



CANBY SCHOOL DISTRICT ENROLLMENT & REGISTRATION

OFFICIAL USE ONLY
STUDENT NAME
STUDENT ID#

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

SHADED AREA FOR OFFICE USE ONLY	CURRENT GRADE	TEACHER/COUNSELOR	DOB VERIFICATION	IMMUNIZATIONS	BUS #	STUDENT ID	SSID#	DATE ENROLLED
CHECK IF: <input type="checkbox"/> New to District <input type="checkbox"/> New Address <input type="checkbox"/> New Phone								

STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME(S)	DATE OF BIRTH	ENROLLING IN GRADE	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
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HOME ADDRESS (Street Address & Apt. #)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (If Different)	CITY	STATE	ZIP CODE
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PRIMARY CONTACT PHONE NUMBER <input type="checkbox"/> Home Landline <input type="checkbox"/> Home Cell Phone	UNLISTED NUMBER <input type="checkbox"/> Yes <input type="checkbox"/> No	STUDENT CELL PHONE NUMBER	STUDENT EMAIL ADDRESS (Optional)
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PREVIOUS SCHOOL DISTRICT ATTENDED	PREVIOUS SCHOOL ATTENDED	DATES ATTENDED	PREVIOUS SCHOOL ADDRESS
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ETHNIC BACKGROUND *(Federal regulations require this information. If race fields are left blank, school staff must select for you.)*
 Ethnicity – Hispanic or Latino Origin Yes No (Defined: Central, Latin, or South American; Chicano; Cuban; Dominican; Mexican/Mexican American; Puerto Rican; Spaniard, or Other Hispanic/Latino)
 Race – (Check all that apply) American Indian/Native Alaskan Asian Black/African American Native Hawaiian/Pacific Islander White

FIRST LANGUAGE	LANGUAGE FOR WRITTEN COMMUNICATION TO PARENT/GUARDIAN	LANGUAGE SPOKEN AT HOME	BORN IN THE U.S. OR PUERTO RICO? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE FIRST ATTENDED A U.S. SCHOOL: ____/____/____
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HAS STUDENT EVER RECEIVED ANY OF THE FOLLOWING ADDITIONAL SERVICES?
 TAG IEP (Please attach IEP) Title I Alternative School/Program ESL/Bilingual Classes 504 Other _____

McKINNEY-VENTO PROGRAM – This program guarantees that students, no matter their living situations, have access to public education. Program resources may include transportation assistance, school supplies, and other services to help ensure success in school. Please check any boxes that may apply:
 You are staying in a motel, car, RV, or campsite until you can find affordable housing You are sharing housing with another family due to economic hardship You are moving from place to place, without permanent housing You are living in a shelter N/A

MORNING TRANSPORTATION <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Drop Off <input type="checkbox"/> Day Care	CHILD CARE <input type="checkbox"/> Before School <input type="checkbox"/> After School	DAYS AT CHILD CARE <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
AFTERNOON TRANSPORTATION <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Pick Up <input type="checkbox"/> Day Care		

CHILD CARE PROVIDER NAME	CHILD CARE PROVIDER PHONE	CHILD CARE PROVIDER ADDRESS	PROVIDER CAN PICK UP STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No
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ON-GOING HEALTH ISSUES: Asthma Heart Disease Type 1 Diabetes Type 2 Diabetes Seizure Disorder Others – Please Specify:

MEDICATIONS NEEDED AT SCHOOL? (Medication dispensed at school requires written permission) <input type="checkbox"/> Yes <input type="checkbox"/> No	ALLERGIES:
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SIBLING INFORMATION

SIBLING NAME	SCHOOL	GRADE	SIBLING NAME	SCHOOL	GRADE
SIBLING NAME	SCHOOL	GRADE	SIBLING NAME	SCHOOL	GRADE



Federal law and school board policies protect the privacy of student's educational records and give parents certain rights or permissions with respect to their child's records. These permissions are defined as: **CONTACT ALLOWED** – This adult can have contact with the child. **EDUCATIONAL RIGHTS** – Has legal rights to access educational records (grades, attendance, behavior, etc.). **HAS CUSTODY** – Adult who has legal custody of this student. **MAILINGS ALLOWED** – Physical paper mail can be sent to this household, if Educational Rights are allowed, ex. Report Cards (one per address). **RELEASE TO** – The district/school can release the child to this adult.

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PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1

LEGAL LAST NAME		LEGAL FIRST NAME		EMAIL ADDRESS		RELATIONSHIP TO STUDENT		LIVES WITH STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS CUSTODY <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACT ALLOWED <input type="checkbox"/> Yes <input type="checkbox"/> No	RELEASE TO? <input type="checkbox"/> Yes <input type="checkbox"/> No	EDUCATIONAL RIGHTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	SPEAKS ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, LIST PRIMARY LANGUAGE:			INTERPRETER NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOME ADDRESS (Street Address & Apt. #)				CITY		STATE		ZIP CODE	
WORKED OR SOUGHT WORK IN AGRICULTURE, NURSERIES, FORESTRY OR FISHING IN THE PAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No			WILLING TO VOLUNTEER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIMARY CONTACT PHONE NUMBER <input type="checkbox"/> Home Landline <input type="checkbox"/> Cell Phone <input type="checkbox"/> Unlisted <i>THIS NUMBER WILL BE USED FOR ATTENDANCE AND EMERGENCY CALLS</i>					CELL PHONE NUMBER FOR TEXT MESSAGE NOTIFICATIONS				
PLACE OF EMPLOYMENT				WORK PHONE NUMBER		OTHER CONTACT NUMBER (PLEASE SPECIFY TYPE)			

PARENT/GUARDIAN #2

LEGAL LAST NAME		LEGAL FIRST NAME		EMAIL ADDRESS		RELATIONSHIP TO STUDENT		LIVES WITH STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS CUSTODY <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACT ALLOWED <input type="checkbox"/> Yes <input type="checkbox"/> No	RELEASE TO? <input type="checkbox"/> Yes <input type="checkbox"/> No	EDUCATIONAL RIGHTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	SPEAKS ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, LIST PRIMARY LANGUAGE:			INTERPRETER NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOME ADDRESS (Street Address & Apt. #)				CITY		STATE		ZIP CODE	
WORKED OR SOUGHT WORK IN AGRICULTURE, NURSERIES, FORESTRY OR FISHING IN THE PAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No			MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No			WILLING TO VOLUNTEER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIMARY CONTACT PHONE NUMBER <input type="checkbox"/> Home Landline <input type="checkbox"/> Cell Phone <input type="checkbox"/> Unlisted <i>THIS NUMBER WILL BE USED FOR ATTENDANCE AND EMERGENCY CALLS</i>					CELL PHONE NUMBER FOR TEXT MESSAGE NOTIFICATIONS				
PLACE OF EMPLOYMENT				WORK PHONE NUMBER		OTHER CONTACT NUMBER (PLEASE SPECIFY TYPE)			

EMERGENCY CONTACT INFORMATION

NAME	PHONE	RELATIONSHIP	LANGUAGE SPOKEN	MAY PICK UP CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	PHONE	RELATIONSHIP	LANGUAGE SPOKEN	MAY PICK UP CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	PHONE	RELATIONSHIP	LANGUAGE SPOKEN	MAY PICK UP CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	PHONE	RELATIONSHIP	LANGUAGE SPOKEN	MAY PICK UP CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE USE SEPARATE SHEET TO LIST ADDITIONAL EMERGENCY CONTACTS IF DESIRED



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PERMISSIONS & AUTHORIZATIONS

Students are provided internet access and email accounts for educational purposes. The student's use of the internet is subject to the Electronic Communications System policy, IIBGA-AP, which is published annually in the *Students' Rights and Responsibilities Handbook* provided to all Canby School District students. Under federal law and school policy, the district may release the following information without prior consent: student name, participation in officially recognized activities and sports, weight and height of member 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, or do not want your student to have access to the internet or email, please submit a written request to your school. This request must be completed each year.

Student photos, videos, and student work are commonly used in yearbooks, newsletters, websites, and other school-related publications. If you do not want your student's photo, video, or work used or released for any of these purposes or for news media, please check here: Please opt my student out

We will, at times, contact you via your email, cell phone, work phone, and/or home phone through our district's autodialing system to notify you of attendance, events, and/or emergencies. If you do not want to receive messages via all or some of these methods, you can unsubscribe at any time.

The *Every Student Succeeds Act of 2016* 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, please check here: No information to Military Recruiters No information to college/university recruiters

NAME OR PERSON ENROLLING STUDENT (PLEASE PRINT)	RELATIONSHIP TO STUDENT
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I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, CORRECT AND COMPLETE. IN THE EVENT THAT PARENTS/GUARDIANS, OR OTHER PERSONS NAMED ON THIS FORM, CANNOT BE CONTACTED, THE SCHOOL OFFICIALS ARE HEREBY AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY, IN THEIR JUDGMENT, FOR THE HEALTH/SAFETY OF THE STUDENT. I WILL NOT HOLD THE SCHOOL DISTRICT FINANCIALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF THE STUDENT.

SIGNATURE OF PARENT/GUARDIAN/ELIGIBLE STUDENT
(Eligible student indicates any student who is 18 years or older, or an unaccompanied minor)

DATE

NONDISCRIMINATION STATEMENT

It is the policy of the Canby School District Board of Education and School District that there will be no discrimination or harassment on any basis protected by law, including but not limited to: an individual's perceived or actual race, color, religion, gender, sexual orientation, national origin, disability, marital status, or age. Persons having questions about equal opportunity and nondiscrimination should contact the District's Title IX Coordinator and persons having questions about special needs should contact the Director of Student Services/Section 504 Coordinator at the Canby School District Office, 1130 S. Ivy Street, Canby, OR 97013, 503-266-7861.