



NORTH SANTIAM SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Grades K-12

Stayton Elementary
 Stayton Inter/Middle
 Stayton High
 Sublimity
 Mari-Linn
 Options Academy

STUDENT INFORMATION

LEGAL LAST NAME _____ LEGAL FIRST NAME _____

LEGAL MIDDLE _____ GRADE _____ GENDER Female Male Non-binary

PREFERRED NAME/GOES BY (if different) _____ BIRTHDATE _____

BIRTH CITY _____ BIRTH STATE _____ BIRTH COUNTRY _____

HOME LANGUAGE _____ ETHNICITY - HISPANIC/LATINO? Yes No **(both Ethnicity & Race must be selected)**

RACE (select at least one) White American Indian/Alaska Native Asian Black Native Hawaiian or Other Pacific Islander

STUDENT EMAIL ADDRESS _____ STUDENT CELL PHONE _____

HOME ADDRESS* _____ CITY _____ ZIP _____

MAILING ADDRESS (if different) _____ CITY _____ ZIP _____

*proof of residency is required which could include guardian ID, utility bill, rental agreement and mortgage/escrow paperwork

PREVIOUS SCHOOL NAME	CITY/STATE	YEARS ATTENDED	GRADES ATTENDED

Has your student been expelled by their previous school or is there an expulsion pending? Yes No If yes, a meeting with school administration is necessary before enrollment is completed.

Have there been any gaps in school attendance since Kindergarten? Yes No If yes, please explain: _____

PROGRAM INFORMATION

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

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

Has your student received small group instruction? Math: Yes No Reading: Yes No

Does your student have any physical or mental health impairment(s) that limit one or more activities such as participating in daily routines, concentrating on schoolwork, performing manual tasks or caring for themselves? Yes No

Is your student currently receiving speech therapy services (or as of the end of previous year)? Yes No

Is your student currently identified as Talented and Gifted (TAG)? Math: Yes No Reading: Yes No

STUDENT MEDICAL INFORMATION

DOES THIS STUDENT HAVE MEDICAL INSURANCE? Yes No *Medical insurance is required for students in grades 6-12 to participate in co-curricular athletics. Student accident insurance is available for purchase through *Myers-Stevens-Toohey Ins. Co.*

PLEASE CHECK ANY MEDICAL CONDITION THAT APPLIES TO YOUR STUDENT-***Indicates an additional form is required and can be obtained in school offices and also on the website under the Enrollment tab - nsantiam.k12.or.us**

Severe Allergy*: Nuts Insect Sting Other: _____ **Epinephrine auto-injector ?** Yes* No

Other Allergies: _____

Asthma: Yes* No **Seizures:** Yes* No **Diabetes:** Yes No (requires current physician's orders)

Vision Impairment: Yes No **Glasses Needed:** Yes No **ADHD:** Yes No **ADHD Med?** At Home At School

Mental Health Concerns: Yes No If yes, explain below

Other Health Concerns: _____

Any medication dispensed at school must be provided in the original container to the school office by a parent/guardian along with the District's *Authorization for Medication Administration by School Personnel* form

THIS STUDENT MAY PARTICIPATE IN FREE VISION SCREENINGS PROVIDED BY THE OREGON LIONS FOUNDATION? Yes No

PARENT/GUARDIAN INFORMATION (emergency contacts are on next page)

MOTHER FATHER STEP PARENT GRANDPARENT OTHER: _____

Lives with student? Yes No If no, provide mailing address and indicate if copy of correspondence should be sent Yes No

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ Cell phone? Yes No SECONDARY # _____

EMPLOYER _____ WORK PHONE _____

MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD? Yes No

Contact allowed with student Yes No Has Custody of student Yes No

PARENT/GUARDIAN INFORMATION (emergency contacts are on next page)

MOTHER FATHER STEP PARENT GRANDPARENT OTHER: _____

Lives with student? Yes No If no, provide mailing address and indicate if copy of correspondence should be sent Yes No

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ Cell phone? Yes No SECONDARY # _____

EMPLOYER _____ WORK PHONE _____

MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD? Yes No

Contact allowed with student Yes No Has Custody of student Yes No

PARENT/GUARDIAN INFORMATION (emergency contacts are on next page)

MOTHER FATHER STEP PARENT GRANDPARENT OTHER: _____

Lives with student? Yes No If no, provide mailing address and indicate if copy of correspondence should be sent Yes No

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ Cell phone? Yes No SECONDARY # _____

EMPLOYER _____ WORK PHONE _____

MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD? Yes No

Contact allowed with student Yes No Has Custody of student Yes No

PARENT/GUARDIAN INFORMATION (emergency contacts are on next page)

MOTHER FATHER STEP PARENT GRANDPARENT OTHER: _____

Lives with student? Yes No If no, provide mailing address and indicate if copy of correspondence should be sent Yes No

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ Cell phone? Yes No SECONDARY # _____

EMPLOYER _____ WORK PHONE _____

MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD? Yes No

Contact allowed with student Yes No Has Custody of student Yes No

RESTRICTED ACCESS

Is there a current restraining/court order pertaining to this student? Yes No Expiration date: _____

If there is a current restraining/court order limiting parental access of a non-custodial parent, the school must receive a copy of the order before the school can limit that parent's access to the student. Oregon law requires that educational records will be shared with non-custodial parents, upon their request unless prohibited by court order.

ADDITIONAL EMERGENCY CONTACTS—In an emergency, parent/guardian(s) in the prior section will be called first. The following individuals are authorized to pick up your child at school if you cannot be reached.

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

PRIMARY PHONE _____ WORK PHONE _____ ADDITIONAL PHONE _____

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

PRIMARY PHONE _____ WORK PHONE _____ ADDITIONAL PHONE _____

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

PRIMARY PHONE _____ WORK PHONE _____ ADDITIONAL PHONE _____

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

PRIMARY PHONE _____ WORK PHONE _____ ADDITIONAL PHONE _____

SIBLINGS—Please list student's sibling(s) currently attending an NSSD school.

SIBLING NAME _____ CURRENT GRADE _____

Stayton Elementary Stayton Inter/Middle Stayton High Sublimity Mari-Linn Options Academy

SIBLING NAME _____ CURRENT GRADE _____

Stayton Elementary Stayton Inter/Middle Stayton High Sublimity Mari-Linn Options Academy

SIBLING NAME _____ CURRENT GRADE _____

Stayton Elementary Stayton Inter/Middle Stayton High Sublimity Mari-Linn Options Academy

SIBLING NAME _____ CURRENT GRADE _____

Stayton Elementary Stayton Inter/Middle Stayton High Sublimity Mari-Linn Options Academy

SIBLING NAME _____ CURRENT GRADE _____

Stayton Elementary Stayton Inter/Middle Stayton High Sublimity Mari-Linn Options Academy

FEDERAL TITLE PROGRAMS

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

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
- You are living in a shelter, temporary housing or moving from place to place without permanent housing
- You are experiencing housing difficulties related to finances and would like more information about services

FOR STAFF ONLY: If 'yes' is checked for any of the questions above, please send the referral form to the District's ISST Dept.

NOTIFICATIONS/AUTHORIZATIONS

NOTICES

*For annual notices on Directory Information, Student Records, and Protection of Student Rights, please see the District Parent/Student Handbook available in any school office and on the NSSD website: nsantiam.k12.or.us > For Parents> Handbooks

*Meal prices and the *Free & Reduced Meals* application are available on the NSSD website under [Nutrition Services](#).

*Registration for bus transportation for those K-8 students who live more than one mile from their school and high school students who live more than 1.5 miles is available on the NSSD website under [Transportation](#).

AUTHORIZATIONS

*Student photographs are commonly used in District social media, newsletters, websites and other print media. **If you do not want your student's photo used, please contact the school to submit a written request. This request must be completed each year.**

*NSSD utilizes Google Workspace for Education Fundamentals for students and staff for lessons, assignments and communications. Access to Google Workspace is considered a privilege. The District maintains the right to immediately withdraw access and use of these tools when there is reason to believe that violations of the law or District policies have occurred. The District cannot guarantee the security of electronic files located on Google systems. There is no expectation of privacy for electronic resources accessed through the District network or in resources provided by using a District account. To help ensure the safety of students, the Google Workspace is monitored by the *Bark* content monitoring system. Please refer to Board Policies IIBGA and IIBGA-AR, and the Student/Parent Handbook for all information and expectations regarding the District's electronic communications systems. **If you do not wish to allow your student to access Google Workspace, please contact the school to submit a written request. This must be completed each year.**

*Oregon law requires that districts must release student names, addresses and phone numbers to military recruiters and institutions of higher education unless parents or eligible students requests this information to be withheld. **If you do not want your student's information released, please contact the school to submit a written request. This request must be completed each year.**

***BY SIGNING BELOW:**

****I agree to review the NSSD Student/Parent Handbook with my student and to adhere to the policies and processes stated within. I understand these can be found on the District's website and at all District campuses.***

****I understand that trained North Santiam School District staff may provide my student with basic first aid assistance at school. In the event urgent action is needed, I acknowledge emergency care measures may be taken to ensure my student's safety which could include transportation to the hospital via ambulance at my expense.***

****I acknowledge this enrollment form is an official document and affirm the information included is accurate and true to the best of my knowledge.***

SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) _____ DATE _____

PRINTED NAME OF ADULT ENROLLING STUDENT _____