

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.

ID #:	Building:	Tax Municipality:
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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): Hispanic or Latino Not Hispanic or Latino Race Code (circle all that apply): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White					
Is any language other than English spoken in your home? Yes No <i>If yes, which language? _____</i> Language most often spoken at home? _____ <i>First language your child began to speak? _____</i>					
Has your child previously been in an ESL/ELL program? Yes No <i>Is an interpreter required for communication? Yes No</i>					
Has student been expelled or in the process of being expelled from another district? Yes No <i>Reason _____</i>					

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.)
 Has this student been enrolled in a U.S. school starting with Kindergarten or for the last 5 years? **Yes** **No**

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): **Yes** **No** *If yes, Court Order MUST be on file in the school office to implement the court order.*

	Last Name, First Name - Relationship	Last Name, First Name - Relationship	Last Name, First Name - Relationship	Last Name, First Name - Relationship
Parent/Guardian				
Telephone	Home () () Work () () Cell () ()	Home () () Work () () Cell () ()	Home () () Work () () Cell () ()	Home () () Work () () Cell () ()
Residence Address				
Mailing Address (if not residence address)				
City, State, Zip				
Employer				
Receive Mailings	Yes No	Yes No	Yes No	Yes No
Email Address				

EMERGENCY/HEALTH INFORMATION

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

1 st Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
2 nd Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
3 rd Contact Name	Home Phone	Work Phone	Cell Phone	Relationship
4 th 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
Last Name	First Name	Date of Birth	Age	Grade	Gender	School Currently Attending
Last Name	First Name	Date of Birth	Age	Grade	Gender	School Currently Attending
Last Name	First Name	Date of Birth	Age	Grade	Gender	School Currently Attending

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?

- ___ Gifted and Talented
- ___ Learning Disability
- ___ Speech or Language Handicap
- ___ Other Program: _____
- ___ Chapter 1 / Title 1 / Remedial Reading
- ___ Emotional Disability
- ___ Cognitive disability or Developmental Delay
- ___ Orthopedic Impairment
- ___ Hearing Handicap
- ___ Traumatic Brain Injury

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 _____

Oregon School District Home Language Survey

Para español vea al reverso

Wisconsin School Code and Emergency Immigration Act, Title VI of the Education Amendment of 1984 (PL 98-511), states that school districts shall administer a home language survey to every student enrolling in their district schools.

Student's name	grade	School (if known)				
Wis. School District, Other State or Country previously attended	Date of Birth	Country of Birth				
Name of person completing survey	Relationship to student	Phone #				
Please check which language for each question (or two languages if equal)						
	English	Spanish	Other language (please specify)			
What language did your child learn to speak first?						
What language does your family speak at home most of the time?						
What language do you speak to the child most of the time?						
What language does the child speak most of the time?						
What language(s) does the child hear and understand in the home?						
What language does the child speak to brothers and sisters most of the time?						
What language does the child speak to friends most of the time?						
***CONTINUE ONLY IF YOU HAVE MARKED SPANISH OR OTHER LANGUAGE ***						
In what language do the parents/guardians want oral (phone) communication from school? _____						
In what language do the parents/guardians want written (paper) communication from school? _____						
Has the child received bilingual instruction in the other language at their previous school? Please circle. Yes No						
Can the child read and write in the other language? Please circle. Yes No						
Parents/Guardians	Parent 1			Parent 2		
	well	some	none	well	some	none
Do you speak English?						
Do you read and write English?						
Did you complete high school, or equivalent?						
Signature of person completing survey	Date					

**Distrito Escolar de Oregon
Encuesta del Lenguaje Hablado en Casa**

Wisconsin School Code and Emergency Immigration Act, Title VI of the Education Amendment of 1984 (PL 98-511), **Esta ley declara que los Distritos Escolares deben administrar la encuesta del lenguaje hablado en la casa a todos los estudiantes que hayan sido inscritos en sus distritos escolares.**

Nombre del Estudiante	Grado		Escuela (Si la sabe)			
Distrito de la Escuela de Wisconsin ú otro Estado ó País en que haya asistido previamente	Fecha de Nacimiento		País de Nacimiento			
Nombre de la Persona que esta llenando esta encuesta	Parentesco con el estudiante		# Telefónico			
Por favor marque el lenguaje para cada pregunta ó si hablan los dos por igual	Inglés	Español	Otro lenguaje (especifique por favor)			
¿Cuál lenguaje su hijo aprendió a hablar primero?						
¿Cuál lenguaje la familia habla en la casa la mayor parte del tiempo?						
¿Cuál lenguaje usted habla con su hijo la mayor parte del tiempo?						
¿Cuál lenguaje el niño habla la mayor parte del tiempo?						
¿Cuál lenguaje el niño (s) escuchan y entienden en la casa?						
¿Cuál lenguaje el niño habla con los hermanos (as) la mayor parte del tiempo?						
¿Cuál lenguaje el niño habla con sus amigos la mayor parte del tiempo?						
***CONTINUE SOLO SI USTED MARCO ESPAÑOL Ú OTRO LENGUAJE ***						
¿En cuál lenguaje los padres /guardianes quieren la comunicación oral (telefónica) de la escuela? _____						
¿En cuál lenguaje los padres/guardianes quieren la comunicación escrita (papeles) de la escuela? _____						
¿Ha recibido el niño instrucciones bilingües en el otro lenguaje en su escuela previa? Por favor encierre una Si No						
¿Puede su hijo leer y escribir en el otro lenguaje? Por favor encierre una. Si No						
Padres/Guardianes	Padre 1			Padre 2		
	Bien	Algo	Nada	Bien	Algo	Nada
¿Habla usted Inglés?						
¿Lee y escribe Inglés?						
¿Termino su preparatoria ó equivalente?						
Firma de la persona que complete la encuesta	Fecha					

Dear Parent/Guardian:

Each year the school district nurses and the health office staff prepare a Confidential Health Concern List that alerts the school staff to students with health needs, such as asthma, diabetes, seizures. Please assist us by completing this questionnaire as soon as possible and return it to the District Office along with completed enrollment forms. The school district nurses will review this information and contact you if more information is needed. PLEASE RETURN THIS QUESTIONNAIRE EVEN IF YOUR CHILD HAS NO HEALTH CONCERNS AT THIS TIME. If you would like to speak directly to a nurse, please call 835-4109.

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian Name(s): _____

Address: _____ **Phone#:** _____

_____ **School (if known):** _____

**** If you need more space please write on the back of this sheet. ****

Does your child have any of the following conditions?

- | | | | | | |
|---------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Epilepsy or Seizures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart Condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | To What: | _____ | |
| Vision Impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Explain: | _____ | |
| Hearing Impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Explain: | _____ | |
| Physical Disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Explain: | _____ | |

Has your child ever had a serious injury? Yes No
If yes, please explain: _____

Has your child ever been hospitalized? Yes No
If yes, please explain: _____

Does your child have any health concerns not listed above? Yes No
If yes, please explain: _____

Does your child have any physical limitations? Yes No
If yes, please explain: _____

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/guardian want done? _____

Is this student under medical supervision and/or on medication? Yes No
Please indicate which medication(s) the student is taking and whether the medication is needed during school hours:

NOTE: If child is taking prescribed medication while at school, there must be a parent and physician signed medication form on file in the health office where student attends school.

Does the health staff have your permission to share your child's health information with staff? Yes No

Date of last Physical exam: _____ Date of last Dental exam: _____

Parent/Guardian Signature: _____ **Date:** _____

PARENT/GUARDIAN CONSENT FORM REGARDING STUDENT IMAGES

Student's Name

Date

Student's Building: _____

I am the parent or legal guardian for the student above, and have the legal authority to make educational decisions for this student.

I understand that my student's picture or video may be shared if my student is participating in an event open to the public, or if my student is not identifiable, pursuant to Board Policy 162. For events not open to the public, I grant permission to the Oregon School District as specified below. I understand that my directives shall remain in place while my student attends school in the District. I may change these directives annually before the first day of school by contacting my student's building office or the District Office at (608) 835-4000.

Please circle the directive you wish the District to honor.

Use of Student Images in Public Media

Yes or No For activities and events that are not otherwise open to the public, my student's photograph or videotape may be shared publicly on District resources such as the District's web page, the District's Facebook page or the District's twitter feed.

Yes or No For activities and events that are not otherwise open to the public, my student's photograph or videotape may be shared publicly on or with non-District resources such as with the Oregon Observer or other media.

Use of Student Images In Yearbooks

Yes or No My student's photograph or videotape may be included in the yearbook.

Use of Student Images for Student Teachers

Yes or No My student may be included in video/audio recordings by a student teacher in order to assess the student teacher and/or train other student teachers, faculty and staff. I understand that these recordings will be shared with trained reviewers outside of the District, but that no student names shall be used. I understand that if I circle no, my student will still participate in lessons but will be seated outside of camera range.

--OVER--

Directory Data Information Release

The school district has been informed that student directory information **MUST** be made available to any outside party upon their request unless the parent or guardian indicate they do not wish to have this information released. We call this to your attention because unless you direct us not to we may be releasing the following information about your child if it is requested by any outside agency:

- 1.) Student's Name
- 2.) Student's Major Field of Study
- 3.) Student's Participation in Officially Recognized Activities or Sports
- 4.) Student's Weight or Height if a Member of an Athletic Team
- 5.) Student's Dates of Attendance
- 6.) Student's Degrees and Awards
- 7.) Name of the Most Recent School Previously Attended by the Student
- 8.) Student's Photography

Please check the appropriate item for Directory Data Information Release. If you do not check an item, or do not sign this form, it will indicate that you do not wish to declare any restrictions on the release of directory data.

_____ Directory data may be released

_____ Directory information may be used only for school purposes such as annuals, athletic and other printed programs or other areas directly related to school activities.

_____ No directly information shall be released for any reason.

Military Recruiters and Institutions of Higher Learning Access to Student Information

Federal law requires local school districts to provide military recruiters and institutions of higher learning (IHE) access to secondary students' names, addresses and telephone listings. The student or parent may request the information not be released.

YES NO The school district may release my student's name, address, telephone listing to institutions of higher learning.

YES NO The school district may release my student's name, address, telephone listing to military recruiters.

Signatures below apply to both page 1 and page 2 of this form. This release form will remain in effect until the student's building assignment changes or the School District is notified otherwise.

Student Signature (grades 4-12)

(Date)

(Signature of Parent/Guardian or Eligible Student)

(Date)

Parent Permission for Use of Online Tools (COPPA Form)

Dear Parent/Guardian,

In order for the Oregon School District to provide your student with the most effective web-based tools and applications for learning, we need to abide by federal regulations that require a parental signature as outlined below. These include Dropbox, Evernote, Edmodo, and similar educational services selected by staff. In order for our students to use these programs and services, certain personal identifying information, generally the student's name and email address must be provided to the web site operator. Under the Children's Online Privacy Protection Act (<http://www.ftc.gov/opa/2012/12/coppa.shtm>), these websites must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13.

The law permits schools to consent to the collection of personal information on behalf of all of its students, thereby eliminating the need for individual parental consent given directly to the web site operator.

This form will constitute consent for the Oregon School District to provide personal identifying information for your child consisting of first name, last name, email address, date of birth, and username to Dropbox, Evernote, Edmodo, Goodreads, and any additional web-based educational programs and services which OSD staff select for instructional use. The District will keep these permissions on file so that you do not have to provide consent to every website.

It will be the student's responsibility to follow the District's Student Internet Use Policy at <http://www.oregonsd.org/policies.cfm?pid=99>

It will be the staff's responsibility to ensure compliance with the Terms of Service for each website or online tool.

Guidelines for using online web tools include:

- Keeping password/login information private
- Understanding that use of approved online tools is for educational purposes only
- Disclosing only information deemed safe and appropriate by district staff
- Adhering to online citizenship and netiquette

Unacceptable uses include:

- Using another student's account or misrepresenting personal identity
- Using accounts for any illegal purpose.
- Any violation of the Student Handbook or Board Policies

Parent/Guardian Permission

I have read and understand that my child will use these tools for educational purposes. I understand that my child will also abide by all policies for Internet and computer use. I give permission for my child under age 13 to register with websites that are approved by the District staff for educational use. Finally, I understand that my child's access to these tools is not private and that my child's account may be monitored. I understand that this consent is valid from today's date until my child turns 13 years of age. I may revoke this consent by sending written notice 14 days in advance to my child's building principal.

Parent name _____ Student name _____

Parent signature _____ Date _____