

OREGON SCHOOL DISTRICT NEW STUDENT ENROLLMENT FORM

Family No.	ID No.	Bldg:	Graduation Yr:	
	Tax Municipality:	Residency Code:	Homeroom:	Locker:
		Bus Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Enroll? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student Record Information

(Please Print)

Last:	First:	Middle:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate:	Birthplace: (City, State)
Home Phone: incl. area code	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Restricted? Yes <input type="checkbox"/> No <input type="checkbox"/>

Heritage <i>(optional)</i>	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian/Pacific Island	<input type="checkbox"/> Black, Non-Hispanic
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Other

Migrant Status: Yes No

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.

Long Term US Student:

Has this student been enrolled in a US school starting with Kindergarten or for the last five years?

Yes No

The Oregon School District does not discriminate against students on the basis of sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability in its education programs or activities. [s.118.13, Wis. Statutes, and PI 9, Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973]

Has this student been expelled or considered for expulsion from another school district within the past two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please answer the following questions.
School district ordering the expulsion:			
Length of expulsion period:	From:	To:	

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.

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Family Information

Family One Record (student resides with this family)

Information about first adult in this family

Relationship to student: Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other <input type="checkbox"/>			
Last Name	First Name		
Address	City	State	Zip
Home Phone	Email Address		
Cell No.	Pager No.		
Employer	Work Phone		
Mailing address <small>(if different from above)</small>	City	State	Zip

Information about second adult in this family

Relationship to student: Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other <input type="checkbox"/>			
Last Name	First Name		
Address	City	State	Zip
Home Phone	Email Address		
Cell No.	Pager No.		
Employer	Work Phone		
Mailing address <small>(if different from above)</small>	City	State	Zip

Family Two Record

Information about first adult in this family

Relationship to student: Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other <input type="checkbox"/>			
Last Name	First Name		
Address	City	State	Zip
Home Phone	Email Address		
Cell No.	Pager No.		
Employer	Work Phone		
Mailing address <small>(if different from above)</small>	City	State	Zip

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Emergency Information

Emergency or illness contact if parents/guardians are not available

1	Name	Relationship	Phone
2	Name	Relationship	Phone
3	Name	Relationship	Phone
4	Name	Relationship	Phone
Physician			Phone
Hospital Preference			Phone
Dentist			Phone

In case of emergency or illness and parent/guardian cannot be reached, does the school have permission to seek medical attention? Yes No (If no, what do parents/guardians want done?)

Education Programs

Was your child in a regular education program at his/her last school? Yes No

Does your child have one or more of the following specialized education needs? (check all that apply)

<input type="checkbox"/> Gifted and Talented	<input type="checkbox"/>	<input type="checkbox"/> Chapter 1, Title 1, or Remedial Reading
<input type="checkbox"/> Learning Disability	<input type="checkbox"/>	<input type="checkbox"/> Emotional Disability
<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/>	<input type="checkbox"/> Cognitive Disability or other Developmental Disability
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/>	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/>	<input type="checkbox"/> Autism
<input type="checkbox"/> Other Program:	<input type="checkbox"/>	<input type="checkbox"/> English Language Help (ESL)

Parent/Guardian Language Survey

Is there any other language besides English spoken at home? Yes No

Which language besides English is spoken? _____

Se habla otro idioma en su familia (no incluye ingles)? Si No

¿Cuál (es) _____

If yes or si, the "multi-cultural Student Questionnaire must be filled out.

Your signature verifies the accuracy of the above information

Parent/Guardian Signature _____
Date

Age 18 Student Signature _____
Date

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.