

Hillsboro School District

Student Enrollment Form

Student I.D. Number (for office use only) _____

Instructions: The Enrollment Form is an official record. The information provided by parent/guardian should match legal documentation. ***Please complete ALL pages and sign where applicable.***

Family Educational Rights and Privacy Act (FERPA) information is located in the Standards of Student Conduct.

STUDENT INFORMATION							
Legal Last Name		Legal First Name		Legal Middle Name		Suffix	
Grade	Gender M ☐ F ☐ X ☐		Preferred First Name				
Age	Birth Date	Birth State		Birth Country			
Oral Language to home			Written Language to home				
I hereby certify that the above named student was born on the date and place specified. Signature _____						Date _____	
ETHNICITY & RACE (Please answer BOTH)							
Federal and State regulations require school districts to gather Ethnicity and Race information for statistical reporting. If you choose not to respond, Hillsboro School District is required to report this information through an observer identification process. To see expanded definitions of Ethnicity and Race categories please visit: https://nces.ed.gov/ipeds/report-your-data/race-ethnicity-definitions							
Select an ETHNICITY		Select one or more RACE					
☐ Hispanic/Latino		☐ American Indian/Alaska Native		☐ Native Hawaiian/Other Pacific Islander			
☐ Not Hispanic/Latino		☐ Asian		☐ White			
		☐ Black/African American					
Home Address (Street Address and Apt #)			City		State	Zip Code	County
Mailing Address, if different (Street Address and Apt #)			City		State	Zip Code	County
If student is living in any of the following circumstances, additional services may be available: Sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Please inquire at the school for further information.							
Primary Phone Number (will be called if your student is absent)				Additional Phone Number			
() _____ - _____ Unlisted? Yes ☐ No ☐ Phone Type _____				() _____ - _____ Unlisted? Yes ☐ No ☐ Phone Type _____			
Has your student attended school in the United States for periods of time totaling less than three (3) years during their lifetime? Yes ☐ No ☐				Has your student previously attended school in Oregon? Yes ☐ No ☐		Name of previous Oregon public school	
Date your student first entered a United States School (if applicable)		Last school district attended		Last school attended (Name and Address)			Dates Attended
In accordance with ORS 339.250, please answer these questions: Has your student ever been expelled from school? Yes ☐ No ☐				If yes, reason _____ Date _____ Name of School _____			
Is the student, parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe? Yes ☐ No ☐ (This information establishes the District's eligibility for a federal grant under Title IV-A of the Indian Education Act. Complete information will be sent to students marked 'Yes' for this item.)							
If yes, please provide the tribal affiliation:							

Student Name

Student I.D. (for office use only)

PARENT/GUARDIAN INFORMATION** See section at the end of this page for information***PARENT/GUARDIAN**

Mother ☐ Father ☐ Step Parent ☐ Guardian ☐ Other ☐ If other, list relationship		Call order in case of emergency First ☐ Second ☐ Third ☐ Fourth ☐		Active Duty Military? Yes ☐ No ☐
First Name		Last Name		
Please check all that apply *				
Lives with ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Mailings Allowed ☐				
Address (if different than student address) City, State, Zip Code				
Speaks English Yes ☐ No ☐ If no, list primary language		Migrant Worker Yes ☐ No ☐ <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 ☐		Cell Phone Text Allowed ☐		Work Phone
E-Mail Address		Employer		Job Title

PARENT/GUARDIAN

Mother ☐ Father ☐ Step Parent ☐ Guardian ☐ Other ☐ If other, list relationship		Call order in case of emergency First ☐ Second ☐ Third ☐ Fourth ☐		Active Duty Military? Yes ☐ No ☐
First Name		Last Name		
Please check all that apply *				
Lives with ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Mailings Allowed ☐				
Address (if different than student address) City, State, Zip Code				
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First Name		Last Name		
Please check all that apply *				
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First Name		Last Name		
Please check all that apply *				
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Address (if different than student address) City, State, Zip Code				
Speaks English Yes ☐ No ☐ If no, list primary language		Migrant Worker Yes ☐ No ☐ <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 ☐		Cell Phone Text Allowed ☐		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.**

Student Name

Student I.D. (for office use only)

RESTRAINING/COURT ORDER INFORMATIONIs there a **current** restraining/court order pertaining to this student? * Yes ☐ No ☐*If there is a **current** restraining/court order 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 SERVICESIs 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 ☐	Walk ☐	Drop off ☐	Day Care Van ☐	Person Responsible for Drop off
Afternoon Transportation	Bus ☐	Walk ☐	Pick up ☐	Day Care Van ☐	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 First ☐ Second ☐ Third ☐	Last Name	First Name
Relationship to student		Address
Home Phone	Work Phone	Cell Phone
Call order in case of emergency First ☐ Second ☐ Third ☐	Last Name	First Name
Relationship to student		Address
Home Phone	Work Phone	Cell Phone
Call order in case of emergency First ☐ Second ☐ Third ☐	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 _____

Student Name

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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, food allergy or any chronic condition. Our schools are not allergen free. We can provide guidance and support to help reduce risk for our students who have food allergies or other needs based on their safety plans and/or medical conditions.

If your student has a food allergy that requires an alert in their school meal account or you would like to request an accommodation to the school meals, please contact Nutrition Services department at <https://www.hsd.k12.or.us/departments/nutrition-services/contact-us>

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 ☐**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