

(OFFICE ONLY) Student ID Number:

Date enrolled:

Grade:

Teacher:

Room:

Forest Grove School District Registration Form for Grades K-12 (English)

STUDENT INFORMATION

Last Name (LEGAL NAME ONLY)	First Name Preferred Name	Middle	Suffix (Jr., II, III)
-----------------------------	------------------------------	--------	-----------------------

Grade	Other name(s) used previously	Birth Date: / /	Birthplace: City, State, Country	Gender: __M__F__X
-------	-------------------------------	--------------------	----------------------------------	----------------------

Forest Grove School District allows students and parents to identify as male, female, or gender X. Gender X is for non-binary people, including intersex and gender-fluid individuals.

ETHNICITY: Is this student Hispanic/Latino? (Choose only one)

No, not Hispanic / Latino

Yes, Hispanic / Latino (A person of Latino, Hispanic or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican or other Spanish-speaking country of origin, regardless of race or original language.)

The above Hispanic/Latino part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following race question by marking one or more boxes under RACE to indicate what you consider your student's race to be.

RACE: What is the student's race? (Choose one or more)

American Indian / Alaskan Native (A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment) Tribal affiliation, if known : _____

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black / African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian / Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Household address	City, State	ZIP Code	Primary contact number (If unlisted, check Unlisted box) () ___ Unlisted
-------------------	-------------	----------	--

Mailing address (if different from household address)	City, State	ZIP Code	Student e-mail address (optional)
---	-------------	----------	-----------------------------------

Last School	City/State	School District	Date	First enrollment in US school (K-12) / /
-------------	------------	-----------------	------	---

Enter the names of all siblings from Birth – Grade 12. (If there are more than 3 siblings, please write additional siblings on another piece of paper.)

Sibling name	Age	Grade	School
Sibling 1 name			
Sibling 2 name			
Sibling 3 name			

PARENT/GUARDIAN INFORMATION

Who has legal custody of the child? ___ Both parents ___ Mother ___ Father ___ Grandparent ___ Foster Parent ___ Other

Is there a current restraining/court order pertaining to this student? ___ *Yes ___ No

*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: _____

PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
Full Name:	Full name:
Relationship to student:	Relationship to student:
Lives with student? ___ Yes ___ No If no, please provide address here: Street City State ZIP Code	Lives with student? ___ Yes ___ No If no, please provide address here: Street City State ZIP Code
Active Military? Yes	Active Military? Yes
Home/Primary contact phone: ()	Home/Primary contact phone: ()
Work phone: ()	Work phone: ()
Cell phone: ()	Cell phone: ()
E-mail address (optional):	E-mail address (optional)
Employer:	Employer:
Primary language:	Primary language:
___ Interpreter required ___ Parent online access	___ Interpreter required ___ Parent online access
___ Mailings allowed ___ Willing to volunteer	___ Mailings allowed ___ Willing to volunteer

Signature Required on Reverse Side

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT (Other than parents)	EMERGENCY CONTACT (Other than parents)
Full Name:	Full Name:
Relationship to student:	Relationship to student:
Home/Primary contact phone: ()	Home/Primary contact phone: ()
Work phone: ()	Work phone: ()
Cell phone: ()	Cell phone: ()
<input type="checkbox"/> Has permission to pickup student Primary language: _____	<input type="checkbox"/> Has permission to pickup student Primary language: _____

QUESTIONS/PERMISSIONS/AUTHORIZATIONS for PARENTS/GUARDIANS

What is the name of the Pre-School that your child attended? (Only complete if your child is entering Kindergarten)

Please indicate if your student is eligible in any of the following areas: Special Education (IEP) 504 Plan TAG ELL

Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked seasonally in agricultural, lumber or fishing related jobs) in the past three years? Yes No

(For high school students only) Federal law requires release of student information to military recruiters. If you do not want this information released for your child, you must select 'Opt Out'. Opt Out
<http://www2.ed.gov/policy/gen/guid/fpco/hottopic/ht-10-09-02a.html>

School Closure/Early Dismissal

Please indicate your choice of one of the following should we have to dismiss school early

- 1) Go home the regular and customary way.
- 2) Remain at school. Primary contact name: _____

Primary contact phone number: () _____

Elementary Only Screenings

K-3 students are screened annually for hearing and vision loss. In the event your child fails the initial screening, please sign here to provide permission for an individual re-screening for hearing and vision, if necessary.

Signature: _____ Date: _____

Medical Emergency Transportation

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.

Signature: _____ Date: _____

Preferred hospital: _____

Medical Information

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

Doctor's name: _____ Phone number: _____

Dentist's name: _____ Phone number: _____

Health Insurance/Medicaid number: _____ Does your student require medicine during school hours? Yes No If yes, please ask for the medication permission form.

Are there any allergies/health conditions or medication allergies that we should be aware of? Yes No

List any special medications we will need to know.

Sharing Medical Information

I authorize the school district to release my student's health insurance information to the Forest Grove School-Based Health Center. I understand that my insurance will not be billed without my consent.

Signature: _____ Date: _____

The information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment will be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Signature of Parent/Guardian _____ Date _____