

SHADED AREA FOR OFFICE USE ONLY

Student ID Number		School		Entry Code	Entry Date
Grade	Grad Year	Birth Date Verified	Received Court Order		Counselor or Teacher Name
ELL Screened Language		Home Language (based on written language requested)		Family Interpreter Needed (based on oral language requested) Yes No	
Final ELL Screened Language		EL Specialist Signature			Date

INSTRUCTIONS: The Registration form is an official record. The questions on this form ask important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school. *Please print using a ballpoint pen, completing ALL pages.*

STUDENT INFORMATION

Legal Last Name		Legal First Name		Middle Name	Suffix
AKA Last Name		AKA First Name		Grade	Gender Male Female Non-Binary
Birth Date	City, State of Birth		Country of Birth (If outside the US or Puerto Rico, please provide student's US School Entry Date)		
For incoming kindergarten students only, did your child attend pre-school? Yes No					
If yes, pre-school name? .					

ETHNICITY & RACE (Please answer BOTH)

ETHNICITY: Is this student Hispanic/Latino? **(Choose only one)**
No, not Hispanic/Latino **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race.)

The above Hispanic/Latino part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following race question** by marking one or more boxes under RACE to indicate what you consider your student's race to be.

RACE: What is the student's race? **(Choose one or more)**
American Indian/Alaskan Native: (A person having origins in any of the original peoples of North and South American, including Central America, and who maintains tribal affiliation or community attachment.)
Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
Black/African American (A person having origins in any of the black racial groups of Africa.)
Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Home Address (Street Address and Apartment No.)		City	State	Zip Code
Is Mailing Address same as Home Address? Yes No		Different Mailing Address (Street Address and Apartment No.)		
City	State	Zip Code	County	
Phone Number for School Contact () Home Cell		Unlisted? Yes No	Student Cell Phone Number ()	
Previous School District Attended	Previous School Attended		Dates Attended	

In accordance with ORS 339.250, please answer these questions:
 Has your child ever been expelled from school? Yes No If Yes, Reason? Date
 Name of School

SPECIAL PROGRAMS

Student is eligible in the following areas:	Yes, Special Education (IEP)	Yes, 504 Plan	Yes, Title 1
	Yes, TAG	Yes, ELL	Other (please explain)
Is the student, or parent, or grandparent, a member of a US Federally recognized American Indian Tribe? Yes No			
If Yes, please fill in the tribe name: (This information establishes the District's eligibility for a federal grant under Title VII of the Indian Education Act. Complete information will be sent to students marking "yes" on this item.)			

PARENT/GUARDIAN INFORMATION

Is there a <u>current</u> restraining/court order pertaining to this student? Yes* No			
*If there is a <u>current</u> court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. I have submitted a current court order: Signature: _____ Date: _____			
Family 1			First Parent/Guardian
Call order in case of emergency: 1st 2nd 3rd 4th	Mother Father Guardian Other (Explain)		
Last Name:		First Name:	
Please check all that apply: <input type="checkbox"/> Lives With Student? <input type="checkbox"/> Contact Allowed? <input type="checkbox"/> Ed. Rights? <input type="checkbox"/> Has Custody? <input type="checkbox"/> Mailings Allowed? <input type="checkbox"/> Release Student To? Is the Parent/Guardian, at any time during the school year, a member of the Armed Forces on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Speaks English? Yes No If No, what is the primary language? Interpreter needed? Yes No		Address if different than student's address:	
E-Mail Address:	Employer:	Job Title:	
Home Phone Number: ()	Cell Phone Number: ()	Work or Pager Number: ()	
Willing to Volunteer? Yes No	Live/Work on Federal Property? Yes No (Establishes District Eligibility for Federal Funds)		
Migrant Worker? Yes No	(To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county or state lines with their parents/guardians to obtain temporary employment in an agricultural or fishing activity.)		
Family 1			Second Parent/Guardian
Call order in case of emergency: 1st 2nd 3rd 4th	Mother Father Guardian Other (Explain)		
Last Name:		First Name:	
Please check all that apply: <input type="checkbox"/> Lives With Student? <input type="checkbox"/> Contact Allowed? <input type="checkbox"/> Ed. Rights? <input type="checkbox"/> Has Custody? <input type="checkbox"/> Mailings Allowed? <input type="checkbox"/> Release Student To? Is the Parent/Guardian, at any time during the school year, a member of the Armed Forces on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Speaks English? Yes No If No, what is the primary language? Interpreter needed? Yes No		Address if different than student's address:	
E-Mail Address:	Employer:	Job Title:	
Home Phone Number: ()	Cell Phone Number: ()	Work or Pager Number: ()	
Willing to Volunteer? Yes No	Live/Work on Federal Property? Yes No (Establishes District Eligibility for Federal Funds)		
Migrant Worker? Yes No	(To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county or state lines with their parents/guardians to obtain temporary employment in an agricultural or fishing activity.)		
Family 2			First Parent/Guardian
Call order in case of emergency: 1st 2nd 3rd 4th	Mother Father Guardian Other (Explain)		
Last Name:		First Name:	
Please check all that apply: <input type="checkbox"/> Lives With Student? <input type="checkbox"/> Contact Allowed? <input type="checkbox"/> Ed. Rights? <input type="checkbox"/> Has Custody? <input type="checkbox"/> Mailings Allowed? <input type="checkbox"/> Release Student To? Is the Parent/Guardian, at any time during the school year, a member of the Armed Forces on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Speaks English? Yes No If No, what is the primary language? Interpreter needed? Yes No		Address if different than student's address:	
E-Mail Address:	Employer:	Job Title:	
Home Phone Number: ()	Cell Phone Number: ()	Work or Pager Number: ()	
Willing to Volunteer? Yes No	Live/Work on Federal Property? Yes No (Establishes District Eligibility for Federal Funds)		
Migrant Worker? Yes No	(To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county or state lines with their parents/guardians to obtain temporary employment in an agricultural or fishing activity.)		

Family 2				Second Parent/Guardian			
Call order in case of emergency: 1st 2nd 3rd 4th				Mother Father Guardian Other (Explain)			
Last Name:				First Name:			
Please check all that apply: Lives With Student? Contact Allowed? Ed. Rights? Has Custody? Mailings Allowed? Release Student To?							
Is the Parent/Guardian, at any time during the school year, a member of the Armed Forces on active duty or full-time National Guard? Yes No							
Speaks English? Yes No If No, what is the primary language? Interpreter needed? Yes No				Address if different than student's address:			
E-Mail Address:			Employer:			Job Title:	
Home Phone Number: ()			Cell Phone Number: ()			Work or Pager Number: ()	
Willing to Volunteer? Yes No			Live/Work on Federal Property? Yes No (Establishes District Eligibility for Federal Funds)				
Migrant Worker? (To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county or state lines with their parents/guardians to obtain temporary employment in an agricultural or fishing activity.) Yes No							

SIBLINGS

Please list student's siblings currently attending a TTSD school

Last Name, First Name:		Gender:	Grade:	School:
Last Name, First Name:		Gender:	Grade:	School:
Last Name, First Name:		Gender:	Grade:	School:

Please list student's younger siblings

Last Name, First Name:		Gender:	Age:	Date of Birth:
Last Name, First Name:		Gender:	Age:	Date of Birth:
Last Name, First Name:		Gender:	Age:	Date of Birth:

EMERGENCY CONTACTS

In an emergency, parents/guardians will be called first. Emergency Contacts will be called in the order indicated. By listing a person as an Emergency Contact, you are authorizing that he/she may also pick-up your student. *Please do not list parent/guardian.*

1st Contact	Relationship to Student:	First Name:		Last Name:
Home Phone Number: ()	Work Phone Number: ()	Cell Phone Number: ()		Primary Language:
2nd Contact	Relationship to Student:	First Name:		Last Name:
Home Phone Number: ()	Work Phone Number: ()	Cell Phone Number: ()		Primary Language:
3rd Contact	Relationship to Student:	First Name:		Last Name:
Home Phone Number: ()	Work Phone Number: ()	Cell Phone Number: ()		Primary Language:

MEDICAL INFORMATION

Doctor's Name:	Phone Number: ()	Insurance Carrier Name:
Dentist's Name:	Phone Number: ()	

I authorize the school district to release my student's health insurance information to the School-Based Health Center. I understand that my insurance will not be billed without my consent. Signature: _____

Are there any Allergies/Health Conditions or Medication Allergies which the school staff should be aware of? Yes No
PLEASE list any allergies (including bee stings) and/or health conditions that may affect your child at school: Life Threatening? Yes No

1)

2)

3)

Please Note:

Any allergy or other health condition requiring intervention at school **requires** that the parent complete appropriate information forms. I need an Emergency Plan Form Yes No Condition(s): _____

I need a Medication Form: Yes No

PERMISSIONS/AUTHORIZATIONS

DIRECTORY INFORMATION

NOTE: Complete information about the district's Student Records policies is available in the "Student Rights and Responsibilities Handbook." It is very important that you read this information about the district's maintenance and use of your child's educational records and who has access to information about your child.

FIELD TRIP INFORMATION FORM

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 the field trips. Students participating in such activities as athletics, drama, music, etc., will also be taking field trips from time to time. It is understood that students will be under proper supervision.

Signature: _____

Date: _____

MEDICAL EMERGENCY TRANSPORTATION

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

Signature: _____

Date: _____