

欢迎来到波特兰公立学校

通过以下3个步骤来为您的孩子注册



PORTLAND PUBLIC SCHOOLS



第一步： 按地址查找您的学校分配

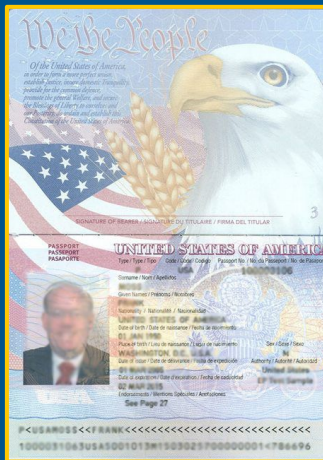
- ➔ 居住在波特兰公立学校的学生有权在按家庭住址分配的学校进行注册。
- 在 [School Finder](#) 中输入您的家庭住址。如果您无法在 School Finder 中找到该地址，请通过 enrollment-office@pps.net 或致电 (503) 916-3205 来与注册和转学中心联系。
 - ◆ 需要您的家庭住址 证明来开始注册过程。
- ➔ 如果您没有稳定住房，且希望帮助您的孩子注册上学，请致电 503-916-5770 或访问 [McKinney-Vento](#) 网站。



第二步： 收集信息来完成注册

学生姓名和出生的 证明

- 例如：出生证明、护照或类似文件
- 入读幼儿园的儿童和从未在美国上过学的学生需要提供年龄证明文件。先前已注册的学生不需要提供。



Sample passport



Sample birth certificate



第二步： 收集信息来完成注册

两份地址证明文件

- 例如：抵押贷款、租赁协议、水电费账单、财产税、保险或政府援助声明
- 其日期必须是在最近30天内,且带有家长姓名、家庭住址和日期。
- 如果您无法出示地址证明, 请联系学校或招生与转学中心。

PGE
An Edison Company
PGE of Oregon

Customer Information
Name: SAMPLE CUSTOMER
Account Number: 01234-56789
Phone Number: 800-456-4000
Service Address: 1234 Market St, Philadelphia, PA 19104

Emergency and Repair
24-Hour Gas Leaks: 800-456-4000
Electric Outage: 800-456-4000
Gas Leaks: 800-456-4000
Power Outage: 800-456-4000

Billing Summary
Billing Cycle: 06/15/2017
Thank you for prepayment of \$126.00 on 05/01/2017

Current Period Charges
Electricity: \$148.49
Total New Charges: \$148.49

Taxes
Total Amount Due on 06/11/2017: \$148.49

Payment Information
Prepayment: \$126.00
Amount Due: \$148.49
Payment Due Date: 06/11/2017

Payment Methods
Pay by bill: 800-456-4000
Pay by phone: 800-456-4000
Pay by mail: 800-456-4000

Account Information
Account # 01234-56789
Phone # 800-456-4000
Payment Due Date: 06/11/2017
Payment Amount: \$148.49

Sample utility bill

State of _____

LEASE AGREEMENT

This Lease Agreement (this "Agreement") is made this _____, 20____ by and between:

Landlord: _____ ("Landlord") AND

Tenant(s): _____ ("Tenant")

In the event there is more than one Tenant, each reference to "Tenant" shall refer to each of them, jointly and severally. Each Tenant is jointly and severally liable to Landlord for payment of rent and performance in accordance with all other terms of this Agreement. Each Landlord and Tenant shall be deemed to be individually as a "Party" and collectively as the "Parties."

1. **Premises.** The premises leased is a(n) ☐ apartment ☐ house ☐ condominium ☐ room ☐ duplex ☐ semi-detached house ☐ other: _____
(a) _____ bedroom(s)
(b) _____ bathroom(s)
(c) _____ parking space(s) ☐ Parking is not included with the Premises.

Located at _____ City of _____ State of _____
(the "Premises").

Storage: _____
☐ The Premises includes the following storage: _____

Furnishings (check on): _____
☐ The Premises is UNFURNISHED.
☐ The Premises includes the following furnishings: _____

Address of description of the premises: _____

2. **Agreement.** Landlord agrees to lease to Tenant and Tenant agrees to lease from Landlord according to the terms and conditions set forth herein, the Premises.

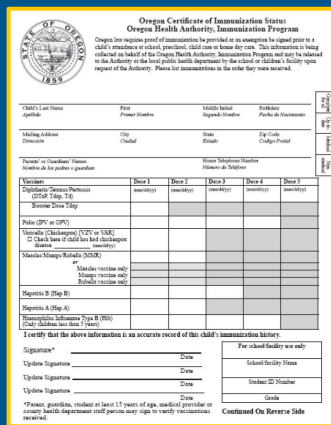
3. **Term.** This Agreement shall be considered a(n) (check one)
☐ Fixed Lease. This Agreement will be for a term beginning on _____, 20____ and ending on _____, 20____ (the "Term"). At the end of the Term
☐ A month-to-month holdover tenancy will be created. If Landlord accepts a rent payment from

Sample rental agreement



第二步： 收集信息来完成注册

→ **免疫记录**
(返校生-请与学校查询)



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 enrollment in school. Please, child care or home day care. This document is being released on behalf of the Oregon Health Authority. Immunization Program and may be released to the Authority or the local health department for the child or children. Exempt upon request of the Authority. Please list immunizations in the other way were received.

Child's Last Name: _____ First: _____ Middle Initial: _____ Birthdate: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Parent or Guardian Name: _____ Home Telephone Number: _____
Signature of parent or guardian: _____ Date: _____

Vaccine	Birth 1	Birth 2	Birth 3	Birth 4	Birth 5
MM, Measles, Mumps, Rubella (MMR)					
MM, Measles, Mumps, Rubella (MMR) - 2nd dose					
Polio (IPV or OPV)					
Tetanus (Diphtheria) (Tdap or Td)					
Varicella (Chickenpox) (VZV or VAC)					
Other (List vaccine and date)					
Signature of parent or guardian: _____					
Signature of school: _____					

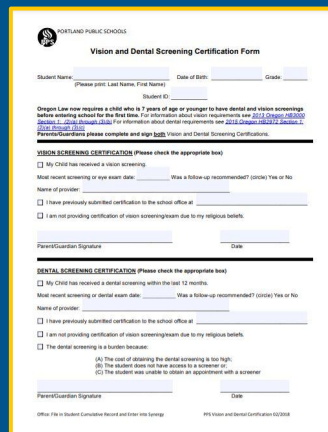
I certify that the above information is an accurate record of this child's immunization history.

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

*Parent, guardian, resident at least 15 years of age, medical provider or county health department staff previous may sign to verify vaccination received.

Continued On Reverse Side

→ **视力和牙齿筛查**
(仅适用于7岁及以下的儿童)



PORTLAND PUBLIC SCHOOLS
Vision and Dental Screening Certification Form

Student Name: _____ Date of Birth: _____ Grade: _____
(Please print Last Name, First Name)
Student ID: _____

Oregon Law 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 2012 Oregon OHSU Health Services. For information about dental requirements see 2012 Oregon OHSU Health Services. For information about dental requirements see 2012 Oregon OHSU Health Services. For information about dental requirements see 2012 Oregon OHSU Health Services.

VISION SCREENING CERTIFICATION (Please check the appropriate box)

☐ My Child has received a vision screening. Was a follow-up recommended? (circle) Yes or No

Name of provider: _____

☐ I have previously submitted certification to the school office at _____

☐ I am not providing certification of vision screening 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.

Name of provider: _____

☐ I have previously submitted certification to the school office at _____

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

☐ The dental screening is a burden because:

(A) The cost of attending the dental screening is too high.
(B) The student does not have access to a screening or
(C) The student was unable to obtain an appointment with a screening.

Parent/Guardian Signature: _____ Date: _____

Office File in Student Cumulative Record and Online Data Storage PHS Vision and Dental Certification 02/2018



第二步： 收集信息来完成注册

另外...

- 紧急联络人信息
- 以前学校的联系信息(幼儿园开始时不需要)



第三步:注册

在线注册通过 ParentVUE 进行。创建、激活或登录 ParentVUE 的信息和链接位于 <https://www.pps.net/parentvue>。



接下来的期待

- 学校秘书将跟进，来要求提供任何缺失的信息或文件。
- 如果适用，将向上一所学校发送记录请求。
- 您将开始接收注册信息，例如课程时间表以及认识您的新老师和员工的时间。
- 如果您在夏季注册，请注意学校一直关闭到8月中旬，因此您可能要等到学年开始前的1-2周才听到他们的音信。

