

Reynolds School District

Release and/or Exchange of Information

Office Use Only
Enrollment Date: ___/___/___

As the parent/guardian of:

Student's Name _____ Birth Date: _____ Grade: _____

Address/City/State/Zip _____ Phone: _____

I authorize the release and/or exchange of confidential information between:

Reynolds School District		And School/Agency Transferring From	
<input type="checkbox"/> District Admin Office <input type="checkbox"/> Reynolds Outside Placement 1204 N.E. 201st Ave Fairview, OR 97024 (503) 661-7200 Fax: (503) 667-6932	<input type="checkbox"/> Glenfair Elementary 15300 N.E. Glisan Portland, OR 97230 (503) 252-3479 Fax: (503) 262-3788	School/Agency: _____ Address: _____ _____ City/Zip: _____ Telephone: _____ Fax: _____ Contact: _____	
<input type="checkbox"/> Reynolds Learning Academy (West) 20234 N.E. Halsey Fairview, OR 97024 (503) 667-4673 Fax: (503) 262-3795	<input type="checkbox"/> Reynolds Learning Academy (East) <input type="checkbox"/> Cornerstone/Post High 2408 SW Halsey, Bldg. J Troutdale, OR 97060 (503) 912-1576		
<input type="checkbox"/> Alder Elementary 17200 S.E. Alder Street Portland, OR 97233 (503) 255-4673 Fax: (503) 262-3786	<input type="checkbox"/> Salish Ponds Elementary 1210 N.E. 201st Avenue Fairview, OR 97024 (503) 492-7260 Fax: (503) 491-3469	<input type="checkbox"/> Wilkes Elementary 17020 N.E. Wilkes Road Portland, OR 97230 (503) 255-6133 Fax: (503) 262-3793	<input type="checkbox"/> Walt Morey Middle School 2801 S.W. Lucas Troutdale, OR 97060 (503) 491-1935 Fax: (503) 491-0245
<input type="checkbox"/> Davis Elementary 19501 N.E. Davis Portland, OR 97230 (503) 665-9193 Fax: (503) 667-6187	<input type="checkbox"/> Scott Elementary 14700 N.E. Sacramento Portland, OR 97230 (503) 255-2031 Fax: (503) 262-3790	<input type="checkbox"/> Woodland Elementary 21607 N.E. Glisan Fairview, OR 97024 (503) 674-8188 Fax: (503) 262-3794	<input type="checkbox"/> Reynolds High School 1698 S.W. Cherry Park Road Troutdale, OR 97060 (503) 667-3186 Fax: (503) 667-3096
<input type="checkbox"/> Fairview Elementary 225 Main Fairview, OR 97024 (503) 667-2954 Fax: (503) 262-3787	<input type="checkbox"/> Sweetbriar Elementary 501 S.E. Sweetbriar Lane Troutdale, OR 97060 (503) 666-9441 Fax: (503) 262-3791	<input type="checkbox"/> Hartley Elementary 701 N.E. 185th Avenue Portland, OR 97230 (503) 665-0134 Fax: (503) 262-3789	<input type="checkbox"/> Lee Middle School 1121 N.E. 172nd Portland, OR 97230 (503) 255-5686 Fax: (503) 328-0439
<input type="checkbox"/> Four Corners School 14513 SE Stark Portland, OR 97233 (503) 328-0420 Fax: (503) 542-4796	<input type="checkbox"/> ACE Academy 4222 N.E. 158th Avenue Portland, OR 97230 (503) 546-9928 Fax: (503) 546-9708	<input type="checkbox"/> Troutdale Elementary 648 S.E. Harlow Ave. Troutdale, OR 97060 (503) 665-4182 Fax: (503) 262-3792	<input type="checkbox"/> Reynolds Middle School 1200 N.E. 201st Avenue Fairview, OR 97024 (503) 665-8166 Fax: (503) 262-3796

Please Fax Immunizations and IEP (if applicable) as soon as possible.

I hereby authorize and request that all records, including psychological tests, special education records, personality evaluations, records of conversation and any written transcript of incidents relating specifically to achievement or measurement of ability and records of health, pertaining to the above named student be transmitted to Reynolds School District. It is understood that this information will be used to develop the most suitable education program for my student. It is further understood that the records will be maintained and used in accordance with the laws of the State of Oregon and the Federal Family Education Rights and Privacy Act of 1974. I understand my right to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student's right to privacy.

An explanation of parent rights regarding student records is on the reverse side.

Parent/Guardian (age 18+) _____ Date _____

Parent Rights

- A. Right to Inspect and Review Student Records.** The school district must allow a parent to inspect all student records regarding the student. The parent has the right to obtain copies of the records; the district may charge a fee for copies provided the fee does not effectively prevent the parent from exercising the right to inspect and review records. The parent also has the right to a response from the district when making a reasonable request for interpretation of the records. ORS 336.195 requires that Behavior Records be released to the parent only in the presence of someone who is qualified to interpret the records. Access must be granted with unnecessary delay and in no case more 45 days after the request has been made. Access must be granted prior to any IEP meeting or hearing relating to the identification, evaluation or placement of the child. The parent of a handicapped student also has the right to have a representative inspect and review the records.
- B. Right to a list of Types and Locations of Information.** On request, the district must provide the parent of a handicapped student with a list of the types and locations of education records collected, maintained or used by the district.
- C. Right to Request the Amendment of Student Records.** The parent may request that an amendment be made in the student's educational records if there is reasonable cause to believe that the records are inaccurate, misleading or otherwise in violation of the privacy or other rights of the student. If the district refuses, it must notify the parent within a reasonable length of time, not to exceed 30 days, and advise the parent of the parent's right to a hearing.
- D. Right to Request a Hearing to Challenge Information in the Student's Records.** The parent has the right to request a hearing to challenge information in the student's records. The hearing is conducted in accordance with 45 CRF Part 99.22.
- Should the district decide that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of the student, the district amends the records accordingly and informs the parent in writing. Should the district decide that the information is not inaccurate, misleading or otherwise in violation of the privacy or other rights of the student, the district informs the parent of the right to place a statement in the records regarding information in the records or setting forth reasons for disagreeing with the decision of the district. Any such explanation is maintained as part of the record as long as the district discloses the record or contested portion, then the explanation is also disclosed.
- E. Right to Annual Notification of Rights.** Each year, the district must notify the parent of rights guaranteed by the Buckley Amendment, where copies of the district's policy on student records may be obtained, and the right to file a complaint with the U.S. Office of Education should the parent believe that requirements on records are not being observed. When the parent's language is other than English, the district must notify the parent in a manner that the parent can understand.
- F. Right to Refuse Consent for the Use of Personally Identifiable Information.** The parent of a handicapped student has the right to refuse consent for the disclosure of personally identifiable information to anyone other than school officials or individuals acting in an official capacity for the district.
- G. Right to Request the Destruction of Student Records.** The parent of a handicapped student has the right to request the destruction of personally identifiable information when it is determined that such information is no longer needed to provide education services to the student. However, the permanent record must be retained indefinitely. **Note: Check with the State Archivist to determine the latest schedule for the retention and destruction of nonpermanent student records.**



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. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all
Up-to-date
Medical
Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> 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 _____

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

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

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Recommended Vaccines	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:
Please submit a letter signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:
 I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles/Mumps/Rubella	

Signature of Parent or Guardian _____ Date _____

Optional:
 ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief Philosophical belief Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____

Date

Update Signature _____

Date

Update Signature _____

Date

Update Signature _____

Date



Parents, don't let your child get left behind!



School Year 2016-2017

Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering
**Child Care or
Early Education** needs*

Check with your child's program or
healthcare provider for required vaccines

A child 18 months or older entering
**Preschool, Child Care, or
Head Start** needs*

4 Diphtheria/Tetanus/Pertussis (DTaP)
3 Polio
1 Varicella (chickenpox)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B
2 Hepatitis A
3 or 4 Hib

A student entering
**Kindergarten or
Grades 1-6** needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 7-8 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 9-12 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Please check with your child's school, child care or healthcare provider for details.*



STUDENT ENROLLMENT FORM

GRAY SHADED AREA FOR OFFICE USE ONLY

INSTRUCTIONS: The Registration form is an official record. The questions on this form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school.

Please print using a blue/black ballpoint pen, completing all pages.

STUDENT ID NO.	SCHOOL	COUNSELOR/TEACHER NAME	ADMIT DATE
GRADE	BIRTH DATE VERIFIED Y <input type="checkbox"/> N <input type="checkbox"/>	REC'D COURT ORDER Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	GRAD YEAR (High School Only)
Has your student been previously enrolled in the Reynolds School District? Y <input type="checkbox"/> N <input type="checkbox"/>		INITIAL ENROLLMENT? <input type="checkbox"/>	ENROLLMENT CHANGES? <input type="checkbox"/>
PREVIOUS SCHOOL DISTRICT ATTENDED	PREVIOUS SCHOOL ATTENDED	DATES ATTENDED From _____ To _____	
Previous School Address		City	State
Has your child ever been in a Talented and Gifted (TAG) program? Y <input type="checkbox"/> N <input type="checkbox"/>		Year(s)?	Where?
Does the student have a current Individualized Education Plan (IEP) ? Y <input type="checkbox"/> N <input type="checkbox"/>		Does the student have a Section 504 Plan ? Y <input type="checkbox"/> N <input type="checkbox"/>	
<i>Kindergarten Registration Only:</i> In the prior year, did your child spend 5 or more hours per week in preschool or preschool classroom? Y <input type="checkbox"/> N <input type="checkbox"/>			
In accordance with ORS 339.250, please answer these questions:			
Has your child ever been expelled from school? Y <input type="checkbox"/> N <input type="checkbox"/>		If Yes, Reason: _____ Date(s): _____	
Name of School: _____			

STUDENT INFORMATION

LEGAL LAST NAME (name on Birth Certificate or Court Order)	LEGAL FIRST NAME	MIDDLE NAME	SUFFIX
HOME ADDRESS	APARTMENT NUMBER	CITY	ZIP CODE
Home Address Verified: Yes <input type="checkbox"/> No <input type="checkbox"/> Initials: _____	Mailing Address (address & apt no. if different than home)	CITY	STATE ZIP
Is Mailing Address same as Home Address? Y <input type="checkbox"/> N <input type="checkbox"/>			
PREFERRED FIRST NAME/NICKNAME	SOCIAL SECURITY NO (Optional)	GENDER F <input type="checkbox"/> M <input type="checkbox"/>	BIRTHDATE AGE
CITY, STATE OF BIRTH	COUNTRY OF BIRTH	PRIMARY CONTACT PHONE ()	Unlisted? Y <input type="checkbox"/> N <input type="checkbox"/>

If Country of Birth is **outside the USA or Puerto Rico**, when did the child start attending school in the USA?

RACE & ETHNICITY (Please answer BOTH Part A & Part B questions)

ETHNICITY/RACE: This information is required by the Federal Government and is used for data analysis and reporting purposes only. If you choose not to respond, Reynolds School District is required to report this information through an *Observer Identification Process*. Completion of Part A and Part B is required. OIP Initials _____

Part A: ETHNICITY (Choose One) NOT HISPANIC/LATINO HISPANIC/LATINO – Having Origins in Cuba, Mexico, Puerto Rico, Central or South America or Other Spanish Culture or Origin

Part B: RACE – No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- American Indian/Alaskan Native** – Having origins in any of the original peoples of North or South America (including Central America), and who maintains Tribal Affiliation or Community Attachment
- Asian** – Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam
- Black/African American** – Having origins in any of the Black Racial Groups of Africa
- Native Hawaiian/Other Pacific Islander** – Having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands
- White** – Having origins in any of the Original Peoples of Europe, The Middle East, or North Africa

Title I-C Migrant Education Program

This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Y N

Title VII-A – Indian Education Program

Enrollment in a Federal or State Recognized Tribe can establish eligibility to participate in the TITLE VII Indian Education Program, a Federal Grant under the Indian Education Act of 1988. A Title VII Student Eligibility Certification must be completed for every eligible student. *Additional information will be provided to eligible students.*

Is this student, or parent, or a grandparent a member of a US Federally recognized American Indian Tribe? Y N

If yes, Tribe Name: _____

Title X McKinney-Vento Program

This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative will be in touch if you check a box.

- Please check all boxes that apply:
- You are living in a car, campsite or nighttime residence is **not ordinarily used as a regular sleeping accommodations**
 - You are living in a **shelter or transitional housing**
 - You are **sharing housing** with another family or moving from place to place due to economic hardship
 - You are staying in a **Motel or Hotel** until you can find affordable housing
 - The student is an **Unaccompanied Minor** and not in the care of a parent or legal guardian? Y N



LEGAL LAST NAME	FIRST NAME	GRADE
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THIS PAGE MAY BE COPIED FOR OTHER STUDENTS IN YOUR FAMILY. PLEASE ADD NAME AND GRADE AFTER COPYING.

LEGAL PARENT/GUARDIAN INFORMATION

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents). It is assumed BOTH parents/guardians have access to student information unless legal documentation is provided indicating otherwise.

Who has Legal Custody of Child? Both Parents Mother Father Joint Custody
 Grandparent Guardian Foster Parent Other (please explain)

Child Lives With? Both Parents Mother Father Grandparent Guardian Foster Parent
 Other (please explain)

Is there a current restraining/court order pertaining to this student? Y* N

*If there is a current court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. I have submitted a current court order: Signature: _____ Date: _____

FIRST LEGAL PARENT/GUARDIAN

Call order in case of Emergency: 1 2 EMERGENCY CONTACT PHONE ()

Mother Father Guardian LAST NAME FIRST NAME
 Other (please explain)

ADDRESS Different Address Check box to receive copy of report card and/or correspondence CITY STATE ZIP
 Lives with student? Y N*
 *If "No", please complete Different Address

EMAIL is used to communicate important information about the school and your student. EMAIL ADDRESS (PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES) HOME PHONE () CELL PHONE/PAGER NO. ()

EMPLOYER OCCUPATION WORK PHONE () EXT

Do you Live/Work on FEDERAL PROPERTY? Y N Active Military? Y N

Are you willing to VOLUNTEER? Y N

Speaks English? Y N Primary Language Spoken:

Send printed materials in primary language, if available? Y N Does this parent **require an interpreter** for educational conferences? Y N

SECOND LEGAL PARENT/GUARDIAN

Call order in case of Emergency: 1 2 EMERGENCY CONTACT PHONE ()

Mother Father Guardian LAST NAME FIRST NAME
 Other (please explain)

ADDRESS Different Address Check box to receive copy of report card and/or correspondence CITY STATE ZIP
 Lives with student? Y N*
 *If "No", please complete Different Address

EMAIL is used to communicate important information about the school and your student. EMAIL ADDRESS (PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES) HOME PHONE () CELL PHONE/PAGER NO. ()

EMPLOYER OCCUPATION WORK PHONE () EXT

Do you Live/Work on FEDERAL PROPERTY? Y N Active Military? Y N

Are you willing to VOLUNTEER? Y N

Speaks English? Y N Primary Language Spoken:

Send printed materials in primary language, if available? Y N Does this parent **require an interpreter** for educational conferences? Y N

SIBLINGS (School age only – Attending Reynolds School District)

Sibling Last Name	First Name	AGE	GENDER	School	Grade
			F <input type="checkbox"/> M <input type="checkbox"/>		
			F <input type="checkbox"/> M <input type="checkbox"/>		
			F <input type="checkbox"/> M <input type="checkbox"/>		
			F <input type="checkbox"/> M <input type="checkbox"/>		

EMERGENCY CLOSURE PLAN (*Must be included on Emergency Contacts List)

Please check the appropriate box and circle the choice of authorized pickup or destination, in the event of an Emergency Closure:

Pick up by: Parent Friend* Neighbor* Relative* Daycare* School Bus to: Home Neighbor* Daycare* Walk/Ride Bike/Drive to: Home Neighbor* Daycare*

Parent Signature: _____

Date: _____



LEGAL LAST NAME	FIRST NAME	GRADE
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EMERGENCY CONTACTS – In emergency, parents/guardians will be called 1st. Emergency contacts will be called in the order indicated.

Please confirm all Emergency contacts listed have permission to pick up student at school by initialling here: Parent Initials: _____ Date: _____

1ST Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State
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PRIMARY LANGUAGE SPOKEN	HOME PHONE ()	WORK PHONE ()	CELL PHONE/PAGER NO. ()
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2ND Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State
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PRIMARY LANGUAGE SPOKEN	HOME PHONE ()	WORK PHONE ()	CELL PHONE/PAGER NO. ()
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3RD Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State
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PRIMARY LANGUAGE SPOKEN	HOME PHONE ()	WORK PHONE ()	CELL PHONE/PAGER NO. ()
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NATURAL DISASTER CONTACT – During the period following a large damaging natural disaster, an out-of-area contact should be selected because there is a higher possibility of being able to telephone people outside of the region than across our city or metropolitan area. Therefore, please list an emergency phone contact that is at least 100 miles away so that your child could call that phone number to regain contact with you through this third party.

ND Contact	CONTACT LAST NAME	FIRST NAME	Relationship to Student	City	State
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PRIMARY LANGUAGE SPOKEN	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
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MEDICAL INFORMATION

School staff members need to know when your child has a current ongoing health problem for which he or she may require help during the school day. Remember to advise your school of any changes in information.

DOCTOR'S NAME	PHONE ()	DENTIST'S NAME	PHONE ()
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INSURANCE CARRIER NAME	HEALTH INS/MEDICAID NO.	PREFERRED HOSPITAL
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Does your student have Health/Accident Insurance? Y N *If No, Reynolds School District offers a low cost accident and health insurance options.*

Please check any **current on-going problems**? Asthma Heart Disease Serious Allergies Seizure Disorder Diabetes: Type I Type II Other

*In case of serious illness, accident or other emergency involving the student, the school will send the student to the preferred hospital specified above or if no hospital nearest the school.

Please list any allergies (including bee stings) and/or other health conditions that may affect your child at school:	LIFE THREATENING?	
	YES	NO
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>

Please note: Any allergy or other health condition requiring intervention at school **requires** that the parent complete appropriate medication information forms.

I need a medication form: Y N

Medical Emergency Transport

I authorize school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency situation when I cannot be located: Y N

Parent Signature: _____ **Date:** _____

Preferred Hospital : _____

VISION SCREENING VERIFICATION

Please complete **either** Section I, Section II or Section III:

Section I	Has completed Vision Screening Eye Exam: Y <input type="checkbox"/> N <input type="checkbox"/> Date of Exam: _____	Results: <input type="checkbox"/> Passed <input type="checkbox"/> Did Not Pass (<i>Referred</i>) Name of Provider Conducting the Screening/Exam: _____
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Section II	<input type="checkbox"/> I have previously submitted certification to (Name of School District other than Reynolds): _____
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Section III	<input type="checkbox"/> I am not providing certification of vision screening/eye exam due to my religious beliefs.
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Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Office Use Only:	SCHOOL	COUNSELOR/TEACHER NAME	STUDENT ID NO.
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LEGAL LAST NAME	FIRST NAME	GRADE
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STUDENT TRANSPORTATION

BUS INFORMATION

Will this student ride the bus? Y <input type="checkbox"/> N <input type="checkbox"/>	Office use only - BUS Number:	Bus Stop Location:
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VEHICLE INFORMATION – (HIGH SCHOOL Student Only)

If your high school student is planning to drive himself/herself to and from school and park in assigned lot (see HS front office for request form), please complete:

Year	Make	Model	Color	License Number	Parking Permit Number (office use only)
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ANNUAL INFORMATION/PERMISSIONS & AUTHORIZATIONS

Directory Information

The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as "Directory Information" which schools may release for school purposes without parent consent: student's name, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous school attended.

Within 30 days of enrollment, a parent may request, in writing to the school, that directory information not be released while the student is enrolled.

Electronic Communication (e-mail) - STUDENT

I have read policy IIBGA-Electronic Communications System and the administrative regulation and agree to abide by their provisions. I understand that violation of these provisions will result in discipline up to and including expulsion from school and/or suspension or revocation of system access and related privileges and/or referral to law enforcement officials.

Student Signature:

Date:

Electronic Communication (e-mail) - PARENT

I have read policy IIBGA-Electronic Communications System and the administrative regulation. I will monitor my student's use of the system and his/her potential access to world-wide Internet and will accept responsibility for supervision in that regard if and when my student's use is not in a school setting. In consideration for the privilege of using the district's Electronic Communication System and in consideration for having access to the public networks, I hereby release the district, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my student's use, or inability to use, the system including, without limitation, the type of damages identified in the district's policy and administrative regulation.

- I give my permission to issue an account for my student and certify that the information contained on this form is correct.
 I do NOT give my permission for my student to participate in the district's communications system.

Parent Signature:

Date:

Internet

My student has permission to use the internet (The student's use of the internet is subject to the Technology & Electronic Communication regulation, which is outlined in the *Parents and Student Rights and Responsibilities Handbook*):

Y N Parent Initials:

Military/College Recruitment – (High School student only)

The "No Child Left Behind" Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of 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".

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

Non-Discrimination Notice

Reynolds School District recognizes the diversity and worth of all individuals and groups in our society. It is the policy of the Reynolds School Board of Education that all educational programs, activities and employment will be free of discrimination or harassment on the grounds of race, color, religion, gender, gender identity, sexual orientation, national origin, disability, parental or marital status, or age.

Photo and Information

I do NOT want my child's photo or information used in: (Check all that apply) News Media School Yearbook School Web Page Student Directory

Student Records

Annual Parent Notification for Family Education Rights and Privacy Act.

Parent Rights: 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Education concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from the School. (Reynolds Board Policy JO/IGBAB – Education Records/Records of Students with Disabilities can be found on the District website.)

Transferring/Retention of Records – Grades K-12

Transferring Records - Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school.

Retention of Records – Student records will be retained the minimum time set by the State of Oregon. The District will retain speech pathology and physical therapy records until the student reaches age 21 or five years after last session, whichever is longer. The District will retain all other special education records for a minimum of five years after the school year in which the records were created. The District may destroy these records after these periods of time unless the parent or adult student requests those records.

First Legal Parent/Guardian Signature:

Date:

Second Legal Parent/Guardian Signature:

Date:

Office Use Only:	SCHOOL	COUNSELOR/TEACHER NAME	STUDENT ID NO.
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Reynolds School District #7

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:

A. Native American Indian

C. Native Pacific Islander

B. Alaska Native

D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

10. Please describe the language understood by your child. (Check only one)

A. Understands only the home language and no English.

B. Understands mostly the home language and some English.

C. Understands the home language and English equally.

D. Understands mostly English and some of the home language.

E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	
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VISION/DENTAL SCREENING CERTIFICATION FOR SCHOOL USE

Note: This form applies to all students 7 years of age or younger and who is beginning an educational program with the educational provider for the first time.

Child's name: _____ Date of birth: _____ Grade: _____
(Please print) School: _____

Parents please complete:

Section One, Section Two, or Section Three of both Vision and Dental Screening Certifications.

VISION SCREENING CERTIFICATION See [2013 Oregon HB3000 Section 1: \(2\)\(a\) through \(3\)\(b\)](#)

SECTION ONE: Screening or eye exam date: _____

Results: Pass Referred (Did not pass)

Follow-up: Name of provider: _____

OR

SECTION TWO: I have previously submitted certification to: _____
(School)

OR

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

Parent/Guardian signature

Date

DENTAL SCREENING CERTIFICATION See [2015 Oregon HB2972 Section 1: \(2\)\(a\) through \(3\)\(c\)](#)

SECTION ONE: Screening or dental exam date: _____

Results: Pass Referred (Did not pass)

Follow-up: Name of provider: _____

OR

SECTION TWO: I have previously submitted certification to: _____
(School)

OR

SECTION THREE: I am not providing certification of dental screening/exam due to my religious beliefs.

Parent/Guardian signature

Date