

Student Registration Form

Start Date: _____

Instructions: This enrollment form is a legal document. Answer all questions, and sign and date where indicated on page 4. All information you supply is used solely to provide appropriate services for your student, and is protected by the Family Educational Rights and Privacy Act (FERPA). Please remember to inform your student's school promptly of any changes to this information.

SECTION 1: Student Information

Student Name _____
Legal Last Name Legal First Name Middle Name Suffix

Preferred Name _____
Preferred Last Name Preferred First Name

Grade _____ **Gender** Female Male Non-binary

Home Language English Spanish Other (specify) _____
Indicate your preferred language for home correspondence, including phone and text messages.

Date of Birth _____ **Verified By:** Birth Certificate Birth Registration Form Prior School Records Other _____
Check one. At least one form of age verification is required at time of enrollment.

Place of Birth _____
City or County State Country

Ethnicity Hispanic or Latino **Race** American Indian or Alaskan Native
 Not Hispanic or Latino Select all Asian
that apply Black or African American
Race and ethnicity information is required for State Native Hawaiian or other Pacific Islander
and Federal statistical reporting purposes only. White

Home Address _____
Street Address Apt or Space #

City State Zip Code

Mailing Address _____
If different than home address Street Address Apt or Space #

City State Zip Code

Proof of Address Utility Bill Mortgage document Tax statement Driver's license/Oregon ID card Other _____
Check one. Present proof to registrar at time of enrollment.

Student Cell Phone (____)____ - _____

Last School Attended _____
School Name City and State Last Date of Attendance

Is your student a member of a federally recognized American Indian Tribe? Yes No
If yes, enter their tribal affiliation _____
Name of Tribe Student's Tribal Enrollment Number, if known

If your student was not born in the United States or Puerto Rico, what date did they first begin school in the U.S.? _____
If the exact date is unknown, please provide an approximate date

Culver School District is committed to equal opportunity and non-discrimination in all of its educational and employment activities. The district does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, age, marital status, veterans' status, genetic information or disability in its programs and activities, and provides equal access to the Boy Scouts and other designated youth groups.

District Title VI, Title IX, Age Discrimination & American Disabilities Act Contact: Stefanie Garber, Superintendent | sgarber@culver.k12.or.us | (541) 546-2541

SECTION 2: Parent/Guardian Information

Oregon law requires schools to notify a parent/guardian when a student has an unexcused or unverified absence. Culver School District may use an automated messaging system ('Autodialer') for contacting parents/guardians concerning their student's attendance. We will use an automated messaging system for emergency or weather related delays or closures as well as miscellaneous school communications.

Please provide information for all parents, including those who do not live with the student. All legal parents are assumed to have the right to inspect and review the student's education records, to receive school correspondence and/or to check the student out of school with proper identification, **unless legal documentation is provided showing otherwise.** A copy of the legal documentation must be left on file at the school.

Parent / Guardian 1			
Name _____			
Legal Last Name	Legal First Name	Middle Initial	Preferred Name
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student _____	Mother, Father, Grandparent, other (describe)
Check all that apply:	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody <input type="checkbox"/> Release To
Email Address _____	Employer _____		
Parent currently a member of the Armed Forces on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address _____			
If different than student address	Street Address or PO Box	City	State Zip
Phone Numbers:	Cell (____)____ - _____	Home (____)____ - _____	Work (____)____ - _____
Parent / Guardian 2			
Name _____			
Legal Last Name	Legal First Name	Middle Initial	Preferred Name
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student _____	Mother, Father, Grandparent, other (describe)
Check all that apply:	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody <input type="checkbox"/> Release To
Email Address _____	Employer _____		
Parent currently a member of the Armed Forces on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address _____			
If different than student address	Street Address or PO Box	City	State Zip
Phone Numbers:	Cell (____)____ - _____	Home (____)____ - _____	Work (____)____ - _____
Parent / Guardian 3			
Name _____			
Legal Last Name	Legal First Name	Middle Initial	Preferred Name
Living with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student _____	Mother, Father, Grandparent, other (describe)
Check all that apply:	<input type="checkbox"/> Contact Allowed	<input type="checkbox"/> Educational Rights	<input type="checkbox"/> Has Custody <input type="checkbox"/> Release To
Email Address _____	Employer _____		
Parent currently a member of the Armed Forces on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address _____			
If different than student address	Street Address or PO Box	City	State Zip
Phone Numbers:	Cell (____)____ - _____	Home (____)____ - _____	Work (____)____ - _____

Parent / Guardian 4

Name _____
Legal Last Name Legal First Name Middle Initial Preferred Name

Living with Student Yes No **Relationship to Student** _____
Mother, Father, Grandparent, other (describe)

Check all that apply: Contact Allowed Educational Rights Has Custody Release To

Email Address _____ **Employer** _____

Parent currently a member of the Armed Forces on active duty or full-time National Guard? Yes No

Mailing Address _____
If different than student address Street Address or PO Box City State Zip

Phone Numbers Cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____

SECTION 3: Siblings

List student's sibling(s) currently attending Culver elementary, middle or high school.

	Sibling Last Name	Sibling First Name	Relationship to Student	School
1.				
2.				
3.				
4.				
5.				

SECTION 4: Emergency Contacts

In an emergency, the parents/guardians listed in Section 2 will be contacted first, in the order listed on the form. It is not necessary to repeat parent/guardian contact information here. By listing a name or names in this section, you are authorizing the person or people to pick up your student at school if a parent/guardian cannot be reached.

Call Order	Contact Name	Relationship To Student	Phone Numbers
1.			Cell _____ Home _____ Work _____
2.			Cell _____ Home _____ Work _____
3.			Cell _____ Home _____ Work _____
4.			Cell _____ Home _____ Work _____

SECTION 5: Student Services

Does your student have a current 504 or Individualized Education Plan? 504 Plan IEP

Has your student ever qualified for English Learner services? Yes No
If yes, were they previously exited? Yes, exit date: _____ No

Has your student ever been identified as Talented and/or Gifted? Yes No

Is your student currently expelled from any school? Yes No
If yes, list school name, city and state _____

Student Name _____ **DOB** _____ **Phone** _____

Parent Primary Contact _____

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SECTION 6: Medical Information

School staff need to know if your student has a medical condition for which he/she may require assistance during the school day. In a life-threatening situation, district staff will dial 9-1-1 for paramedic assistance and resuscitate any student requiring it in order to sustain life until relieved by paramedics or other appropriate medical personnel.

Remember to advise the school of any changes.

Does your student have health conditions/concerns? Yes No

If yes, specify below and indicate 'past' or 'current':

Past/Current <input type="checkbox"/> <input type="checkbox"/> Allergy (specify) _____ Severe <input type="checkbox"/> Yes <input type="checkbox"/> No Epipen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Asthma Inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No Nebulizer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Hearing <input type="checkbox"/> <input type="checkbox"/> Other _____	Past/Current <input type="checkbox"/> <input type="checkbox"/> Severe injury _____ <input type="checkbox"/> <input type="checkbox"/> Concussion/head injury _____ <input type="checkbox"/> <input type="checkbox"/> Bladder/kidney _____ <input type="checkbox"/> <input type="checkbox"/> Severe illness _____ <input type="checkbox"/> <input type="checkbox"/> Diabetes since _____ <input type="checkbox"/> <input type="checkbox"/> Vision _____ <input type="checkbox"/> <input type="checkbox"/> Wears glasses/contacts _____	Past/Current <input type="checkbox"/> <input type="checkbox"/> Bone/muscle _____ <input type="checkbox"/> <input type="checkbox"/> Migraine _____ <input type="checkbox"/> <input type="checkbox"/> Seizure disorder _____ <input type="checkbox"/> <input type="checkbox"/> ADD/ADHD _____ <input type="checkbox"/> <input type="checkbox"/> Mental Health _____ <input type="checkbox"/> <input type="checkbox"/> Cancer _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Doctor Name _____ **Doctor Phone** (____) _____ - _____

Insurance Provider _____

Medical allergies _____ **Date of Last Tetanus (Tdap, Dtap) Shot** _____

Medications Needed at School _____

Please list and complete Authorization for Medication forms

I have provided a current immunization record Yes No

SECTION 7: Annual Notices and the Release of Student Information

For annual notices on Student Records, the Protection of Student Rights, Military Recruiting, and Complaint Procedures see the ***Student Rights and Responsibilities Handbook***, available online on the district website (www.culver.k12.or.us) and at your student's school. A paper copy may be provided to you at your request.

Current Federal law (the Family Educational Rights and Privacy Act (FERPA)) allows the release of directory information of a student without prior permission from the student's parent or guardian. Directory information is regularly included in school publications such as sports and theater programs, yearbooks, honor roll and other recognition lists, and on school and district web pages and social media. A detailed definition of directory information can be found in the ***Student Rights and Responsibilities Handbook*** and in School District Policy **JOA**.

If you would like to keep your student's Directory Information confidential, a written request must be submitted to your student's school within 15 days of receipt of this form. Requests to withhold Directory Information must be made annually.

In accordance with the Elementary and Secondary Education Act of 1965 (ESEA), and with the district's desire to promote higher education, upon written request the district will release student names, telephone numbers and addresses to recruiters for the United States military and to colleges and other post-secondary educational institutions. Parents who do not want this information released have the opportunity to decline at the beginning of each school year.

I do not want my student's name, address, and phone number released to: Military Recruiters College Recruiters

SECTION 8: Parent/Guardian Signature

**By signing this form, I affirm that all of the above information is accurate and complete.
I understand that my student may be immediately returned to their neighborhood assigned school/district
if it is determined that the address I have provided is false.**

_____ **Parent/Guardian Signature**

_____ **Print Name**

_____ **Date**

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Language Use Survey

Culver School District #4

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____

Grade Level: _____

School: _____

Date of Birth: _____

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? Hear? _____ Use (e.g., American Sign Language)? _____

2. Describe the language(s) your child **understands**.

- No English
- Mostly another language and a little English
- English and another language equally
- Mostly English and a little of another language
- Tribal/Heritage/Native Language (i.e., language spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- Only English

3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Father/Guardian: _____

Mother/Guardian: _____

Other Adults in the Home: _____

Child-care Providers: _____

4. What language(s) does your **child CURRENTLY speak/express** most frequently **outside of school**?

5. Does your child frequently participate in cultural activities that are in a language other than English?

Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.). _____

6. Is there anything else you think the school should know about your child's language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)? _____

7. **Parent Questions: In what language(s) do you want to receive information from the school (if available)?**

Father/Guardian: Oral _____

Written _____

American Sign Language

Mother/Guardian: Oral _____

Written _____

American Sign Language

Parent or Guardian Signature: _____ Date: _____

What is your relationship to the student (i.e., parent, grandparent, etc.)? _____



Encuesta de Uso de Lenguaje

Culver School District #4

El propósito de esta encuesta es determinar si el uso y la exposición del idioma de su hijo podrían hacerlo elegible para recibir apoyo en la instrucción académica del inglés.

Nombre del estudiante: _____

Grado: _____

Escuela: _____

Fecha de nacimiento: _____

1. ¿Qué idioma(s) **oye o usa** regularmente en su casa (es decir, habla, música, literatura, etcétera)?

Oye _____ Usa (es decir, lenguaje de señas Americano (ASL)) _____

2. Describe el idioma(s) que el niño **entiende**.

No sabe inglés

Más otro idioma y un poco de inglés

Inglés y otro idioma igualmente

Más inglés y un poco de otro idioma

Idioma native o tribal (es decir, lenguas habladas por indios americano/Alaska, nativos de Hawái y los ciudadanos de los territorios de los Estados Unidos)

Sólo sabe inglés

3. ¿Qué idioma(s) los adultos usan más frecuentemente al hablar/conversar con su hijo?

Padre/Guardianes: _____

Madre/Guardianes: _____

Otros adultos en el hogar _____

Proveedores de Cuidado de niños: _____

4. ¿Qué idioma(s) **su niño ACTUALMENTE habló/expresa** con más frecuencia **afuera de la escuela**? _____

5. ¿Su hijo participa con frecuencia en actividades culturales que se encuentran en un idioma diferente al inglés?

Por favor indique la actividad y con qué frecuencia su hijo participa en la actividad (por ejemplo: una vez / semana, 2 veces / semana, una vez al mes, etcétera.) _____

6. ¿Hay algo más que cree que la escuela debe saber sobre el uso del idioma de su hijo (es decir, idioma que su hijo habla/expresa de edad 9-4, tuvo su hijo clases de aprender a hablar; asistió su hijo a un preescolar bilingüe, etcétera.)? _____

7. **Preguntas de padres: En qué idioma(s) ¿quieres recibir información de la escuela (si está disponible)?**

a Padre/Guardián: Oral Por escrito Lenguaje de señas americano (ASL)

Madre/Guardián: Oral Por escrito Lenguaje de señas americano (ASL)

Firma de Padre o Guardián _____

Fecha _____

¿Cuál es su relación con el estudiante? _____ (es decir, padres, madre, abuelos, etc.)

05/2019



Culver School District 4 McKinney-Vento

Student Residency Form

By completing this questionnaire, you help the district comply with McKinney-Vento, Title X. Your answers help the district identify services that students may be eligible to receive. This information is confidential and will only be shared with school staff that will assist with your student's education.

Student Name: _____ School: _____

1. Is your current address a short-term and temporary living arrangement? Yes No
2. If a temporary living arrangement, is it due to loss of housing or economic hardship? Yes No

→If you answered "NO" to either question, you may stop here.←

→If you answered "YES" to both of the above questions, please complete the remainder of the form.←

Address where you are temporarily staying: _____

Address I would like my mail sent: _____

Where does your student stay/sleep at night? (Please check one)

Living with others in **their** home (Doubled-up w/family, friends, community members)

*If so, please list whom? _____

Living in car Travel trailer RV Campsite/park Living in a motel/hotel Living in a shelter (or similar)

Other, please explain: (i.e.: temporary/in-between permanent foster care placement) _____

Are there any immediate needs or concerns that we can help your student with?

School Meals School Fees School Supplies Transportation

Medical/Dental Social Services Academic Assistance Clothing

Other: _____

Signature: _____

Parent Legal Guardian Unaccompanied Youth Staff Member

Date _____ Contact Phone Number _____

If you move again throughout the school year, please be sure to notify our school of these changes.

For District use only

This student Does Does Not meet the requirements for the McKinney-Vento Act.

Date entered into Powerschool: _____ By: _____

01.2017



Forma de Residencia Estudiantil McKinney-Vento del Distrito Escolar de Culver 4

Al llenar este cuestionario, le ayuda al distrito cumplir con la ley McKinney-Vento, Título X. Sus respuestas le ayudan al distrito a identificar los servicios que los estudiantes pueden ser elegibles a recibir. Esta información es confidencial y solo puede ser compartida con empleados escolares del distrito que asistirán con la educación de su estudiante.

Nombre del Estudiante: _____ Escuela: _____

3. ¿Es su dirección corriente un arreglo de vivienda temporal o de corto plazo? Sí No

4. ¿Si es un arreglo de vivienda temporal, se debe a una pérdida de vivienda o una situación económica? Sí No

→Si contesto que “NO” a las preguntas, puede PARAR aquí.←

→Si contestó que “SI” a las dos preguntas de arriba, por favor llene lo siguiente.←

Dirección donde se está quedando temporalmente: _____

Dirección donde quiere que le mandemos correo: _____

¿Dónde se queda su estudiante/duerme cada noche? (Por favor marque uno)

Vive con **otros** en casa de ellos (Viven con más familia, amigos, miembros comunitarios.)

*Si es así, por favor ponga su nombre _____

Viven en carro Traila de viaje Casa RV Campamento/parque

Viven en un motel/hotel

Viven en un albergue (o similar)

Otros, por favor explique: (i.e.: temporario/colocación entre familias de crianza) _____

¿Hay algunas necesidades inmediatas o preocupaciones en la cual podemos ayudar a su estudiante?

Comidas Escolares Costos Escolares Útiles Escolares Transportación

Medical/Dental Servicios Sociales Asistencia Académica Ropa

Otro: _____

Firma: _____

Padre Guardián Legal Joven No Acompañado Empleado

Fecha _____ Número de Teléfono de Contacto _____

Si se muda de nuevo durante el año escolar, por favor asegurese en notificar a la escuela de estos cambios.

For District use only This student Does Does Not meet the requirements for the McKinney-Vento Act.

Date entered into Powerschool: _____ By: _____

08.2018