



Milton-Freewater Unified School District Registration Form

1020 S. Mill St.
Milton-Freewater, OR 97862

Has your student previously attended a school in the Milton-Freewater School District?		Yes No		If Yes, what year?	
Previous Out-of-District School or Pre-School Enrollment					
Grade	School Name	City		State	
Student LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
Enrolling Grade	Gender	Nick Name	Age	Birthdate	
Birth City and State				Birth Country	
If student was not born in the U.S.A., when did the student move to the U.S.A: <i>(month/year)</i>					
Student Home Phone Number					
Student Home Address		Apt	City	State	Zip
Student Mailing Address (if different from Home Address)		Apt	City	State	Zip
FEDERAL AND STATE ETHNICITY AND RACE REPORTING: The U.S. Department of Education encourages self-identification of race and ethnicity to allow individuals the opportunity to identify themselves as being of or belonging to more than one race and ethnicity. Individuals are not required to self-identify their race or ethnicity. However, Educational Institutions are required to collect and report Student Race and Ethnicity data. If the information requested is not provided, we are required to verify that you have not overlooked the questions. If you choose not to answer the questions, office staff will provide identification based on observation.					
Ethnicity (check applicable box)		<input type="checkbox"/> Hispanic or Latino		OR	<input type="checkbox"/> Not Hispanic or Latino
Race (check all that apply)					
<input type="checkbox"/> American Indian or Alaskan Native		Tribe(s) _____			
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White		
NOTE: If there is an active Order of Protection, Restraining Order or Custody Order that affects your student, please provide a copy of the court document to the School Office for your student's file.					
Who has legal custody? <i>(circle all that apply)</i>					
Mother	Father	Stepmother	Stepfather	Guardian	Other (specify)
Is there joint custody of this student?		Yes	No	Does Not Apply	

ADDITIONAL STUDENTS ATTENDING MILTON-FREEWATER SCHOOLS

Last Name	First Name	Middle Name	Date of Birth	Grade	School



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PARENT/GUARDIAN CONTACT INFORMATION

(1) Parent/Guardian _____ **Relationship** _____

Address _____

Cell Phone _____ **Home Phone** _____ **Work Phone** _____

Email _____

Employer _____

Lives With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Educational Rights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has Custody	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mailings Allowed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolling Parent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Release To	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speaks English	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interpreter Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language Spoken	_____	

(2) Parent/Guardian _____ **Relationship** _____

Address _____

Cell Phone _____ **Home Phone** _____ **Work Phone** _____

Email _____

Employer _____

Lives With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Educational Rights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has Custody	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mailings Allowed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Enrolling Parent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Release To	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speaks English	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interpreter Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language Spoken	_____	



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Student Name: _____ Enrolling Grade: _____

ADDITIONAL EMERGENCY/OTHER CONTACT INFORMATION

In case of an emergency, parents/guardians will be contacted first. Emergency contacts listed below will be called in the order indicated if a parent/guardian cannot be reached. In addition, check "Yes" to Release Student To? if you are granting permission for your contact to pick up your student from school.

1	Name	Relationship	
Home phone		Work Phone	Cell Phone
Release Student To? <input type="checkbox"/> Yes <input type="checkbox"/> No		Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2	Name	Relationship	
Home phone		Work Phone	Cell Phone
Release Student To? <input type="checkbox"/> Yes <input type="checkbox"/> No		Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3	Name	Relationship	
Home phone		Work Phone	Cell Phone
Release Student To? <input type="checkbox"/> Yes <input type="checkbox"/> No		Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4	Name	Relationship	
Home phone		Work Phone	Cell Phone
Release Student To? <input type="checkbox"/> Yes <input type="checkbox"/> No		Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SERVICES/PROGRAMS

- Yes No **Is the student currently on an IEP?**
- Yes No **Does the student have a physical or mental impairment (504 status) that limits one or more activities? For Example, the inability to care for one's self; participate in daily activities, learn or concentrate on school work?**
- Has your student received or been enrolled in any of the following programs at their previous school:**

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Talented and Gifted Program |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Migrant Education |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Counseling |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | English Language Learner |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pregnant and Parenting Teen |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | McKinney-Vento Act / Homeless Program |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Speech Services |

Other:

Signature of Enrolling Parent or Guardian: _____ Date: _____



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CONFIDENTIAL STUDENT MEDICAL INFORMATION

Student Name: _____ Date of Birth: _____ Gender: _____

Student Primary Physician: _____ Date of last Well Child Exam: _____

Student Dentist: _____ Date of last Dental Exam: _____

Please answer the following questions:

- Yes No **Glasses or Contacts?** Date of last eye exam: _____
- Yes No **Hearing aids?** Date of last hearing exam: _____
- Yes No **Health Insurance?**
- Yes No **Student is receiving Special Services in a specific area?**
 Counseling IEP 504 Other _____

CURRENT HEALTH CONDITIONS (check all that may impact your student at school)

- Asthma (takes medication only when needed)
- ADD/ADHD
- Skin Disorder
- Neurological Disorder
- Other: _____
- Bowel Disorder
- Orthopedic Problem
- Mental Health Issues
- Surgeries/Fractures
- Cardiovascular Condition
- Eye Problems
- Ear Problems

DAILY MEDICATIONS: The Milton-Freewater Unified School District requires written permission from a parent/guardian to administer medication at school. Requests shall include the written instructions of the physician for the administration of prescription medication (a prescription label will be deemed sufficient to meet the requirements for physician instructions) or written instructions from the parent/guardian for non-prescription medications. See School Office for a Medication Authorization Form.

- Yes No **Medication needed at SCHOOL?** Please List: _____
- Yes No **Medication needed at Home?** Please List: _____
- Yes No **Medication ALLERGIES?** Please List: _____

***LIFE THREATENING CONDITIONS:** The Milton-Freewater Unified School District requests a parent/guardian provide the school with information on any "Life-Threatening" conditions their student may have (meaning a health condition that will put the student in danger of death during the school day if medication or a treatment plan or a nursing care plan are not in place).

Potentially Life-Threatening conditions REQUIRE a CARE PLAN/MEDICAL PROTOCOL be in place BEFORE your child can attend school. Please complete a Medical Authorization Form available in the School Office.

Additional comments or physical limitations that could affect the student's classroom performance or physical activities:

-
- Yes No ***Severe Allergy** (that requires emergency medication) Nuts Bee Stings
 Other, Please Specify _____
 - Yes No ***Severe Asthma** (regularly takes medication for asthmatic condition or hospitalized within the last 5 years for asthmatic condition)
 - Yes No ***Diabetes** Check all that apply: Diet controlled Oral Medication Insulin
 - Yes No ***Hemophilia or other serious blood disorder**
 - Yes No ***Seizure Disorder** (that requires emergency medication) _____
 - Yes No ***Other** _____

Yes No ***In the event of serious injury and parent/guardians cannot be contacted, does the school staff have permission to seek medical attention from the nearest physician/hospital? If the answer is No, please state the procedure you wish the staff to follow:** _____



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Proof of Home Address Verification Form

The District's Proof of Address Verification form must be signed by parent/guardian upon initial student enrollment and when residence information changes from information previously provided. Proof of address verification documents include **ONE** of the following that are dated within the past 60 days:

- State Issued Driver License or Identification Card
- Utility bills (gas, electric, trash and water)
- Phone/cell phone bill
- Rental agreement and current rent receipt
- Residence insurance statements
- Bank statements
- Mortgage booklet, escrow papers, homeowners association receipt, property tax form

(Please attach a copy)

Knowingly submitting a false declaration may subject the parent/guardian the responsibility to pay tuition for the dates of attendance in which my child did not legally reside within the District.

Student First Name	Middle Name	Last Name
Enrolling Grade	Student School	

Signature of Enrolling Parent or Guardian: _____ Date: _____



Student Housing Questionnaire

If any of the following **DO NOT APPLY** to you, **PLEASE STOP HERE.**

The answers to the following questions can help determine services a student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing temporary housing difficulties. All answers are voluntary and will be kept confidential.

Are you currently living in any of the following **TEMPORARY** housing locations? Please check all that apply.

- | | |
|--|--|
| <input type="radio"/> In a Motel | <input type="radio"/> In a Car, Park, Campsite or Similar Location |
| <input type="radio"/> In a Shelter | <input type="radio"/> Transitional Housing |
| <input type="radio"/> Moving from place to place/couch surfing | <input type="radio"/> Other (specify) |
| <input type="radio"/> In someone else's house or apartment with another family | |
| <input type="radio"/> In a residence with inadequate facilities
(no water, no heat, no electricity, etc.) | |

If you marked any of the temporary housing situations above, please provide the following information:

Student First Name	Middle Name	Last Name
Enrolling Grade	Contact Phone Number	
Check One:	<input type="radio"/> Student is unaccompanied (not living with a parent or legal guardian) <input type="radio"/> Student is living with a parent or legal guardian	
Parent or Guardian Name:		
Current Residence Address:		

Signature of Parent or Legal Guardian: _____ **Date:** _____

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.
- (2) The term homeless children and youths' —
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - (B) includes —
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

http://center.serve.org/nche/ibt/parent_res.php <http://naehcy.org/educational-resources/naehcy-publications> <http://www.schoolhouseconnection.org/>



State of Oregon - Language Use Survey

This document is given when a student enters a school district for the first time.

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

Student Name: _____ **Grade:** _____ **Date:** _____

Parent/guardian name: _____

Parent/guardian signature: _____

Information	Questions
<p>This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.</p>	<ol style="list-style-type: none"> 1. What language(s) are primarily used in the home? _____ 2. What was the first language(s) that your student learned? _____ 3. What language(s) does your student use most frequently at home? _____
<p>This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.</p> <p><i>This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.</i></p>	<p>In what language(s) would you prefer to receive communication from the school?</p> <p>_____</p>



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SCHOOL RELEASE FORM

Student Name:	Grade:	Homeroom Teacher:
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Attendance: I understand that students are required to maintain satisfactory attendance, including being on time to class, throughout the school day. I will do my best to ensure my student is attending school regularly. If my student is ill or there is an emergency, I will make contact with the office as soon as possible to excuse the absence. Contact may be in the form of a phone call, a signed parent/guardian note with the reason and date of the absence or an email to the school's attendance secretary. Please provide information within two days of an excused absence.

Student/Parent Handbook: Student/Parent Handbooks are online on the district website at <https://miltfreak12orus.finalsite.com/>

Student Code of Conduct: I understand and consent to the responsibilities outlined in the Student Code of Conduct. I also understand and agree that my student shall be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school during the regular school day, at any school-related activities regardless of time or location and while being transported on district provided transportation. I understand that should my student violate the Student Code of Conduct, he/she shall be subject to disciplinary action, up to and including expulsion from school and / or referral to law enforcement officials for violations of the law.

Field Trips: During the school year, there are times when the educational program is outside of the school classroom. Field trips are considered a regular part of the educational program that all students should attend. Every reasonable precaution for the safety of all students will be taken while on a school sponsored field trip. The school will advise the parents/guardians prior to each field trip with a notification form to include a brief description of the field trip.

Volunteering: In order to volunteer in the Milton-Freewater School District, you must complete and submit a volunteer application (available in all school offices) to the school/district office prior to the volunteer activity. The application must be renewed every 3 years.

Directory Information: The Milton-Freewater Unified School District may publish directory information that includes the names of student's parents, the student's name, photographs, participation in officially recognized activities and sports, weight and height of athletes, awards received and previous schools attended by the student. This information is used in school publications, yearbooks, activity and athletic programs, television productions, web sites, as well as inquiries from community partners and other schools. If you do not want MFUSD to disclose directory information without your prior consent, you must notify the school in writing by signing an opt out form available at your students school within 10 days for returning students, and upon registration for new students each school year.

Student Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

*I understand that it is my responsibility to contact the school should changes in my decisions occur.



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Milton Freewater School District

Oregon Military Connected Student Flag

Student Name	Teacher	Grade:
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This is an annual data collection - As part of the new requirements of the federal Every Student Succeeds Act, school districts are required to collect additional registration information on any student that has a parent or guardian who is a member of the Armed Forces on active duty or full-time National Guard during the school year. School districts will then report this information to the Oregon Department of Education.

**If you do not return the form, we will assume that none of the information below applies to your family.*

Please check if any of the following apply to your student and provide the parent or guardian information that it applies to below:

- My student is placed with a temporary guardian while one or both parents are deployed
- My student has parent(s)/guardian(s) that are FULL-TIME Army, Navy, Air Force, Marine Corps, or Coast Guard Active or Training Duty
- My student has parent(s)/guardian(s) that are students at a school designated as a service school, while in active military
- My student has parent(s)/guardian(s) that are full-time National Guard members
- My student has parent(s)/guardian(s) that are Active Duty Reserves (members of the reserves who have been called to active duty for at least 180 consecutive days)
- My student has parent(s)/guardian(s) that are Dual Status Military Technicians

Parent/Guardian Name: _____ Mother Father Guardian

Date: _____