERGENCY CONTACTS (CONTINUED)

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 MEDICAL INFORMATION

School staff need to know if 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)_____ ☐ 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.

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 Medication form)

_____

_____

_____

PROGRAM INFORMATION

111. Is your student in a Talented and Gifted (TAG) program? ☐ Yes ☐ No
112. Is your student in or has your student been in an English as a Second Language program? ☐ 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

OFFICIAL USE ONLY

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 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.

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.

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

OFFICIAL USE ONLY

Student Name:_____ School:_____

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].

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!

Portland Public Schools recognizes the diversity and worth of all individuals and groups and their roles in society. It is the policy of the Portland Public Schools Board of Education that there will be no discrimination or harassment of individuals or groups on the grounds of age, color, creed, disability, marital status, national origin, race, religion, sex or sexual orientation in any educational programs, activities or employment.