# Alliance Academy Contract for Enrollment

Please complete this application in full.

To ensure that program anticipations are clear, please be sure to read the expectations below.

Student's Name: _____ Birthdate: _____

Physical Address: _____

Last school attended: _____ Resident District: _____

Grade Enrolling 2026-2027: _____ Is the student currently on an IEP or 504? Choos ____ YES Choos ____ NO

| **Father/Guardian's Name** | | **Mother/Guardian's Name** | |
|---|---|---|---|
| Mailing Address | | Mailing Address | |
| | | | |
| Work Phone | | Work Phone | |
| Cell Phone | | Cell Phone | |
| E-mail | | E-mail | |

The Alliance Academy is a comprehensive program implemented by Yamhill Carlton School District that serves students through an innovative combination of curriculum, online resources, and supplemental enrichment opportunities.

| Student Expectations: | Parent Guardian expectations: |
|---|---|
| • Be a "resident pupil".<br>• Consistently complete coursework and assessments proficiently and in a timely manner.<br>• Be motivated and capable of working independently.<br>• Ensure that technology and materials loaned out are properly protected and maintained.<br>• Submit only their own work.<br>• Communicate progress and questions with their facilitator via phone, online system, email, or in person.<br>• Participate in annual State Assessments.<br>• Observe school policies and rules when participating in Alliance Academy activities. | • Be the primary instructor, monitoring daily schoolwork and fostering the learning process.<br>• Submit weekly attendance.<br>• Provide and encourage an environment that is conducive to productive study and coursework.<br>• Arrange for a high-speed internet connection.<br>• Be financially responsible for any school property provided that is damaged or not returned.<br>• Be available to actively participate in home visits and advisory meetings.<br>• Communicate promptly with staff should questions or concerns arise.<br>• Ensure student meets all Alliance Academy expectations listed at left, including state testing. |

We have both read and agree to meet all of the above expectations to ensure our success in this program:

_____ _____

Student Signature Date Parent Signature Date

# Alliance Academy 2026-2027 Curriculum Selections

Name of Student:_____

Grade Level for 2026-2027:_____ Enrollment Status: ☐ Full time ☐ ¾ time ☐ ½ time

*Choose **one** online **or** textbook option for each of the four core subjects. Refer to the parenthesis after each title for available levels. Supplemental materials are optional and intended for students who need extra practice.*

Language Arts:_____ Level: _____

Math:_____ Level: _____

Science:_____ Level: _____

Social Studies:_____ Level: _____

Supplemental Materials (optional):_____ Level: _____

| Curriculum: | Online | Text & Grade Levels available | Supplemental (Optional) |
|---|---|---|---|
| **Language Arts** | -Miacademy (K-8)<br>-MiaPrep (7-8)<br>-Edgenuity (6-8) | -All About Reading (Pre-Reading-level 4) & LWT Building Writers (K-5)<br>-JacKris Growing with Grammar, Soaring with Spelling & Vocabulary and Winning with Writing (1-8)<br>-IEW & Fix It Grammar (1-8)<br>-Barton Reading & Spelling System (1-10)<br>-My View Literacy (4-8) | -Handwriting w/o Tears (K-5)<br>-Keyboarding w/o Tears (K-5)<br>-LWT Building Writers (K-5)<br>-All About Spelling (1-7)<br>-Core Skills Reading Comprehension (1-8)<br>-Daily Reading Comprehension (1-8)<br>-Wordly Wise (2-8)<br>-Novel Studies (5-8) |
| **Math** | -Miacademy (K-8)<br>-MiaPrep (7-8)<br>-Edgenuity (6-8) | -Math U See (K-8)<br>-Saxon Math (K-8) | -Core Skills Math (1-8) |
| **Science** | -Miacademy (K-8)<br>-MiaPrep (7-8)<br>-Edgenuity (6-8)<br>-Mystery Science (K-5)<br>-Generation Genius (6-8) | -Elevate Science (K-8)<br>-Interactive Science (K-8) | -Core Skills Science (1-8) |
| **Social Studies** | -Miacademy (K-8)<br>-MiaPrep (7-8)<br>-Edgenuity (6-8) | -MyWorld SS (K-3 & 5-7)<br>-Oregon History-Get Oregonized (4)<br>-Story of the World (K-3 & 5-7)<br>-U.S. History (8)<br>-Curiosity Chronicles (K-8) | -Core Skills SS (1-6)<br>-Daily Geography (1-6) |

# Yamhill Carlton School District

## Registration Form

Teacher:_____

Homeroom:_____

| SCHOOL USE ONLY | | | | |
|---|---|---|---|---|
| School Year / | | Student ID # | Entry Date / / | Grad Year |
| School | Grade | Records Request | Birth Certificate? (KG or from out of state/country)<br>Immunizations: | |

## Part 1 - Student Information

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

### STUDENT INFORMATION

| Legal Last Name: | | Legal Middle Name: | Legal First Name: | | Preferred Name: |
|---|---|---|---|---|---|
| Grade | Gender M F | Birth Date (mm/dd/yyyy) | Birth City: | Birth State: | Birth Country: |

| Home Address (Physical, not PO Box): | City: | State: | Zip: |
|---|---|---|---|
| Mailing Address, if different: | City: | State: | Zip: |

Student Primary Phone Number: ☐ Cell ☐ Landline Unlisted? ☐ Yes ☐ No

For Students new to Yamhill-Carlton School District:

Out-of-District School:_____City:_____State: _____Grade: _____

Last date attended (month/year):_____

### RACE & ETHNICITY

**Please answer both**

**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

**Race (Circle all that apply):** White Asian Black/African American

Native Hawaiian/Other Pacific Islander American Indian/Alaska Native: Please name Tribal Community _____

### LANGUAGE SURVEY

Birthplace--Was the student born in the US or Puerto Rico? ☐ Yes ☐ No

Did parent(s) or guardian(s) move within the last 36 months to work or seek work in agriculture, fishing or related food processing activity? ☐ Yes ☐ No

If yes, When?_____

Has the student been attending a school in the US for less than 3 years in a row? ☐ Yes ☐ No

Name all the languages spoken at home:_____% of time for each language?_____

**What language did your child learn when he/she first began to talk?**_____

**Please place an (x) by the one that best describes your child:**

___Does not speak English____Speaks another language better than English_____Speaks English and another language equally well

___Speaks English better than another language _____ Speaks only English

## SPECIAL PROGRAMS

Is student currently on IEP? ☐ Yes ☐ No

Is student currently on a 504? ☐ Yes ☐ No

Has student been enrolled in Talented and Gifted Programs? ☐ Yes ☐ No

Has student been enrolled in an ELL Program? ☐ Yes ☐ No

Does your child have a physical or mental impairment (504 status) that limits one or more activities? For example, inability to care for one's self; perform manual tasks; participate in daily activities; learn or concentrate on schoolwork? ☐ Yes ☐ No

Please state the reason your child is enrolling in Yamhill Carlton School District. (Family moved into district, change of parent's job, custodial change, dissatisfied with other district, etc.)_____

_____

Do you have any concerns a counselor needs to know?_____

_____

_____

## STUDENT MEDICAL INFORMATION

**The school must be notified if your student has a condition/disease which has the potential to present a life threatening emergency or any condition which has in the past presented a life threatening emergency.**

Doctor(s) Name:_____Phone:_____

Does your student have a medical condition? (please place an (x) next to all that apply)

____Requires Epi-Pen at school ____Seizure Disorder ____Severe bee/insect sting reaction ____Severe Food Allergy: _____

____Diabetes _____ Severe Asthma ____Heart Conditions ____ Hemophilia ____Cancer ____Dialysis ____Psychosocial issues

____Physical disability/Impairment _____Other_____

**If any of the above are checked the student will need to have a medical protocol in place prior to entering school.**

Will your child need prescription or over the counter medications administered at school? ☐ Yes ☐ No

**If yes, please ask the school secretary for the additional form(s).**

## STUDENT DENTAL INFORMATION

**<u>Elementary Students Only</u>: State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (HB 2972(2015))**

Has your child already had a dental screening? ☐ Yes ☐ No

If yes, date of screening (MM/YY): _____

**TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT**

My child was not screened due to the following (please check all that apply and initial):

| | Check | Initial |
|---|---|---|
| We already submitted a certification form at a previous school. | ☐ | ☐ |
| Then dental screening is contrary to student or families religious beliefs. | ☐ | ☐ |
| The dental screening is a burden (see below for definition). | ☐ | ☐ |

The dental screening is a burden for the student or the parent or guardian of the student when:

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

*(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 MILITARY INFORMATION

**Is one or more Parent/Guardian currently serving in the U.S. Military?** ___ Yes ___ No Enlistment Date: _____

**If yes, Status:** ☐ Active Duty ☐ Reserves ☐ National Guard **Parent Name(s):** _____

**Branch of Service:** ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

## EMERGENCY CONTACT INFORMATION

Please list **individuals** we can contact to pickup and assume temporary care of your child in the event a parent/guardian cannot be reached.

Last Name:_____ First Name:_____ Relationship:_____
Home Phone:_____ Cell:_____ Work:_____

Last Name:_____ First Name:_____ Relationship:_____
Home Phone:_____ Cell:_____ Work:_____

Last Name:_____ First Name:_____ Relationship:_____
Home Phone:_____ Cell:_____ Work:_____

## SIBLING(S) ATTENDING YAMHILL CARLTON SCHOOLS

Last Name:_____ First Name:_____ Grade:_____ ☐ OK to release to

Last Name:_____ First Name:_____ Grade:_____ ☐ OK to release to

Last Name:_____ First Name:_____ Grade:_____ ☐ OK to release to

Last Name:_____ First Name:_____ Grade:_____ ☐ OK to release to

## TITLE X: MCKINNEY-VENTO PROGRAM

**Title X McKinney-Vento Program: This program guarantees that students, not 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 the box that applies:**

- ☐ **You are staying in a motel, car, RV or campsite until you find affordable housing.**
- ☐ **You are sharing housing with another family due to economic hardship.**
- ☐ **You are moving from place, to place, without permanent housing.**
- ☐ **You are living in a shelter.**
- ☐ **N/A**

## FEDERAL NOTIFICATIONS

***Valid until changed by Parent/Guardian (contact school office) -If left unchecked, assumption is Yes***

**Photography:** My student's photograph may appear in classroom or school news, yearbook, or website: ☐ Yes ☐ No
**(If no, please provide written statement to school)**

**Student Name:** My student's name may appear in school news/website. ☐ Yes ☐ No

**High School only:** (*By law the District must release to military recruiters the name, address and phone number of high school students, unless your Student, Parent or Guardian notifies the District that they do not want to information released.)*

My student's name/contact information may be released to Military Recruiters. ☐ Yes ☐ No

My student's name/contact information may be released to College/Coach Recruiters. ☐ Yes ☐ No

## PARENT/GUARDIAN PERMISSIONS

**Federal law and school board policies protect the privacy of student's educational records and give parents certain rights or permissions with respect to their child's records. These permissions are defined as:**

**Contact Allowed:** This adult can have contact with the child.

**Educational Rights:** Has legal rights to access educational records (grades, attendance, behavior. ect.) For further information please review student policy.

**Has Custody:** Adult who has legal custody of the student.

**Mailings Allowed:** Physical paper mail can be sent to this household, if Educational Rights are allowed, ex. Report Cards. (One per address)

**Release to:** The District/School can release the child to this adult.

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

**Is there joint custody of this student?** **Yes** ☐ **No** ☐

**Who has legal custody?** (Circle all that apply) **You are responsible to notify the school of changes.**

Mother Father Stepmother Stepfather Guardian Other_____

Restraining order, Delegation of Authority, Divorce Decree, Guardianship papers, Other_____ Is Documentation Provided? ☐ Yes ☐ No

**Student Lives With?** (Circle all the apply)

Mother Father Stepmother Stepfather Guardian Other_____

## PARENT/GUARDIAN INFORMATION

**Parent/Guardian:**_____ **Relationship:**_____

Address:_____ City:_____ State:_____ Zip: _____

Home Phone:_____ Listed___ Unlisted___ Cell:_____ Email:_____

Employer:_____ Work Phone:_____ Work Email:_____

**Lives with Student?** ☐ **Legal Custody?** ☐ **Contact allowed?** ☐ **Release to?** ☐ **Receives Mailings?** ☐ **Educational Rights?** ☐ **Language**_____

**Parent/Guardian:**_____ **Relationship:**_____

Address:_____ City:_____ State:_____ Zip: _____

Home Phone:_____ Listed___ Unlisted___ Cell:_____ Email:_____

Employer:_____ Work Phone:_____ Work Email:_____

**Lives with Student?** ☐ **Legal Custody?** ☐ **Contact allowed?** ☐ **Release to?** ☐ **Receives Mailings?** ☐ **Educational Rights?** ☐ **Language**_____

**Parent/Guardian:**_____ **Relationship:**_____

Address:_____ City:_____ State:_____ Zip: _____

Home Phone:_____ Listed___ Unlisted___ Cell:_____ Email:_____

Employer:_____ Work Phone:_____ Work Email:_____

**Lives with Student?** ☐ **Legal Custody?** ☐ **Contact allowed?** ☐ **Release to?** ☐ **Receives Mailings?** ☐ **Educational Rights?** ☐ **Language**_____

**Parent/Guardian:**_____ **Relationship:**_____

Address:_____ City:_____ State:_____ Zip: _____

Home Phone:_____ Listed___ Unlisted___ Cell:_____ Email:_____

Employer:_____ Work Phone:_____ Work Email:_____

**Lives with Student?** ☐ **Legal Custody?** ☐ **Contact allowed?** ☐ **Release to?** ☐ **Receives Mailings?** ☐ **Educational Rights?** ☐ **Language**_____

| ENROLLING RECORD | |
|---|---|
| **Name of person enrolling student (Please print name):** | **Relationship to student:** |

## MEDICAL & CONTACT INFORMATION

**There are a few occasions when it becomes necessary to close schools or an individual school without prior notice. This may be done due to loss of electricity or water, snow and ice conditions, major storm threats, flooding or other disasters. Our school district staff has developed plans to reduce the number of times when school closure is necessary.**

**I, the undersigned, do herby authorize officials of Yamhill Carlton School District #1 to contact directly the persons named on this form, and do authorize emergency or medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child.**

**In the event parent/guardians, or other persons named on this form, cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgement, for the health of the aforesaid child.**

**I will not hold the school district financially responsible for the emergency care and/or transportation for said child.**

**I certify that all information provided in this form is, to the best of my knowledge, correct and complete.**



_____ _____

**Signature of Parent/Guardian/Eligible Student** **Date**

**(Eligible Student indicates any student that is 18 years or older, or emancipated.)**

**Non-discrimination Statement:**

It is the policy of the Yamhill Carlton School District Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Yamhill Carlton School District Office, 120 N. Larch Place, Yamhill, Oregon 97148. (503) 852-6980.

# Oregon Certificate of Immunization Status
# Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical 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 Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

Complete for all | Up-to-date | Medical | Religious

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

| **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 (not given prior to 10 years of age) | | | | | |
| Polio (IPV or OPV) | | | | | |
| Varicella (Chickenpox) [VZV or VAR]<br>☐ Check here if child has had chickenpox disease _____ (mm/dd/yy) | | | | | |
| Measles/Mumps/Rubella (MMR)<br>*or*<br>Measles vaccine only<br>Mumps vaccine only<br>Rubella vaccine only | | | | | |
| Hepatitis B (Hep B) | | | | | |
| Hepatitis A (Hep A) | | | | | |
| Haemophilus Influenzae Type B (Hib)<br>(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

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

| **For school/facility use only** |
|---|
| School/facility Name |
| Student ID Number |
| Grade |

**Continued On Reverse Side**

# Oregon Certificate of Immunization Status, Page 2
# Oregon Department of Human Services, Immunization Program

| Child's Last Name<br>*Apellido* | First<br>*Primer Nombre* | Middle Initial<br>*Segundo Nombre* | Birthdate<br>*Fecha de Nacimiento* |
|---|---|---|---|

| Recommended Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|---|---|---|---|---|---|
| Pneumococcal (PCV7)<br>(Only children less than 5 years) | | | | | |
| Meningococcal (MCV4, MPSV4) | | | | | |
| Human Papilloma Virus (HPV)<br>(Only girls age 9 years or older) | | | | | |
| Influenza (Flu) | | | | | |
| Other Vaccine<br>Please specify: | | | | | |
| Other Vaccine<br>Please specify: | | | | | |

**For medical exemptions:**

**Please submit a *letter* signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Exemptions** (history of disease or positive titer): **Please submit a *letter* signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Religious exemption:**

I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease outbreak. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

| | | | |
|---|---|---|---|
| Diphtheria/ Tetanus | ☐ | Pertussis | ☐ |
| Measles | ☐ | Polio | ☐ |
| Mumps | ☐ | Varicella | ☐ |
| Rubella | ☐ | Hib | ☐ |
| Hepatitis B | ☐ | Hepatitis A | ☐ |

Signature of Parent or Guardian _____ Date

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

# How to claim a new nonmedical exemption to school/children's facility immunization requirements in Oregon, starting March 1, 2014

1. Complete the required education from a health care practitioner or online vaccine education module at www.healthoregon.org/vaccineexemption.
2. Get a Vaccine Education Certificate from the health care practitioner or print a certificate from the online vaccine education module. Turn the completed Vaccine Education Certificate into your child's school or childcare with a completed Certificate of Immunization Status form.
3. Get a Certificate of Immunization Status from your child's school or childcare, or at www.1.usa.gov/OregonSchool. Fill out the nonmedical exemption portion of the Certificate of Immunization Status, marking the vaccines for which you would like a nonmedical exemption for your child. Turn the completed Certificate of Immunization Status into your child's school or childcare with the completed Vaccine Education Certificate.

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**Helpful hints for claiming a nonmedical exemption:**

- Some health care practitioners may not provide the Vaccine Education Certificate. Check with your health care practitioner first.
- If you have multiple children for whom you'd like a nonmedical exemption, you need a Vaccine Education Certificate for each child.
- Keep a copy of the Vaccine Education Certificate for your own records.
- The date on the Vaccine Education Certificate and Certificate of Immunization Status must be within 12 months of the date you enroll your child in school or childcare.
- Listing a vaccination history for your child does not affect your right to a nonmedical exemption. We encourage you to document any vaccinations your child has received so that their medical history is as complete as possible.

*All of us have a stake in making sure that children stay healthy and avoid illness. In Oregon, all children attending school or childcare are required to have certain immunizations or an appropriate medical or nonmedical exemption.*

*Some people cannot be vaccinated because of medical conditions—and exposure to a vaccine-preventable disease could be fatal to them. If your child has been exposed to a disease, intentionally or not, keep them home at the first sign of illness.*

*Responsibilities: Actively choosing not to immunize your child is a parent's right; however, it carries with it a significant responsibility: not exposing others to communicable disease.*

*Rights: No one can deny a parent the right to claim a nonmedical exemption. If you were told that you cannot claim a nonmedical exemption, please report it to the Oregon Immunization Program at 971-673-0300.*

# Documentation for Nonmedical Exemptions to Immunization Requirements

## VACCINE EDUCATION CERTIFICATE

Health Care Practitioner Documentation

**Directions for Health Care Practitioners:**
1) Write parent's name below.
2) Mark the boxes below indicating the vaccine preventable diseases discussed.
3) Sign and date form.
4) Indicate the type of health care practitioner.
5) Fill in clinic name below.
6) If a parent is requesting this form for multiple children, please provide one copy per child.

I have reviewed information about the benefits and risks of vaccination with:

**Parent's name *(printed)*:** _____

Pursuant to the rules adopted under ORS 433.273, for the following vaccine-preventable diseases:
Mark **"Yes"** or **"No"** for each disease

- ☐ Yes ☐ No Diphtheria/Tetanus/Pertussis
- ☐ Yes ☐ No Polio
- ☐ Yes ☐ No Varicella
- ☐ Yes ☐ No Measles/Mumps/Rubella
- ☐ Yes ☐ No Hepatitis B
- ☐ Yes ☐ No Hepatitis A
- ☐ Yes ☐ No Hib *(vaccine only required for children younger than 5 years of age)*

**Health Care Practitioner's Signature:** _____ Date _____

☐ MD ☐ DO ☐ ND ☐ NP ☐ PA ☐ RN working under the direction of an MD, DO, ND or NP

**Clinic name *(printed)*:** _____

**Directions for parents for claiming a nonmedical exemption with this certificate:**
1) Write your child's name and date of birth on the line below.
2) Turn in this certificate to your child's school or child care facility.
3) Fill out and sign the Nonmedical Exemption section of the Certificate of Immunization Status *(Form number 53-054)* at your child's school or child care facility. You may decline one or more above marked vaccinations for your child.

**Child's name *(printed)*:** _____ Date of birth _____

**Optional:** ORS 433.267 states that this document may include the reason for declining the immunization.
Immunization is being declined because of:
☐ Religious belief ☐ Philosophical belief ☐ Other

Oregon Health Authority
PUBLIC HEALTH DIVISION
Oregon Immunization Program
OHA 4683 (2/2014)

OR

## Vaccine Education Certificate of Completion

Parent's name: Blueberry Muffin

has completed the vaccine education module approved by the Oregon Health Authority pursuant to rules adopted under ORS 433.273, for the following checked vaccine-preventable diseases:

~~Tetanus, Diphtheria, and Pertussis~~
~~Polio~~
~~Varicella~~
~~Measles, Mumps and Rubella~~
~~Hepatitis B~~
☑ Hepatitis A
~~Hib~~

Date of completion: 2/20/2014

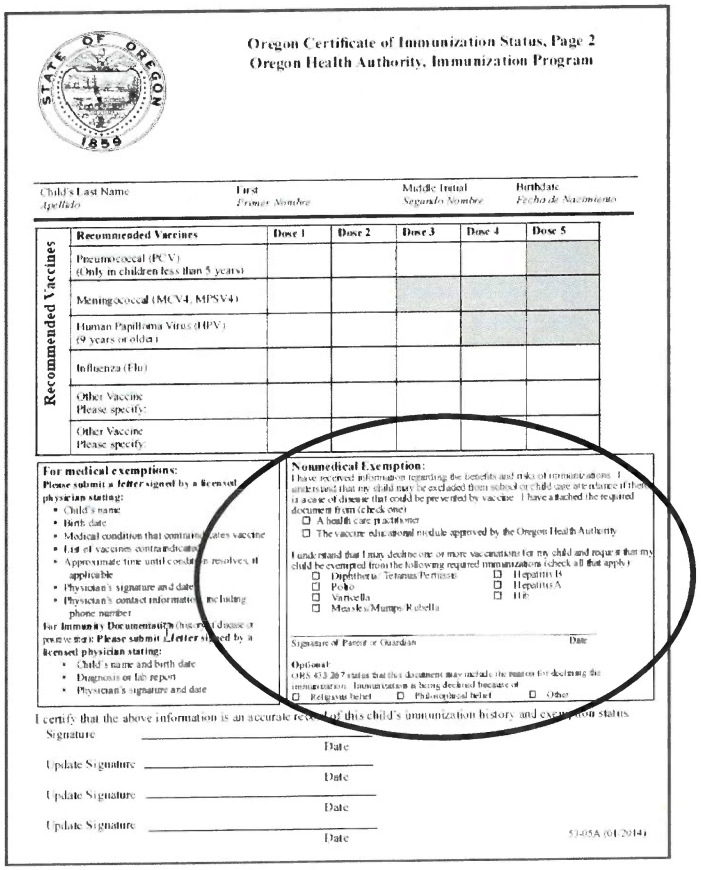
Child's name _____ Child's date of birth _____

**Directions for claiming a nonmedical exemption with this certificate:**
1. **Write your child's name and date of birth on the line above.**
2. **Turn in this certificate to your child's school or child care facility.**
3. **Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child care facility. You may decline one or more of the vaccinations listed above. On the CIS, be sure to check each vaccine for which you are exempting your child.**

**Optional:**
ORS 433.267 states that this document may include the reason for declining the immunization.
Immunization is being declined because of:
☐ Religious belief
☐ Philosophical belief
☐ Other

Oregon Health Authority

AND



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

Child's Last Name *Apellido* | First *Primer Nombre* | Middle Initial *Segundo Nombre* | Birthdate *Fecha de Nacimiento*

| Recommended Vaccines | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 |
|---|---|---|---|---|---|
| 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: | | | | | |

**For medical exemptions:**
**Please submit a *letter* signed by a licensed physician stating:**
- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): **Please submit a *letter* signed by a licensed physician stating:**
- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Nonmedical Exemption:**
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):
☐ A health care practitioner
☐ The vaccine educational module approved by the Oregon Health Authority

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):
☐ Diphtheria, Tetanus, Pertussis ☐ Hepatitis B
☐ Polio ☐ Hepatitis A
☐ Varicella ☐ Hib
☐ Measles, Mumps, Rubella

Signature of Parent or Guardian _____ Date _____

Optional:
ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:
☐ Religious belief ☐ Philosophical belief ☐ Other

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 _____

53-05A (01/2014)

Remember, parents have to complete and turn in two documents to the school or childcare to claim a nonmedical exemption:
1. Vaccine Education Certificate
2. Certificate of Immunization Status

For more information, go to
www.healthoregon.org/vaccineexemption

Oregon Health Authority

2/2014

# Instructions for completing the Certificate of Immunization Status

## *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.

## *Required vaccines (Front):*

Fill in the month/day/year that your child received each dose of vaccine. If you do not have the specific date, month and year only will be accepted. 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.

## *Recommended vaccines (Back):*

These doses are not required by law, however most children receive them. Fill in the month/day/year that your child received each dose of vaccine. If you do not have the specific date, list month and year only. 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.

## *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.**

## REMEMBER TO COMPLETE BOTH SIDES OF FORM

## *Exemptions:*

Oregon allows both religious and medical exemptions. For a religious exemption, indicate which vaccines you are exempting from by checking the boxes. Then sign and date on the indicated line. For a medical exemption, 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.

---

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

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Si no tiene la fecha exacta, puede dar sólo el mes y el año. 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.

---

## ***Vacunas recomendadas (atrás):***

Estas dosis no son obligatorias por ley, pero la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Si no tiene la fecha exacta, puede dar sólo el mes y el año. 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 embaro, si su hijo las recibió, escriba la fecha en el casillero sombreado.

---

## ***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 requieridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

---

## RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO

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***Excepciones:***

Oregon permite excepciones religiosas y médicas. En el caso de una excepcion religiosa, marque los casilleros para indicar de qué vacunas está excepto. Luego firme y coloque la fecha en la línea indicada. En el caso de una excepcion médica, presente una carta del médico de su hijo a la escuela o guardería.

# YAMHILL CARLTON SCHOOL DISTRICT #1

120 N. Larch Place, Yamhill, Oregon 97148
Phone: (503) 852-6980 / Fax: (503) 662-4931
*Clint Raever*

*raeverc@ycschools.org*


## Title III Subgrant

## Student Information Form

Beginning in September 2012, new federal regulations require that all U.S. schools gather data on students' place of birth and school attendance history for the last 3 years. All questions below must be answered to complete all student records.

*Please complete one form for each of your students, answering all questions and return the form to the school office. Thank you!*

### Student Information

Student Legal Name: _____ Date of Birth: _____

School: (circle one) ◯ YCES ◯ YCIS ◯ YCHS Parent Phone(s): _____

◯ Alliance Academy

**Question #1 (required): BIRTHPLACE - Was the student born in the US or Puerto Rico?** ☐ **Yes** ☐ **No**

*If Yes,* ***STOP****. You do not need to fill out the rest of the form. If No, continue to Question #2 below.*

**Question #2: SCHOOL HISTORY - Has the student been attending a school in the US for <u>less than 3 years in a row</u>?** ☐ **Yes** ☐ **No**

_____ _____

Signature of Parent/Guardian Date

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

**Yamhill Carlton School District**
**120 N Larch Place**
**Yamhill, OR 97148**

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Social security number**
☐☐☐ - ☐☐ - ☐☐☐☐

**Employer identification number**
☐☐ - ☐☐☐☐☐☐☐

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** **Signature of U.S. person** ▶ **Date** ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

***Example.*** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/ disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|---|---|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 5 and 7 through 13. Also, C corporations. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over $600 required to be reported and direct sales over $5,000 [1] | Generally, exempt payees 1 through 7 [2] |

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account [1] |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor [2] |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee [1] |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner [1] |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner [3] |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A)) | The grantor* |
| **For this type of account:** | **Give name and EIN of:** |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity [4] |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B)) | The trust |

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# State of Oregon Language Use Survey

The 2020-21 Language Use Survey (LUS) is under development. Until the 2020-21 version is finalized, districts may choose to use either of the Language Use Surveys available on the ODE website.

**This form is given to all students entering into a school district for the first time.**

The purpose of the **Language Use Survey** is to help the school determine if your child qualifies for additional **Title III** supports in language instruction for English learners.

**Title III** provides support for English learners as defined by USED.

The State of Oregon honors the language and culture of its people and respects the over 166 languages in our schools, and recognizes that:

- Language is a key component of each person's cultural identity,
- Heritage and primary languages are instrumental in student academic and cultural success, and
- Students who are multilingual/multicultural may have an advantage over students with a single language and are valued in career placements.

**Student Name:** _____ **Grade:** _____ **Date:** _____

**Parent/Guardian Name:** _____

**Parent/Guardian Signature:** _____

| Descriptions | Questions |
|---|---|
| **Communication Preferences**<br>This question helps the school provide an interpreter or translated documents, free of charge, should you want them.<br><br>***This section is for informational purposes only.*** *It is not used to identify your child for English language proficiency placement testing.* | 1. What language(s) would you prefer the school use to communicate with you?<br><br>_____ |
| **Eligibility for Language Development Support**<br>This section helps the school identify if your child should be assessed to receive support in academic English instruction.<br><br>***This section is used to identify your child for English Language Proficiency placement testing.*** *A response other than English to questions #2, #3, and/or #4 may qualify your child for English language proficiency placement testing.* | 2. What is the primary language(s) used to communicate in your home?<br><br>_____<br><br>3. What language(s) did your child learn first?<br><br>_____<br><br>4. What language(s) is most often used by your child at home?<br><br>_____ |

# State of Oregon Language Use Survey

The 2020-21 Language Use Survey (LUS) is under development. Until the 2020-21 version is finalized, districts may choose to use either of the Language Use Surveys available on the ODE website. Below is the United States Department of Education definition of an English learner.

The term "English learner," when used with respect to an individual, means an individual –

(A) who is aged 3 through 21;

(B) who is enrolled or preparing to enroll in an elementary school or secondary school;

(C) (i) who was not born in the United States or whose native language is a language other than English;

(ii) (I) who is a Native American or Alaska Native, or a native resident of the outlying areas;

and

(II) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or

(iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and

(D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual –

(i) the ability to meet the challenging State academic standards;

(ii) the ability to successfully achieve in classrooms where the language of instruction is English; or

(iii) the opportunity to participate fully in society.

(ESEA Section 8101(20))

**ACH Authorization Form**
**For Receiving Payment By Automatic Clearing House (ACH)**
**(School Districts & Vendors Only)**

| Contact Person | Email Address (for payment notification) | Phone Number |
|---|---|---|
| | | |
| **Name** | **Mailing Address** (Street City, State, Zip) | |
| | | |

| Type of Action: | ☐ New ☐ Change | Reason for cancellation or change: | |
|---|---|---|---|

**Important! Please read and sign before submitting.**

**CANCELLATION / CHANGE OF ACCOUNT**

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by Yamhill-Carlton School District. Payments to you will be deposited into the account designated below until Yamhill-Carlton School District is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with the updated information. If any action or inaction taken by the payee results in non-acceptance of an ACH deposit by the designated Financial Institution, payee acknowledges that Yamhill-Carlton School District has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the Yamhill-Carlton School District by the Financial Institution. Please DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING Yamhill-Carlton School District.

| I/We certify that I/we have read and understand the information contained above. I/We authorize Yamhill-Carlton School District to deposit payments to our account as designated below. | **Name** (Print or Type) | **Date** |
|---|---|---|
| | | |
| PLEASE RETURN TO:<br>**Yamhill-Carlton School District**<br>**120 N. Larch Place**<br>**Yamhill, OR 97148** | **Authorized Signature** | |
| | | |

# PLEASE TAPE VOIDED CHECK HERE

## PHYSICAL VOIDED CHECK OR BANK INFORMATION MUST BE TURNED IN WITH THE FORM OR THE ACCOUNT WILL NOT BE SET UP.

**FINANCIAL INSTITUTION INFORMATION** — **FOR COMMERCIAL/PERSONAL ACCOUNTS PLEASE SUBMIT A VOID CHECK**

**Account Type:** ☐ Checking ☐ Savings

| ABR Routing & Transit Number | Depositor Account Number | Account Name (for commercial accounts) |
|---|---|---|
| | | |

| Banking Institution Name | Banking Institution Telephone Number | | |
|---|---|---|---|
| | | | |
| **Banking Institution Address** | **City** | **State** | **Zip** |
| | | | |

Yamhill-Carlton School District maintains the strictest confidentiality regarding your bank account. We will access your account ONLY to deposit money or correct erroneous deposits.

# YCSD Volunteer Background Check Form

**Which school are you volunteering at?**

☐ **YC Elementary** ☐ **YC Intermediate** ☐ **YC High** ☐ **Alliance Academy** ☐ **YCTC**

Name: _____ Date:_____

Address: _____

Home Phone: _____

***In accordance with District Policy No: A8500, the district may conduct background checks on volunteers prior to utilizing their services. This may include, but is not limited to criminal checks and/or calling references. These backgrounds checks, once accepted, are good for only two years. You must reapply after that period.***

To help provide a safe environment for our students please provide the following information:

1. Have you **ever** been convicted of a misdemeanor crime? (circle one) ○Yes○No

   If yes, what state? _____

2. Have you ever been convicted of a felony crime? (circle one)○Yes ○No

   If yes what state? _____

Comments:_____

_____

***Yamhill Carlton School District may deny any volunteers who have a criminal background that includes a Felony or Misdemeanor. Failure to disclose criminal activity will result in an automatic denial. (Refer to the YCSD Risk Management Matrix on the reverse side) ** Any criminal activity involving a minor will result in an automatic denial.**

Please list any other last names you have gone by: (ex: Maiden Name)

_____

***REQUIRED:*** Drivers license number:_____ State:_____

***REQUIRED:*** Social Security Number:_____-_____-_____

***REQUIRED:*** Date of birth: _____

I verify that the above information is true and correct, and I hereby grant Yamhill Carlton School District permission to check civil and criminal records to verify the given information.

_____ _____

Signature Date

***Email this form to warnerj@ycschools.org OR drop off at the YC District office. Address below. This document will be securely shredded for your safety.***

**SMALL SCHOOLS - BIG ACHIEVEMENTS!**

## YCSD Risk Management

# Criminal Conviction Matrix for Participation Acceptability

This form should be considered a guide, because each case may pose unique situations not covered by a standard format.

When multiple convictions have occurred – the "No" on the matrix should be the number of years since last convicted.

***Any criminal activity involving a minor will result in an automatic denial.**

**No** = YSCD determination not to allow individual to participate

**YCSD "D"** = YCSD Decision to allow individual to participate

| Type of Conviction | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | >10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Felony** | | | | | | | | | | | |
| Class A | No | No | No | No | No | No | No | No | No | No | No |
| Class B | No | No | No | No | No | No | No | No | No | No | YCSD "D" |
| Class C | No | No | No | No | No | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" |
| **Misdemeanor** | | | | | | | | | | | |
| Class A | No | No | No | No | No | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" |
| Class B | No | No | No | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" |
| Class C | No | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" |
| **Special Activity** | | | | | | | | | | | |
| DUII | | | | | | | | | | | |
| 1 Conviction | No | No | No | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" |
| 2 Convictions | No | No | No | No | No | No | No | No | No | No | YCSD "D" |
| 3+ Convictions | No | No | No | No | No | No | No | No | No | No | No |
| **Drug Possession** | | | | | | | | | | | |
| 1 Conviction | No | No | No | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" |
| 2 Convictions | No | No | No | No | No | No | No | No | No | No | YCSD "D" |
| 3+ Convictions | No | No | No | No | No | No | No | No | No | No | No |
| **Drug Manufacturing & Distribution/Sales** | | | | | | | | | | | |
| 1 Conviction | No | No | No | No | No | No | No | No | No | No | YCSD "D" |
| 2+ Convictions | No | No | No | No | No | No | No | No | No | No | No |
| Manufacturing Meth | No | No | No | No | No | No | No | No | No | No | No |
| **Assault** | | | | | | | | | | | |
| Assault I | No | No | No | No | No | No | No | No | No | No | No |
| Assault II | No | No | No | No | No | No | No | No | No | No | YCSD "D" |
| Assault III | No | No | No | No | No | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" |
| Assault IV | No | No | No | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" | YCSD "D" |

Alliance Academy
Yamhill Carlton School District

# NOTICE OF ENROLLMENT
# REQUEST FOR TRANSFER OF STUDENT RECORDS

Student Name_____ Birth Date_____ Grade_____

Previous School Attended_____

City_____ State_____ Zip _____ Fax_____

The above student has enrolled in the Yamhill-Carlton School District. Please forward the student's following:

☐ **A faxed copy of their transcript, immunization record, and any Special Education records to 503-662-4079 in order to properly schedule and enroll the student.**

| | | | |
|---|---|---|---|
| ☐ | Cumulative Folder/Permanent Records | ☐ | Special Education Records/504/TAG |
| ☐ | Behavioral File | ☐ | Current Official Transcript |
| ☐ | Health Records | ☐ | Withdrawal Grades (if applicable) |

**SEND TO:**

**Alliance Academy**
**% YC INTERMEDIATE SCHOOL**
**FAX: (503) 662-4079**
**ATTN: REGISTRAR**
**310 E. MAIN STREET**
**YAMHILL, OR 97148**

_____ _____
**Registrar's Signature** **Date**

_____
**Fax Date**

Oregon Revised Statutes allow transfer of student progress records without penalty to any other school or educational institution upon receipt of notice of student enrolling in said institution. (ORS 336.215) Public Law 93-380. Modified by Senate Bill 102. "A school district is not authorized to permit access to pupil records to any person without consent or under judicial order, except that: (a) access shall be permitted to the following: to officials and employees of other public schools or school systems."

NOTE: Federal Law 99.30 allows for educational records to be sent to other education agencies without the parent signature requirement.