

## OREGON SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Oregon School District does not discriminate on the basis of race, color, creed, national origin, sex, age, or handicap in its education programs or in employment.

Family #:	ID #:	Building:	Tax Municipality:	Graduation Year:
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### STUDENT INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name	Suffix	Social Security Number	Gender M F
Date of Birth	Place of Birth (City, State)	Birth Country if not USA		Grade Entering	Student's Home Phone ( )
Ethnic Code (circle one):    American Indian/Native Alaskan    Asian/Pacific Islander    Black    Hispanic    White					
Entering Oregon from (circle one):    First Year of School    WI Public    WI Private    Out of State Public    Out of State Private    Home-based    Out of Country					
(circle one):    New Enrollment    Re-Entry    Open Enrollment    Enroll Date _____					
Is any language other than English spoken in your home? <b>Yes</b> <b>No</b> If yes, which language? _____					
<b>Has student been expelled or in the process of being expelled from another district?</b> <b>Yes</b> <b>No</b>					
If yes, what school? _____ Reason _____					
Migrant Status: <b>Yes</b> <b>No</b> (A "migrant student" is defined as a student who is, or whose parent/guardian is, a migratory fisher, dairy worker, or agricultural worker, AND who in the preceding 36 months has moved from one school district to another in order for the worker to obtain temporary or seasonal employment in agricultural or fishing work.)					
Has this student been enrolled in a U.S. school starting with Kindergarten or for the last 5 years? <b>Yes</b> <b>No</b>					

### PARENT/GUARDIAN INFORMATION

Student lives with (circle one):    Both Parents    Parent/Step-Parent    Mother Only    Father Only    Both Parents Alternately    Legal Guardian    Alone    Foster Home    Other _____				
Court Ordered Custody (circle one): <b>Yes</b> <b>No</b> If yes, Court Order MUST be on file in the school office to implement the court order.				
Parent/Guardian	Last Name, First Name - Relationship	Last Name, First Name - Relationship	Last Name, First Name - Relationship	Last Name, First Name - Relationship
Telephone	Home ( )	Home ( )	Home ( )	Home ( )
	Work ( )	Work ( )	Work ( )	Work ( )
	Cell ( )	Cell ( )	Cell ( )	Cell ( )
Residence Address				
Mailing Address (if not residence address)				
City, State, Zip				
Employer				
Receive Mailings	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>	<b>Yes</b> <b>No</b>
Email Address				

(OVER)

**EMERGENCY/HEALTH INFORMATION**

Parents are always the Primary Contact, but if a parent cannot be reached, please list additional contacts:

1 <sup>st</sup> Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
2 <sup>nd</sup> Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
3 <sup>rd</sup> Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
4 <sup>th</sup> Contact Name	Home Phone	Work Phone	Cell Phone	Relationship

In case of emergency, and parent(s) cannot be reached, does the school have permission to contact a doctor? **Yes No**

Physician Name	Phone	Dentist Name	Phone	Hospital	Phone
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Does student have: ADD/ADHD Depression Epilepsy Allergy Asthma Diabetes Life Threatening Condition \_\_\_\_\_ Other \_\_\_\_\_

Is student under medical supervision and/or on medication? Yes No If yes, describe \_\_\_\_\_

**SIBLING INFORMATION (under age 22)**

Last Name	First Name	Date of Birth	Age	Grade	Gender	School Currently Attending
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Last Name	First Name	Date of Birth	Age	Grade	Gender	School Currently Attending
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Has your child ever received special education services? Yes No  
 Does your child have a current IEP? Yes No  
 Does your child have one or more of the following specialized educational needs?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Gifted and Talented         | <input type="checkbox"/> Chapter 1/ Title 1 / Remedial Reading       | <input type="checkbox"/> Orthopedic Impairment  |
| <input type="checkbox"/> Learning Disability         | <input type="checkbox"/> Emotional Disability                        | <input type="checkbox"/> Hearing Handicap       |
| <input type="checkbox"/> Speech or Language Handicap | <input type="checkbox"/> Cognitive disability or Developmental Delay | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other Program:              | <input type="checkbox"/> English Language Help (ESL/ELL)             |   |

As parent/guardian of this student, I will assume responsibility for becoming knowledgeable with the rules and regulations set forth in all school and district handbooks. I further assume responsibility for discussing these rules and regulations with my child. The information contained on this form is essential for your school to deal with situations that may come up during the school year. A signature is required to release information to appropriate staff members. Please complete all sections as accurately as possible. If you have any questions, please call your school for assistance.

YOUR SIGNATURE VERIFIES THE ACCURACY OF THE ABOVE INFORMATION

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_.