

# 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**     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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Parent / Guardian 2

**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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Parent / Guardian 3

**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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**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](http://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, etcetera.). \_\_\_\_\_

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, etcetera.)? \_\_\_\_\_

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

aPadre/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 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