

Enterprise School District #21

Student Enrollment Form

Student I.D. Number (for office use only) _____

Instructions: The Enrollment 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 ballpoint pen, completing ALL pages. Do you reside in Enterprise School District? _____

STUDENT INFORMATION

Legal Last Name		Legal First Name		Middle Name	Last four digits SS#
Grade	Gender: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>	Home Language	Preferred Last Name (if different)	Preferred First Name	
Birth Date		Birth State	Birth City	Student Cell # & email	

I hereby certify that the above named student was born on the date and place specified. Signature: _____ Date: _____

If student is living in any of the following circumstances, additional services may be available: Sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Please inquire at the school for further information.

RACE & ETHNICITY (Please answer BOTH)

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

No, not Hispanic/Latino

- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race)

The above Hispanic/Latino part of the question is about ethnicity, not race. **Please continue to answer the following question** by marking one or more boxes under **RACE**.

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

- American Indian/Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal Affiliation or community attachment).
- 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).

Home Address (Street Address and Apt #)	City	State	Zip Code	County
Mailing Address, if different (Street Address and Apt #)	City	State	Zip Code	County

Primary Phone Number: () _____ - _____ Type _____	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Additional Phone Numbers: () _____ - _____ Contact _____	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Correspondence Language:		() _____ - _____ Contact _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Opt Out Options: if you wish to have your student, Opt Out of any of the following please indicate below.

- All Student Information Photo Release Military Recruitment College Recruitment Display of Work Newspaper School Directory TV/Radio Website Yearbook

Has your child attended school in the United States for periods totaling less than three (3) years during their lifetime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your child previously attended school in Oregon? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of previous Oregon public school		
Date your child first entered United States School	Last school district attended	Last school attended (Name and Address)		Dates Attended

In accordance with ORS 339.250, please answer these questions: Has your child ever been expelled from a school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, reason _____ Date _____ Name of School _____	
Is the student, parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe? Yes <input type="checkbox"/> No <input type="checkbox"/> (This information establishes the District's eligibility for a federal grant under Title IV-A of the Indian Education Act. Complete information will be sent to students marked 'Yes' for this item.)			
If yes, please provide the tribe name:			

PARENT/GUARDIAN INFORMATION

FIRST PARENT/GUARDIAN			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> If other, list relationship:		Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
First Name:		Last Name:	
Lives with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address (if different than student address): City, State, Zip Code:		Contact Allowed. Yes <input type="checkbox"/> No <input type="checkbox"/>
Educational Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	If address is different than student's, check here to receive copies of correspondence <input type="checkbox"/>	Financially Responsible for Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language:	Migrant Worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.	
Work Phone :	Home Phone:	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:
E-Mail Address:	Employer:		Job Title:

SECOND PARENT/GUARDIAN			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> If other, list relationship:		Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
First Name:		Last Name:	
Lives with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address (if different than student address): City, State, Zip Code:		Contact Allowed. Yes <input type="checkbox"/> No <input type="checkbox"/>
Educational Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	If address is different than student's, check here to receive copies of correspondence <input type="checkbox"/>	Financially Responsible for Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language:	Migrant Worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.	
Work Phone :	Home Phone:	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:
E-Mail Address:	Employer:		Job Title:

<i>Is there joint custody of this student?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please complete the following:
<i>Is there a Non-Custodial Parent/Guardian?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

FIRST JOINT/NON CUSTODIAL PARENT/GUARDIAN			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> If other, list relationship:		Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
First Name:		Last Name:	
Lives with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address (if different than student address): City, State, Zip Code:		Contact Allowed. Yes <input type="checkbox"/> No <input type="checkbox"/>
Educational Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	If address is different than student's, check here to receive copies of correspondence <input type="checkbox"/>	Financially Responsible for Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language:	Migrant Worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.	
Work Phone :	Home Phone:	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:
E-Mail Address:	Employer:		Job Title:

SECOND JOINT/NON CUSTODIAL PARENT/GUARDIAN					
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> If other, list relationship:			Call order in case of emergency: First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>		Active Duty Military? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name:			Last Name:		
Lives with Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address (if different than student address): City, State, Zip Code:			Contact Allowed. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Educational Rights? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	If address is different than student's, check here to receive copies of correspondence <input type="checkbox"/>		Financially Responsible for Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Speaks English: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language:	Migrant Worker: Yes <input type="checkbox"/> No <input type="checkbox"/>	To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.			
Work Phone :	Home Phone:	Unlisted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone:		
E-Mail Address:		Employer:	Job Title:		

Pursuant to the provisions of ORS 107.154, either parent may request school records by contacting the school.

PERSON(S) NOT AUTHORIZED TO MAKE CONTACT WITH STUDENT OR RECEIVE STUDENT INFORMATION

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

*If there is a **current** restraining/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/Restraining Order: Yes No

If yes, Signature:

Date:

Name: Relationship: Restraining Order? Yes No Court Order? Yes No Name: Relationship: Restraining Order? Yes No Court Order? Yes No

SIBLINGS (List siblings from Birth - Grade 12)

Sibling Last Name:	First Name:	Race:	Ethnicity:
Relationship:	Birthdate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>	Grade: School:
Sibling Last Name:	First Name:	Race:	Ethnicity:
Relationship:	Birthdate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>	Grade: School:
Sibling Last Name:	First Name:	Race:	Ethnicity:
Relationship:	Birthdate:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>	Grade: School:

EARLY CHILDHOOD SERVICES

Has the student received Early Childhood services? Head Start OCDC Preschool Child Care Other : _____

Is the student currently on an IEP? Yes No

Has the student been enrolled in a special program in the past? Yes No if yes, indicate the program(s):

Special Ed (IEP) Title I Reading/Math TAG English Learner Migrant Education Section 504 Other : _____

Complete this information if your child is an elementary student – Grade Kinder - 6

Name of Caregiver: Relationship:
Address: Phone Number: () Cell Phone Number: ()
Transportation Bus Walk Pick up Day Care Van

Please list persons, other than parent or guardian. It is assumed that the emergency contacts can pick up student.

Call order in case of emergency: Last Name: First Name:
First Second Third
Relationship to student: Address:
Home Phone: Work Phone: Cell Phone: Speaks English: Yes No

Call order in case of emergency: Last Name: First Name:

First Second Third

Relationship to student:

Home Phone:

Work Phone:

Address:

Cell Phone:

Call order in case of emergency:

Speaks English: Yes No

Last Name: First Name:

First Second Third

Relationship to student:

Address:

Home Phone:

Work Phone:

Cell Phone:

Speaks English: Yes No

List additional emergency contacts on a separate piece of paper

Last Name:

First, Name

Relationship to student:

Address:

Home Phone:

Work Phone:

Cell Phone:

Speaks English: Yes No

Enrolling Record

Name of person enrolling student (Please print name):

Relationship to student:

Signature:

Date:

Medical Information

Doctor's Name:

Phone Number: ()

Dentist's Name:

Phone Number: ()

Health Insurance/Medicaid Number:

Insurance Carrier (Optional):

Hospital Preference:

MEDICAL TREATMENT

I, the undersigned, do hereby authorize officials of Enterprise School District to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the previously mentioned child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian/Eligible Student: (Eligible Student indicates any student who is 18 years or older, or emancipated.)

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 when I cannot be located.

Signature: _____

Date: _____

HEALTH CONDITION INFORMATION

List any health conditions that will or may affect your child while at school, such as heart disease, diabetes, seizure disorder, eye or ear problems, asthma, or any chronic condition:

1 _____

2 _____

3 _____

Do you anticipate your child will need accommodations at school related to the above medical condition? Yes No

If medication is to be given at school, parental instruction and permission is needed. The school has a permission form for this purpose available upon request. Please list any medications that need to be taken at school:

1 _____

2 _____

3 _____

I need a medication form to allow medications to be given at school: Yes No

ALLERGY INFORMATION

Are there any Allergies/Health Conditions or Medication Allergies about which the school should be aware? Yes No

Hillsboro School District must have a medication authorization form completed by the parent granting permission for designated school personnel to administer medication in case of a life threatening situation.

Severe Allergies:	Life Threatening:	Immediate Medication Required?	Medication will be at school?
1 _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please check type of medication needed by student in case of emergency: EpiPen Oral Medication