



St. Helens School District STUDENT REGISTRATION FORM

(OFFICE ONLY) Student ID Number: _____ **Date Enrolled:** _____ **Grade:** _____ **Teacher:** _____ **Room:** _____

STUDENT INFORMATION

Last Name (LEGAL NAME ONLY)		First Name		Middle		Suffix	
Grade:	Gender: (X = Non Binary) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Home Language	Last Name (Goes By)		First Name (Goes By)		
Birth Date:		Birthplace: City, State			Birth Country		
ETHNICITY: Is this student Hispanic/Latino? (Choose only one)				<input type="checkbox"/> No, not Hispanic / Latino		<input type="checkbox"/> Yes, Hispanic / Latino	
RACE: What is this student's race? (Choose one or more)				<input type="checkbox"/> Asian		<input type="checkbox"/> Black / African American	
<input type="checkbox"/> American Indian / Alaskan Native				<input type="checkbox"/> White			
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander							
Home Address			City, State		Zip Code		Primary Contact Number ()
Mailing Address (if different from household address)			City, State		Zip Code		<i>Note: Family primary phone number will be used for attendance and emergency notifications</i>
							If unlisted, check box: <input type="checkbox"/> Unlisted

PREVIOUS SCHOOL INFORMATION

Last School	City/State	School District	Dates Attended
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PARENT/GUARDIAN INFORMATION

Who has legal custody of child? Both parents Mother Father Grandparent Foster Parent Other

Is there a current restraining/court order pertaining to this student? *Yes No

*If there is a current court order limiting or restricting parent access to your student, a court signed copy must be submitted to the school office **before** the school can limit that parent's access. Court orders should be provided on an annual basis or as changes occur.

I have submitted a current court order. Signature: _____

*Please Note: A restraining order only prevents parental access to the student while the student is in the care of SHSD. Unless a parent provides court documentation removing parental rights, SHSD is required to release student grades and/or enrollment verification to the other parent after proof of parental connection is provided. Information released by SHSD will not include household mailing or other contact information.

Parent/Guardian #1

Parent/Guardian #2

Last Name				First Name					
Relationship to Student:				Relationship to Student:					
Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No				*If no, provide address below					
Primary Language:				Primary Language:					
Email Address:				Email Address:					
Employer:				Employer:					
Currently active in Military <input type="checkbox"/> Active <input type="checkbox"/> Reserve				Currently active in Military <input type="checkbox"/> Active <input type="checkbox"/> Reserve					
*Mailing or Household Address		City	State	Zip Code	*Mailing or Household Address		City	State	Zip Code
Phone Contact Information:				Phone Contact Information:					
Primary: ()				Primary: ()					
Work: ()				Work: ()					
Cell: ()				Cell: ()					
<input type="checkbox"/> Contact Allowed		<input type="checkbox"/> Education Rights		<input type="checkbox"/> Contact Allowed		<input type="checkbox"/> Education Rights			
<input type="checkbox"/> Has Custody of Student		<input type="checkbox"/> Mailings Allowed		<input type="checkbox"/> Has Custody of Student		<input type="checkbox"/> Mailings Allowed			
<input type="checkbox"/> Enrolling Parent		<input type="checkbox"/> Release To		<input type="checkbox"/> Enrolling Parent		<input type="checkbox"/> Release To			
<input type="checkbox"/> Financial Responsibility		<input type="checkbox"/> Interest in Volunteering		<input type="checkbox"/> Financial Responsibility		<input type="checkbox"/> Interest in Volunteering			

EMERGENCY CONTACT INFORMATION

Please submit any additional emergency contacts on a separate sheet of paper

EMERGENCY CONTACT (Other than parents)				EMERGENCY CONTACT (Other than parents)			
Last Name:		First Name:		Last Name:		First Name:	
Relationship to Student:				Relationship to Student:			
Primary Contact Phone: ()		Work Phone: ()		Primary Contact Phone: ()		Work Phone: ()	
Cell Phone: ()		<input type="checkbox"/> Has permission to pickup student		Cell Phone: ()		<input type="checkbox"/> Has permission to pickup student	

SIBLINGS

Only complete if siblings are currently in grades K-12 in SHSD (please write additional sibling information on a separate sheet of paper).

Sibling Name		Grade		School	
Sibling Name		Grade		School	
Sibling Name		Grade		School	
Sibling Name		Grade		School	

STUDENT MEDICAL INFORMATION

SHSD school staff need to know when your child has a current ongoing health problem for which he/she may require help during the school day. Please remember to advise your school of any changes to this information.

Does your child require medication during school hours? *Yes No

*If yes, an authorization for Medication form must be requested and on file.

List any medications currently taking: _____

Are there any allergies/health conditions SHSD should be aware of? Yes No Life Threatening? Yes No

Please explain allergies/conditions: _____

I authorize SHSD school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the *hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency situation if I cannot be located/reached.

Signature: _____ Date: _____

*Preferred Hospital: _____ *If possible, the school will advise EMS of your hospital preference.

EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transport to a hospital.

KINDERGARTEN STUDENT ENROLLMENT ONLY

In the year before Kindergarten, did your child usually spend 5 hours or more per week in an accredited preschool or preschool classroom (example: school offering a preschool program, Head Start, Certified child care center where your child was enrolled in their preschool program)

Yes No Name of Preschool: _____

PERMISSIONS/AUTHORIZATIONS BY PARENT(S)/GUARDIAN(S)

If you DO NOT agree to and provide permission for the photographic, video, audio or any other form of electronic recording of your child for use in print or electronic publications of SHSD, you must select 'Opt Out'. Opt Out

You must select 'Withhold Internet Access' below if you DO NOT agree to:

- Supervise your child's use of the SHSD electronic communication system from home, if required;
- Release SHSD, SHSD personnel and any SHSD affiliated institutions from any and all claims of damages arising from your child's use of or inability to use the SHSD electronic communication system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products;
- Emphasize the importance of following rules for personal safety; and
- Understand that I can be held liable for damages caused by my child's intentional misuse of the system.

Withhold Internet Access

Field trips often arise out of class activity requiring the need for the direct community experience. During the year, classes will be taking various trips and teachers would like to have your permission to take your child on field trips. Students participating in such activities as athletics, drama, music, etc..., will also be taking trips from time to time. It is understood that students will be under proper supervision.

Signature: _____ Date: _____

For SHHS Students Only: Federal law requires release of student information to military recruiters. If you DO NOT want this information released for your child, you must select 'Opt Out'. Opt Out

PROGRAM INFORMATION

Please indicate if your student is eligible in any of the following areas: Special Education (IEP) 504 Plan TAG Pregnant & Parenting

LANGUAGE INFORMATION

Is the student in, or has the student been in, an English as a Second Language Program? *Yes No

* If yes, what was the student's first day in a U.S. School? _____

Does your family need an interpreter for school meetings? Yes No

FEDERAL TITLE PROGRAM QUESTIONS

Title X McKinney-Vento Program - This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative may be in touch if you check a box. Please place a check in the appropriate box if it applies:

- You are staying in a motel, car or campsite until you can find affordable housing
- You are sharing housing with another family due to economic hardship
- Your child is living with a relative/friend/or anyone other than his/her custodial parents
- Your are living in a shelter, temporary housing or moving from place to place without permanent housing

Oregon Title I-C Migrant Education Program - This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Yes No

EMERGENCY SCHOOL CLOSURE/EARLY DISMISSAL

Please indicate your choice of **one** of the following should SHSD should have to dismiss school early:

- Go home the regular and customary way.
- Remain at school.
- Go home with the following student: _____

Primary Contact: _____ Primary Contact Phone: () _____

HEARING SCREENINGS

K-3 and 7th grade students are screened annually for hearing loss. In the event your child fails the initial screening, please sign here to provide permission for an individual rescreening for hearing (if necessary).

Signature: _____ Date: _____

PARENT(S)/GUARDIAN(S) SIGNATURE

The information provided on this form is true and accurate of this date. I understand that falsification of an address or the use of fraudulent means to achieve an enrollment or assignment will be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

*Only one parent/guardian signature is required

Signature of Parent/Guardian 1: _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____

Gender Options on SHSD Registration Form

Beginning with the 2018-19 school year, the Oregon Department of Education requires school districts to offer students the ability to select from the three genders identified below. SHSD embraces these options as part of our equity, diversity, and inclusion work.

St. Helens School District allows students and parents to identify as male, female, or gender X on the registration form. Gender X is for non-binary people, including intersex and gender-fluid individuals. Please mark the most appropriate gender for your student. Gender X should not be used to mean "no response."

SHSD is updating other forms that include a gender designation. If you are given a form by the district office or a St. Helens school that has not yet been updated, please contact the district office at 503-397-3085. Thank you.