BEND LA PINE SCHOOLS

Student Enrollment Form

School: _____ Date: _____

Office Use Only	Enrollment Date	Grade	Student ID

Instructions: The enrollment form is a required official record. **Questions marked with an * are optional.** The questions on this form ask for important information that will help provide services for your child. Should you need help filling out this form, please contact your school. **Please print using a pen and complete all pages.**

Has your student ever attended a BLS School?

☐ No (New to District) ☐ Yes (Returning Student) ☐ Current Student (Enrollment Updates)

Student Information

1. **Legal** Last Name	2. **Legal** First Name	3. Middle Name	4. Suffix	5. **Gender** ☐ Female ☐ Male ☐Non-Binary **Pronouns** ☐ She/Her ☐ He/Him ☐ They/Them
6. Last Name (Goes By)	7. Preferred Name	8. Birthdate (mm/dd/yyyy)	9. Age	10. City of Birth *

11. State (if in USA)	12. Country of Birth *	13. If country of birth is outside the USA or Puerto Rico, when did the student start attending school in the USA? *

Phone Numbers Please check one phone number that is the primary number for the student

14. Household Phone	15. Student's Cell Phone *(leave blank if the student does not have a cell phone)*
( ) ☐ Primary	( ) ☐ Primary

Address Information ☐ Mail Address is the same as Residential Address

Address Information: Proof of current residential address is ***required***. Examples include a recent utility bill, rental agreement or mortgage document. Address changes require a proof of residential address.

16. Residential Address – Street Address			17. Mailing Address – Street Address or PO Box #		
18. City	19. State	20. Zip	21. City	22. State	23. Zip

Previous School Information

24. Previous School District	25. Previous School Attended	26. City, State, Country	27. Dates Attended From: To:

Ethnicity/Race *

Federal & State regulations require BLS to gather this information for statistical reporting. Your response is not required for enrollment. If you chose not to respond, Bend-La Pine Schools is required to report this information through an observer identification process**. If you choose to respond, please complete Part A and Part B.**

28. **Part A: Ethnicity** is based on the student's nationality, religion and language. Do you consider the student Hispanic?

☐ Not Hispanic/Latino ☐ Hispanic/Latino (Having origins in Cuba, Mexico, Puerto Rico)

29. **Part B: Race** No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

☐ **American Indian or Alaska Native**: Having origins in any of the original peoples of North and South America. Including Central America, and who maintains tribal affiliation or community attachment.

☐ **Asian:** Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Black or African American:** Having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander:** Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White:** Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Indian Education Program *

The purpose of this information is to determine if your child is eligible to participate in the Indian Education Program.

30. Students who are enrolled or have an enrolled parent or grandparent in a federally or state recognized Tribe and Alaska Native are eligible for services provided under the Indian Education Act of 1972.

Tribal Affiliation: Tribal Enrollment Number:

McKinney-Vento Program *

McKinney-Vento Program is a program that ensures that students who "lack a fixed, regular and adequate nighttime residence" have access to public education. If you are experiencing any of the following circumstances, additional services may be available.

- ☐ Living **doubled-up** or sharing housing with others due to loss of housing, economic hardship or a similar reason
- ☐ Living in a **shelter,** transitional housing program or moving from place to place without permanent housing
- ☐ Living in a **motel/hotel**
- ☐ Living in an **unsheltered situation** such as camping, in a car or in a building not meant for human habitation
- ☐ Living in a home with substandard conditions (non-working utilities, mold, infestations, extreme overcrowding)
- ☐ Student is not living with or being supported by a parent or legal, court appointed guardian. Student is living on their own or may be staying temporarily with someone else.

31. Would you like to be contacted by a McKinney-Vento liaison or school representative for more information? ☐ Yes ☐ No

Siblings

List siblings that are attending Bend-La Pine Schools

32. Last Name	33. First Name	34. School Name	35. Grade
36. Last Name	37. First Name	38. School Name	39. Grade
40. Last Name	41. First Name	42. School Name	43. Grade

Additional and Emergency Contacts

In an emergency, parents/guardians will be called first. Emergency contacts will be called in the order indicated. It is assumed that any person listed as an emergency contact also has permission to transport your student **in the event of an emergency.**
Check **Release To** if you are granting permission for your contact to pick up your child on a daily basis, such as an after-school provider.

#1	44. First Name	45. Last Name	46. Relationship to Student	47. Release student to this contact? ☐ Yes ☐ No	
48. Cell Phone ( )	49. Home Phone ( )	50. Other Phone ( )	51. Language	52. City	53. State
#2	54. First Name	55. Last Name	56. Relationship to Student	57. Release student to this contact? ☐ Yes ☐ No	
58. Cell Phone ( )	59. Home Phone ( )	60. Other Phone ( )	61. Language	62. City	63. State
#3	64. First Name	65. Last Name	66. Relationship to Student	67. Release student to this contact? ☐ Yes ☐ No	
68. Cell Phone ( )	69. Home Phone ( )	70. Other Phone ( )	71. Language	72. City	73. State

Parent/Responsible Adult #1 Information

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

Are there any current legal restrictions or restraining orders pertaining to this student? ☐ Yes ☐ No
If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a complete copy of the order before the school can limit access.

74. Relationship to Student	75. **Gender** ☐ Female ☐ Male ☐ Non-Binary **Pronouns** ☐ She/Her ☐ He/Him ☐ They/Them	76. Last Name	77. First Name

78. Lives with Student? ☐ Yes ☐ No	79. **Legal Documentation Required If Any Boxes Are Not Checked** ☐ Contact Allowed ☐ Parental (Educational) Rights ☐ Has Custody	80. Can the student be released to this person? ☐ Yes ☐ No

81. Primary Language Spoken	82. Interpreter Needed? ☐ Yes ☐ No	83. Preferred Language for Communication

84. Prefers Spoken Communication ☐ Yes ☐ No	85. Use American Sign Language ☐ Yes ☐ No	86. Email Address

87. Residential Address (if different from Student) ☐ Same as student's	88. City	89. State	90. Zip

91. Mailing Address (if different from Student)	92. City	93. State	94. Zip

95. Employer	96. Are you a member of the Armed Forces, on active duty or full-time National Guard? ☐ Yes ☐ No

Phone Numbers Please check one phone that is this parent's primary contact number

97. Cell Phone ( ) ☐ Primary	98. Household Phone ( ) ☐ Primary	99. Work Phone ( ) ☐ Primary

Oregon Title 1C Migrant Education Program * – Student(s) may qualify for free services such as tutoring, lunch, and academic support

100. Have you moved by yourself or with your children in the last three (3) years? ☐ Yes ☐ No	101. Did you or another person in your home work in agriculture, forest, nurseries, fishing/processing or dairy in the past three (3) years? ☐ Yes ☐ No

Parent/Responsible Adult #2 Information

102. Relationship to Student	103 **Gender** ☐ Female ☐ Male ☐ Non-Binary **Pronouns** ☐ She/Her ☐ He/Him ☐ They/Them	104 Last Name	105. First Name

106.Lives with Student? ☐ Yes ☐ No	107. **Legal Documentation Required If Any Boxes Are Not Checked** ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody	108. Can the student be released to this person? ☐ Yes ☐ No

109. Primary Language Spoken	110. Interpreter Needed? ☐ Yes ☐ No	111. Preferred Language for Communication

112. Prefers Spoken Communication ☐ Yes ☐ No	113. Use American Sign Language ☐ Yes ☐ No	114. Email Address

115. Residential Address (if different from Student)	116. City	117. State	118. Zip

119. Mailing Address (if different from Student)	120. City	121. State	122. Zip

123. Employer	124. Are you a member of the Armed Forces, on active duty or full-time National Guard? ☐ Yes ☐ No

Phone Numbers Please check one phone that is this parent's primary contact number

125. Cell Phone ( ) ☐ Primary	126. Household Phone ( ) ☐ Primary	127. Work Phone ( ) ☐ Primary

Transportation Services	
Students attending their boundary school who live further than 1.0 mile for elementary or 1.5 miles for secondary are eligible to ride a bus. Registration to become a bus rider is required each school year.	
128. Will this student ride a bus? ☐ Yes ☐ No	129. When will the student begin riding the bus (effective date of this request)?
For Kindergarten students ONLY:	
130. Can the student be left unattended at the Pick Up and Drop Off locations? ☐ Yes ☐ No	If you checked No (that the student may not be left unattended at the Pick Up and Drop Off locations), the following is needed in the Emergency Contact Section: • A minimum of one (1) local Emergency Contact name with a phone number and the RELEASE checkbox checked.

Student Vehicle Information (High School Only) *					
131. Year	132. Make	133. Model	134. Color	135. License Plate Number	136. Student's Driver License

Military/College Recruitment (High School Use Only)
137. The No Child Left Behind Act (NCLB) requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "OPT OUT". In order to do so, you must check next to one or both of the following categories: ☐ No Military Recruiters ☐ No College Recruiters

Student/Parent Permission Information
138. Notice regarding DIRECTORY INFORMATION: Bend-La Pine Schools, in compliance with FERPA, has a policy that may allow for the release of student directory information as outlined in Board Policy JOA. **Student directory information is regularly included in school publications, class pictures, yearbooks, event programs, vendor solicitations and external/internal communications.** If you **do not** want Bend-La Pine Schools to release and/or include your student's directory information (including yearbooks and vision screening) as described above, please check the box stating you would like to opt-out of releasing Directory Information. ☐ Directory Information: I do not want my student included

School Absences and School Announcements				
139. Oregon law requires schools to notify a parent/guardian by the end of the day when a student has an unexcused or unverified absence. A minimum of **ONE** (A) parent/guardian is required to receive notifications by telephone. **"A" IS REQUIRED.** If a parent/guardian is not listed below, Bend-La Pine Schools will notify the parent listed as "Parent/Responsible Adult #1" in the Parent Information section.				
A	**Last Name**	**First Name**	**Contact Number**	**Notification Types:** X Attendance ☐ Announcements ☐ School Mailings
Optional…Specify an additional parent/guardian to receive notifications.				
B *	Last Name	First Name	Contact Number	Notification Types: ☐ Attendance ☐ Announcements ☐ School Mailings

Confidential Information and Services : The following information will be used to identify additional support your child may qualify for.		
140. Has the student ever been tested for special services or programs? ☐ Yes ☐ No		141. Is the student currently on an IEP? ☐ Yes ☐ No
142. Has the student ever participated in special services or programs? ☐ Yes ☐ No		143. Does the student have a current 504 plan? ☐ Yes ☐ No
144. Has the student ever participated in Talented and Gifted (TAG) instruction? ☐ Yes ☐ No	145. Has the student ever participated in Speech Therapy? ☐ Yes ☐ No	146. Has the student received academic Special Education instruction? ☐ Yes ☐ No
147. Has the student received previous English Language Learner (ELL) instruction? ☐ Yes ☐ No	148. If yes, what kind? ☐ Listening ☐ Reading ☐ Speaking ☐ Writing ☐ All	

Discipline History		
149. Has the student ever been referred for a Risk Assessment or Safe Schools Assessment? ☐ Yes ☐ No	150. Date of Assessment	
151. Reason for the assessment:	152. If suspended, enter the number of days or "0"	
153. Has this student ever been expelled from school? ☐ Yes ☐ No	154. Date of expulsion	155. Reason for expulsion

Parent / Responsible Adult Signature

I verify that the above information is accurate and complete, and I understand that it is my responsibility to notify the school office promptly of changes to this information.

Parent/Responsible Adult Signature: _____

Parent/Responsible Adult Printed Name: _____

Date: _____

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name	Student's Birth Date
			Month Day Year

IMPORTANT: If the student has a life-threatening condition, please contact the school's nurse prior to the student's first day of school.

This information must be updated each school year. Please check any of the following conditions that apply to this student. Provide the condition details for each item selected. Please contact your student's school if the student's health status changes.

Health Conditions

☐ None - *Student does not have any Health Conditions.*

☐ Life threatening allergy to _____

☐ Non life-threatening allergy / sensitivity to _____

☐ Medication allergy to _____

☐ Diabetes ○ Type 1 ** ○ Type 2 *** See the nurse*	☐ Asthma ○ Mild ○ Moderate ○ Severe	☐ Seizures ○ Life Threatening ○ Grand Mal ○ Absence ○ Other	☐ Mental Health ○ Anxiety ○ Bipolar ○ Other	☐ Heart Condition _____ ○ Life Threatening ○ Stable
☐ ADD/ADHD	☐ Autism	☐ Asperger's	☐ Bleeding Disorder	☐ Headaches
☐ Migraines	☐ Muscular	☐ Neurological	☐ Concussion *Date:* _____	☐ Traumatic Brain Injury
☐ Orthopedic	☐ Hearing	☐ Vision ○ Glasses ○ Contacts *Last exam date*: _____		
☐ Other: _____ A note from a health care provider may be required.				

If you checked any of the above conditions, please complete the following:

Health Condition	**How does this condition present itself?** *What happens, what does it look like, time of year it may occur, the cause.*	**Treatment and/or medication.**

Parent /Guardian Signature

I verify that the above health information is accurate and complete, and I understand that it is my responsibility to notify the school office promptly of changes to this information.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Telephone: _____

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
This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.	1. What language(s) are primarily used in the home? _____ 2. What was the first language(s) that your student learned? _____ 3. What language(s) does your student use most frequently at home? _____
This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost. *This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.*	In what language(s) would you prefer to receive communication from the school? _____

Student Enrollment Form Parent Information Sheet

Please use the Parent Information Sheet for more detailed information about the fields on the Student Enrollment Form.

Student Information:

Boxes 1-4: Enter the student's legal name information.
Box 5: Oregon recognizes three gender classifications. Check the box for the student's gender (F=female, M=male, X=non-binary).
Box 6: Enter student's last name that the student goes by.
Box 7: Enter a student's Preferred Name, if different from their Legal First Name. If entered, this name will be used in place of Legal First Name for their school email.
Box 8 & 9: Enter the student's birthdate and age.
Box 10 & 11: If the student was born in the United States, list the city and state.
Box 12: Enter the country of birth.
Box 13: If the student was born outside of the United States or Puerto Rico, list when the student first started attending school in the United States.
Boxes 14 & 15: Enter the student's phone numbers. Check one of the boxes to indicate which is the primary number.
Boxes 16 – 23: Enter student's home address and mailing address (if different from home address).

Previous School Information:

Boxes 24 – 27: Enter the previous school information that the student attended.

Ethnicity and Race:

Boxes 28 & 29: Reporting Ethnicity and Race of the student is required by the Federal Government. The information that is collected is used only for data analysis and reporting purposes only. The choices are determined by the Department of Education (72 Fed. Reg. 59266 (Oct. 19, 2007)). Choose the Ethnicity and Race that best represents your child.

Indian Education Program:

Box 30: Enrollment in a Federal or State Recognized Tribe can establish eligibility to participate in the Title VI Indian Education Program, a Federal Grant under the Indian Education Act of 1972. A Title VI Student Eligibility Certification must be completed for every eligible student.

McKinney-Vento Program:

Box 31: The purpose of this information is to determine if your child is eligible for services through the McKinney-Vento Program based on their current living situation.

Siblings:

Boxes 32 – 43: List all Pre-K and school aged siblings.

Additional and Emergency Contacts:

Boxes 44 – 73: List additional and emergency contacts. These contacts will be contacted if there is an emergency and parents/guardians cannot be reached. It is assumed that any person listed as an emergency contact also has permission to transport your student in the event of an emergency. Non-custodial parents will not be permitted to add or change emergency contacts without the consent of the custodial parent.
Box 47, 57 & 67: Check Release To if you are granting permission for your emergency contact to pick up your child on a daily basis in a non-emergency situation. This is used in cases such as a nanny or after school provider picking up the student after school on a daily basis.

Parent/Responsible Adult Information:

Box 74 – 127: Enter the Parent/Responsible Adult information.
Box 78, 79, 80, 106, 107 & 108, 139: It is assumed that all parents/responsible adults listed in this section have access to student information unless legal documentation is provided stating otherwise.

- **Lives With (if applicable):** Student lives with parent/responsible adult
- **Contact Allowed:** Parent/Responsible adult is allowed contact with the student and will be included in school to student communication

- **Parental Rights:** Parent/Responsible Adult has rights to access their student's education records and access student information in the Synergy parent portal.
- **Has Custody:** Parent/Responsible Adult has **legal** custody of the student and rights to make decisions regarding the student's education.
- **Mailings Allowed:** Parent/Responsible Adult is allowed to receive correspondence such as student report cards, progress reports, and other school communication.
- **Release To:** The school can release the student to the Parent/Responsible Adult.
- **Announcements:** Indicates the school may call or email this Parent/Responsible Adult with school announcements.

Any **Non-Legal Guardians** (step-parents, partners, grandparents, etc.) listed in this section will only have the following boxes checked: Lives With (if applicable) and Contact Allowed unless they meet the requirements outlined in FERPA.
Box 81 & 109: List the primary language that is spoken by the parent.
Box 83 & 111: Language indicated will be used in BLS and school communications.
Box 82 & 110: Check Yes or No if the parent will need an interpreter for educational conferences.
Box 85 & 113: Check Yes or No if the parent will need an ASL interpreter.
Box 84 & 112: Check Yes or No if the parent will need oral assistance with communications.
Box 86 & 114: The email address listed will be used to send BLS communications and teacher communications. If the email address changes, please update it with your school.
Box 96 & 124: Parents/Guardians who are full time Army, Navy, Air Force, Marine Corps, or Coast Guard, full time National Guard members, Active Duty Reserves, (members of the reserves who have been called to active duty for at least 180 consecutive days). Does not include former service members retired or discharged, part-time National Guard members who are not deployed or members of the reserves who have not been called to duty, members of other uniformed services such as the commissioned corps of the National Oceanic and Atmospheric Administration and Civilian employees of the Department of Defense.
Box 97 - 99, 125 – 127: List your contact numbers. Indicate which number is your primary phone number.

Transportation Services:

Box 128 – 130: Indicate if the student will ride the bus.

Student Vehicle Information (High School Use Only)

Box 131 – 136: If the student will drive their own vehicle to school it will need to be registered with the school and display a parking permit.

Military and College Recruitment:

Box 137: Check the boxes if you wish to **opt out** of the military and/or college/university recruitment.

Student/Parent Permission Information:

Box 138: Check the box if you do not want BLS to release and/or include your student's directory information in school yearbooks, school publications, event programs, vendor solicitations, and external/internal communications.

Confidential Information and Services:

Box 140 – 148: Check the boxes if your student has received special services at a previous school.

Discipline History:

Box 149 – 155: Please complete all information regarding your student's past discipline history.

Health Conditions: List any medical conditions and required treatment for your student. A school nurse may contact you to follow up for more information.

Language Use Survey: The Language Use Survey is required by the state to be used by the Multilingual Services. This survey is used as part of a process to assess if your child is eligible for English language services.