

OFFICE USE ONLY:	ENROLLMENT DATE	GRADE	STUDENT ID
	ENROLLMENT CODE	BUS NUMBER	HOMEROOM

Instructions: The enrollment form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a pen and complete all pages.**

If student is living in any of the following circumstances, additional services may be available: sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Contact the school for further information.

Has your student ever attended a Beaverton School? Yes No Initial Enrollment Enrollment Changes Grade: _____
Does the student have a current Individualized Education Plan (IEP)? Yes No **Does the student have a section 504 Plan?** Yes No

Student Information

1. Legal Last Name	2. Legal First Name	3. Middle Name	4. Suffix	5. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X
6. Last Name (Goes By)	7. Nickname	8. Birthdate	9. Age	10. City of Birth (If In USA)
11. State Of Birth (If In USA)	12. Country Of Birth	13. If country of birth is outside the USA or Puerto Rico, when did the child start attending school in the USA?		
14. Primary Phone Number () <input type="checkbox"/> Home <input type="checkbox"/> Cell	15. Student Email Address		16. Student Cell Phone ()	
17. Home Address	18. Apartment Number & Complex Name (If Applicable)	19. City	20. State	21. Zip
22. Is mailing same as home address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, complete boxes 23-26)	23. Different Mailing Address		24. City	25. State
				26. Zip

Previous School Information

27. Previous School District Attended	28. Previous School Attended	29. Previous School Address	30. Dates Attended From To
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Ethnicity/Race

This information is required by the Federal Government and is used for data analysis and reporting purposes only. If you chose not to respond, Beaverton School District is required to report this information through an observer identification process. **Completion of Part A and Part B is required.**

31. **Part A: Ethnicity** (Choose One) Not Hispanic/Latino Hispanic/Latino (Having origins in Cuba, Mexico, Puerto Rico, Central and South America or Other Spanish Culture.)
32. **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 child's race to be.
- American Indian or Alaskan Native:** Having origins in any of the original peoples of North and 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 or African American:** Having origins in any of the black racial groups of Africa.
- Native Hawaiian or 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.

Indian Education Program (Title VI)

The purpose of this information is to determine if your child is eligible to participate in the Indian Education Program.

33. Students who are enrolled or have an enrolled parent or grandparent in a federally or state recognized Tribe and Alaska Natives are eligible for services provided under the Indian Education Act of 1972. To learn about the program and how to enroll students, visit the Beaverton School District Title VI website.

Tribal Affiliation:

Student Last & First Name	Grade	Student ID-Office Use Only
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Language Use Survey (Title III)	
The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services. If a language other than English is listed, your child's English proficiency will be assessed. English language services will only be provided if student is eligible.	
34. What language(s) does your child hear or use regularly in your household (i.e., spoken, media, music, literature, etc.)?	
Hear:	Use (i.e., ASL)
35. Describe the language(s) your child understands .	
<input type="checkbox"/> No English	<input type="checkbox"/> Only English
<input type="checkbox"/> Mostly another language and a little English	<input type="checkbox"/> Mostly English and a little of another language
<input type="checkbox"/> English and another language equally	<input type="checkbox"/> Tribal/Heritage/Native Language (i.e. languages spoken by AI/AN tribal citizens, Native Hawaiians, and citizens of U.S. Territories)
36. What language(s) do adults most frequently use when speaking/conversing to your child?	
Parent/Guardian:	Parent/ Guardian:
Other Adults in the Home:	Child-care Providers:
37. What language(s) does your child CURRENTLY speak/express most frequently outside of school ?	
38. Does your child frequently participate in cultural activities that are in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once/month, etc.).	
39. Is there anything else you think the school should know about your child's language use? (e.g. what language did your child speak/express from ages 0-4, did your child have speech classes, did your child attend a bilingual pre-school, etc.)?	

Students with Interrupted Formal Education	
The purpose of this information is to determine if your child has experienced interruptions in their formal education that might make them eligible for one of the Newcomer Center sites.	
40. When did your child start attending school?	
	In which country?
41. Was your child in school continuously since they started?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what was the last grade completed?
42. Did your child attend other schools in the U.S.? (List)	
43. Is there anything else you think the school should know about your child's education? (i.e. received instruction in refugee camp, did not attend school due to teacher strikes or safety issues, etc.)	

Migrant Education Program (Title IC)	
The purpose of this information is to determine if your child is eligible to participate in the Migrant Education Program.	
44. Has your family moved within the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Have you or a relative worked in agricultural or fishing industries, in a farm/ranch, cannery, nursery, dairy, packing fruit or vegetables, food processing plant, forestry/logging or any other related activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Have you or a relative ever qualified for the Migrant Education Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Last & First Name	Grade	Student ID-Office Use Only
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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/student information unless legal documentation is provided indicating otherwise.

Are there any current legal restrictions or restraining orders pertaining to this student? Yes No
 If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

47. Relationship to Student	48. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input checked="" type="checkbox"/> X	49. Last Name	50. First Name
51. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	52. Same Address as Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no complete boxes 59-62	53. Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	54. Legal Documentation Required If Any Of These Boxes Are Not Checked <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To
55. Primary Language Spoken	56. Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	57. Email Address	58. Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
59. Correspondence Address (if different from Student)		60. City	61. State
63. Employer		64. Job Title	65. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
66. Education Level	67. School Messenger Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate One Phone Type as Your Primary Phone Number (boxes 68-69)	
68. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	69. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	70. Work <input type="checkbox"/> Contact Phone ()	71. Pager ()

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Are there any current legal restrictions or restraining orders pertaining to this student? Yes No
 If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

72. Relationship to Student	73. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input checked="" type="checkbox"/> X	74. Last Name	75. First Name
76. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	77. Same Address as Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no complete boxes 85-88	78. Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	79. Legal Documentation Required If Any Of These Boxes Are Not Checked <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To
80. Primary Language Spoken	81. Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	82. Email Address	83. Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
84. Correspondence Address (if different from Student)		85. City	86. State
88. Employer		89. Job Title	90. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
91. Education Level	92. School Messenger Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate One Phone Type as Your Primary Phone Number (boxes 93-94)	
93. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	94. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	95. Work <input type="checkbox"/> Contact Phone ()	96. Pager ()

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Siblings							
Please include Pre-School Age (Birth – 4 Years) and School Age (Grades K-12). This page may be copied to add additional siblings.							
97. Last Name	98. First Name	99. Age	100. Birth Date	101. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	102. School Name	103. Circle Program NWRES/ Head Start	104. Grade
105. Last Name	106. First Name	107. Age	108. Birth Date	109. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	110. School Name	111. Circle Program NWRES/ Head Start	112. Grade
113. Last Name	114. First Name	115. Age	116. Birth Date	117. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	118. School Name	119. Circle Program NWRES/ Head Start	120. Grade

Additional and Emergency Contacts					
In an emergency, parents/guardians will be called first. Emergency contacts will be called in the order indicated. It is assumed that any person listed as an emergency contact also has permission to transport your student in the event of an emergency . Check Release To if you are granting permission for your contact to pick up your child on a daily basis, such as a Nanny, or after school provider.					
1.	121. Contact Last Name	122. First Name	123. Relationship To Student (Indicate If Before Or After School Care)	124. Release To <input type="checkbox"/>	125. City, State
	126. Primary Language Spoken	127. Home Phone Number ()		128. Work Number ()	129. Cell Number ()
2.	130. Contact Last Name	131. First Name	132. Relationship To Student (Indicate If Before Or After School Care)	133. Release To <input type="checkbox"/>	134. City, State
	135. Primary Language Spoken	136. Home Phone Number ()		137. Work Number ()	138. Cell Number ()
3.	139. Contact Last Name	140. First Name	141. Relationship To Student (Indicate If Before Or After School Care)	142. Release To <input type="checkbox"/>	143. City, State
	144. Primary Language Spoken	145. Home Phone Number ()		146. Work Number ()	147. Cell Number ()

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 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 telephone number to regain contact with you through this third party. Please do not include international numbers.		
148. Last Name	149. First Name	150. Relationship to Student
151. Primary Language Spoken		152. City, State
153. Home Phone Number ()	154. Work Number ()	155. Cell Number ()

Medical Information		
156. Does your student have Health/ Accident Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Beaverton School District offers low cost Accident and Health Insurance Options. Please see the District Accident and Health Insurance information in the back-to-school packet, contact your school or call (503) 356-4560.		
157. Physician Name	158. Telephone Number ()	159. Health Insurance Policy (Middle & High School Use Only)
160. Dentist Name	161. Telephone Number ()	162. Health Insurance Policy (Middle & High School Use Only)

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Medical Concerns			
See office staff if student requires medication at school. A school nurse may contact you to obtain more information regarding your child's medical condition.			
163. Condition	164. Symptom(s)	165. Required Treatment/ Medication(s)	166. Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No
167. Condition	168. Symptom(s)	169. Required Treatment/ Medication(s)	170. Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Closure Plan		
Please indicate what the student should do in case of emergency or early school closure. Choose Only One Option		
171. Pick up by Parent/Emergency Contact/Daycare <input type="checkbox"/>	172. School Bus To Home/Neighbor/Daycare <input type="checkbox"/>	173. Walk/Ride Bike/Drive to Home/Neighbor/Daycare <input type="checkbox"/>

Family Messenger/ Courier	
Applies if more than one family member attends same school (Elementary Only)	
174. Should this student be identified as the "Family Messenger/Courier" to carry school information packets home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Printed Materials	
175. Send printed materials in language spoken at home (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Bus Information	
176. If eligible for district transportation will the student ride the bus?	A.M. <input type="checkbox"/> Yes <input type="checkbox"/> No P.M. <input type="checkbox"/> Yes <input type="checkbox"/> No

Student Vehicle Information (High School Only)					
177. Year	178. Make	179. Model	180. Color	181. License Number	182. Parking Permit Number (Office Use Only)

Military/College Recruitment (High School Use Only)	
183. The Every Student Succeeds Act (ESSA) 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". In order to do so, you must check next to one or both of the following categories:	
<input type="checkbox"/> No Military Recruiters	<input type="checkbox"/> No College Recruiters

Student/Parent Permission Information:	
* FERPA allows the district to provide directory information upon request without the prior permission of parents or students. If you do not want the District to disclose directory information, to include photo and video from your child's education records without your prior consent, you must notify the office at your child's school in writing within two (2) weeks of starting school. This notification must be submitted on an annual basis. For a detailed definition of directory information please refer to the Parental Privacy Annual Notification of FERPA Rights, or online at https://www.beaverton.k12.or.us/departments/information-technology/enrolling-your-child/enrollment-forms and/or School Board Policy JOA.	
* The district utilizes Google Apps for Education. Parents must submit a Digital Resources Permission form in order for their student to receive access to their education account. You may revoke permission for use of digital resources at any time. The Parental Privacy and Digital Resources forms can be found at https://www.beaverton.k12.or.us/departments/information-technology/enrolling-your-child/enrollment-forms .	

Signature of Parent/Guardian:	
Notify the School Office if the information on any of these pages changes.	
Signature of Parent/Guardian:	Date: