

# Welcome to Lyle Elementary!

~ Home of the Lions ~

2024-25



## We Need to Verify:

\_\_\_\_ **Your address**

\* Plan to show us a driver's license, rental/mortgage document, or utility bill. Complicated? Let's talk.

\_\_\_\_ **Proof of age - kindergarteners enrolling in school for the first time only**

\* If your child is transferring from another school, proof of age is not required.

## Registration Packet:

\_\_\_\_ **Student Registration Form**

\_\_\_\_ **Language Use Survey**

\_\_\_\_ **Getting to Know You**

\_\_\_\_ **Bus Registration Form**

\_\_\_\_ **Dental / Vision Screening Form**

\_\_\_\_ **Oregon Immunization Card**

\* If your child received immunizations in Oregon, we should be able download the records for you.

\_\_\_\_ **Google Apps Permission**

## Please Complete:

\_\_\_\_ **Volunteer Background Check**

\* Apply at [www.helpcounter.net/dallasoregon](http://www.helpcounter.net/dallasoregon)

\* Required for field trips, school events, etc. This process can take 3-4 weeks during busy times.

\_\_\_\_ **Like our Facebook:** [www.Facebook.com/LyleElementarySchool](http://www.Facebook.com/LyleElementarySchool)

\_\_\_\_ **Follow us on Instagram:** @lyleprincipal

\_\_\_\_ **Bookmark:** [www.dallas.k12.or.us/lyle-elementary](http://www.dallas.k12.or.us/lyle-elementary) -and- [www.dallas.k12.or.us](http://www.dallas.k12.or.us)



**Parent Square** is our primary communication tool. Please download the app. You will have access 24 hours after your child starts school.

Contact Us: [lyle.office@dsd2.org](mailto:lyle.office@dsd2.org) or 503-623-8367

# Dallas School District No. 2 - Student Registration Form

*This registration form is a legal document. The information you provide must be accurate and complete.  
This information is protected by the Family Educational Rights and Privacy Act (FERPA).*



Entry Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Non-Binary: \_\_\_

## Student Information

\_\_\_\_\_ Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle  
 Student's Preferred Name: \_\_\_\_\_

<b>Ethnicity:</b> ___ Hispanic or Latino (check one) ___ Non Hispanic or Latino	<b>Race:</b> ___ White ___ Asian ___ Hawaiian or Pacific Islander (Check all that apply) ___ Black or African American Hispanic/Latino ___ American Indian/Alaskan Native
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## Student Demographic Information

Student's Home Address: \_\_\_\_\_  
 Student's Mailing Address: \_\_\_\_\_  
 Student's Home Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_  
*(Note: Student's home phone will be used for attendance notifications)*  
 Student's Email: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

### Age Verification (provide one)

Birth Certificate    Hospital Record    Baptismal Certificate    Adoption Papers    Court Order    Passport

### Address Verification (provide one)

ODL    Rental Document    Utility Document    Mortgage Document    Other \_\_\_\_\_

## Special Services

*Check all that apply*

\_\_\_ IEP/Special Education Plan    \_\_\_ Talented and Gifted Program    \_\_\_ ELL Program  
 \_\_\_ 504 Plan    \_\_\_ Teen Pregnant and Parenting Program    \_\_\_ Speech Services

## Previous School Information

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_

Is this student currently expelled from previous school? \_\_\_\_\_yes \_\_\_\_\_no

**Guardian Information #1 (use legal name)**

_____	_____	
Legal First Name	Legal Last Name	
_____	_____	
Address (if different than student's)	City, State, Zip	
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email: _____	Employer: _____	
Relationship to Student: _____	Does student live with this guardian? <input type="checkbox"/> yes <input type="checkbox"/> no	

**Guardian Information #2 (use legal name)**

_____	_____	
Legal First Name	Legal Last Name	
_____	_____	
Address (if different than student's)	City, State, Zip	
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email: _____	Employer: _____	
Relationship to Student: _____	Does student live with this guardian? <input type="checkbox"/> yes <input type="checkbox"/> no	

**Guardian Information #3 (use legal name)**

_____	_____	
Legal First Name	Legal Last Name	
_____	_____	
Address (if different than student's)	City, State, Zip	
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email: _____	Employer: _____	
Relationship to Student: _____	Does student live with this guardian? <input type="checkbox"/> yes <input type="checkbox"/> no	

**Guardian Information #4 (use legal name)**

_____	_____	
Legal First Name	Legal Last Name	
_____	_____	
Address (if different than student's)	City, State, Zip	
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email: _____	Employer: _____	
Relationship to Student: _____	Does student live with this guardian? <input type="checkbox"/> yes <input type="checkbox"/> no	

*Oregon law requires that educational records be shared with non-custodial guardians upon their request unless the school is presented with a court order to the contrary. Restraining Orders will also require a copy of the court order in the student's cumulative file.*

**Emergency Contacts** (use legal first and last names)

*List only those authorized to pick up student when guardian cannot be reached. Local contacts are preferred.*

_____	_____	_____
Name	Relationship to Student	Phone
_____	_____	_____
Name	Relationship to Student	Phone
_____	_____	_____
Name	Relationship to Student	Phone
_____	_____	_____
Name	Relationship to Student	Phone

*Services contacts, if applicable*

_____	_____	_____
Caseworker	Supervisor	Phone
_____	_____	_____
Parole Officer	Supervisor	Phone

**Siblings**

*List all school age brothers, sisters, step and half-brothers and sisters of this student attending a Dallas public school.*

_____	_____	_____
Student Name	Relationship to Student	School Enrolled
_____	_____	_____
Student Name	Relationship to Student	School Enrolled
_____	_____	_____
Student Name	Relationship to Student	School Enrolled
_____	_____	_____
Student Name	Relationship to Student	School Enrolled

**Student Medical Information**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Guardian Email: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Carrier (optional): \_\_\_\_\_

Please check any current medical conditions:

Asthma     Heart Disease     Seizure Disorder     Diabetes     Epi-Pen required  
 Allergies (please list) \_\_\_\_\_  
 Other (please list) \_\_\_\_\_

Medications to be taken at school (list medications). Please complete a Medication Administration Record

\_\_\_\_\_  
\_\_\_\_\_

**The nurse will follow up with you regarding the medical information provided.**

**McKinney-Vento Title X Homeless Education Program**

*The Title X McKinney-Vento Act guarantees that students, no matter their living situations, have access to public education. Program resources may include transportation assistance, school supplies, and other services to help ensure success in school.*

*Please check if applicable*

- staying in a motel, car, RV, or campsite until affordable housing is found
- sharing housing with another family due to economic hardship
- moving from place to place without permanent housing
- living in a shelter

**Migrant Education Program Title I-C**

*The purpose of the Migrant Education Program is to ensure that migrant children fully benefit from the same free public education provided to other children, including support that reduces educational disruption that results from the migrant lifestyle. Free services may include summer school, pre-kindergarten support, accident insurance, and referrals to community resources.*

Has your family moved within the last three years? \_\_yes \_\_no

Has anyone in your household worked, or is currently working, in agriculture, fishing nurseries, forestry, mills, farming, dairies or canneries in the last three years? \_\_yes \_\_no

**Military**

Is parent/guardian currently deployed? \_\_yes \_\_no

Is parent/guardian full-time in the Army, Navy, Air Force, Marine Corps, or Coast Guard? \_\_yes \_\_no

Is parent/guardian a student at a service school, while in active military? \_\_yes \_\_no

Is parent/guardian a full-time National Guard member? \_\_yes \_\_no

Is parent/guardian in Active Duty Reserves (called to active duty for at least 180 consecutive days)? \_\_yes \_\_no

Is parent/guardian a Dual Status Military Technician? \_\_yes \_\_no

**Permissions/Agreements**

**I give permission and agree for my child:**

- to participate in organized field trips within Dallas School District. \_\_yes \_\_no
- to see the district health nurse for illness, injury, or routine health screenings. \_\_yes \_\_no
- to use Internet and email within parameters outlined in district policy. \_\_yes \_\_no
- to abide by attendance, behavior, and transportation (bus) standards outlined in district policy, and in guardian/student handbooks (if applicable). \_\_yes \_\_no

**Family Educational Rights and Privacy Act (FERPA)**

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

**Notice of Right to Review Records:** Guardians and eligible students are entitled to inspect and review the student’s education records and request amendments to ensure the accuracy of the records with regard to applicable state and federal laws and administrative rules.

**Notice of Disclosure of Directory Information:** FERPA protects the privacy of student records and gives guardian rights to review records. Under FERPA, schools may disclose directory information, but guardians may request the school not disclose this information by making a written request to school.

Copies of the district’s policy on student education records and FERPA notifications are available on the Dallas School District website: [www.dallas.k12.or.us](http://www.dallas.k12.or.us) .

**By signing this form, I agree that all the information provided is accurate.**

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name (print): \_\_\_\_\_

# Getting to Know Your Child

Name \_\_\_\_\_ Goes by \_\_\_\_\_ Birthday \_\_\_\_\_

Did your child attend preschool? Yes / No Which one? \_\_\_\_\_

Last school attended and location \_\_\_\_\_ Repeated a grade? Yes / No

## ***...All About Your Child...***

Tell us about your child's strengths and interests. What does he or she love to do?

What are your child's fears, anxieties, or triggers?

Who does your child live with? One household or more than one? Are there other Lyle students in your home?

Describe serious matters that have affected your child such as divorce, death, homelessness, illness, trauma, or others.

Tell us about your child's health (allergies, diagnoses, medications, etc.).

How well does your child usually adapt to new situations? Please explain.

## ***...All About School...***

Has your child ever received special services? If yes, please circle. IEP 504 TAG ELL Title 1 Other  
Please describe.

***Please turn the page over to continue.***

Is your child working with outside agencies such as counseling, behavioral health services, WESD, or others? Please describe.

What type of classroom, learning environment, or teacher helps your child thrive?

What does your child love about school?

What does your child struggle with at school?

How is your child doing with reading, writing, and math?

Does your child have strong reactions, outbursts, or act aggressively toward others? Are there other issues we should be aware of at school?

What would help your child be the most successful at Lyle?

Is there anything else you'd like us to know about your child?

***We appreciate your time. Thank you!***



# State of Oregon - Language Use Survey

**This document is given when a student enters a school district for the first time.**

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/guardian name:** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_

Information	Questions
<p>This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.</p>	<ol style="list-style-type: none"> <li>1. What language(s) are primarily used in the home? _____</li> <li>2. What was the first language(s) that your student learned? _____</li> <li>3. What language(s) does your student use most frequently at home? _____</li> </ol>
<p>This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.</p> <p><i>This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.</i></p>	<p>In what language(s) would you prefer to receive communication from the school?</p> <p>_____</p>



# Vision and Dental Screening Certification Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Oregon Law now requires a child who is 7 years of age or younger to have dental and vision screenings before entering school for the first time.** For information about vision requirements, see 2013 Oregon HB3000 Section 1: (2)(a) through (3)(b). For information about dental requirements, see 2015 Oregon HB2972 Section 1: (2)(a) through (3)(c).

**Parents/Guardians: Please complete and sign BOTH Vision and Dental Screening Certifications.**

## VISION SCREENING CERTIFICATION (Please check the appropriate box)

My child has received a vision screening.

Most recent screening or eye exam date: \_\_\_\_\_ Was a follow-up recommended? (circle) Yes / No

Name of provider: \_\_\_\_\_

I have previously submitted certification to the following school: \_\_\_\_\_

I am not providing certification of vision screening/exam due to my religious beliefs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## DENTAL SCREENING CERTIFICATION (Please check the appropriate box)

My child has received a dental screening within the last 12 months.

Most recent screening or dental exam date: \_\_\_\_\_ Was a follow-up recommended? (circle) Yes / No

Name of provider: \_\_\_\_\_

I have previously submitted certification to the following school: \_\_\_\_\_

I am not providing certification of dental screening/exam due to my religious beliefs.

The dental screening is a burden because: (circle one)

(A) The cost of obtaining the dental screening is too high;

(B) The student does not have access to a screener or;

(C) The student was unable to obtain an appointment with a screener.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Dallas Internet Use, Student Email & Google Apps for Education Permission Form**

Inappropriate system use will result in discipline up to and including suspension or revocation of your student's access to the district's system, expulsion from school, and/or referral to law enforcement officials. The following form must be signed as indicated. This form is available at your child's school, or at the following link: <http://goo.gl/iJGlfX>, or as a part of the student agenda. You may sign a paper form and return it to school or submit your signature electronically at this link: <http://goo.gl/7bGcPt>

Google Apps for Education (GAFE) is available via the Internet. Known inappropriate sites are blocked at school, but there is always a chance students will be exposed to inappropriate content. School staff monitor the student use of GAFE when students are at school. Parents are responsible for monitoring their child's use of GAFE at home. **Students are responsible for their own behavior at all times.**

**Child Internet Protection Act (CIPA)** <http://fcc.gov/cgb/consumerfacts/cipa.html> Schools are required to have measures protecting students from harmful images.

### **Children's Online Privacy Protection Act**

**(COPPA)** <http://www.ftc.gov/privacy/coppafaqs.shtml>

COPPA limits the ability of companies to collect personal information from children under 13. No personal information is collected for commercial purposes in our GAFE domain. **This permission form allows the school to act as an agent for parents in the collection of information within the school context.**

### **Family Educational Rights and Privacy Act**

**(FERPA)** <http://www2.ed.gov/policy/gen/guid/fpco/ferpa> FERPA protects the privacy of student records and gives parents rights to review records. Under FERPA, schools may disclose directory information but parents may request the school not disclose this information. Make this request to your school in writing.

- The School will not publish confidential records publicly
- The School may publish student work and photos for public viewing but will not publish other personally identifiable information.
- Parents have the right at any time to investigate the contents of their student's email account and GAFE files.

Privacy School staff, administrators and parents all have access to student email for monitoring purposes. **Students have no expectation of privacy with GAFE or on district systems.**

**Please turn this page to sign the form**

**Students may use GAFE for personal projects but may not use them for:**

- Unlawful activities
- Commercial purposes or Personal financial gain
- Inappropriate sexual or other offensive content
- Threatening another person
- Misrepresentation of Oregon Public Schools, staff or students.

**Safety**

- Students may not post personal contact information about themselves or other people.
- Students will never agree to meet with someone they have met online without their parent's approval and participation.
- Students will tell their teacher or other school employee about messages that makes them feel uncomfortable.
- Under no conditions should a user provide his or her password to another person.

**Consumer Safety**

- Don't trust emailed links or web pages. Open a new browser window and search for the website yourself.
- Don't get spammed. Spam is unwanted advertising sent by email. Never reply to spam and never do business with a company that sends spam. Don't forward spam.

**Digital Citizenship**

- Be careful with what you say about others and yourself.
- Respect the rights of copyright owners. Works often contain language specifying acceptable use.
- Your First Amendment rights to Free Speech can be limited in school.

Access to and use of GAFE is a privilege. The district maintains the right to withdraw access when there is reason to believe violations of law or district policies have occurred. The alleged violation will be referred to the principal for further investigation. Pending review, a user account may be terminated as part of such action.

Find the full District AUP here:

[http://media.wix.com/ugd/ad31a0\\_45246711859847058b3cb2e92215c985.pdf](http://media.wix.com/ugd/ad31a0_45246711859847058b3cb2e92215c985.pdf)

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(detach and return to school)

Student Name: \_\_\_\_\_

Student Grade K 1 2 3 4 5 6 7 8 9

Parent/guardian: I give permission for my child to use Google Apps for Education. By doing so, I agree to enforce appropriate use when my child is off district property.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For students through twelfth grade:** I have read the agreement above. I understand my Google Apps account will be monitored by school officials and I will be held accountable for my actions.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature* _____	Date _____
Update Signature _____	Date _____
Update Signature _____	Date _____
Update Signature _____	Date _____

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**



## Oregon Certificate of Immunization Status, Page 2 Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Recommended Vaccines	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

<p><b>For medical exemptions:</b> Please submit a <b>letter signed by a licensed physician stating:</b></p> <ul style="list-style-type: none"> <li>▪ Child's name</li> <li>▪ Birth date</li> <li>▪ Medical condition that contraindicates vaccine</li> <li>▪ List of vaccines contraindicated</li> <li>▪ Approximate time until condition resolves, if applicable</li> <li>▪ Physician's signature and date</li> <li>▪ Physician's contact information, including phone number</li> </ul> <p><b>For Immunity Documentation</b> (history of disease or positive titer): <b>Please submit a letter signed by a licensed physician stating:</b></p> <ul style="list-style-type: none"> <li>▪ Child's name and birth date</li> <li>▪ Diagnosis or lab report</li> <li>▪ Physician's signature and date</li> </ul>	<p><b>Nonmedical Exemption:</b> I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):</p> <p><input type="checkbox"/> A health care practitioner <input type="checkbox"/> The vaccine educational module approved by the Oregon Health Authority</p> <p>I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Diphtheria/ Tetanus/Pertussis</td> <td><input type="checkbox"/> Hepatitis B</td> </tr> <tr> <td><input type="checkbox"/> Polio</td> <td><input type="checkbox"/> Hepatitis A</td> </tr> <tr> <td><input type="checkbox"/> Varicella</td> <td><input type="checkbox"/> Hib</td> </tr> <tr> <td><input type="checkbox"/> Measles/Mumps/Rubella</td> <td></td> </tr> </table> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Signature of Parent or Guardian _____ Date _____</p> <p><b>Optional:</b> ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:</p> <p><input type="checkbox"/> Religious belief    <input type="checkbox"/> Philosophical belief    <input type="checkbox"/> Other</p>	<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles/Mumps/Rubella	
<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B								
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A								
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib								
<input type="checkbox"/> Measles/Mumps/Rubella									

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_

Date

Update Signature \_\_\_\_\_

Date

Update Signature \_\_\_\_\_

Date

Update Signature \_\_\_\_\_

Date

# Instructions for completing the Certificate of Immunization Status

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## **Contact information:**

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

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## **Required vaccines (Front):**

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

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## **Recommended vaccines (Back):**

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

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## **Signature:**

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

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## **REMEMBER TO COMPLETE BOTH SIDES OF FORM**

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## **Exemptions:**

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

## **Instrucciones para llenar el Certificado de Estado de Vacunación**

### **Información de contacto:**

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo.

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### **Vacunas requeridas (adelante):**

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado. Averiguar con la escuela o guardería cuales son las vacunas requeridas para la edad y grado escolar de su niño.

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### **Vacunas recomendadas (atrás):**

Estas dosis no son obligatorias por ley, pero son recomendadas y la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

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### **Firma:**

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño esta correcta. La firma del médico o del departamento de salud local no son requeridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

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## **RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO**

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### **Excepciones:**

Oregon permite excepciones médicas y no médicas.

Para una excepción no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y feche la línea indicada.

Para una excepción médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.

Parents, don't let your child get left behind!

**School Year 2024-2025**



Oregon law requires the following shots for school and child care attendance\*

A child 2-17 months entering  
**Child Care or  
Early Education** needs\*

Check with your child's program or  
healthcare provider for required vaccines

A child 18 months or older entering  
**Preschool, Child Care, or  
Head Start** needs\*

4 Diphtheria/Tetanus/Pertussis (DTaP)  
3 Polio  
1 Varicella (chickenpox)  
1 Measles/Mumps/Rubella (MMR)  
3 Hepatitis B  
2 Hepatitis A  
3 or 4 Hib

A student entering  
**Kindergarten or  
Grades 1-6** needs\*

5 Diphtheria/Tetanus/Pertussis (DTaP)  
4 Polio  
1 Varicella (chickenpox)  
2 MMR or 2 Measles, 1 Mumps, 1 Rubella  
3 Hepatitis B  
2 Hepatitis A

A student entering  
**Grades 7-12** needs\*

5 Diphtheria/Tetanus/Pertussis (DTaP)  
1 Tdap  
4 Polio  
1 Varicella (chickenpox)  
2 MMR or 2 Measles, 1 Mumps, 1 Rubella  
3 Hepatitis B  
2 Hepatitis A

*\*At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.*



Student Rider Registration Form
MID COLUMBIA BUS CO., Inc.
Dallas School District



School: \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Pick up address \_\_\_\_\_ Home
Days of the Week: M TU W TH FR Day care

Drop off address \_\_\_\_\_ Home
Days of the Week: M TU W TH FR Day care

Parents Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_
Day Care Name \_\_\_\_\_ Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Date you would like transportation to begin \_\_\_\_\_ End \_\_\_\_\_

Latch-Key (KG-5th): YES \_\_\_\_\_ NO \_\_\_\_\_ Days of the Week: M TU W TH FR

Transportation Department Only:

Pick up: Bus # \_\_\_\_\_ Time \_\_\_\_\_ M TU W TH FR
Drop off: Bus # \_\_\_\_\_ Time \_\_\_\_\_ M TU W TH FR

Cohort: \_\_\_\_\_ Bus Stop Address: \_\_\_\_\_

Dear Parent:

Transportation is provided for students who are designated as "transported students" by the School District's Busing Plan and who obey the rules and regulations established by the State of Oregon, the School District & Mid Columbia Bus, Co. Failure to follow the rules and regulations listed below could result in loss of bus riding privileges.

State of Oregon's Department of Education - Rules Governing Pupils Riding School Buses

- 1. PUPILS BEING TRANSPORTED ARE UNDER THE AUTHORITY OF THE BUS DRIVER.
2. FIGHTING AND WRESTLING, OR BOISTEROUS ACTIVITY IS PROHIBITED ON THE BUS.
3. PUPILS SHALL USE THE EMERGENCY DOOR ONLY IN CASE OF EMERGENCY.
4. PUPILS SHALL BE ON TIME FOR THE BUS BOTH MORNING AND EVENING.
5. PUPILS SHALL NOT BRING, FIREARMS, WEAPONS, OR OTHER POTENTIALLY HAZARDOUS MATERIALS ON THE BUS.
6. PUPILS SHALL NOT BRING ANIMALS, EXCEPT APPROVED ASSISTANCE GUIDE ANIMALS ON THE BUS.
7. PUPILS SHALL REMAIN SEATED WHILE THE BUS IS IN MOTION.
8. PUPILS MAY BE ASSIGNED SEATS BY THE BUS DRIVER.
9. WHEN NECESSARY TO CROSS THE ROAD, PUPILS SHALL CROSS IN FRONT OF THE BUS OR AS INSTRUCTED BY THE BUS DRIVER.
10. PUPILS SHALL NOT EXTEND THEIR HANDS, ARMS OR HEADS THROUGH THE BUS WINDOW.
11. PUPILS SHALL HAVE WRITTEN PERMISSION TO LEAVE THE BUS OTHER THAN AT HOME OR SCHOOL.
12. PUPILS SHALL CONVERSE IN NORMAL TONES; LOUD OR VULGAR LANGUAGE IS PROHIBITED.
13. PUPILS SHALL NOT OPEN OR CLOSE WINDOWS WITHOUT PERMISSION OF THE DRIVER.
14. PUPILS SHALL KEEP THE BUS CLEAN, AND MUST REFRAIN FROM DAMAGING IT.
15. PUPILS SHALL BE COURTEOUS TO THE DRIVER, TO FELLOW PUPILS AND PASSERS-BY.
16. PUPILS WHO REFUSE TO OBEY PROMPTLY THE DIRECTIONS OF THE DRIVER OR REFUSE TO OBEY REGULATIONS MAY FORFEIT THEIR PRIVILEGE TO RIDE THE BUS.

For the safety and protection of your student(s), they will be allowed to get off the bus only at their assigned stop or at the school they regularly attend. (This rule can be waived with a signed written request by the parent and approved by the principal or his/her designee.)

While your students are riding our school buses, you may need to connect with them.

Our dispatch phone number is: 503-623-7245