

# SALEM-KEIZER PUBLIC SCHOOLS STUDENT REGISTRATION FORM

OFFICE USE ONLY:	
SID#	_____
Date	_____
School Year	_____
Transportation: Bus/Walk/Pick-Up	
Proof of Res.	_____ B.C. _____

## Student Information – Please Print

**INSTRUCTIONS:** The registration 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, complete all pages and sign the last page.** If any information should change during the school year, notify your school immediately.

STUDENT INFORMATION

**STUDENT INFORMATION**

1. LEGAL LAST NAME \_\_\_\_\_ 2. LEGAL FIRST NAME \_\_\_\_\_

3. FULL LEGAL MIDDLE NAME \_\_\_\_\_ 4. GRADE \_\_\_\_\_ 5. GENDER:  FEMALE  MALE  NON-BINARY

6. HOME LANGUAGE \_\_\_\_\_ 7. FIRST NAME "GOES BY" \_\_\_\_\_ 8. LAST NAME "GOES BY" \_\_\_\_\_

9. BIRTHDATE \_\_\_\_\_ 10. STUDENT CELL # (optional) \_\_\_\_\_

11a. BIRTHPLACE: CITY \_\_\_\_\_ 11b. STATE or PROVINCE \_\_\_\_\_ 11c. COUNTRY \_\_\_\_\_

11d. If born outside of USA or Puerto Rico, when did your student start attending school in the USA? \_\_\_\_\_

*Federal and State Regulations require schools to gather the information in 12a. and 12b. for statistical reports. The race and ethnicity categories generally reflect social definitions in the U.S. and are not an attempt to define race and ethnicity biologically, anthropologically, or genetically.*

12a. ETHNICITY - HISPANIC/LATINO?  Yes  No (Note: both Ethnicity & Race must be selected)

12b. RACE *select at least one:*  American Indian/Alaska Native  Asian  African American  Native Hawaiian or Other Pacific Islander  White

Thank you for choosing one of the previous options. Is there another description for your race or ethnicity that you would like us to know?

Yes  No How do you describe your race or ethnicity? \_\_\_\_\_

13. HOME ADDRESS \_\_\_\_\_ 14. CITY \_\_\_\_\_

15. STATE \_\_\_\_\_ 16. ZIP \_\_\_\_\_

17. MAILING ADDRESS (if different) \_\_\_\_\_ 18. CITY \_\_\_\_\_

19. STATE \_\_\_\_\_ 20. ZIP \_\_\_\_\_

21. FAMILY PRIMARY PHONE (cell?  Yes  No) \_\_\_\_\_

Note: Family primary phone number will be used for attendance and emergency notifications.

**LEGAL DOCUMENTS**  
(Restraining Order, Custody Agreements, and any other court documents)

YES – Please provide documents  NO

PREVIOUS SCHOOL

**PREVIOUS SCHOOL INFORMATION**

22. HAS YOUR STUDENT EVER ATTENDED A SALEM-KEIZER SCHOOL OR PRESCHOOL?  Yes  No  PRE-K

IF YES, NAME OF PRESCHOOL \_\_\_\_\_

23. Last School Attended	24. City and State

ENROLLMENT

**KINDERGARTEN STUDENTS ONLY**

25. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)?  Yes  No

26. Name of preschool \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**—Contact phone numbers and email addresses will be used to distribute important information.

**PARENT/GUARDIAN:** 27. LIVING WITH STUDENT:  Y  N (If no, provide mailing address on #31; check if you want copy of correspondence )

28.  MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

29. LAST NAME \_\_\_\_\_ 30. FIRST NAME \_\_\_\_\_

31. MAILING ADDRESS \_\_\_\_\_ 32. CITY \_\_\_\_\_

33. STATE \_\_\_\_\_ 34. ZIP \_\_\_\_\_ 35. PRIMARY PHONE (if different than #21) \_\_\_\_\_ Cell phone?  Y  N

36. PRIMARY LANGUAGE \_\_\_\_\_ 37. E-MAIL \_\_\_\_\_

38. MILITARY STATUS: **Active?**  Yes  No **Reserve?**  Yes  No

39. EMPLOYER \_\_\_\_\_ 40. JOB TITLE \_\_\_\_\_

41. SECONDARY PHONE \_\_\_\_\_ 42. WORK PHONE \_\_\_\_\_

43. Interested in volunteering?  Yes  No 44. Contact allowed with student?  Yes  No

45. Has custody of student?  Yes  No 46. Permission to pick up?  Yes  No

**PARENT/GUARDIAN:** 47. LIVING WITH STUDENT:  Y  N (If no, provide mailing address on #51; check if you want copy of correspondence )

48.  MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

49. LAST NAME \_\_\_\_\_ 50. FIRST NAME \_\_\_\_\_

51. MAILING ADDRESS \_\_\_\_\_ 52. CITY \_\_\_\_\_

53. STATE \_\_\_\_\_ 54. ZIP \_\_\_\_\_ 55. PRIMARY PHONE (if different than #21) \_\_\_\_\_ Cell phone?  Y  N

56. PRIMARY LANGUAGE \_\_\_\_\_ 57. E-MAIL \_\_\_\_\_

58. MILITARY STATUS: **Active?**  Yes  No **Reserve?**  Yes  No

59. EMPLOYER \_\_\_\_\_ 60. JOB TITLE \_\_\_\_\_

61. SECONDARY PHONE \_\_\_\_\_ 62. WORK PHONE \_\_\_\_\_

63. Interested in volunteering?  Yes  No 64. Contact allowed with student?  Yes  No

65. Has custody of student?  Yes  No 66. Permission to pick up?  Yes  No

If Questions 44, 45, 46, 64, 65 and/or 66 are checked "NO", please submit documents to support these statements to the school.

**ADDITIONAL EMERGENCY CONTACTS**—In an emergency, listed parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached. Please list at least two people, 18 years or older, which are not listed in the parent/guardian Information section above.

67. RELATIONSHIP TO STUDENT \_\_\_\_\_ 68. FIRST AND LAST NAME \_\_\_\_\_

69. PRIMARY PHONE \_\_\_\_\_ 70. WORK PHONE \_\_\_\_\_ 71. ADDITIONAL PHONE \_\_\_\_\_

72. RELATIONSHIP TO STUDENT \_\_\_\_\_ 73. FIRST AND LAST NAME \_\_\_\_\_

74. PRIMARY PHONE \_\_\_\_\_ 75. WORK PHONE \_\_\_\_\_ 76. ADDITIONAL PHONE \_\_\_\_\_

77. RELATIONSHIP TO STUDENT \_\_\_\_\_ 78. FIRST AND LAST NAME \_\_\_\_\_

79. PRIMARY PHONE \_\_\_\_\_ 80. WORK PHONE \_\_\_\_\_ 81. ADDITIONAL PHONE \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACTS

**SIBLINGS**

**SIBLINGS**—Please list student’s sibling(s) currently attending a Salem Keizer school.

82. SIBLING LAST NAME \_\_\_\_\_ 83. SIBLING FIRST NAME \_\_\_\_\_

84. RELATIONSHIP TO STUDENT \_\_\_\_\_ 85. SCHOOL \_\_\_\_\_ 86. GRADE \_\_\_\_\_

87. SIBLING LAST NAME \_\_\_\_\_ 88. SIBLING FIRST NAME \_\_\_\_\_

89. RELATIONSHIP TO STUDENT \_\_\_\_\_ 90. SCHOOL \_\_\_\_\_ 91. GRADE \_\_\_\_\_

92. SIBLING LAST NAME \_\_\_\_\_ 93. SIBLING FIRST NAME \_\_\_\_\_

94. RELATIONSHIP TO STUDENT \_\_\_\_\_ 95. SCHOOL \_\_\_\_\_ 96. GRADE \_\_\_\_\_

**HEALTH**

**HEALTH**

97. Any health condition that may adversely affect student? (Check “YES” to receive Pupil Medical Record Form)  Yes  No

98. Is the student covered by health insurance?  Yes  No

99. Is the student covered by dental insurance?  Yes  No

**PROGRAMS**

**PROGRAM INFORMATION**

100. Does your student have a current Individualized Education Plan (IEP)?  Yes  No

101. Does your student have a current Section 504 Plan?  Yes  No

102. Is your student in a Talented and Gifted (TAG) program?  Yes  No

103. Has your student been receiving English Learning services?  Yes  No

104. Has your family moved, for any period of time, in the last three (3) years to work in agriculture-related work, such as lumber, canneries, farm labor, harvesting, fishing, etc.?  Yes  No

**PERMISSIONS/AUTHORIZATIONS**

**PERMISSIONS / AUTHORIZATIONS**—For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the *District Parent and Student Handbook*.

- \* Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, awards received, major field of study, dates of attendance, and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request. This request must be completed each year.**
- \* Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. **If you do not want your student’s photograph used or released for these purposes or for news media, please contact your school to submit a written request.**
- \* All students have access to use district-provided email. **If you do not want your student to have access to district-provided email, please contact your school to submit a written denial.**

**HIGH SCHOOL ONLY**

105. I do not want my student’s name, address and phone number released to:  Military Recruiters  College Recruiters

Salem-Keizer Public Schools, in compliance with Oregon revised Statute 326.565, has a policy that allows the district to provide, upon request, the names, addresses and phone numbers of high school 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 one or both of the categories above.

106. **PARENT PERMISSION FOR SCHOOL TRIP** I hereby give permission for my student to make any and all of the field trips included in the planned program of the school, within the school day. Transportation may be provided at the discretion of the Salem-Keizer Public Schools in such form as approved.  Yes  No

107. **EMERGENCY PERMISSIONS** I authorize Salem-Keizer Schools and its employees to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident or illness, and I will provide payment for these. Every reasonable effort will be made to reach the parent(s) as soon as possible. **Do you agree with the above statement?**  Yes  No

108. **Salem-Keizer Public Schools expects acceptable use of electronics:** The Salem-Keizer School District is committed to the establishment of an electronic communications system for the advancement and promotion of learning and teaching, and employs safety measures in compliance with CIPA. (See Acceptable Use Policy INS-A004.) As a parent/guardian, I agree to support the expectation of acceptable uses by my student of any electronic resources including computers, peripherals, networks, e-mail, telecommunications, and internet connections for the purpose of learning.  Yes  No

OREGON REVISED STATUTE 107.154 provides that unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the right to inspect school records, and to consult with staff concerning the child's welfare and education, to the same extent as the custodial parent may inspect and receive such records and consult with such staff.

**IF YOU WANT TO RESTRICT THE VISITING RIGHTS OF THE NON-CUSTODIAL PARENT, YOU MUST PROVIDE THE SCHOOL WITH A VALID COURT ORDER DENYING SUCH RIGHT.**

**BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT MAY BE RETURNED TO HIS/HER NEIGHBORHOOD SCHOOL.**

109. SIGNATURE OF PARENT/GUARDIAN (required) \_\_\_\_\_ DATE \_\_\_\_\_

110. SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**DISCLOSURE INFORMATION:**

**ETHNIC REPORTING:** The school district is responsible for reporting on many issues, by student ethnicity, to the state, federal government, and the Salem-Keizer community

**STUDENT RECORDS:** In accordance with Federal Guidelines and Oregon Law, the following procedures concerning Student Education Records are in effect in Salem-Keizer community.

1. This is to inform parents, guardians, or students who are 18 years of age or attending an institution of post-secondary education that upon notice from another school district in which a student has enrolled, all of the student's educational records will be forwarded. At any reasonable time a parent or guardian may inspect his/her child's student records.
2. Should a parent, guardian, or eligible student request amendment of education records to ensure that the records are not inaccurate, misleading, or otherwise in violation of a student's privacy or other rights, a hearing may be scheduled within forty-five (45) days of receiving such a request. The building principal will inform the requesting person of specific procedures. A copy of any portion of a student's education records is available to parents at the cost of reproduction.
3. The following kinds of personally identifiable information will be defined as directory information and may be available for release by each school of District 24J: Student's name, address, telephone number, photo, audio visual, date and place of birth, major field of study, participation in district activities, weight and height of athletic team members, dates of attendance in district schools, diplomas granted, awards received, and the most recent previous education agency or institution attended by the student.
4. A parent, guardian, or a student who is 18 years of age has the right to refuse to permit the designation of any or all of the above designated categories of personally identifiable information. The parent or guardian of the student or the eligible student must inform the school or the school district in writing that such personally identifiable information is not to be designated as directory information or disclosed, except to the extent that school district policy authorizes disclosure without consent. Such notice is to be delivered to the school district within thirty (30) days from the date of the student's school registration for the current year.
5. Pursuant to the provisions of Oregon Administrative rule 581-21-410, a person may file a written complaint with the Family Policy Compliance Office, United States Department of Education, regarding an alleged violation under the Family Education Rights and Privacy Act. The Office's address is: Family Policy Compliance Office, U.S. Department of Education, Washington D.C. 20202 6.
6. A person may obtain District policies and procedures related to student records from the District web page: <https://salkeiz.k12.or.us/about-us/qam/>

**WE WISH YOU AND YOUR STUDENT A SUCCESSFUL ACADEMIC SCHOOL YEAR!**