

Student Last & First Name	Grade	Student ID-Office Use Only
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Language Use Survey (Title III)

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services. If a language other than English is listed, your child's English proficiency will be assessed. English language services will only be provided if student is eligible.

34. What language(s) are primarily used in the home?

35. What was the first language(s) that your student learned?

36. What language(s) does your student use most frequently at home?

37. In what language(s) would you prefer to receive communication from the school?

Students with Interrupted Formal Education

The purpose of this information is to determine if your child has experienced interruptions in their formal education that might make them eligible for one of the Newcomer Center sites.

38. When did your child start attending school? _____ In which country? _____

39. Was your child in school **continuously** since they started?
 Yes No If NO, what was the last grade completed? _____

40. Did your child attend other schools in the U.S.? (List) _____

41. Is there anything else you think the school should know about your child's education? (i.e. received instruction in refugee camp, did not attend school due to teacher strikes or safety issues, etc.) _____

Migrant Education Program (Title IC)

The purpose of this information is to determine if your child is eligible to participate in the Migrant Education Program.

42. Has your family moved within the last three years? Yes No

43. Have you or a relative worked in agricultural or fishing industries, in a farm/ranch, cannery, nursery, dairy, packing fruit or vegetables, food processing plant, forestry/logging or any other related activity? Yes No

44. Have you or a relative ever qualified for the Migrant Education Program? Yes No

McKinney-Vento Program

McKinney-Vento Program is a program that ensures that students who "lack a fixed, regular and adequate nighttime residence" have access to public education. If you are experiencing any of the following circumstances, additional services may be available.

- Living **doubled-up** or sharing housing with others due to loss of housing, economic hardship or a similar reason
- Living in a **shelter**
- Living in a **motel/hotel**
- Living in an **unsheltered situation** such as camping, in a car or abandoned building
- Living in a home with substandard conditions (non-working utilities, mold, pest infestations)
- Student is not living with or being supported by a parent or legal, court appointed guardian. Student is living on their own or may be staying temporarily with someone else.

45. Would you like to be contacted by a McKinney-Vento liaison or school representative for more information? Yes No

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Parent/Guardian Information			
Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.			
Are there any current legal restrictions or restraining orders pertaining to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.			
46. Relationship to Student	47. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary Pronouns <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them	48. Last Name	49. First Name
50. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	51. Same Address as Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no complete boxes 59-62	52. Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	53. Legal Documentation Required If Any Of These Boxes Are Not Checked <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To <input type="checkbox"/> ParentSquare
54. Primary Language Spoken	55. Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	56. Email Address	
58. Correspondence Address (if different from Student)		59. City	60. State
62. Employer		63. Job Title	64. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate One Phone Type as Your Primary Phone Number (boxes 65-66) ParentSquare Text communications require a Cell number in Box 66		65. Education Level	
66. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	67. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone () Required for text messages from ParentSquare	68. Work <input type="checkbox"/> Contact Phone ()	69. Pager ()

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Are there any current legal restrictions or restraining orders pertaining to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.			
70. Relationship to Student	71. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary Pronouns <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them	72. Last Name	73. First Name
74. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	75. Same Address as Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no complete boxes 85-88	76. Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	77. Legal Documentation Required If Any Of These Boxes Are Not Checked <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To <input type="checkbox"/> ParentSquare
78. Primary Language Spoken	79. Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	80. Email Address	
82. Correspondence Address (if different from Student)		83. City	84. State
86. Employer		87. Job Title	88. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate One Phone Type as Your Primary Phone Number (boxes 89-90) ParentSquare Text communications require a Cell number in Box 90		89. Education Level	
90. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	91. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone () Required for text messages from ParentSquare	92. Work <input type="checkbox"/> Contact Phone ()	93. Pager ()

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Siblings

Please include Pre-School Age (Birth – 4 Years) and School Age (Grades K-12). This page may be copied to add additional siblings.

94. Last Name	95. First Name	96. Age	97. Birth Date	98. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	99. School Name	100. Circle Program NWRESD/ Head Start	101. Grade
102. Last Name	103. First Name	104. Age	105. Birth Date	106. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	107. School Name	108. Circle Program NWRESD/Head Start	109. Grade
110. Last Name	111. First Name	112. Age	113. Birth Date	114. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	115. School Name	116. Circle Program NWRESD/ Head Start	117. Grade

Additional and Emergency Contacts

In an emergency, parents/guardians will be called first. Emergency contacts will be called in the order indicated. It is assumed that any person listed as an emergency contact also has permission to transport your student **in the event of an emergency**.

Check **Release To** if you are granting permission for your contact to pick up your child on a daily basis, such as a Nanny, or after school provider.

1.	118. Contact Last Name	119. First Name	120. Relationship To Student (Indicate If Before Or After School Care)	121. Release To <input type="checkbox"/>	122. City, State
123. Primary Language Spoken		124. Home Phone Number ()		125. Work Number ()	
126. Cell Number ()					
2.	127. Contact Last Name	128. First Name	129. Relationship To Student (Indicate If Before Or After School Care)	130. Release To <input type="checkbox"/>	131. City, State
132. Primary Language Spoken		133. Home Phone Number ()		134. Work Number ()	
135. Cell Number ()					
3.	136. Contact Last Name	137. First Name	138. Relationship To Student (Indicate If Before Or After School Care)	139. Release To <input type="checkbox"/>	140. City, State
141. Primary Language Spoken		142. Home Phone Number ()		143. Work Number ()	
144. Cell Number ()					

Natural Disaster Contact

During the period following a large damaging natural disaster, an out-of-area contact should be selected because there is a higher possibility of being able to telephone outside of the region than across our city or metropolitan area. Therefore, please list an emergency phone contact that is **at least 100 miles away** so that your child could call that telephone number to regain contact with you through this third party. Please do not include international numbers.

145. Last Name	146. First Name	147. Relationship to Student
148. Primary Language Spoken		149. City, State
150. Home Phone Number ()		151. Work Number ()
152. Cell Number ()		

Medical Information

153. Does your student have Health/ Accident Insurance? Yes No

If No, Beaverton School District offers low cost Accident and Health Insurance Options. Please see the District Accident and Health Insurance information in the back-to-school packet, contact your school or call (503) 356-4560.

154. Physician Name	155. Telephone Number ()	156. Health Insurance Policy (Middle & High School Use Only)
157. Dentist Name	158. Telephone Number ()	159. Health Insurance Policy (Middle & High School Use Only)

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Medical Concerns

Any medications your child needs at school should be provided to the school office by parent/guardian. Notify your school's nurse of any chronic or acute medical conditions requiring adult support.

160. Condition	161. Symptom(s)	162. Required Treatment/ Medication(s)	163. Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No
164. Condition	165. Symptom(s)	166. Required Treatment/ Medication(s)	167. Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Closure Plan

Please indicate what the student should do in case of emergency or early school closure. **Choose Only One Option**

168. Pick up by Parent/Emergency Contact/Daycare <input type="checkbox"/>	169. School Bus To Home/Neighbor/Daycare <input type="checkbox"/>	170. Walk/Ride Bike/Drive to Home/Neighbor/Daycare <input type="checkbox"/>
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Family Messenger/ Courier

Applies if more than one family member attends same school (**Elementary Only**)

171. Should this student be identified as the "Family Messenger/Courier" to carry school information packets home? Yes No

Printed Materials

172. Send printed materials in language spoken at home (if available)? Yes No

Bus Information

173. If eligible for district transportation will the student ride the bus? **A.M.** Yes No **P.M.** Yes No

Student Vehicle Information (High School Only)

174. Year	175. Make	176. Model	177. Color	178. License Number	179. Parking Permit Number (Office Use Only)
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Military/College Recruitment (High School Use Only)

180. The Every Student Succeeds Act (ESSA) requires school districts to provide, upon request, the names, addresses and phone numbers of 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 next to one or both of the following categories:

No Military Recruiters No College Recruiters

Student/Parent Permission Information:

* FERPA allows the district to provide directory information upon request without the prior permission of parents or students. If you do not want the District to disclose directory information, to include photo and video from your child's education records without your prior consent, 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. For a detailed definition of directory information please refer to the Parental Privacy Annual Notification of FERPA Rights, or online at <https://www.beaverton.k12.or.us/departments/information-technology/enrolling-your-child/enrollment-forms> and/or School Board Policy JOA.

* The district utilizes Google Apps for Education. Parents must submit a Digital Resources Permission form in order for their student to receive access to their education account. You may revoke permission for use of digital resources at any time. The Parental Privacy and Digital Resources forms can be found at <https://www.beaverton.k12.or.us/departments/information-technology/enrolling-your-child/enrollment-forms>.

Signature of Parent/Guardian:

Notify the School Office if the information on any of these pages changes.

Signature of Parent/Guardian:	Date:
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