



STUDENT ENROLLMENT FORM

SHADED AREA FOR OFFICE USE ONLY

STUDENT ID NO.	SCHOOL	COUNSELOR/TEACHER NAME	ADMIT DATE
GRADE	BIRTH DATE VERIFIED Y <input type="checkbox"/> N <input type="checkbox"/>	REC'D COURT ORDER Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	GRAD YEAR
Has your student been previously enrolled in the Reynolds School District? Y <input type="checkbox"/> N <input type="checkbox"/>		INITIAL ENROLLMENT? <input type="checkbox"/>	ENROLLMENT CHANGES? <input type="checkbox"/>

INSTRUCTIONS: The Registration form is an official record. The questions on this form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school.
Please print using a blue/black ballpoint pen, completing all pages.

STUDENT INFORMATION

LEGAL LAST NAME (name on Birth Certificate or Court Order)	LEGAL FIRST NAME	MIDDLE NAME	SUFFIX
PREFERRED FIRST NAME/NICKNAME	SOCIAL SECURITY NO (OPTIONAL)	GENDER F <input type="checkbox"/> M <input type="checkbox"/>	BIRTHDATE
CITY, STATE OF BIRTH	COUNTRY OF BIRTH (IF NOT IN USA)	PRIMARY PHONE ()	Unlisted? Y <input type="checkbox"/> N <input type="checkbox"/>

If Country of Birth is outside the USA or Puerto Rico, when did the child start attending school in the USA?

RACE & ETHNICITY (Please answer BOTH questions)

ETHNICITY/RACE: This information is required by the Federal Government and is used for data analysis and reporting purposes only. If you choose not to respond, Reynolds School District is required to report this information through an *Observer Identification Process*. Completion of Part A and Part B is required. OIP initials

Part A: **ETHNICITY** (Choose One) NOT HISPANIC/LATINO HISPANIC/LATINO – Having Origins in Cuba, Mexico, Puerto Rico, Central or South America or Other Spanish Culture or Origin

- Part B: **RACE** – No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.
- American Indian/Alaskan Native** – Having origins in any of the original peoples of North or South America (including Central America), and who maintains Tribal Affiliation or Community Attachment
 - Asian** – Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam
 - Black/African American** – Having origins in any of the Black Racial Groups of Africa
 - Native Hawaiian/Other Pacific Islander** – Having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands
 - White** – Having origins in any of the Original Peoples of Europe, The Middle East, or North Africa

Enrollment in a Federal or State Recognized Tribe can establish eligibility to participate in the TITLE VII Indian Education Program, a Federal Grant under the Indian Education Act of 1988. A Title VII Student Eligibility Certification must be completed for every eligible student. *Additional information will be provided to eligible students.*

Is this student, or parent, or a grandparent a member of a US Federally recognized American Indian Tribe? Y N

If yes, Tribe Name:

HOME ADDRESS	APARTMENT NUMBER & COMPLEX NAME (if applicable)	CITY	STATE	ZIP
Home Address Verified: Yes <input type="checkbox"/> No <input type="checkbox"/> Initials: _____	Different Mailing Address (street address & Apartment No.)	CITY	STATE	ZIP
Is Mailing Address same as Home Address? Y <input type="checkbox"/> N <input type="checkbox"/>	PREVIOUS SCHOOL DISTRICT ATTENDED	PREVIOUS SCHOOL ATTENDED	DATES ATTENDED	
Previous School Address	City	State	From	To

Has your child ever been in a Talented and Gifted (TAG) program? Y <input type="checkbox"/> N <input type="checkbox"/>	Year(s)?	Where?
Does the student have a current Individualized Education Plan (IEP)? Y <input type="checkbox"/> N <input type="checkbox"/>	Does the student have a Section 504 Plan? Y <input type="checkbox"/> N <input type="checkbox"/>	

In accordance with ORS 339.250, please answer these questions:
 Has your child ever been expelled from school? Y N If Yes, Reason: _____ Date(s): _____
 Name of School: _____

HOME LANGUAGE SURVEY

Is a language other than English spoken at home? Y* <input type="checkbox"/> N <input type="checkbox"/>	If Yes*, indicate Language(s): _____
Does the student speak a language other than English? Y* <input type="checkbox"/> N <input type="checkbox"/>	If Yes*, indicate Language(s): _____
*If the answer to either question is 'yes', the law requires the school to assess your child's English language proficiency.	

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.

Please check all boxes that apply:

- 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 School

LEGAL LAST NAME	FIRST NAME	GRADE
-----------------	------------	-------

THIS PAGE MAY BE COPIED FOR OTHER STUDENTS IN YOUR FAMILY. PLEASE ADD NAME AND GRADE AFTER COPYING.

PARENT/GUARDIAN INFORMATION

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents). It is assumed BOTH parents/guardians have access to student information unless legal documentation is provided indicating otherwise.

Who has Legal Custody of Child? Both Parents Mother Father Joint Custody
 Grandparent Guardian Foster Parent Other (please explain)

Child Lives With? Both Parents Mother Father Grandparent Guardian Foster Parent
 Other (please explain)

Is there a current restraining/court order pertaining to this student? Y* N
 *If there is a current court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. I have submitted a current court order: Signature: _____ Date: _____

FIRST PARENT/GUARDIAN

Call order in case of Emergency: 1 2 3 EMERGENCY CONTACT PHONE ()

Mother Father Guardian LAST NAME FIRST NAME
 Other (please explain)

ADDRESS Different Address Check box to receive copy of report card and/or correspondence CITY STATE ZIP
 Same as student? Y N*
 *If "No", please complete Different Address

EMAIL is used to communicate important information about the school and your student. EMAIL ADDRESS (PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES) HOME PHONE CELL PHONE/PAGER NO.
 () ()

EMPLOYER OCCUPATION WORK PHONE EXT ()

Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishing related jobs) in the past three years? Y N LIVE/WORK ON FEDERAL PROPERTY? Y N Military? WILLING TO VOLUNTEER? Y N

Speaks English? Y N Primary Language Spoken: _____

Send printed materials in primary language, if available? Y N Does this parent require an interpreter for educational conferences? Y N

SECOND PARENT/GUARDIAN

Call order in case of Emergency: 1 2 3 EMERGENCY CONTACT PHONE ()

Mother Father Guardian LAST NAME FIRST NAME
 Other (please explain)

ADDRESS Different Address Check box to receive copy of report card and/or correspondence CITY STATE ZIP
 Same as student? Y N*
 *If "No", please complete Different Address

EMAIL is used to communicate important information about the school and your student. EMAIL ADDRESS (PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES) HOME PHONE CELL PHONE/PAGER NO.
 () ()

EMPLOYER OCCUPATION WORK PHONE EXT ()

Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishing related jobs) in the past three years? Y N LIVE/WORK ON FEDERAL PROPERTY? Y N Military? WILLING TO VOLUNTEER? Y N

Speaks English? Y N Primary Language Spoken: _____

Send printed materials in primary language, if available? Y N Does this parent require an interpreter for educational conferences? Y N

THIRD PARENT/GUARDIAN

Call order in case of Emergency: 1 2 3 EMERGENCY CONTACT PHONE ()

Mother Father Guardian LAST NAME FIRST NAME
 Other (please explain)

ADDRESS Different Address Check box to receive copy of report card and/or correspondence CITY STATE ZIP
 Same as student? Y N*
 *If "No", please complete Different Address

EMAIL is used to communicate important information about the school and your student. EMAIL ADDRESS (PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES) HOME PHONE CELL PHONE/PAGER NO.
 () ()

EMPLOYER OCCUPATION WORK PHONE EXT ()

Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishing related jobs) in the past three years? Y N LIVE/WORK ON FEDERAL PROPERTY? Y N Military? WILLING TO VOLUNTEER? Y N

Speaks English? Y N Primary Language Spoken: _____

Send printed materials in primary language, if available? Y N Does this parent require an interpreter for educational conferences? Y N

Office Use Only:	SCHOOL	COUNSELOR/TEACHER NAME	STUDENT ID NO.
------------------	--------	------------------------	----------------



LEGAL LAST NAME	FIRST NAME	GRADE
-----------------	------------	-------

SIBLINGS (School age only – Attending Reynolds School District)					
Sibling Last Name	First Name	AGE	GENDER F <input type="checkbox"/> M <input type="checkbox"/>	School	Grade
Sibling Last Name	First Name	AGE	GENDER F <input type="checkbox"/> M <input type="checkbox"/>	School	Grade
Sibling Last Name	First Name	AGE	GENDER F <input type="checkbox"/> M <input type="checkbox"/>	School	Grade
Sibling Last Name	First Name	AGE	GENDER F <input type="checkbox"/> M <input type="checkbox"/>	School	Grade

EMERGENCY CONTACTS – In emergency, parents/guardians will be called 1st. Emergency contacts will be called in the order indicated.

Emergency contacts listed have permission to pick up student at school? Y <input type="checkbox"/> N <input type="checkbox"/>					Parent Initials: _____		Date: _____	
1ST Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State			
PRIMARY LANGUAGE SPOKEN		HOME PHONE () () ()	WORK PHONE () () ()	CELL PHONE/PAGER NO. () () ()				
2ND Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State			
PRIMARY LANGUAGE SPOKEN		HOME PHONE () () ()	WORK PHONE () () ()	CELL PHONE/PAGER NO. () () ()				
3RD Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State			
PRIMARY LANGUAGE SPOKEN		HOME PHONE () () ()	WORK PHONE () () ()	CELL PHONE/PAGER NO. () () ()				
4TH Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State			
PRIMARY LANGUAGE SPOKEN		HOME PHONE () () ()	WORK PHONE () () ()	CELL PHONE/PAGER NO. () () ()				

NATURAL DISASTER CONTACT – During the period following a large damaging natural disaster, an out-of-area contact should be selected because there is a higher possibility of being able to telephone people outside of the region than across our city or metropolitan area. Therefore, please list an emergency phone contact that is at least 100 miles away so that your child could call that phone number to regain contact with you through this third party.

ND Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State			
PRIMARY LANGUAGE SPOKEN		HOME PHONE () () ()	WORK PHONE () () ()	CELL PHONE () () ()				

MEDICAL INFORMATION

School staff members need to know when your child has a current ongoing health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.

DOCTOR'S NAME	PHONE () () ()	DENTIST'S NAME	PHONE () () ()
INSURANCE CARRIER NAME	HEALTH INS/MEDICAID NO.	PREFERRED HOSPITAL	

Does your student have Health/Accident Insurance? Y N If No, Reynolds School District offers a low cost accident and health insurance option.

Please check any current on-going problems? Asthma Heart Disease Serious Allergies Seizure Disorder Diabetes: Type I Type II Other

*In case of serious illness, accident or other emergency involving the student, the school will send the student to the preferred hospital specified above or if no hospital nearest the school.

Please list any allergies (including bee stings) and/or other health conditions that may affect your child at school:	LIFE THREATENING?	
	YES	NO
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>

Please note: Any allergy or other health condition requiring intervention at school **requires** that the parent complete appropriate medication information forms.

I need a medication form: Y N

Office Use Only:	SCHOOL	COUNSELOR/TEACHER NAME	STUDENT ID NO.
------------------	--------	------------------------	----------------



LEGAL LAST NAME	FIRST NAME	GRADE
-----------------	------------	-------

EMERGENCY CLOSURE PLAN

Pick up by Parent/ Friend/Neighbor/Relative/Daycare
 School Bus to Home/Neighbor/Daycare
 Walk/Ride Bike/Drive to Home/Neighbor/Daycare

Parent Signature: _____ Date: _____

COMMUNICATION PREFERENCE

E-mail Text Message Phone All

BEFORE AND AFTER SCHOOL INFORMATION – (Elementary Only)

Caregiver	NAME of CAREGIVER	Relationship to Student	WORK PHONE ()
Address		City, State	Home Phone ()
			Cell Phone/Pager ()

TRANSPORTATION

Morning Transportation:	<input type="checkbox"/> Bus	<input type="checkbox"/> Walk	<input type="checkbox"/> Pick up	<input type="checkbox"/> Day Care Van
Afternoon Transportation:	<input type="checkbox"/> Bus	<input type="checkbox"/> Walk	<input type="checkbox"/> Pick up	<input type="checkbox"/> Day Care Van
AM Bus Number:	AM Location:	PM Bus Number:	PM Location:	

FAMILY MESSENGER/COURIER – Applies if more than one family member attends same school (ELEMENTARY ONLY)

Should this student be identified as the "Family Messenger/Courier" to carry school information packets home? Y N

VEHICLE INFORMATION – (HIGH SCHOOL Student Only)

Year	Make	Model	Color	License Number	Parking Permit Number (office use only)
------	------	-------	-------	----------------	---

PERMISSIONS/AUTHORIZATIONS

Directory Information

The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as "Directory Information" which schools may release for school purposes without parent consent: student's name, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous school attended.

Within 30 days of enrollment, a parent may request, in writing to the school, that directory information not be released while the student is enrolled.

Information and Photo

I do NOT want my child's information or photo used in: (Check all that apply) News Media School Yearbook School Web Page Student Directory

Internet

My student has permission to use the internet: (The student's use of the internet is subject to board policy IIBGA & IIBGA-AR and the Technology & Electronic Communication regulation, which is outlined in the Parents and Student Rights and Responsibilities Handbook) Y N Parent Initials: _____

Medical Emergency Transport

I authorize school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency situation when I cannot be located: Y N

Parent Signature: _____ Date: _____

Preferred Hospital: _____

Military/College Recruitment – (High School student only)

The "No Child Left Behind" Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of 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".

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

Non-Discrimination Notice

Reynolds School District recognizes the diversity and worth of all individuals and groups in our society. It is the policy of the Reynolds School Board of Education that all educational programs, activities and employment will be free of discrimination or harassment on the grounds of race, color, religion, gender, gender identity, sexual orientation, national origin, disability, parental or marital status, or age.

Student Records

Annual Parent Notification for Family Education Rights and Privacy Act. Parent Rights: 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Education concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from the School. (Reynolds Board Policy JO/IGBAB – Education Records/Records of Students with Disabilities can be found on the District website.)

Transferring/Retention of Records – Grades K-12

Transferring Records - Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school.
Retention of Records – Student records will be retained the minimum time set by the State of Oregon. The District will retain speech pathology and physical therapy records until the student reaches age 21 or five years after last session, whichever is longer. The District will retain all other special education records for a minimum of five years after the school year in which the records were created. The District may destroy these records after these periods of time unless the parent or adult student requests those records.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office Use Only:	SCHOOL	COUNSELOR/TEACHER NAME	STUDENT ID NO.
------------------	--------	------------------------	----------------