欢迎来到波特兰公立学校

通过以下3个步骤来为您的孩子注册

第一步：
按地址查找您的学校分配

➔ 居住在波特兰公立学校的学生有权在按家庭住址分配的学校进行注册。

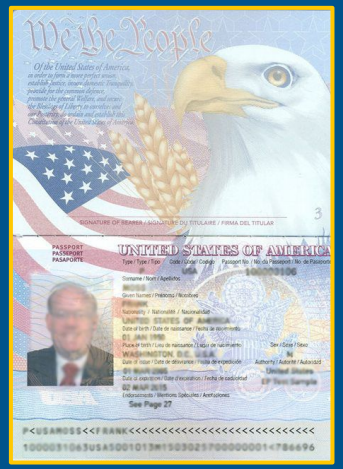
- 在School Finder中输入您的家庭住址。如果您无法在School Finder中找到该地址，请通过enrollment-office@pps.net或致电（503）916-3205来与注册和转学中心联系。
  - *需要您的家庭住址 证明来开始注册过程。*

➔ 如果您没有稳定住房，且希望帮助您的孩子注册上学，请致电503-916-5770或访问McKinney-Vento网站。

第二步：
收集信息来完成注册

学生姓名和出生的 证明

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



Sample passport



Sample birth certificate

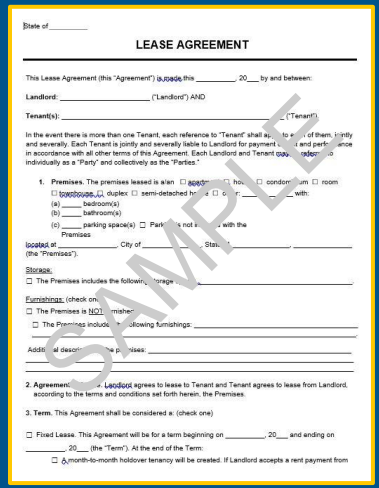
第二步：
收集信息来完成注册

两份地址证明文件

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



Sample utility bill

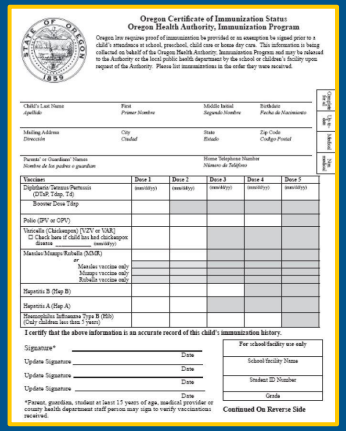


Sample rental agreement

第二步：
收集信息来完成注册

➔ **免疫记录**

(返校生-请与学校查询)



Oregon Certificate of Immunization Status
Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Para ver inmunizaciones en la otra cara vaya a recibió.

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria Tetanus Pertussis (DTaP, Tdap, Td)					
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) (VZV or VAR) ☐ Check here if child has had chickenpox disease					
Measles Mumps Rubella (MMR) or Measles vaccine only / Mumps vaccine only / Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (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

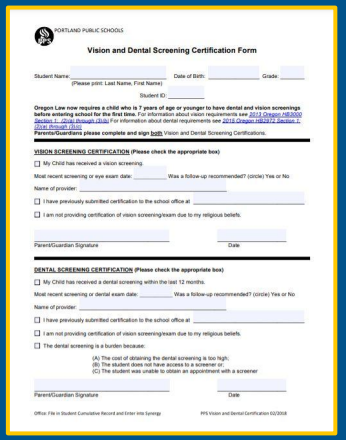
*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

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

Continued On Reverse Side

➔ **视力和牙齿筛查**

(仅适用于7岁及以下的儿童)



PORTLAND PUBLIC SCHOOLS

Vision and Dental Screening Certification Form

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

Student ID: _____

Oregon Law now requires a child who is 7 years of age or younger to have dental and vision screenings before entering school for the first time. For information about vision requirements see 2013 Oregon HB3000 Section 1. (2)(a) through (2)(d) For information about dental requirements see 2016 Oregon HB3972 Section 1. (5)(a) through (5)(d)

Parents/Guardians please complete and sign both Vision and Dental Screening Certifications.

VISION SCREENING CERTIFICATION (Please check the appropriate box)

☐ My Child has received a vision screening.

Most recent screening or eye exam date: _____ Was a follow-up recommended? (circle) Yes or No

Name of provider: _____

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

☐ I am not providing certification of vision screening/exam due to my religious beliefs.

_____ _____
Parent/Guardian Signature Date

DENTAL SCREENING CERTIFICATION (Please check the appropriate box)

☐ My Child has received a dental screening within the last 12 months.

Most recent screening or dental exam date: _____ Was a follow-up recommended? (circle) Yes or No

Name of provider: _____

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

☐ I am not providing certification of vision screening/exam due to my religious beliefs.

☐ The dental screening is a burden because:

(A) The cost of obtaining the dental screening is too high;
(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 Signature Date

Office: File in Student Cumulative Record and Enter into Synergy PPS Vision and Dental Certification 01/2018

第二步：
收集信息来完成注册

另外...

- ➔ 紧急联络人信息
- ➔ 以前学校的联系信息（幼儿园开始时不需要）

第三步：注册

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

接下来的期待

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