Roosevelt High School
New Enrollment 2017-18

Name: ____________________________  Grade: ______________

Required Information:
☐ Completed Enrollment Packet
☐ Transcripts (required) -- showing semester grades
☐ Proof of Residence- Two of the following:
  • Current Electric or Gas Bill
  • Current Water Bill
  • Current Garbage Bill
  • Escrow Papers or Rental Agreement
  • Property Tax Statement
  • Mortgage Payment Statement
  • Bank Statement
  • Cable Bill
☐ IEP or 504 Plan if Applicable
☐ Necessary Court Documents (Custody Agreement, Restraining Order, etc)
☐ Immunization Records

Enrollment Process
1) Fill out an Enrollment Packet and complete with all necessary information.
2) Gather all other necessary documents.
3) Return to set up an enrollment meeting with an assigned counselor.

Contact:
Julie Wicklander
Office of Curriculum and Enrollment
503-916-5260, ext. 71408
jwicklander@pps.net

or

Raisa Puchalski
Counseling Secretary
503-916-5260, ext. 82411
rpuchalski@pps.net

All forms are available online at http://www.pps.k12.or.us/schools/roosevelt/
Roosevelt High School

New Enrollment Packet

Student Name: ______________________
Grade: ______________________

Today's Date: ________ Have you ever attended RHS? Yes or No  If Yes, When? ________

To insure proper class placement, indicate if your student has had the following services:

☐ Special Education Classes
☐ Speech Services
☐ 504 Plan
☐ English as a Second Language

Do you have a current transcript and withdrawal grades with you today?

Yes  No

If No, please read and sign below.

I realize that since official or un-official school curriculum records for my student are not available at this time, the registration and placement of my student at RHS will be based solely upon the information I provide. I will not hold RHS or any of its employees responsible for inappropriate placement or any negative consequences that may result from this placement. I understand that because my student has been placed without the appropriate education records, LOSS OF CREDIT may occur and my student may not graduate on the expected date.

Parent/Guardian Signature ______________________  Date__________________
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. # ______
   City ____________________________ 16. State ____________________________ 17. Zip
19. Mailing Address (If Different From Home) ____________________________ Apt. #
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: ____________________________
PREVIOUS SCHOOL INFORMATION

27. School (most recent first) ____________________________________________
28. City and State ______________________________________________________
29. Years Attended (example: 2014-15) __________________________________
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 □ 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

Revision Date: April 4, 2017
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 _________________________

Revision Date: April 4, 2017
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:
☐ 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.

Revision Date: April 4, 2017
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!

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.

Revision Date: April 4, 2017