



# NORTH COLUMBIA ACADEMY

## STUDENT REGISTRATION FORM 2015 - 2016

OFFICE USE ONLY: STUDENT NAME: \_\_\_\_\_ STUDENT ID # \_\_\_\_\_ STATE ID \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Student registration forms are **very important** — for your family and for the school district. The information you provide allows us to:

- \* Distribute important school or school district information to you, including your student’s academic progress (report cards) and attendance information.
- \* Respond appropriately in the event of a medical situation involving your student.
- \* Contact you or others if there is a school emergency.

Information from registration forms also supports students’ academic success by allowing the school district to:

- \* Help your student receive support such as language services.
- \* Seek grants to strengthen classroom instruction.
- \* Evaluate our work on behalf of student groups (racial/ethnic, socioeconomic, etc.).
- \* Ensure that we are in compliance with civil rights laws regarding students and staff.

**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 black pen, complete all pages and sign the last page.** If any information should change during the school year, notify your school immediately.

**STUDENT INFORMATION**

LEGAL LAST NAME \_\_\_\_\_ LEGAL FIRST NAME \_\_\_\_\_

LEGAL MIDDLE \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER Female Male HOME LANGUAGE \_\_\_\_\_

FIRST NAME “GOES BY” \_\_\_\_\_ LAST NAME “GOES BY” \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ BIRTH COUNTRY \_\_\_\_\_

STUDENT E-MAIL ADDRESS \_\_\_\_\_

Federal and State Regulations require schools to gather the information for statistical reports. For more information, your school can help.

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

RACE *select at least one* American Indian/Alaska Native Asian Black Native Hawaiian or Other Pacific Islander White

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAMILY PRIMARY PHONE (cell? Yes  No ) \_\_\_\_\_ STUDENT CELL PHONE \_\_\_\_\_

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

**PREVIOUS SCHOOL INFORMATION**

School (most recent)	City and State	Years Attended (ex 2007-09)

Is this student currently suspended from previous school? Yes  No  Is this student currently expelled from previous school? Yes  No

**PROGRAM INFORMATION**

Does your student participate in Special Education and have a current Individualized Education Plan (IEP)? Yes  No

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

Is your student in a Talented and Gifted (TAG/GATE) program? Yes  No

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

**PARENT/RESPONSIBLE ADULT #1:** LIVING WITH STUDENT: Y  N  (If no, provide mailing address, check if you want copy of correspondence )

MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

LAST NAME FIRST NAME \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE (if different than student information) \_\_\_\_\_ Cell phone? Yes  No

SECONDARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ INTERESTED IN VOLUNTEERING Yes  No

Contact allowed with student Yes  No  Has Custody of student Yes  No  Permission to pick up? Yes  No

**PARENT/RESPONSIBLE ADULT #2:** LIVING WITH STUDENT: Y  N  (If no, provide mailing address on, check if you want copy of correspondence )

MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE (if different than student information) \_\_\_\_\_ Cell phone? Yes  No

SECONDARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ INTERESTED IN VOLUNTEERING Yes  No

Contact allowed with student Yes  No  Has Custody of student Yes  No  Permission to pick up? Yes  No

**ADDITIONAL EMERGENCY CONTACTS**—In an emergency, 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.

RELATIONSHIP TO STUDENT \_\_\_\_\_ FIRST AND LAST NAME \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ ADDITIONAL PHONE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ FIRST AND LAST NAME \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ ADDITIONAL PHONE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ FIRST AND LAST NAME \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ ADDITIONAL PHONE \_\_\_\_\_

**SIBLINGS**—Please list student's sibling(s) currently attending a district school.

SIBLING LAST NAME \_\_\_\_\_ SIBLING FIRST NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SIBLING LAST NAME \_\_\_\_\_ SIBLING FIRST NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SIBLING LAST NAME \_\_\_\_\_ SIBLING FIRST NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**—School staff needs to know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

PHYSICIAN'S NAME (optional) \_\_\_\_\_ PHONE (optional) \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_ EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

DENTIST'S NAME (optional) \_\_\_\_\_ PHONE (optional) \_\_\_\_\_

INSURANCE CARRIER (optional) \_\_\_\_\_  If not insured, check the box to be contacted by Healthy Kids Initiative for no-cost or low-cost health coverage for children 0 to 19 years old.

CHECK ANY CURRENT MEDICAL CONDITIONS:  SERIOUS ALLERGIES: \_\_\_\_\_ LIFE THREATENING? Yes  No   
 ASTHMA  HEART DISEASE  SEIZURE DISORDER  DIABETES:  TYPE I  TYPE II OTHER

SPECIAL HEALTH NEEDS AT SCHOOL: \_\_\_\_\_

MEDICATIONS TO BE TAKEN AT SCHOOL (Please list and also complete the Authorization for Medication form):

**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, address, phone listing, date and place of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. **If you do not want this information released, please check the box. 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 check the box.**

Internet access? yes  no  The student's use of the Internet is subject to the district's Acceptable Use Regulation which is available from your school. Types of access permitted Internet  Email  Both

In order for my child, a minor, to take part in and receive the advantage of a program planned and sponsored by Rainier School District, I am permitting my child to make any or all of the field trips included in the planned program of the school. Some places may be in walking distance. Transportation may be provided in such form and at the discretion of the school district as approved by the Superintendent. I authorize the district and its employees to secure the services of a physician/hospital, and to incur expenses for necessary services in the event of accident or illness, and I will provide for the payment of these services. I understand granting permission does not release the Rainier School District, or its employees, where gross negligence is established and that I have the right to refuse to allow my child to go on some of the field trips by notifying the school.

I have read and understand the Permissions/Authorizations information above \_\_\_\_\_ (Initials of Parent or Responsible Adult).

**LANGUAGE INFORMATION**

What was the first language your child learned to speak? \_\_\_\_\_

What language does the student speak at home most of the time? \_\_\_\_\_

If a language other than English is given to any of the above questions, your child will be referred for English language assessment to determine if he/she qualifies for ESL services.

Is the student in, or has the student been in, an English Language Learner Program? Yes  No

If Yes, what was the student's first day in a U.S. school? \_\_\_\_\_

In a Bilingual/Dual Program? Yes  No

Your family has the right to receive information in your home language.

Does your family need an interpreter for school meetings? Yes  No

**FEDERAL TITLE PROGRAM QUESTIONS** (note to school staff: if a family checks 'yes' for any of these questions, please scan this page to Student Services)

**Title VII-A Program, Indian Education**—This information establishes the district's eligibility for a federal grant under the Title VII-A of the No Child Left Behind Act. You may receive more information if you mark "Yes."

Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? Yes  No

If YES, please fill in tribe name: \_\_\_\_\_

**Oregon 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. Yes  No

**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 may be in touch if you check a box.

Please place a check in the appropriate box if it applies:

- You are staying in a motel, car or campsite until you can find affordable housing
- You are sharing housing with another family due to economic hardship
- Your child is living with a relative/friend/or anyone other than his/her custodial parents
- You are living in a shelter, temporary housing or moving from place to place without permanent housing
- You are experiencing housing difficulties related to finances and would like more information about services

**BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION PROVIDED IS TRUE AND COMPLETE. I UNDERSTAND GIVING FALSE INFORMATION TO A PUBLIC AGENCY IS UNLAWFUL. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT COULD BE IMMEDIATELY REMOVED FROM THE SCHOOL.**

SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/RESPONSIBLE ADULT \_\_\_\_\_ DATE \_\_\_\_\_

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

