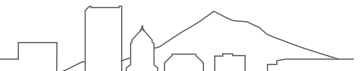




Student Registration Form

Your student's registration form: Important for you and Portland Public Schools



Student registration forms are **very important** — for your family and for Portland Public Schools. The information you provide allows us to:

- ▶ Distribute important school or school district information to you, including your student's academic progress (report cards) and attendance information.
- ▶ Respond appropriately in the event of a medical situation involving your student.
- ▶ Contact you or others if there is a school emergency.

Information from registration forms also supports students' academic success by allowing the school district to:

- ▶ Help your student receive support such as language services.
- ▶ Seek grants to strengthen classroom instruction.
- ▶ Evaluate our work on behalf of student groups (racial/ethnic, socioeconomic, etc.).
- ▶ Ensure that we are in compliance with civil rights laws regarding students and staff.

Instructions: The registration form is a required official record. The questions on this form ask for important information that will help provide services for your student. If you need help filling out this form, please contact your school. **Please print using a black ball-point pen, complete all pages and sign and date the last page.** If any information should change during the school year, **notify your school immediately.**

Student Name _____ **Grade** _____

Language Information

1. What is the student's first language? _____

2. What language does the student speak at home most of the time? _____

If a language other than English is given to either of the above questions, your student will be referred for English language assessment to determine if he/she qualifies for ESL services.

3. Is the student in, or has the student been in, an English as a Second Language Program? Yes No
In a Bilingual/Dual Program? Yes No

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

4. Does your family need an interpreter for school meetings? Yes No
(If yes, please indicate language on page two in #s 42/60)

5. Does your family want to receive translated printed materials at home? Yes No
(If yes, please indicate language on page two in #s 43/61)

Federal Title Program Questions

(Note to school staff: If a family checks "Yes" for any of these questions, please fax this page to 503-916-3111)

Title VII-A Program, Indian Education — This information establishes the district's eligibility for a federal grant under the Title VII-A of the No Child Left Behind Act. You will receive more information if you mark "Yes."

6. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? Yes No

If **Yes**, please fill in tribe name _____

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.

7. 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

Title X 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.

8. 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
- You are sharing housing with another family due to economic hardship
- Your child is living with a relative, friend or anyone other than his/her biological parents
- You are living in a shelter, temporary housing or moving from place to place without permanent housing
- You are experiencing housing difficulties related to finances and would like to be contacted about services At Home Through School

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

Student Information

9. Legal Last Name _____ 10. Legal First Name _____

11. Usual Last Name _____ 12. Preferred First Name _____

13. Legal Middle _____ 14. Gender Female Male 15. Birthdate _____

16. Place Of Birth: City _____ State _____ Country _____

17. Family Primary Phone No. _____ (Note: Family phone number will be used for attendance and emergency notifications)

Federal and State Regulations require PPS to gather information in 18a. and 18b. for statistical reports. If you need more information, your school can help.

18a. Ethnicity — Hispanic/Latino? Yes No (Note: both Ethnicity and Race must be selected)

18b. Race — select at least one American Indian or Alaska Native Asian Black
 Native Hawaiian or Other Pacific Islander White

19. Home Address _____ Apt. # _____

20. City _____ 21. State _____ 22. Zip _____

23. Mailing Address (If Different From Home) _____

24. City _____ 25. State _____ 26. Zip _____

27. Student Cell Phone No. _____ 28. Student Email Address _____

Parent Information

Contact phone numbers and email addresses will be used to distribute important school and district information.

29. **Parent/Responsible Adult:** Mother Father Guardian Other _____

30. Legal Last Name _____ 31. Legal First Name _____

32. Living with Student: Yes No 33. Same as Student Address Yes No
 (If no, please provide full address on #34; check if you want copy of correspondence)

34. Address (if different than #19) _____ Apt. # _____

35. City _____ 36. State _____ 37. Zip _____

38. Primary Phone No. (if different than #17) _____ 39. Secondary Phone No. _____

40. Work Phone No. _____ 41. Email Address _____

42. Interpreter is needed in the following language _____

43. In which translated language do you want printed materials? Chinese English Russian
 Somali Spanish Vietnamese

44. Interested in volunteering: Yes No 45. Live/work on federal property: Yes No 46. Permission to pick up: Yes No

47. **Parent/Responsible Adult** Mother Father Guardian Other _____

48. Legal Last Name _____ 49. Legal First Name _____

50. Living with student: Yes No 51. Same as student address: Yes No
 (If no, please provide full address on #52; check if you want copy of correspondence)

52. Address (if different than #19) _____ Apt. # _____

53. City _____ 54. State _____ 55. Zip _____

56. Primary Phone No. (if different than #17) _____ 57. Secondary Phone No. _____

58. Work Phone No. _____ 59. Email Address _____

60. Interpreter is needed in the following language _____

61. In which translated language do you want printed materials? Chinese English Russian
 Somali Spanish Vietnamese

62. Interested in volunteering: Yes No 63. Live/work on federal property: Yes No 64. Permission to pick up: Yes No

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

Additional Emergency Contacts

In an emergency, the parent/guardian(s) listed in #30 will be called first. 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.

65. Last Name _____	66. First Name _____
67. Relationship To Student _____	68. Primary Phone No. _____
69. Additional Phone No. _____	70. Additional Phone No. _____
71. Last Name _____	72. First Name _____
73. Relationship To Student _____	74. Primary Phone No. _____
75. Additional Phone No. _____	76. Additional Phone No. _____
77. Last Name _____	78. First Name _____
79. Relationship To Student _____	80. Primary Phone No. _____
81. Additional Phone No. _____	82. Additional Phone No. _____
83. Last Name _____	84. First Name _____
85. Relationship To Student _____	86. Primary Phone No. _____
87. Additional Phone No. _____	88. Additional Phone No. _____

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.

89. Doctor's Name (optional) _____	90. Phone No. (optional) _____
91. Dentist's Name (optional) _____	92. Phone No. (optional) _____
93. 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.	
94. Insurance Carrier (optional) _____	<input type="checkbox"/> If not insured, check the box to be contacted by Healthy Kids Initiative for no to low cost health coverage for children 0 to 19 years old.
95. Last physical exam date _____	
96. Please check any current medical conditions: <input type="checkbox"/> Serious Allergies _____ Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II	
97. Other special health needs at school _____	
98. Medications to be taken at school (please list and also complete the Authorization for Medication form) _____	

Siblings

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

99. Sibling Last Name _____	100. Sibling First Name _____
101. Relationship To Student _____	102. School _____ 103. Grade _____
104. Sibling Last Name _____	105. Sibling First Name _____
106. Relationship To Student _____	107. School _____ 108. Grade _____
109. Sibling Last Name _____	110. Sibling First Name _____
111. Relationship To Student _____	112. School _____ 113. Grade _____

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

Program Information

114. Does your student have a current Individualized Education Plan? Yes No
115. Does your student have a current Section 504 Plan? Yes No
116. Is your student in a Talented and Gifted (TAG) program? Yes No

Previous School Information

117. Previous School(s) Attended In Last Three Years _____
118. Previous School(s) Address(es) (City, State and Country, if outside PPS) _____
119. Previous School(s) Phone No. (if outside of PPS) _____
120. Dates Attended _____

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].

*Students under age 13 must have parent permission to use district-provided email. **If you do not want your student to have access to district-provided email, please contact your school to submit a written denial.**

High School Only

121. I do not want my child's name, address and phone number released to: Military Recruiters College Recruiters

The No Child Left Behind Act of 2001 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.

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

123. Signature of Parent/Responsible Adult _____ Date _____



Portland Public Schools wishes you and your student a successful academic school year!