



# 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.

- No English
- Mostly English and a little of another language
- Mostly another language and a little English
- Tribal/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- English and another language equally
- Only English

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.)?

\_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Other Adults in the Home: \_\_\_\_\_ Child-care Providers: \_\_\_\_\_



<b>Student Name</b> _____	<b>School</b> _____	Official use only
<b>Student ID #</b> _____	<b>Grade</b> _____	<b>Homeroom</b> _____

### 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. & 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.

**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 & 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 (example: 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

**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.**



<b>Student Name</b> _____	<b>School</b> _____	Official use only
<b>Student ID #</b> _____	<b>Grade</b> _____	<b>Homeroom</b> _____

### FAMILY INFORMATION (CONTINUED)

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?  
 English  Spanish  Vietnamese  Chinese  Russian  Somali

### 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 and 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 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

### 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:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> You are staying in a motel, car or campsite until you can find affordable housing.  | <input type="checkbox"/> You are staying temporarily with another family due to loss of your own housing or economic hardship.              | <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. | <input type="checkbox"/> You are living in a shelter, transitional housing program or moving from place to place without permanent housing. |   |

Student Name _____	School _____	Official use only
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].

\*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.