



**Fullerton IV Elementary**

Roseburg, Oregon

**2021-2022**

**“Where a Lifetime of Learning Begins”**

**Fullerton IV**

**Panthers**



# Fullerton IV Elementary

## Welcome to Fullerton IV Elementary School!

We are pleased and excited that you and your child are part of our school. Fullerton IV has a quality, caring, and dedicated staff who provide students with a positive, secure, and supportive environment where we place a major emphasis on reading, writing, mathematics and respect. We believe that:

- All children can learn and succeed.
- A safe and respectful environment is everyone's right and responsibility.
- Families, schools, and the community are partners in every child's education.



### Attendance:

We need your help to ensure that your child receives the best education possible. As you know, the single most important factor in a child's education is the involvement of parents in school and parental support of the school. Please help us in the following ways:

- **Make every effort to have your child in school and on time every day.**
- Call when your child is too ill to attend.
- Please try to arrange for family vacations, doctor appointments etc. during non-school times.
- Contact the teacher and arrange to pick up missed assignments.

### Support:

- Be involved in our school and the activities that are sponsored.
- Review papers, read the **newsletter** and notices that are sent home, connect with the teacher using (Class Dojo, Bloomz, Remind) and visit our website: <https://fullerton.roseburg.k12.or.us/>
- Schedule a regular place and time for your child to complete homework.
- Avoid making negative or unsupportive comments about your child or our school in front of children.

### Discipline

We realize that you are primarily responsible for the discipline and behavior of your child and we encourage you to work with us on school-home plans to help your child be successful. We use [Conscious Discipline](#) and [Collaborative Problem Solving](#). We offer incentives for individual students and for the whole school to motivate our students to make connections, problem solve, and behave safely. The following [link](#) will lead you to our adopted Board Policies that address student behavior.

## Roseburg School District Services

We have a variety of Specialists on our school staff to assist students and provide instruction to children who need special help. We have a **Learning Specialist** and **Instructional Assistants** for those who need assistance in reading or math. A **Speech Therapist** will provide training and assistance for children with hearing or speech problems. A **Child Development Specialist** is available to help children be more effective in dealing with life's pressures and stresses. Parents may also work with the CDS in developing their skills, too. You will be contacted by the classroom teachers or the personnel mentioned above if your child might benefit from these services. Please feel free to contact the office or the school counselor for more information.

## District Administration

Jared Cordon	Superintendent	440-4014
Robert Freeman	Director of Human Resources	440-4007
Michelle Knee	Asst. Superintendent/Director of T &L	440-4005
TBD	Director of Student Services	440-4034
Cheryl Northam	Director of Business Services	440-4027

## Board of Directors

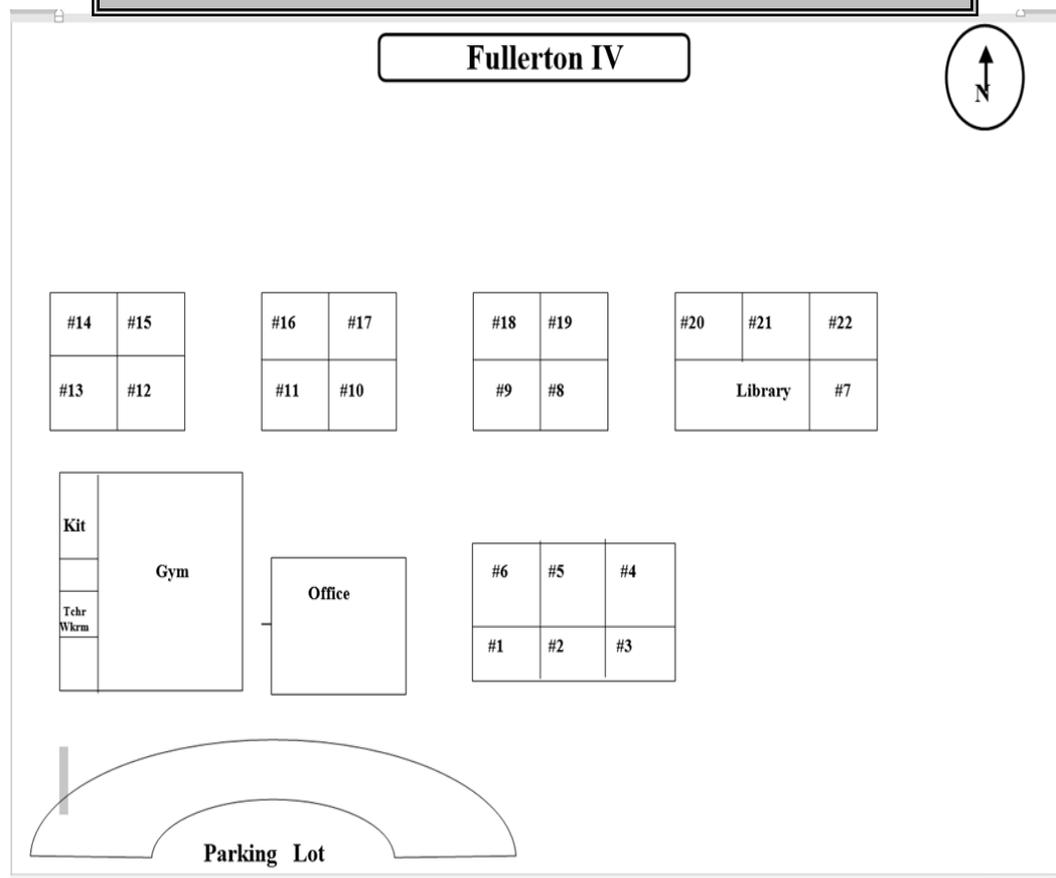


Charles Lee	Anne Krimetz
Rev. Johnson	Andrew Shirtcliff
Rod Cotton	
Rebecca Larson	
Dr. Brandon Bishop	

## Individual Staff Extension Numbers

6100	Ms. Jinkins	6117	Mrs. Coopride
6101	Mrs. Heverly	6118	Mr. South
6102	Mrs. Forney	6119	Mrs. Rudsell
6103	Mrs. Maynes	6120	Mrs. Logerstedt
6104	Ms. Thomas	6121	Ms. Schnoor
6105	Mrs. Kuhse	6122	Mrs. Stanley
6106	Mrs. Nord	6123	Mrs. Price
6107	Mrs. Addington	6124	Mrs. Knox
6108	Mrs. Villers	6128	Mr. Muno
6109	Mrs. Harrison	6131	Mrs. Humphry
6110	Mrs. Leary	6132	TBD
6111	Ms. Cummings	6133	Mrs. Jones
6112	Miss Kenyon	6136	Miss Reagan
6113	Mrs. Haga	6137	Miss Sarah
6115	Mrs. Bannister	6138	Ms. Davidson
6116	Ms. Yunker		

## Fullerton IV School Map



## School Lunches

A nutritious balanced hot lunch with milk is served daily. Students who bring their own lunch may purchase milk separately or bring their own drink. The following lunch prices are **subject to change** during the school year:



<b>Student Breakfasts</b>	<b>FREE</b>
<b>Student Lunches</b>	<b>FREE</b>
<b>Milk Only</b>	<b>FREE</b>
<b>Adult Lunches</b>	<b>\$4.05</b>

Our lunch program will allow students to make choices about what they get for lunch. Each month we will send home the *School Lunch Menu* and a *Monthly Calendar*. This way you and your child can plan ahead and make other choices if your child prefers not to eat what is being served.

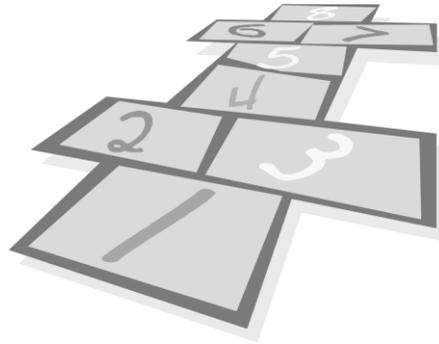
The food service program is computerized, and each child will have his/her own account. Deposits for lunches should be made before school in the school Gym, between 8:40 and 9:10 a.m.

## Breakfast Program:

We are pleased to offer a breakfast program for interested students. A balanced breakfast is served in our lunchroom between 8:40 - 9:10 a.m. every morning.

## Elementary Schedule

Buses Arrive/Cafeteria Open	8:40 am
Classrooms open	8:40 am
Bell Rings	8:45 am
Lunch rotations begin	11:15 am
Student Dismissal	3:30 pm
Wednesday Schedule	2:30 pm



## Arrival and Departure Procedures

The school grounds will open at **8:40** a.m. Students who walk to school **must not** arrive before 8:20 a.m. unless arrangements are made with the staff. There is no recess before school. Breakfast is served starting at 8:40, classrooms open to students at 8:40 and school starts at 8:45.

### Dismissal Procedure

Dismissal is at 3:30 pm and 2:30 on Wednesdays. Early pick-up is strongly discouraged. **EARLY** pick-up cuts into instructional time, is disruptive and prevents students from participating in the end-of-the-day traditions with their classmates and teacher. Parents are encouraged to schedule appointments after 3:30 p.m.



**Bus riders** board buses in the front of the building (parking lot area). Students wait in line until their bus arrives and then they follow staff directions to board.

**Walkers** exit campus from three major access points, which include: the backside of the gym (southwest side), the gate (west side) and Oriole (east). Students are NOT allowed to exit the front of the building where students board buses.

**Vehicle Pick-up** is on Oriole Drive for ALL students including kindergarten.

- Parents are encouraged to drive north on Broccoli onto right on Oriole.
- Turning around in neighbor's driveways or making a "U-turn" on Oriole is strongly discouraged.
- Students may not cross Oriole to the east side without a parent. Please park your car and walk to your child at the Parent-pick-up spot (if you are parked on the east side).
- Parents with school business after school, who need to meet with staff, may park on Bradford.
- All students are to leave the school grounds after dismissal time at 3:30 p.m., going home by the most direct and safest route.
- Students participating in after school activities are to go directly home after their activity is over.
- Students are **not to return** to school until **4:00 p.m.**, unless supervised by a parent or guardian.
- **No** student can leave school with anyone other than parent/guardian unless parents provide the office with written notice. Special arrangements need to be made in advance.
- All skateboards, scooters and roller blades must be dismounted and carried while on the school campus. If damage is caused from intentional actions, confiscation may occur and will be returned to parents.
- We ask that all students walk their bikes on campus when school is in session...this presents a safety hazard, and we want to ensure that all parties are safe!
- **All students leaving the school grounds during school MUST have parent permission and MUST check out at the office and check-in upon returning.**
- Please make arrangements for early pick-up (or changes to transportation) by 2:30 every day (1:30 on Weds), please!
- Parents may visit the office and wait in the breezeway in front of the office, but at this time, we are not able to allow families walk their children to the classroom.



## Student Activities

There are a variety of opportunities for Fullerton students through community youth programs like YMCA, RSP, Young Rembrandts, Good News Club, and the Boys & Girls Club. More information can be obtained in our school office.

Parents and community members are encouraged to be involved as room volunteers, members of the Parent Teacher Organization, (Booster Club) field trip chaperones, and other activities throughout the year.

**School Assemblies** – In the event we are able to hold assemblies again, these are scheduled throughout the year. Specific dates and times will appear in the monthly newsletter.

## Homework

1. Homework gives children more opportunities to learn which can result in improved student achievement. Homework also helps instill in students a sense of responsibility, accountability, motivation, and self-confidence.
2. Fullerton students are expected to **"read" five (5) times a week at home.** Students in grades K-2 should read approximately 10 minutes each day and students in grades 3-5 should read 15-20 minutes. In addition, students are also given other assigned homework, which is a "review" of concepts already covered in class. Other assigned homework takes about "ten" minutes times the grade **level (e.g., 1st=10 minutes, 2nd=20 minutes, 3rd=30 minutes etc.).**
3. Each teacher will review his/her homework policy with you and your child at registration. Students are also expected to keep a "reading record chart" to record the amount of time read.
4. Please help us and support your child by scheduling an arranged time for homework to be completed. Also select a quiet area where your child can complete assigned work.



## Emergency School Closures

Each winter there is the possibility of extreme weather conditions that could cause school to delay opening, or classes to be cancelled. **In the event of bad weather**, three things could happen according to the administrative rules of the Roseburg School District:

1. Run school on a regular schedule.
2. Delay the start of school for two hours.
3. Close school for the entire day.

Local radio, social media, and television stations will be notified of a delay or closure by the district superintendent and will make that information public. If there is a two-hour delay, school starting time, arrival time and school bus schedules will run exactly two hours late.

The purpose of the delay or closure is simply to make sure students and staff get to school safely. There is no need for parents to call the school to verify delays or closures, just listen to television and radio stations.

**In addition, you will receive a phone call from our One Call System. Please be sure that the front office has your updated phone number!**

**Please check local t.v. stations, radio, Facebook, district website, and/or Fullerton IV website for updates.**

## School Dress Code

The basic responsibility for attire to be worn at school or school related functions rests with the student and his or her parents. However, a student's dress and appearance may be regulated when, in the judgment of the school administrators, the student's dress or appearance:

- **poses a health or safety hazard;**
  - **promotes illegal or discriminatory conduct;**
  - **is likely to cause a disruption of the educational process.**
- Student attire that is too revealing cannot be worn at school. Undergarments must always be covered during school or at school-related activities.
  - Dress and grooming shall be clean and in keeping with health, sanitary, and safe practices. For example, all students must wear shoes that are in good repair, stable

for surfaces at school, and that do not pose a safety hazard to the wearer or others. Therefore, flip-flops and house slippers are not appropriate for school.

- Dress or appearance should not lead school administrators to believe that a student's hairstyle, make-up, apparel, body art or accessories are gang related, promoting illegal or discriminatory activity, disrupting or interfering with the educational process.

**A GOOD RULE:**

- If you are unsure about the appropriateness of the clothing, please DO NOT wear it to school. Some clothing is appropriate for other places but NOT appropriate for SCHOOL!

## Student Responsibilities

Students at Fullerton IV are expected to:

1. Be familiar with the [District's Minimum Standards for Student Conduct & Discipline and Discipline in the Roseburg Public Schools.](#)
2. Be Safe, Respectful, and Responsible in classrooms, library, school buses, on school property and at school activities.
3. Maintain relationships with staff that are mutually respectful. Comply with staff directions and instructions promptly and courteously.
4. Use only language and gestures that are respectful and free of profanity and obscenity.
5. Follow all playground rules and use equipment in a safe manner.
6. **Report fighting, inappropriate language, and intimidation to the nearest adult.**
7. Report all accidents/injuries to your teacher or office.
8. Students are not allowed in classrooms during recess unless the teacher is present or has given specific permission for a student to be present.
9. Students on the bus are under the authority of the bus driver and are expected to follow rules governing conduct on the bus.
10. The telephone is for school business only. Students should make social arrangements at home. Students must have **staff permission** to use the telephone.
11. Skateboards, scooters, and roller blades must be dismantled and carried while on the school campus.
12. Understand that all student misconduct will be corrected by any staff member when misconduct occurs within the school's jurisdiction.



## Student Behavior

At Fullerton IV we have established three **Behavior Expectations** to help students be successful at school. We continue to teach and reinforce these basic concepts throughout the year. **Please review these expectations and help your child understand how important these are at school.**

### Fullerton Panthers:

- Make positive connections with others
- Solve problems
- Make safe choices



The Roseburg Public School District has policies that prohibit bullying, harassment, and other offensive behavior. Any such behavior should be reported to the principal immediately. Violations of school rules and regulations, based upon the frequency and severity, may result in reprimand, warning, detention, removal of privileges, suspension and/or expulsion. In matters other than minor and routine, parents will be informed and involved. In all cases of suspension or expulsion, due process procedures will be in accordance with District Policy and Oregon Law. All students are expected to obey the laws of the State of Oregon and of the United States.

## Library Media Center

The Library media center is a vital asset to the school curriculum at Fullerton IV. Students can check out materials for use in the classroom and at home. Materials that are lost or damaged will be charged to the student.



## Communication

**Weekly Folders** - Each week your child will bring home an envelope of work completed. Please review the work with your child, sign and return the envelope to school the following day.

**Monthly Newsletter** – The Fullerton IV newsletter is sent home to keep everyone informed about school and school activities. Please note the "Dates to Remember" section so you can remain informed about any changes of important dates or events. Our newsletter is sent out through Remind using a newsletter format called Smore. Please be sure to sign up for a Remind account.



**Lunch Menu** - Each month we will send home the *School Lunch Menu*. Please take time to review the menu with your child to decide which meals will be eaten. Great for posting on the refrigerator!

**Absences** – Please make every effort to have your child in school and on time each day. We ask that parents call the school whenever your child is absent. This is an important communication between the home and the school. Pre-arranged absences (trips, etc.) need to be handled through the office. Regular attendance influences performance significantly.

- You may leave a voicemail message for a teacher after hours. Simply call the school at 541-440-4081, then put in the teacher's extension. (See pg. 13 for extension #'s.)
- If you need to reach the office, press "0".

**Questions and Concerns** - Do you have a question or concern related to our school or your child? We are only a phone call away and know that questions or concerns left unaddressed can become major problems. Please call us at 541-440-4081 make an appointment or to talk to any staff member.

## Cell Phone/Electronic Device Policy

- Students are **not** encouraged to bring cell phones and electronic devices to school. Students who do so are assuming full liability for their device in the event of loss or breakage.
- Cell phones and electronic devices are not to interfere with the educational process.
- In an emergency, students may bring their phone to the office to call a parent or guardian then return the phone to their backpack.
- If a phone or device causes a disruption, that item will be confiscated. Students can retrieve their device in the office after school.
- Repeat offenses will mean that a parent or guardian will have to recover the device.
- Electronic readers will be used in an appropriate manner to enhance learning, not disrupt it.

## Health Procedures and Accidents

- We do not have a school nurse and our facilities are extremely limited when caring for sick or injured students. You will be contacted to pick up your child when they are ill. If it appears that your child needs medical attention or has incurred a head injury, you will be promptly notified. **Should we be unable to locate you and the injury appears to be serious, we will take your child to the doctor or medical facility indicated on our records.**
- If you should need to send **prescription medication** to school with your child that you wish to have administered here, it must be in the **original container**. You will also need to fill out and sign a medication form describing the dosage, time of dosage, and giving permission to office personnel to give your child the medicine.
- **Children should be kept home when they are suffering from any infectious condition** such as a severe cold, high temperature, influenza, etc. In cases of scabies, impetigo, ringworm, head lice, or other highly contagious conditions, treatment by a physician or the Health Department may be required before a student may return to school.
- School administrators are required to deny admission to children who have not met immunization timetables. The law requires all students under age 14, attending an Oregon school to be immunized against the following: Diphtheria, Tetanus, Polio, Hepatitis, Measles, Mumps, Rubella, and Varicella.



## Fullerton IV Booster Club

Fullerton IV has a strong and long history of parent involvement and support. Your participation and support is encouraged, as **all parents are automatically members of the Fullerton IV Booster Club**. Activities include Health Screening, Box Top Drive, Jog-a-Thon, Bingo Night, Barbecue Social, and Staff Appreciation.

## Parent - Teacher Conferences

Communication with parents about their student's educational progress is an important factor in the learning process. We encourage ongoing communication between school and home. Twice a year there is time set aside for Parent-Teacher conferences to meet and discuss your student's progress. Conference dates for the 2021-2022 school year are: **November 4-5 and April 7-8** and will most likely be held through ZOOM meetings.

## Additional Registration Forms:



## Roseburg Public Schools

Please review the following pages, as some are required forms needing completed and signed, then turned into the school prior to your student attending.

Fullerton Parent Questionnaire – Please complete this form if your student is new to Fullerton IV Elementary.

Annual Notification of Rights – Our release of student information policy.

Authorization to Withhold Meals – This form is intended to inform cafeteria staff that you DO NOT want your child purchasing meals from the school. Once the form is received, we will put an alert on their account, prompting the cafeteria staff to inquire as to if they have a meal from home. However, we are required by law to feed any child that asks for a meal.

Elementary Transportation Form – Required for all K-5 students annually.

Google Apps for Education – Required for all NEW students to the district.

HKOP Consent for Dental Hygiene Services – Required for all K-5 students regardless if you are opting out or not.

Dental Screening Certification Form – Required for any K-5 student who has selected to “opt out” of the HKOP Dental Hygiene Services, in order to collect more details that we are required to report to the state.

Medication Administration Form – Required for any student who needs medications administered during school hours.

Oregon Certificate of Immunization Status – Required for all NEW students to the district.

Permission Form – Required annually for all students. Secondary schools (grades 6-12) typically send home individual class permissions slips for upcoming activities or field trips.

Records Request Form – Required for all NEW students to the district.

Temporary Guardianship Agreement – Required for certain family circumstances. Please contact your child’s school to find out if this applies to your family situation.



## Fullerton Elementary School Parent Questionnaire

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please circle whether or not this fits your child. If yes, please explain.

My child was receiving extra help in reading or math                      Yes    No

Speech Therapy    Yes    No

My child has a hearing problem    Yes    No

Counseling    Yes    No

Behavior Plan    Yes    No

Wears glasses at school    Yes    No

My child was retained    Yes    No

Needs to take medication at school    Yes    No

Explain: \_\_\_\_\_

\_\_\_\_\_

What are your child's strength in school? \_\_\_\_\_

What are your child's weaknesses in school? \_\_\_\_\_



## **ANNUAL NOTIFICATION OF RIGHTS:**

The following is a notice to parents and eligible students (who are 18 years of age or older) of their rights regarding student records and information.

### **I. Annual Notification of Your Rights Under FERPA**

As a parent/guardian of a Roseburg Public Schools (RPS) student you have certain rights regarding your child's education records under the Family Education Rights and Privacy Act (FERPA), and applicable state law. The rights are summarized below.

- 1. Review of Student Records:** You have the right to inspect and review your child's education record. You may contact the principal of the student's school to request an appointment to review the records. The school will make arrangements for access and notify you of the time and place where your child's records may be inspected.
- 2. Amendment of Student Records:** If you believe your child's records are inaccurate or misleading, you have a right to make a written request for the school to amend the records.
- 3. Disclosure of Student Records:** Without your prior written consent, only individuals having a legitimate educational interest, officials in the school systems in which a student intends to enroll, and certain authorized officials may have access to your child's educational records. However, certain routine information, called *directory information*, may be disclosed without your consent. See Parental Privacy below.
- 4. Right to File a Complaint:** If you believe your rights under FERPA have been violated you have the right to file a complaint with the Family Policy Compliance Office in the U.S. Department of Education.

All of the rights described above transfer to a student who is 18 years old or is attending a post-secondary education institution.

### **II. Student and Parent Information and Image Disclosure (Directory Information)**

FERPA allows the District to provide *directory information* upon request without the prior permission of parents or students.

**Directory Information** includes the following items:

- Parent(s) name and email address
- Student's name, address and telephone listing
- Date of birth
- Student's image (ex. photo, print, video)
- Participation in sports and activities
- Student's grade level, teacher(s), class(es) and/or classroom(s)
- Weight and height of athletic team members
- Student's gender
- Dates of attendance
- Most recent previous school or program attended
- Degrees or awards received

The primary use of *directory information* is to allow for the inclusion of your child's information and image for school district use in publications such as yearbooks, class composites, playbills or other programs showing participation in athletics or activities, teacher and curriculum websites, and the District and school websites and social media.

Video and/or photographs of our students, their class activities, and their student work may be displayed in our buildings, on our websites, and used outside the District for District-authorized purposes.

We occasionally will release directory information upon request to third parties such as parent organizations and news media for directories or other means of supporting schools and school programs.

**If you do NOT want the District to disclose directory information to include photo and video from your child's education records, 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.

**Classroom Internet Use** - After being trained by school staff on the acceptable and appropriate use of technology, students will make use of the Internet on a regular basis for classroom instruction and online assessments. Student Internet use is monitored by staff and web content is filtered by Children's Internet Protection Act (CIPA) compliant tools. If you do not want your student to access the Internet at school **you must notify the office at your child's school in writing, prior to the start of school.** This notification must be submitted on an **annual** basis.

**Additional forms may be required to complete your students registration**, and can be located on our website by clicking on [Registration Forms](#). From there you will be able to print, complete and sign any remaining forms. You will have the option to upload through ParentVue, or hand deliver to the school on their registration dates.



# Roseburg Public Schools

## Parental Authorization to Withhold Meals

Parent/Guardian-we believe that being hungry negatively impacts student's health and academic performance. With HB3454, we as a District and Nutrition Service Department, are not allowed to refuse a meal to a student if they request one, unless we have your permission to withhold that meal. If the student does request a meal, you as a parent/guardian are responsible for paying for that meal.

By signing this document, you are directing district staff to withhold meals from your student.

I, \_\_\_\_\_ (Print Parent/Guardian name)

do not wish for my child{ren) listed below, to eat meals in the school cafeteria without my explicit permission. If I am unable to be reached by you at the phone number(s) listed below and my child has indicated that they did not bring a lunch from home, I give permission for you to feed my child at my expense.

Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Phonenumber(s) to be called: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Print** your children's names(s)

AND

Your children's school(s)

Please return this form to the Nutrition Department at:  
1419 NW Valley View Dr. Roseburg, OR 97471

**THIS FORM MUST BE COMPLETED ANNUALLY**

Free & reduced meal application information: [www.roseburg.k12.or.us](http://www.roseburg.k12.or.us). Go to Nutrition Department-applications found on left side of page. Important if applying on-line: you can't do it through your phone and make sure to choose Douglas County #4 when prompted.

Meal count collection procedure: see link on Nutrition webpage titled Nutrition Services Operating Procedures.



# Roseburg Public Schools

## Elementary Transportation Information

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please note:** Please notify the school of any change of transportation plans **at least one hour** prior to the end of the school day. Wednesdays are early release days. All students must leave the school campus at the end of the day and go to their designated area. Any change of plans should be made **before** arriving to school with parent or guardian permission.

My child will arrive at school by:

- Ride the bus - Bus# \_\_\_\_\_
- Walk
- Ride Bike
- Get dropped off

**AM** Bus Stop: \_\_\_\_\_

In the afternoon, my child will:

- Ride the bus home - Bus# \_\_\_\_\_
- Walk home
- Ride Bike home
- Get picked up

On Campus pickup location \_\_\_\_\_

- Ride the bus to Boys & Girls Club
- Ride bus to Daycare
- YMCA (Only available for Fullerton, Hucrest, and Melrose students)

**PM** Bus Stop: \_\_\_\_\_

### Alternate Afterschool destinations:

Daycare Name: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

\*If you require an alternating schedule, please indicate alternating **afternoon** transportation schedule:

	Bus	Pick-up	B&G Club	Daycare	Walk	Other
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

**Reminder:** Wednesdays are early release days! Only those listed on your registration forms will be allowed to pick up students, unless we have permission from a parent or guardian at least 1 hour prior to the end of the school day.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**!! PLEASE COMPLETE AND RETURN TO THE SCHOOL YOU ARE REGISTERING WITH - REQUIRED FOR ALL ELEMENTARY STUDENTS !!**



## Roseburg Public Schools

# Google Apps for Education

### Student Permission Form

Roseburg Public Schools will provide students with Google Apps for Education accounts. Apps for Education includes free, web based programs providing word processing, spreadsheet, presentation and collaboration tools for Oregon students and teachers. This service is available through an agreement between Google and the State of Oregon.

Apps for Education runs on an Internet domain owned and managed by Roseburg Public Schools and is intended for educational use only. This permission form describes the responsibilities of the school, students and parents in using Apps for Education.

Apps for Education is available at school and at home via the web. School staff will monitor student use of Apps when students are at school. Parents are responsible for monitoring their child's use of Apps when accessing programs from home. Students are always responsible for their own behavior.

### Student Use of Apps for Education

Apps for Education is primarily for educational use. Students may use Apps for personal use subject to the restrictions below and other school rules and policies which may apply.

- **Privacy** - School staff have access to student accounts for monitoring purposes. Students have no expectation of privacy on the Apps system.
- **Limited personal use** - Students may not use Apps tools for:
  - Unlawful activities
  - Commercial purposes or activities for personal financial gain
  - Inappropriate sexual or other offensive content
  - Threatening another person
  - Misrepresentation of Oregon Public Schools, staff or students.

### Access Restriction

Access to and use of Apps for Education is considered a privilege accorded at the discretion of the District. The District maintains the right to immediately withdraw the access and use of Apps when there is reason to believe violations of law or District policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and possible action.

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

### Parent/Guardian Permission

I give permission for my child to use Google Apps for Education. By doing so I agree to enforce acceptable use when my child is off School District Property.

Parent/Guardian signature:

\_\_\_\_\_  
Date: \_\_\_\_\_



## Do you want your child to receive FREE preventative dental health services?

A **FREE** dental program is offered to all students K-12. Mercy Foundations Healthy Kids Outreach Program offers these services at your child's school TWICE during the school year. If you have any type of insurance signing up DOES NOT take away services from others. This is a statewide plan to serve all school aged children with preventative dental care.

Whether selecting yes or no the form must be filled out, signed and returned as a part of registration.

- If **YES**, you would like these preventative services, return the consent form selecting the services you give consent to, then sign, and date.
- If **NO**, please return the consent form selecting "No" to opt out, then sign, and date.

Information provided by Healthy Kids Outreach Program is not intended to replace your regular scheduled dental care with your dentist.. If you have any questions or would like more information about services provided, please call HKOP at 541-677-4818.  
THIS INFORMATION WILL BE KEPT CONFIDENTIAL.



## Do you want your child to receive FREE preventative dental health services?

A **FREE** dental program is offered to all students K-12. Mercy Foundations Healthy Kids Outreach Program offers these services at your child's school TWICE during the school year. If you have any type of insurance signing up DOES NOT take away services from others. This is a statewide plan to serve all school aged children with preventative dental care.

Whether selecting yes or no the form must be filled out, signed and returned as a part of registration.

- If **YES**, you would like these preventative services, return the consent form selecting the services you give consent to, then sign, and date.
- If **NO**, please return the consent form selecting "No" to opt out, then sign, and date.

Information provided by Healthy Kids Outreach Program is not intended to replace your regular scheduled dental care with your dentist.. If you have any questions or would like more information about services provided, please call HKOP at 541-677-4818.  
THIS INFORMATION WILL BE KEPT CONFIDENTIAL.





# CONSENT FOR DENTAL HYGIENE SERVICES



Mercy Foundation and Advantage Dental want to help keep your community cavity-free and healthy. A Dental hygienists will be available on site during the year to provide free dental services. These services do not replace regular dental care from a dentist.

PATIENT INFORMATION		School Location:																			
Patient's Name: _____ <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>First Name</span> <span>Middle Initial</span> <span>Date of Birth</span> </div>																					
My child has: <input type="checkbox"/> OHP <input type="checkbox"/> Private <input type="checkbox"/> None Dentist: _____																					
Best phone number to reach you during the day: _____ Friend or family member's name and phone number to reach in case you change your number: _____																					
Address / City / State / ZIP: _____																					
Grade / Teacher:		List medications currently taking:																			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Disclose		_____																			
<p><b>The following services may be offered to the patient on an as-needed basis. Please Initial on YES or NO to indicate whether you consent to these services being provided on the patient listed above.</b></p> <table border="0"> <tr> <td>Screening (Teeth Check-up)</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Fluoride Coating</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Sealant</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Silver Fluoride</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Antiseptic for the Teeth (Iodine)</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Protective Restoration</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>		Screening (Teeth Check-up)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Fluoride Coating	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sealant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Silver Fluoride	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Antiseptic for the Teeth (Iodine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Protective Restoration	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Iodine Allergy <input type="checkbox"/> Shellfish Allergy (shrimp, crab etc.) <input type="checkbox"/> Other Allergies (please list): _____ History of: <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Behavioral Considerations (please describe): _____ Other (please describe): _____	
Screening (Teeth Check-up)	<input type="checkbox"/> YES	<input type="checkbox"/> NO																			
Fluoride Coating	<input type="checkbox"/> YES	<input type="checkbox"/> NO																			
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Antiseptic for the Teeth (Iodine)	<input type="checkbox"/> YES	<input type="checkbox"/> NO																			
Protective Restoration	<input type="checkbox"/> YES	<input type="checkbox"/> NO																			

If you have questions or would like more information about the services provided, please call Mercy Foundation 541.677.4818 or see attached fact sheet.

**Your signature indicates that you have been informed of the risks and benefits of treatment, your questions have been answered, and that you consent to the treatment indicated above.**

As the parent/legal guardian, I agree to all of these statements:

- I give consent for dental services initialed/indicated above from Mercy Foundation, Advantage Dental Group, PC (Advantage Dental), and/or one of its representatives.
- The results of the oral hygiene services, including personal health information and scheduling information, may be shared between Advantage Dental, Mercy Foundation's Healthy Kids Outreach Program, the dental provider (hygienist or patient's dentist), the community site, any listed insurance carriers, the dentist of record, any applicable Coordinated Care Organization, and/or the Dental Care Organization of record for purpose of treatment, payment or healthcare operations.
- I have been given a copy of the "Notice of Privacy Practices" and HIE (Health Information Exchange) Notification.
- This consent will remain active for 12 months unless revoked in writing or by calling an Advantage Dental representative.
- This consent is valid at all sites where Mercy Foundation and Advantage Dental provides services.

If you have dental insurance through Medicaid, the Oregon Health Plan or Healthy Kids, the hygienist will notify the plan of the services received.

Print Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FACT SHEET

Not all patients may qualify for all services; provider will determine which services are clinically appropriate based on the patient's individual needs.

## Screening (Teeth Checkup)

A dental care professional will look in the mouth to check for changes in teeth that may indicate cavities or other oral health problems.

**Risk(s):** Decay or other problems could exist and get worse if not discovered.

**Alternative(s):** No checkup.

## Fluoride Coating

A temporary thin coating (also called varnish) put on the teeth to help protect from cavities. The coating is safe even if it is swallowed. It does not hurt or stain the teeth.

**Risk(s):** Allergy is not common.

**Alternative(s):** Daily or weekly fluoride rinses, fluoride foam, or fluoride gels applied at your dentist's office.

## Sealant

A dental sealant is a white coating put on the chewing surfaces of back teeth where cavities occur most often. Sealants make barriers on teeth that keep bacteria out and prevent cavities. They do not interfere with biting or chewing.

**Risk(s):** Sealants only protect the chewing surfaces. They can last for several years, but sometimes need to be replaced.

**Alternative(s):** Silver Fluoride. No sealants. Choosing not to use sealants could increase the chances you will develop decay in the chewing surfaces of the teeth.



Before Sealants



After Sealants

## Silver Fluoride

Fluoride with silver looks like water. It is painted on the teeth with a tiny brush and can heal early tooth decay. It goes on quickly, and does not hurt. If there are cavities in the mouth, silver fluoride can stop them from growing, and sometimes even heal them. Cavities that are stopped or healed with Silver Fluoride will turn dark brown or black. Teeth without cavities will not change color. If the color shows a lot, a dental professional can cover it with white filling material. Fillings may not be needed for cavities that are stopped with Silver Fluoride.

**Risk(s):** If Silver Fluoride comes in contact with skin it will cause a small dark spot that will go away on its own in 1-2 weeks. If it comes into contact with existing white fillings it might stain.

**Alternative(s):** No Silver Fluoride applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay. Use fluoride toothpaste regularly and have fluoride varnish and sealants applied at your dental office.

### How Silver Fluoride looks on a tooth with a cavity



### How Silver Fluoride looks on a tooth with no cavity



Before

After

## Antiseptic For The Teeth (Iodine)

The antiseptic kills bacteria that cause cavities. When applied before the fluoride coating, it prevents many more cavities than the fluoride coating alone. Iodine is a normal part of our diet from food and is safe. It does not hurt or stain the teeth.

**Risk(s):** Allergic reactions are not common, but you should not have this treatment if you are allergic to shellfish.

**Alternative(s):** No iodine applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay.

## Protective Restoration

This is a simple tooth colored filling placed in a cavity to protect the tooth until a permanent filling can be done. It relieves pain and helps healing inside of the tooth. No shots are needed. It does not hurt.

**Risk(s):** Protective fillings may partially fall out, but what is left still protects the tooth.

**Alternative(s):** A regular filling or cap. Without care, the cavity may get bigger or become painful.

## SUMMARY NOTICE OF PRIVACY POLICY

**Our Responsibilities:** We are required by law to make sure that your protected health information is kept private and follow the privacy practices that are described in our full Notice of Privacy Practices. We may change our privacy policies any time and notify you. You can also request copy of our full Notice of Privacy Practices at any time. For more information about our privacy policies, contact us at 1-866-268-9631.

**Our Uses and Disclosures:** We use your health information to treat you, manage the health care treatment you receive, run our organization and to pay or bill for your health services. For example, we can use your health information and share it with other providers who are treating you.

There are other ways we are allowed to share your information. These other reasons are so that we can help the public, like public health and research. We have to follow the law before we can share your information for these reasons. We will not use or share your information other than what the law allows us to do; unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

**Your Rights:** When it comes to your health information, you have rights.

- You can ask to see or get a copy of your health information;
- You can ask us to correct your information;
- You can ask for confidential communications;
- You may ask us to limit what we use or share;
- You can get a list of those with whom we've shared information; and
- You can ask us for a copy of the full Notice of Privacy Practices at any time.

**Your Choices:** For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care.
- Share information in a disaster relief situation.
- If you can't tell us what you want us to do, for example if you are not conscious, we may share your information if we think it is what is best for you. We may also share your information when needed to lessen a serious threat to health or safety.

**Privacy Complaints:** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about your health information, you may contact us at 1-866-268-9631 or TTY 711. You also contact the US Department of Health and Human Services at 1-877-696-6775 or TTY 1-866-788-4089.

**Summary of Privacy Practices:** This is a summary of our Notice of Privacy Practices. You can ask us for the full Notice of Privacy Practices at any time.

**To Improve the Oral Health of All**

[www.AdvantageDentalClinics.com](http://www.AdvantageDentalClinics.com)

442 SW Umatilla Avenue Redmond, OR 97756 | TEL: 866.468.0022 | FAX: 866.268.9618

## **NON-DISCRIMINATION DISCLOSURE NOTICE**

Advantage Dental and our providers comply with all applicable state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

To report your concern or get more information please contact our Compliance Department one of these ways:

- Web: [www.AdvantageDental.com](http://www.AdvantageDental.com)
- Email: [complianceline@advantagedental.com](mailto:complianceline@advantagedental.com)
- Phone: 1-866-654-3433, TTY 711
- By Mail: 442 SW Umatilla Ave., Redmond OR 97756

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrpor-tal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

If you would like to request this information in another language or an alternate format such as large print, audio disk, braille, etc. please contact Customer Service at 888-468-0022 or TTY 711.

LANGUAGE	TRANSLATED STATEMENT
English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-888-468-0022 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-468-0022 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-468-0022 (TTY: 711)。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-468-0022 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-468-0022 (TTY: 711) 번으로 전화해 주십시오.
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-468-0022 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-468-0022 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم- 711(رقم هاتف الصم والبكم: 1-888-468-0022).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-468-0022 (ATS : 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-468-0022 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-468-0022 (TTY:711) まで、お電話にてご連絡ください。
Farsi	وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-468-0022 (TTY: 711) تماس بگیرید.
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-468-0022 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ- 1-888-468-0022 (መስማት ለተሳናቸው፡ 711)።
Thai	เตือน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-1-888-468-0022 (TTY: 711).
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-468-0022 (телетайп: 711).
Lao/Loatian	ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າບໍລິການໃຫ້ທ່ານ. ໂທ 1-888-468-0022 (TTY: 711).
Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-468-0022 (TTY: 711).
Ibo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-468-0022 (TTY: 711).
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-468-0022 (TTY: 711).

## Dental Screening Certification Form

State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. *HB 2972 (2015)*

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### IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

Parent/Guardian:

- If you know your child has already had a dental screening, please check the box below, fill out this section, and sign it.
- If you do not know if your child has had a dental screening, please have a dental provider fill out this section and sign it.
- Please return this form to the school office.

My child \_\_\_\_\_ has received a dental screening.  
(First name) (Middle initial) (Last name)

Parent/Guardian or Dental Provider

Print Name: ✍ \_\_\_\_\_

Signature ✍ \_\_\_\_\_ Date ✍ \_\_\_\_\_

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### TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

Parent/Guardian: You may choose to have your child opt-out of a dental screening due to a reason listed below. Please fill out this section and sign it. Then return this form to the school office.

My child \_\_\_\_\_ was not screened due to the following:  
(First name) (Middle initial) (Last name)

Please check all that apply:

- We already submitted a certification form at a previous school.
- The dental screening is contrary to student or families religious beliefs.
- The dental screening is a burden.

***The dental screening is a burden for the student or the parent or guardian of the student when:***

***(A) The cost of obtaining the dental screening is too high;***

***(B) The student does not have access to a screener or;***

***(C) The student was unable to obtain an appointment with a screener***

Parent/Guardian

Print Name ✍: \_\_\_\_\_

Signature ✍ \_\_\_\_\_ Date ✍ \_\_\_\_\_

**AUTHORIZATION FOR MEDICATION  
 ADMINISTRATION**

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

 I am giving school personnel permission to administer medication(s) to my child per the following instructions:  
 Parent/Guardian must complete: (Please do not skip any questions)

<b>Medication:</b> _____	<b>Non-Prescription?:</b> Yes _____ No _____
<b>Dose</b> (strength/how much): _____	<b>Prescription Number:</b> _____
<b>Frequency</b> (how often): _____	<b>Pharmacy Name:</b> _____
<b>Time of day</b> for meds at school: _____	* Please allow my child to self-administer this medication.
<b>Route</b> (circle one): Mouth   Ear   Eye   Nose   Skin	<i>Requires self-medication agreement form to be signed by parent, school administrator, and if a prescription, consent of the physician. Yes: _____ No: _____</i>
<b>Start Date:</b> _____ <b>End Date:</b> _____	<b>ALL MEDICATION MUST BE IN ITS NEWEST ORIGINAL CONTAINER WITH AN ACCURATE LABEL.</b>
<b>Reason for medication:</b> _____	
<b>Special Instructions:</b> _____	

**\*\*The written instructions from the physician for the administration of the prescription medication to the student must include the following:**

- Name of student, name of medication, route, frequency of administration, and other special instructions. This can be a prescription label if complete.

**Important information for parents/guardians:**

- I understand I am responsible to provide this medication and maintain the supply as needed.
- All medication must be provided from home and must be contained in its original-labeled container.
- Please include liquid measuring device. A teaspoon or tablespoon *cannot* be used for dispensing medication. If medication is to be cut in half, parents must do so before bringing to school. If medication is to be crushed, parents please provide a pill crusher.
- I understand that I am responsible to pick up all unused medication by the last day of school. I understand that any medication left at school will be discarded.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*( This authorization applies only to the medication listed above for the duration of treatment or school year.) My signature also authorizes an exchange of information as necessary between the school nurse, appropriate school personnel, and/or my child's health care provider.*



## Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	Complete for all Up-to- date
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>	
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>		Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature* _____	Date _____
Update Signature _____	Date _____
Update Signature _____	Date _____
Update Signature _____	Date _____

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**



## Roseburg Public Schools

### Permissions Form

#### Field Trips

**I Do** /  **I Do Not Give** permission for my child to go and participate in off campus activities or field trips. These field trips are part of their learning program, and will primarily be within the community, although some may be to destinations that are more distant. Trips long enough to require transportation will be made in regular school buses or in some instances in parents' automobiles. You will be notified in advance regarding the time and destination of these field trips.

#### Consent to treatment of minor on field trip

**I Do** /  **I Do Not Give** permission for the school to obtain medical attention for my child in the event of a serious injury or accident. Your permission will authorize the school to call emergency services which may result in your child being taken to the hospital for emergency care. If circumstances allow, we will make every effort to contact you or your emergency person on file before contacting emergency services. Our first priority though, will be your child's immediate wellbeing. You will be financially responsible for medical treatment given to your child.

#### Movie Permission

**I Do** /  **I Do Not Give** permission to watch PG rated movies during class time. The movies are specifically chosen to coordinate with curriculum for each grade level. The teacher will have previewed the movies to ensure their appropriateness for a school showing.

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Student Name

---

Grade

---

Signature of Parent or Guardian

---

Date

---

Printed Name of Parent or Guardian

---

Relationship to student

**!! PLEASE COMPLETE AND RETURN TO THE SCHOOL YOU ARE REGISTERING WITH - REQUIRED FOR ALL STUDENTS !!**



# Oregon Certificate of Immunization Status, Page 2

## Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
--------------------------------------	-------------------------------	---	---

Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

<p><b>For medical exemptions:</b> Please submit a <b>letter signed by a licensed physician stating:</b></p> <ul style="list-style-type: none"> <li>▪ Child's name</li> <li>▪ Birth date</li> <li>▪ Medical condition that contraindicates vaccine</li> <li>▪ List of vaccines contraindicated</li> <li>▪ Approximate time until condition resolves, if applicable</li> <li>▪ Physician's signature and date</li> <li>▪ Physician's contact information, including phone number</li> </ul> <p><b>For Immunity Documentation</b> (history of disease or positive titer): <b>Please submit a letter signed by a licensed physician stating:</b></p> <ul style="list-style-type: none"> <li>▪ Child's name and birth date</li> <li>▪ Diagnosis or lab report</li> <li>▪ Physician's signature and date</li> </ul>	<p><b>Nonmedical Exemption:</b> I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):</p> <p style="padding-left: 20px;">A health care practitioner The vaccine educational module approved by the Oregon Health Authority</p> <p>I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Diphtheria/ Tetanus/Pertussis</td> <td style="width: 50%;">Hepatitis B</td> </tr> <tr> <td>Polio</td> <td>Hepatitis A</td> </tr> <tr> <td>Varicella</td> <td>Hib</td> </tr> <tr> <td>Measles/Mumps/Rubella</td> <td></td> </tr> </table> <hr/> <p>Signature of Parent or Guardian <span style="float: right;">Date</span></p> <p><b>Optional:</b> ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Religious belief</td> <td style="width: 33%;">Philosophical belief</td> <td style="width: 33%;">Other</td> </tr> </table>	Diphtheria/ Tetanus/Pertussis	Hepatitis B	Polio	Hepatitis A	Varicella	Hib	Measles/Mumps/Rubella		Religious belief	Philosophical belief	Other
Diphtheria/ Tetanus/Pertussis	Hepatitis B											
Polio	Hepatitis A											
Varicella	Hib											
Measles/Mumps/Rubella												
Religious belief	Philosophical belief	Other										

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_



# Roseburg Public Schools

Office Use: Enrollment Date \_\_\_\_\_ Record # \_\_\_\_\_ Date Requested \_\_\_\_\_ Date Received \_\_\_\_\_

## STUDENT RECORDS REQUEST

Please **CIRCLE** the enrolling school:

<b>Eastwood Elementary</b> 2550 SE Waldon St Roseburg OR 97470 Phone: 541-440-4180 <b>Fax: 541-440-4182</b>	<b>Fir Grove Elementary</b> 1360 W Harvard Ave Roseburg OR 97471 Phone: 541-440-4085 <b>Fax: 541-440-4086</b>	<b>Fullerton IV Elementary</b> 2560 W Bradford Roseburg OR 97471 Phone: 541-440-40 <b>Fax: 541-440-4082</b>	<b>Green Elementary</b> 4498 SW Carnes Rd Roseburg OR 97471 Phone: 541-440-4127 <b>Fax: 541-440-4017</b>	<b>Hucrest Elementary</b> 1810 NW Kline St Roseburg OR 97471 Phone: 541-440-4188 <b>Fax: 541-440-4191</b>
<b>Melrose Elementary</b> 2960 Melrose Rd Roseburg OR Phone: 541-440-4077 <b>Fax: 541-440-4078</b>	<b>Sunnyslope Elementary</b> 2230 SW Cannon Roseburg OR Phone: 541-440-41 <b>Fax: 541-440-948</b>	<b>Winchester Elementary</b> 217 Pioneer Way Roseburg OR 97495 Phone: 541-440-4183 <b>Fax: 541-440-4187</b>	<b>John C. Fremont Middle School</b> <u>Attn: Registrar</u> 850 W Keady Ct Roseburg OR 97471 Phone: 541-440-5400 <b>Fax: 541-440-4600</b>	<b>Joseph Lane Middle School</b> <u>Attn: Registrar</u> 2153 NE Vine St Roseburg OR 97470 Phone: 541-440-5300 <b>Fax: 541-440-4100</b>
<b>Roseburg High School</b> <u>Attn: Susie Collins, Registrar</u> 400 West Harvard Roseburg OR 97470 Phone: 541-440-4139 <b>Fax: 541-440-4156</b> Email: scollins@roseburg.k12.or.us		<b>Roseburg Virtual School</b> <u>Attn: Missey Denzer</u> 948 SE Roberts Roseburg OR 97470 Phone: 541-440-8278 <b>Fax: 541-440-4037</b> Email: mdenzer@roseburg.k12.or.us		<b>Phoenix Charter School</b> <u>Attn: Kelli Traviss, Registrar</u> 3131 NE Diamond Lake Blvd Roseburg OR 97470 Phone: 541-673-3036 Fax: 541-957-5906 Email: ktraviss@roseburgphoenix.com

The following student has enrolled in Roseburg Public Schools. Please forward the following requested records (if available):

- ✓ Cumulative File
- ✓ Key to your grading and credit system
- ✓ Behavior file
- ✓ Smarter Balanced & State Test Scores (overall and breakdown/strand scores)
- ✓ Health/Immunization/Birth Certificate
- ✓ Official Transcript/Academic Progress Records TAG records
- ✓ Withdrawal Grades/Current schedule
- ✓ IEP, Special Education Records, and/or 504 Plan (if special education records are kept at a different location, please forward this request to that location).

Students Full Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Preferred Name \_\_\_\_\_

Student Address/Phone \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Last School Attended \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

\*Parent/Guardian (or student over 18) Signature \_\_\_\_\_

\***Print** Parent Name (or student over 18) \_\_\_\_\_ Date \_\_\_\_\_

Has your student been expelled from the previous school? \_\_\_\_\_ Is your student on an IEP/504 (past or present)? \_\_\_\_\_

**Do not write below this line.**

Registrar \_\_\_\_\_ Date \_\_\_\_\_

Under ORS 326.575, both public and private schools must request student records from the youth's former school within ten days of when the student initially seeks enrollment. The former school has ten days after receipt of the request to transfer any education records.

Under ORS 339.260, a district may withhold records, diplomas, or grade reports until outstanding fees owed are paid, although not when an educational agency has requested the records for use in the appropriate placement of a student. Please Note: ORS 339-260, ORA581-21-340, and Federal Law 34CFR S 99 et.seq specifies that no parental signature is required for educational records to be released to another educational agency.

**!! PLEASE COMPLETE AND RETURN TO THE SCHOOL YOU ARE REGISTERING WITH - REQUIRED FOR ANY STUDENT NEW TO THE DISTRICT !!**

# Temporary Guardianship Agreement

I, \_\_\_\_\_, of \_\_\_\_\_

(print your full name)

(street)

\_\_\_\_\_, as the custodial parent of:  
(city, state, zip)

List the full names of each child	List each child's birth date

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual (s) to whom you are granting temporary custody	List person's relationship to the child(ren)

## Contact information of temporary guardians listed above:

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
\_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

-----

## Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, \_\_\_\_\_, hereby grant temporary guardianship of the above children, whom I have  
legal custody of to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

For as long as necessary, beginning on \_\_\_\_\_  
(mm/dd/yyyy)

Until the students turns 18 years old \_\_\_\_\_  
Students date of birth

*In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notarization:**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(date) (month) (year)

\_\_\_\_\_  
(name of parent)

personally appeared before me in \_\_\_\_\_, \_\_\_\_\_ and, in my presence,  
(city) (state)

has/have satisfactorily identified him/her/themselves as the signer(s) of this Temporary Guardianship Form.

Name of Notary Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

*Affix Notary*

*Seal Here*