



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
 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. # _____
 16. City _____ 17. State _____ 18. Zip _____
 19. Mailing Address (If Different From Home) _____ Apt. # _____
 20. City _____ 21. State _____ 22. Zip _____
 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: _____



Student Name _____	School _____	Official use only
Student ID # _____	Grade _____	Homeroom _____

- 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

- | | | |
|---------------------------------------|---------------------------|--|
| 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 **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

Student Name _____	School _____	Official use only
Student ID # _____	Grade _____	Homeroom _____

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 _____

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:

- | | | |
|--|---|---|
| <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

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.