



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 Non-Binary
- 6. Preferred Last Name _____ 7. Preferred First Name _____
- 8. Birthdate _____
- 9. Place of Birth:
 - US and territories (Puerto Rico, Guam, Northern Mariana Islands, United States Virgin Islands, American Samoa)
 - Outside of US

LANGUAGE USE SURVEY

Per Oregon Law: If a language other than English is indicated, your student will be referred for English language assessment to determine if they qualify for ESL services. Other responses may be used to determine if your student qualifies for assessment.

- 10. What language(s) does your child **hear or use** regularly in your household (i.e., spoken, media, music, literature, etc.)?

Hear: _____

Use (i.e., American Sign Language (ASL)): _____
- 11. Describe the language(s) your child understands.

<input type="checkbox"/> No English	<input type="checkbox"/> Tribal/Heritage/Native Language
<input type="checkbox"/> Mostly another language and a little English	(i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
<input type="checkbox"/> English and another language equally	<input type="checkbox"/> Only English
<input type="checkbox"/> Mostly English and a little of another language	
- 12. What language(s) does your **child CURRENTLY speak/express** most frequently **outside of school**?

- 13. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.).

- 14. Is there anything else you think the school should know about your child's language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

Student Name _____ School _____ Official use only

Student ID # _____ Grade _____ Homeroom _____

LANGUAGE USE SURVEY (CONTINUED)

15. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home: _____ Childcare Providers: _____

An English Learner is defined as a student:

- Who was not born in the United States or whose native language is a language other than English
- Whose native language is a language other than English, and who comes from an environment where a language other than English is dominant
- Whose difficulties in speaking, reading, writing, or understanding the English language may impact the student's ability to successfully achieve in classrooms where the language of instruction is English.

– (ESEA Section 8101(20))

If you indicated language(s) other than English, but you do not want your student to take an English language test to determine if they qualify for ESL services, please check the following box:

- My student does not meet the definition of an English Learner. I do not want my student tested for English language services.

STUDENT INFORMATION (CONTINUED)

If your child's country of birth is not the US:

16. When did the student first begin school in the US? _____

17. 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? _____

18. Can your child read and/or write in their native language? Yes No

19. Student email address _____

20. Home Address _____ Apt. # _____

21. City _____ 22. State _____ 23. Zip _____

24. Mailing Address (If Different From Home) _____ Apt. # _____

25. City _____ 26. State _____ 27. Zip _____

28. Family Home Phone No. _____

29. Student Cell Phone No. _____

RACE/ETHNICITY INFORMATION

30. 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 Native American or Alaska Native White
- Black 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.

31. 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 _____ Official use only

Student ID # _____ Grade _____ Homeroom _____

PREVIOUS SCHOOL INFORMATION

32. School (most recent first) _____ 33. City and State _____ 34. Years Attended (ex.: 2014-15) _____

1. _____

2. _____

3. _____

4. _____

KINDERGARTEN STUDENTS ONLY

35. 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

36. 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.

37. **PARENT/RESPONSIBLE ADULT #1:**

Lives with student Yes No (If no, provide full address #42; Check for mailings)

38. **Mother** **Father** **Guardian** **Other** _____

39. Legal Last Name _____ 40. Legal First Name _____

41. Email Address _____

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

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

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

47. City _____ 48. State _____ 49. Zip _____

50. Primary Phone No. (Required) _____ Type: Home Cell Work

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

51. Secondary Phone No. (Required) _____ Type: Home Cell Work

52. Permission to pick up? Yes No

53. Interested in volunteering? Yes No

54. Live/work on federal property? Yes No

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

Student Name _____ School _____ Official use only

Student ID # _____ Grade _____ Homeroom _____

FAMILY INFORMATION (CONTINUED)

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

56. Would your family like to have an interpreter for school meetings? Yes No

Which language? _____

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

58. PARENT/RESPONSIBLE ADULT #2:

Lives with student Yes No (If no, provide full address #63; Check for mailings)

59. Mother Father Guardian Other _____

60. Legal Last Name _____ 61. Legal First Name _____

62. Email Address _____

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

64. City _____ 65. State _____ 66. Zip _____

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

68. City _____ 69. State _____ 70. Zip _____

71. Primary Phone No. (Required) _____ Type: Home Cell Work

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

72. Secondary Phone No. (Required) _____ Type: Home Cell Work

73. Permission to pick up? Yes No

74. Interested in volunteering? Yes No

75. Live/work on federal property? Yes No

76. 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.

77. Would your family like to have an interpreter for school meetings? Yes No

Which language? _____

78. In which language do you want translated printed materials and phone calls?
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EMERGENCY CONTACTS

In an emergency, the parent/guardian listed in #37 will be called first, the Parent/guardian listed in #58 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.

79. Relationship To Student _____ 80. First & Last Name _____

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

83. Relationship To Student _____ 84. First & Last Name _____

85. Primary Phone No. _____ 86. Other Phone No. _____

87. Relationship To Student _____ 88. First & Last Name _____

89. Primary Phone No. _____ 90. 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.

91. First & Last Name _____ 92. Primary Phone No. _____

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...*

93. Leave school and go to home, daycare provider or neighbor as usual

94. Be picked up by parent or other authorized contact

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

SIBLINGS

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

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 _____

106. Sibling Last Name _____ 107. Sibling First Name _____

108. Relationship to student _____ 109. School _____ 110. Grade _____

Student Name _____ School _____ Official use only

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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.

111. Doctor's Name (optional) _____ 112. Phone No. (optional) _____

113. 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.

114. 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.

115. Dentist's Name (optional) _____ 116. Phone No. (optional) _____

117. Please check any current medical conditions:

Serious Allergies _____

Life Threatening? Yes No

Asthma

Heart Disease

Seizure Disorder

Diabetes: Type I Type II

118. Other special health needs at school _____

119. Medications to be taken at school (please list and also complete the Authorization for Medication form)

PROGRAM INFORMATION

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

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

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

123. Is your student in or has your student been in an English as a Second Language program? Yes No

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

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

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FEDERAL TITLE PROGRAM QUESTIONS

(NOTE TO SCHOOL STAFF: If a family checks **"Yes"** for #126 please fax this page to (503) 916-2728; if **"Yes"** for #127 and #128 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."

126. 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.

127. 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.

128. 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.

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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

129. 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.

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

131. 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.