



Student Name

Student I.D. (for office use only)

| PARENT/GUARDIAN INFORMATION  |  |   |                                       |
|--|--|---|---------------------------------------|
| <i>* See section at the end of this page for information</i>   |  |   |                                       |
| <b>PARENT/GUARDIAN</b>   |  |   |                                       |
| Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/><br>If other, list relationship                                     | Call order in case of emergency<br>First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>   | Active Duty Military?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                       |
| First Name   | Last Name  |   |                                       |
| Please check all that apply *<br>Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> |  |   |                                       |
| Address (if different than student address) City, State, Zip Code  |  |   |                                       |
| Speaks English Yes <input type="checkbox"/> No <input type="checkbox"/><br>If no, list primary language  | Migrant Worker Yes <input type="checkbox"/> No <input type="checkbox"/><br><i>To qualify for migrant education services, a student must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.</i> |   |                                       |
| Home Phone   | Unlisted <input type="checkbox"/>  | Cell Phone  | Text Allowed <input type="checkbox"/> |
| E-Mail Address   |  | Employer  | Work Phone                            |
| E-Mail Address   |  | Employer  | Job Title                             |
| <b>PARENT/GUARDIAN</b>   |  |   |                                       |
| Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/><br>If other, list relationship                                     | Call order in case of emergency<br>First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>   | Active Duty Military?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                       |
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| E-Mail Address   |  | Employer  | Work Phone                            |
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| E-Mail Address   |  | Employer  | Work Phone                            |
| E-Mail Address   |  | Employer  | Job Title                             |

**\*Lives With:** Indicates the parent/guardian lives in the household with the student.  
**Contact Allowed:** Indicates the parent/guardian is allowed contact with the student and will be included in school to student communication.  
**Ed. Rights:** Indicates the parent/guardian has rights to access student information in the Synergy parent portal.  
**Has Custody:** Indicates the parent/guardian has legal custody of the student.  
**Mailings Allowed:** Indicates the parent/guardian **who does not live with the student**, may receive mailings regarding the student.

Pursuant to the provisions of ORS 107.154, either parent may request school records by contacting the school.

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**RESTRAINING/COURT ORDER INFORMATION**

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

\*If there is a **current** restraining/court pertaining to this student, **you must submit a copy** of such order before the school can limit access to this student.

**SIBLINGS (List siblings from Birth - Grade 12)**

|                   |       |            |  |
|-------------------|-------|------------|--|
| Sibling Last Name |       | First Name |  |
| Birthdate         | Grade | School     |  |
| Sibling Last Name |       | First Name |  |
| Birthdate         | Grade | School     |  |
| Sibling Last Name |       | First Name |  |
| Birthdate         | Grade | School     |  |

**CHILDCARE/PRESCHOOL HISTORY**

Most recent pre-kindergarten experience: No childcare/preschool outside of home  Friends/family provided childcare  Licensed childcare/preschool   
Preschool at a Hillsboro School District location?  Preschool outside of Hillsboro School District Preschool Program?  Headstart Program?

**STUDENT SERVICES**

Is the student currently on an Individualized Education Program (IEP)? Yes  No

Does the student have an Individualized Family Service Plan (IFSP)? Yes  No

Has the student been enrolled in a special program in the past? Yes  No  If yes, indicate the program(s)

Special Ed (IEP)  Title I Reading/Math  TAG  English Learner  Migrant Education  Section 504  Other  \_\_\_\_\_

**BEFORE AND AFTER SCHOOL TRANSPORTATION**

*Complete this information if your student is an elementary student – Grade Kinder - 6*

|                          |                              |                               |                                   |                                       |                                 |
|--------------------------|------------------------------|-------------------------------|-----------------------------------|---------------------------------------|---------------------------------|
| Morning Transportation   | Bus <input type="checkbox"/> | Walk <input type="checkbox"/> | Drop off <input type="checkbox"/> | Day Care Van <input type="checkbox"/> | Person Responsible for Drop off |
| Afternoon Transportation | Bus <input type="checkbox"/> | Walk <input type="checkbox"/> | Pick up <input type="checkbox"/>  | Day Care Van <input type="checkbox"/> | Person Responsible for Pick up  |

**EMERGENCY CONTACTS**

*Please list persons, other than parent or guardian. It is assumed that the emergency contacts can pick up student.*

|  |            |            |
|--|------------|------------|
| Call order in case of emergency<br>First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> | Last Name  | First Name |
| Relationship to student  |            | Address    |
| Home Phone   | Work Phone | Cell Phone |
| Call order in case of emergency<br>First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> | Last Name  | First Name |
| Relationship to student  |            | Address    |
| Home Phone   | Work Phone | Cell Phone |
| Call order in case of emergency<br>First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> | Last Name  | First Name |
| Relationship to student  |            | Address    |
| Home Phone   | Work Phone | Cell Phone |

*List additional emergency contacts on a separate piece of paper*

**EMERGENCY CLOSURE INFORMATION**

Please select the **Emergency Closure Plan** for your student. There may be times when the school needs to close during the school day because of ice, snow, power failure, or other emergencies.

School Bus

Walk

Pickup

**Emergency Closure Notes** provide the following: If your student is to be picked up, list the name and phone number of the person who has your permission; If your Student will be taking the bus to a location different than a normal day, indicate the address, name of person responsible for care and phone number; add other details if needed

Pick up by \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Take Bus to \_\_\_\_\_ stay with \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
(address within school boundaries)

Other details \_\_\_\_\_

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**HEALTH CONDITION INFORMATION**

List any health conditions that will or may affect your student while at school, such as heart disease, diabetes, seizure disorder, allergies, eye or ear problems, asthma, or any chronic condition:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**MEDICATIONS**

*A Medication Authorization form is required to grant permission for designated school personnel to administer medication. If the student will be carrying the medication and self-administering, the Medication Self-Administration form must also be completed. Signed forms must be provided to the school.*

Please list any medications that are necessary for your student to take during school hours.

1 \_\_\_\_\_ Daily or As needed

2 \_\_\_\_\_ Daily or As needed

3 \_\_\_\_\_ Daily or As needed

**IMMEDIATE MEDICATIONS**

Please list any medications requiring immediate administration in the case of a life-threatening situation:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Please check all types of medication needed by student in case of emergency:

Oral       Inhaled       Injection       Nasal       Rectal

**NUTRITION INFORMATION**

Does your student need an allergy alert on their school meal account?

Eggs       Fish       Milk       Peanut       Shellfish       Soy       Tree Nut       Wheat

(If your student has multiple allergies, additional paperwork will be required)

**MEDICAL INFORMATION**

School staff needs to know when your student has a current ongoing health problem for which they may require help during the school day. Remember to advise your school of any changes in information.

|                            |                           |
|----------------------------|---------------------------|
| Physician's Name           | Phone Number ( )          |
| Dentist's Name             | Phone Number ( )          |
| Company Carrier (Optional) | Insurance/Medicaid Number |
| Hospital Preference        |                           |

**ENROLLING RECORD**

|  |                         |
|--|-------------------------|
| Name of person enrolling student (Please print name) | Relationship to student |
| Signature  | Date                    |