

You will be entering information for the school year of 2019-2020

[Begin New Registration >](#)

Online Registration

- 💡

Introduction

!
- 👤

Family

!
- 👤

Parent/Guardian

!
- 🚑

Emergency

!
- 🎓

Students

!
- 📄

Documents

!
- ☰

Review/Submit

!

INTRODUCTION

2019-2020

Student Summary

!

Information

First Name	Last Name	Grade	School Year	School	Status
Save And Continue >					

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INTRODUCTION

Signature

Please enter your first and last name below:

By typing your name below and pressing the button at the base of the page you attest that you are the account holder, are authorized to provide the information and agree that the information provided is accurate to the best of your knowledge.

Electronic Signature*

[Save And Continue >](#) **These should match.**

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FAMILY

50%

Home Address

 Instructions

Please start entering your home address in the search bar below. When your address appears, click to select. If your address does not appear, or if you can't hand enter your address, you will need to stop here and call the Corbett School District Office @ 503.261.4200

 Type to find an address...

Street Number*

Fraction

Direction

Street*

Type

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FAMILY

100%

Mail Address

 Instructions

Please start entering your home address in the search bar below. When your address appears, click to select. If your address does not appear, or if you can't hand enter your address, you will need to stop here and call the Corbett School District Office @ 503.261.4200

☐ Mail address is the same as home address

- OR -

 Type to find an address...

PO Box	Street Number*	Fraction	Direction	Street*	Type	Post Direction	Apartment
☐							

City*	State*	Zip Code*	+4

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PARENT/GUARDIAN

2019-2020

Add or update Parent/Guardian details.

	First Name	Last Name	Gender	Status
Edit	First	Last		In Progress
+ Add New Parent/Guardian				

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PARENT/GUARDIAN

25%

Demographics: New Parent

Instructions

Please enter data for the parent/guardian.

REMINDER: It is important to use standard capitalization rules throughout this module (example, Michael is correct formatting; MICHAEL or michael is incorrect formatting.)

First Name*

Middle Name

Last Name*

Gender

Preferred language for district and school communication

☐ No further information is known for this Parent/Guardian.

☒ Parent/Guardian lives at this address:

35800 E 35800 E HISTORIC COLUMBIA RIVER HWY
Corbett, OR 97019

Please check the box below if this parent/guardian needs an interpreter when communicating with the school:

☐

Please check

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PARENT/GUARDIAN



Mail Address: First Last

Instructions

Check "Mail address is the same as home address" if applicable. If your mailing address differs from your home address, fill in the fields below. For PO Boxes, the box number goes into the Street Number field.

Mail address same as home address

- OR -

Type to find an address...

PO Box Street Number* Fraction Direction Street* Type Post Direction Apartment

City* State* Zip Code* +4

35800 E 35800 E HISTORIC COLUMBIA RIVER HWY
Corbett, OR 97019

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PARENT/GUARDIAN

100%

2019-2020

Contact Information: **First Last** Instructions

Enter the contact information for this parent/guardian. At least one phone number is required and one number must be flagged as Primary. Enter each phone number only once (e.g., do not enter the same number as both Mobile and Home). Please be sure to mark each phone type.

Phone Numbers

Line	Primary	Type	Phone	Extension
------	---------	------	-------	-----------

 Add New

Email Address *

- OR -

☐ Parent/Guardian does not have an email address[< Previous](#)[Save And](#)

Online Registration[Introduction](#) [Family](#) **[Parent/Guardian](#)** [Emergency](#) [Students](#) [Documents](#) [Review/Submit](#) **PARENT/GUARDIAN**

Add or update Parent/Guardian details.

2019-2020

	First Name	Last Name	Gender	Status
Edit	First	Last		Complete

[+ Add New Parent/Guardian](#)[< Previous](#)[Save And Continue >](#)

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EMERGENCY

2019-2020

Please add at least 1 emergency contacts:

First Name	Last Name	Gender	Status
------------	-----------	--------	--------

+ Add New Emergency Contact

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EMERGENCY

50%

2019-2020

Demographics: **New Contact** **Instructions**

Please fill in the following fields:

First Name ***Last Name *****Gender****Address****City****State****Zip Code**

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EMERGENCY

100%

Contact Information: **First Last** Instructions

Enter the contact information for the emergency contact below:

Home Phone

 () -

Work Phone

 () -

Ext.

Other

 () -

Phone Type

Online Registration Introduction  Family  Parent/Guardian  **Emergency**  Students  Documents  Review/Submit **EMERGENCY****2019-2020**

Please add at least 1 emergency contacts:

	First Name	Last Name	Gender	Status
 Edit  Delete	First	Last		 Complete

 Add New Emergency Contact[< Previous](#)[Save And Continue >](#)

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Please add or update student details for each student you want to enroll:

Students to enroll in 2019-2020

First Name	Last Name	Gender	Grade	Status
------------	-----------	--------	-------	--------

[+ Add New Student](#)

View-only access to students that will not be enrolled in this application:

Students to exclude from 2019-2020

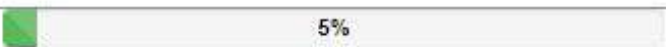
First Name	Last Name	Gender	Grade	Reason
------------	-----------	--------	-------	--------

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DEMOGRAPHICS



Demographics: New Student

Instructions

REMINDER: It is important to use standard capitalization rules throughout this module (example, Michael is correct formatting; MICHAEL or michael is incorrect formatting.)

Legal First Name *

Legal Middle Name *

No Middle Name

☐

Legal Last Name *

Suffix

Gender *

Birth Date *

MM/DD/YYYY

Entering Grade *

Primary Address *

Home Address

Mail Address

First Name Goes By

Last Name Goes By

Online Registration

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 Family 

 Parent/Guardian 

 Emergency 

 **Students** 

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 Review/Submit

 Delete Registration

VISION SCREENING

73%

Vision Screening:

State law requires children 7 years of age or younger to have a vision screening before entering school for the first time. (SB 276). Please provide the following information.

I understand the vision screening requirement:

My child has received a vision screening:

I believe my child is exempt from the vision screening requirement because:

