SALEM-KEIZER PUBLIC SCHOOLS

STUDENT REGISTRATION FORM

OFFICE USE ONLY:

SID#_____

Date_____

School Year _____

Transportation: Bus/Walk/Pick-Up

Proof of Res. _____ B.C._____

Student Information – *Please Print*

INSTRUCTIONS: The registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a pen, complete all pages and sign the last page.** If any information should change during the school year, notify your school immediately.

STUDENT INFORMATION

STUDENT INFORMATION

1. LEGAL LAST NAME _____ 2. LEGAL FIRST NAME _____

3. FULL LEGAL MIDDLE NAME _____ 4. GRADE _____ 5. GENDER: ❑ FEMALE ❑ MALE ❑ NON-BINARY

6. HOME LANGUAGE _____ 7. FIRST NAME "GOES BY" _____ 8. LAST NAME "GOES BY" _____

9. BIRTHDATE _____ 10. STUDENT CELL # (optional)_____

11a. BIRTHPLACE: CITY _____ 11b. STATE or PROVINCE _____ 11c. COUNTRY _____

11d. If born outside of USA or Puerto Rico, when did your student start attending school in the USA? _____

Federal and State Regulations require schools to gather the information in 12a. and 12b. for statistical reports. The race and ethnicity categories generally reflect social definitions in the U.S. and are not an attempt to define race and ethnicity biologically, anthropologically, or genetically.

12a. ETHNICITY - HISPANIC/LATINO? ❑ Yes ❑ No (**Note: both Ethnicity & Race must be selected**)

12b. RACE *select at least one:* ❑ American Indian/Alaska Native ❑ Asian ❑ African American ❑ Native Hawaiian or Other Pacific Islander ❑ White

Thank you for choosing one of the previous options. Is there another description for your race or ethnicity that you would like us to know?

❑ Yes ❑ No How do you describe your race or ethnicity? _____

13. HOME ADDRESS _____ 14. CITY _____

15. STATE _____ 16. ZIP _____

17. MAILING ADDRESS (if different) _____ 18. CITY _____

19. STATE _____ 20. ZIP _____

21. FAMILY PRIMARY PHONE (cell? ❑ Yes ❑ No) _____

Note: Family primary phone number will be used for attendance and emergency notifications.

LEGAL DOCUMENTS
(Restraining Order, Custody Agreements, and any other court documents)
❑ **YES** – ***Please provide documents*** ❑ **NO**

PREVIOUS SCHOOL

PREVIOUS SCHOOL INFORMATION

22. HAS YOUR STUDENT EVER ATTENDED A SALEM-KEIZER SCHOOL OR PRESCHOOL? ❑ Yes ❑ No ❑ PRE-K

IF YES, NAME OF PRESCHOOL _____

23. Last School Attended	24. City and State

ENROLLMENT

KINDERGARTEN STUDENTS ONLY

25. In the year before Kindergarten, did your child usually spend 5 hours or more per week **in a preschool or preschool classroom** (such as in a school, Head Start, or childcare center)? ❑ Yes ❑ No

26. Name of preschool _____

OFFICE USE ONLY: STUDENT ID # _____ SCHOOL: _____ STUDENT NAME: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN INFORMATION—Contact phone numbers and email addresses will be used to distribute important information.

PARENT/GUARDIAN: 27. LIVING WITH STUDENT: ❑ Y ❑ N (If no, provide mailing address on #31; check if you want copy of correspondence ❑)

28. ❑ **MOTHER** ❑ **FATHER** ❑ **GUARDIAN** ❑ **OTHER:** _____

29. LAST NAME _____ 30. FIRST NAME _____

31. MAILING ADDRESS _____ 32. CITY _____

33. STATE _____ 34. ZIP _____ 35. PRIMARY PHONE (if different than #21) _____ Cell phone? ❑ Y ❑ N

36. PRIMARY LANGUAGE _____ 37. E-MAIL _____

38. MILITARY STATUS: **Active?** ❑ Yes ❑ No **Reserve?** ❑ Yes ❑ No

39. EMPLOYER _____ 40. JOB TITLE _____

41. SECONDARY PHONE _____ 42. WORK PHONE _____

43. Interested in volunteering? ❑ Yes ❑ No 44. Contact allowed with student? ❑ Yes ❑ No

45. Has custody of student? ❑ Yes ❑ No 46. Permission to pick up? ❑ Yes ❑ No

PARENT/GUARDIAN: 47. LIVING WITH STUDENT: ❑ Y ❑ N (If no, provide mailing address on #51; check if you want copy of correspondence ❑)

48. ❑ **MOTHER** ❑ **FATHER** ❑ **GUARDIAN** ❑ **OTHER:** _____

49. LAST NAME _____ 50. FIRST NAME _____

51. MAILING ADDRESS _____ 52. CITY _____

53. STATE _____ 54. ZIP _____ 55. PRIMARY PHONE (if different than #21) _____ Cell phone? ❑ Y ❑ N

56. PRIMARY LANGUAGE _____ 57. E-MAIL _____

58. MILITARY STATUS: **Active?** ❑ Yes ❑ No **Reserve?** ❑ Yes ❑ No

59. EMPLOYER _____ 60. JOB TITLE _____

61. SECONDARY PHONE _____ 62. WORK PHONE _____

63. Interested in volunteering? ❑ Yes ❑ No 64. Contact allowed with student? ❑ Yes ❑ No

65. Has custody of student? ❑ Yes ❑ No 66. Permission to pick up? ❑ Yes ❑ No

If Questions 44, 45, 46, 64, 65 and/or 66 are checked "NO", please submit documents to support these statements to the school.

EMERGENCY CONTACTS

ADDITIONAL EMERGENCY CONTACTS—In an emergency, listed parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached. Please list at least two people, 18 years or older, which are not listed in the parent/guardian Information section above.

67. RELATIONSHIP TO STUDENT _____ 68. FIRST AND LAST NAME _____

69. PRIMARY PHONE _____ 70. WORK PHONE _____ 71. ADDITIONAL PHONE _____

72. RELATIONSHIP TO STUDENT _____ 73. FIRST AND LAST NAME _____

74. PRIMARY PHONE _____ 75. WORK PHONE _____ 76. ADDITIONAL PHONE _____

77. RELATIONSHIP TO STUDENT _____ 78. FIRST AND LAST NAME _____

79. PRIMARY PHONE _____ 80. WORK PHONE _____ 81. ADDITIONAL PHONE _____

OFFICE USE ONLY: STUDENT ID # _____ SCHOOL: _____ STUDENT NAME: _____

SIBLINGS

SIBLINGS—Please list student's sibling(s) currently attending a Salem Keizer school.

82. SIBLING LAST NAME _____ 83. SIBLING FIRST NAME _____

84. RELATIONSHIP TO STUDENT _____ 85. SCHOOL _____ 86. GRADE _____

87. SIBLING LAST NAME _____ 88. SIBLING FIRST NAME _____

89. RELATIONSHIP TO STUDENT _____ 90. SCHOOL _____ 91. GRADE _____

92. SIBLING LAST NAME _____ 93. SIBLING FIRST NAME _____

94. RELATIONSHIP TO STUDENT _____ 95. SCHOOL _____ 96. GRADE _____

HEALTH

HEALTH

97. Any health condition that may adversely affect student? (Check "YES" to receive Pupil Medical Record Form) ❑ Yes ❑ No

98. Is the student covered by health insurance? ❑ Yes ❑ No

99. Is the student covered by dental insurance? ❑ Yes ❑ No

PROGRAMS

PROGRAM INFORMATION

100. Does your student have a current Individualized Education Plan (IEP)? ❑ Yes ❑ No

101. Does your student have a current Section 504 Plan? ❑ Yes ❑ No

102. Is your student in a Talented and Gifted (TAG) program? ❑ Yes ❑ No

103. Has your student been receiving English Learning services? ❑ Yes ❑ No

104. Has your family moved, for any period of time, in the last three (3) years to work in agriculture-related work, such as lumber, canneries, farm labor, harvesting, fishing, etc.? ❑ Yes ❑ No

PERMISSIONS/AUTHORIZATIONS

PERMISSIONS / AUTHORIZATIONS—For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the *District Parent and Student Handbook.*

* Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, awards received, major field of study, dates of attendance, and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request. This request must be completed each year.**

* Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request.**

* All students have access to use district-provided email. **If you do not want your student to have access to district-provided email, please contact your school to submit a written denial.**

HIGH SCHOOL ONLY

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

Salem-Keizer Public Schools, in compliance with Oregon revised Statute 326.565, has a policy that allows the district to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out". In order to do so, you must check one or both of the categories above.

OFFICE USE ONLY: STUDENT ID # _____ SCHOOL: _____ STUDENT NAME: _____

PERMISSIONS/AUTHORIZATIONS *(CONTINUED)*

106. **PARENT PERMISSION FOR SCHOOL TRIP** I hereby give permission for my student to make any and all of the field trips included in the planned program of the school, within the school day. Transportation may be provided at the discretion of the Salem-Keizer Public Schools in such form as approved. ❑ Yes ❑ No

107. **EMERGENCY PERMISSIONS** I authorize Salem-Keizer Schools and its employees to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident or illness, and I will provide payment for these. Every reasonable effort will be made to reach the parent(s) as soon as possible. **Do you agree with the above statement?** ❑ Yes ❑ No

108. **Salem-Keizer Public Schools expects acceptable use of electronics:** The Salem-Keizer School District is committed to the establishment of an electronic communications system for the advancement and promotion of learning and teaching, and employs safety measures in compliance with CIPA. (See Acceptable Use Policy INS-A004.) As a parent/guardian, I agree to support the expectation of acceptable uses by my student of any electronic resources including computers, peripherals, networks, e-mail, telecommunications, and internet connections for the purpose of learning. ❑ Yes ❑ No

OREGON REVISED STATUTE 107.154 provides that unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the right to inspect school records, and to consult with staff concerning the child's welfare and education, to the same extent as the custodial parent may inspect and receive such records and consult with such staff.

IF YOU WANT TO RESTRICT THE VISITING RIGHTS OF THE NON-CUSTODIAL PARENT, YOU MUST PROVIDE THE SCHOOL WITH A VALID COURT ORDER DENYING SUCH RIGHT.

BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT MAY BE RETURNED TO HIS/HER NEIGHBORHOOD SCHOOL.

109. SIGNATURE OF PARENT/GUARDIAN (required) _____ DATE _____

110. SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

DISCLOSURE INFORMATION

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ETHNIC REPORTING: The school district is responsible for reporting on many issues, by student ethnicity, to the state, federal government, and the Salem-Keizer community

STUDENT RECORDS: In accordance with Federal Guidelines and Oregon Law, the following procedures concerning Student Education Records are in effect in Salem-Keizer community.

1. This is to inform parents, guardians, or students who are 18 years of age or attending an institution of post-secondary education that upon notice from another school district in which a student has enrolled, all of the student's educational records will be forwarded. At any reasonable time a parent or guardian may inspect his/her child's student records.
2. Should a parent, guardian, or eligible student request amendment of education records to ensure that the records are not inaccurate, misleading, or otherwise in violation of a student's privacy or other rights, a hearing may be scheduled within forty-five (45) days of receiving such a request. The building principal will inform the requesting person of specific procedures. A copy of any portion of a student's education records is available to parents at the cost of reproduction.
3. The following kinds of personally identifiable information will be defined as directory information and may be available for release by each school of District 24J: Student's name, address, telephone number, photo, audio visual, date and place of birth, major field of study, participation in district activities, weight and height of athletic team members, dates of attendance in district schools, diplomas granted, awards received, and the most recent previous education agency or institution attended by the student.
4. A parent, guardian, or a student who is 18 years of age has the right to refuse to permit the designation of any or all of the above designated categories of personally identifiable information. The parent or guardian of the student or the eligible student must inform the school or the school district in writing that such personally identifiable information is not to be designated as directory information or disclosed, except to the extent that school district policy authorizes disclosure without consent. Such notice is to be delivered to the school district within thirty (30) days from the date of the student's school registration for the current year.
5. Pursuant to the provisions of Oregon Administrative rule 581-21-410, a person may file a written complaint with the Family Policy Compliance Office, United States Department of Education, regarding an alleged violation under the Family Education Rights and Privacy Act. The Office's address is: Family Policy Compliance Office, U.S. Department of Education, Washington D.C. 20202 6.
6. A person may obtain District policies and procedures related to student records from the District web page: *https://salkeiz.k12.or.us/about-us/qam/*

WE WISH YOU AND YOUR STUDENT A SUCCESSFUL ACADEMIC SCHOOL YEAR!