

KLAMATH FALLS CITY SCHOOLS REGISTRATION FORM

Formas de registro son disponibles en español. Por favor de pedir le una a la secretaria.
Si usted necesita ayuda o interprete por favor llame a la oficina Migrante/Bilingüe a el teléfono 883-4747.

OFFICE USE ONLY

Enrollment Date _____ **Birth Certificate** _____ **Immunizations** _____ **Homeroom Teacher** _____

STUDENT INFORMATION

School _____ **Grade Level** _____

Student (legal name) _____ Male Female
Last First Middle

Preferred Name: _____
Last First Middle

Street Address _____ **Zip** _____

Mailing Address _____ **Parent e-mail address** _____
Only If Different From Street Address

Home Telephone _____ **Student e-mail address** _____

Date of Birth _____ **Place of Birth** _____

Ethnicity: **Hispanic / Latino** Yes No
Select yes or no

Race: American Indian or Alaskan Native Asian
Select one or more Black or African American Native Hawaiian or Other Pacific Islander
 White

Was this student born in the United States? Yes No If not, what date did this student first attend school in the U.S.? _____
Do you need written and/or phone communication in a language other than English? Yes No (If yes, please fill out survey)

PARENT/GUARDIAN INFORMATION

Student Lives With:

• **Last Name** _____ **First Name** _____
 Mom Dad Step Parent Legal Guardian Foster Parent Power of Attorney Self

Employer _____ **Work Phone** _____ **Cell Phone** _____

• **Last Name** _____ **First Name** _____
 Mom Dad Step Parent Legal Guardian Foster Parent Power of Attorney Self

Employer _____ **Work Phone** _____ **Cell Phone** _____

Other Parent: non-custodial (not living with)

Last Name _____ **First Name** _____
 Mom Dad Step Parent Legal Guardian Other _____

Address _____

Employer _____ **Work Phone** _____ **Cell Phone** _____

Restraining Orders in place Send Mailings Send Report Cards Has permission to Pick Child Up from School

EMERGENCY INFORMATION

Contact:

Name: _____ **Home Phone** _____ **Cell** _____
 Ok to pick up Authorize Medical Care **Relationship to Student** _____

Name: _____ **Home Phone** _____ **Cell** _____
 Ok to pick up Authorize Medical Care **Relationship to Student** _____

Daycare Provider _____ **Address** _____ **Phone** _____
First last Street Zip Code

SPECIAL NEEDS INFORMATION

- Does this student have a current IEP (Individual Education Plan)/504 plan and/or needs Special Education? Yes No
- If yes, in what area(s)? _____
- Academic Needs _____

• Please list any special health considerations such as asthma, migraines, diabetes, and allergies: _____

Student Name: _____ Grade: _____ School: _____ Telephone Number: _____

SCHOOL INFORMATION

Last School Attended _____ Last Grade Completed _____ Last Day of Attendance _____

Last School Address _____ City/State/Zip _____

Please List All Other Schools Previously Attended/Address/City/State _____

The Oregon Title I-C Migrant Education Program is designed to help children and young adults ages 3-21 who frequently moved on their own or with their parents in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities. Services are free and may include: after school and summer school programs; transfer of education and health records; 24-hour accident insurance; educational support; parent involvement; referrals to community resources and services.

Have you moved in the last 3 years? Yes NO If yes, please answer the following questions:

- Was the move in search of temporary or seasonal agriculture or fishing work? Yes NO
- Was this work in tree planting, produce hauling, field shed, dairy or produce? Yes NO
- Did the child you are enrolling move with you? Yes NO

LANGUAGE SURVEY: (ONLY FOR STUDENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH)

- What language did this student learn when he/she first began to speak? _____
- What language does this student most frequently use at home? _____
- What language do the adults at home most frequently use to speak this student? _____
- What language is most often spoken by the adults at home? _____
- Was your child in an English Development Program? Yes NO Has this student exited the program? _____ (date)

The ESEA Title X and McKinney-Vento Programs guarantee all children and youth the right to an education, regardless of their current living situation. Program resources may include provision of school supplies, clothing, and other services to help ensure student success.

Please check a box below if any of the following apply to your current living situation:

- Living in an emergency or transitional shelter.
- Living in a motel, hotel, trailer, or camping ground.
- Temporarily doubled up with friends or relatives due to loss of housing or economic hardship.
- Moving from place to place without permanent housing.
- Living in a car, park, public space, abandoned building, substandard housing, bus or train station.
- Unaccompanied youth not in the physical custody of a parent or guardian.

_____ I give my consent for Klamath Falls City School district to release confidential information to Integral Youth Services (IYS). IYS provides support and resources to those students/families that are identified as homeless. This consent is valid for one year and may be changed at any time upon request.

DISTRICT POLICY

Our schools have a strict policy on drugs, tobacco, alcohol, and weapons in order to provide a safe and healthy school environment. Students will be suspended and/or expelled for being involved with any of them.

Please initial beside each statement indicating you understand the consequences of each behavior.

_____ I understand students will be suspended and possibly expelled if they possess, bring, hold, sell, consume, are under the influence of or use any alcoholic beverage, illegal drugs, smokeless tobacco, tobacco products or cigarettes during school hours or at school activities within 1,000 yards of campus.

_____ I understand students will be suspended and possibly expelled if they possess anything construed as a weapon to include but not limited to pocketknives of any size, buck knives of any size, chains, firearms, throwing stars, facsimiles of firearms, metal knuckles, pellet guns, bb guns, straight razors, explosives, noxious, irritating or poisonous gases, poisons, drugs or other items fashioned with the intent to use, sell, harm, threaten or harass students, staff, parents and patrons.

_____ I have received a copy of the district's Acceptable Use Agreement for internet and network access. I understand that any violation of the regulations listed is unethical and may constitute a criminal offense. Should my child commit any violation, their access privileges may be revoked, school disciplinary and/or appropriate legal action may be taken. I hereby give permission for my child to use the internet at school.

Klamath Falls City Schools Code of Conduct: I will: _____ Access Online _____ I am requesting a hard copy

Elementary/Secondary Handbook: I will: _____ Access Online _____ I am requesting a hard copy

MEDICAL RELEASE

Recognizing medical treatment on an emergency basis may be necessary and school personnel may be unable to contact me, I consent in advance to emergency care, including ambulance transportation and hospital, as may be deemed necessary under the then-existing circumstances. Yes NO

Recognizing medical information about a student may need to be shared with school district staff, I consent to the sharing of medical information and emergency procedures or protocols for my child with the appropriate school personnel. Yes NO

Prescription medications that need to be taken at school must be in the original container with the prescription label attached and must be taken to the office/nurse's office. Written parent authorization is required for school personnel to administer the prescribed medication or to supervise the student self-administering the medication. A parent or guardian must authorize school personnel to administer any non-prescription medications according to label instructions. Any non-prescription medication brought to school from home must be in the original container and must be stored in the office.

Immunization records must be provided to the school within thirty days of enrollment or your child will be excluded from school in accordance with Oregon Law.

Oregon Law does not require parent signature to transfer student records upon student enrollment in a new district. If your child is enrolling in our district from outside of Oregon, your signature at the bottom of the registration form indicates permission has been granted for student records to be released to Klamath Falls City Schools.

BY SIGNING THIS DOCUMENT, I AM STATING I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS DOCUMENT.

X Parent/Guardian Signature: _____ **Date:** _____