

ENROLLMENT FORM
Sisters School District Enrollment Form



Student Information:

Last Name _____ First _____ Middle _____ Grade _____

Student's Address & Phone _____

Preferred Name _____ Gender _____ Date of Birth ____/____/____ Age _____

Any Medical Concerns? _____

Birth City/State _____ Last School Attended _____

Has student ever attended school in the Sisters School District? YES/NO If so, when? _____

Ethnicity - (please circle one) Hispanic/Latino Not Hispanic/Latino

Race - (please circle all that apply)
Black or African American Asian
American Indian/Alaskan Native White
Native Hawaiian or Other Pacific Islander

Mother/Guardian of Student:

Last Name _____ First _____ Relationship _____

Physical Address _____ Home Phone (____) _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____ Cell Phone (____) _____

Occupation _____ Employer _____ Work Phone (____) _____

Please check all that apply to the above person regarding their relationship with the student:
 Okay to Pick Up Has Legal Custody Lives With This Parent Parent Receives Mailings

Father/Guardian of Student:

Last Name _____ First _____ Relationship _____

Physical Address _____ Home Phone (____) _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____ Cell Phone (____) _____

Occupation _____ Employer _____ Work Phone (____) _____

Please check all that apply to the above person regarding their relationship with the student:
 Okay to Pick Up Has Legal Custody Lives With This Parent Parent Receives Mailings

Emergency Contact Information (other than parents listed above):

Name _____ Relationship _____ Phone (____) _____ OK To Pick Up? _____

Name _____ Relationship _____ Phone (____) _____ OK To Pick Up? _____

Doctor _____ Phone (____) _____ City _____

For District Use Only

Enrollment Date _____	Enrollment Code _____	Student Number _____
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Sisters School District Student/Family Information



Student Name: _____ Birth Date: _____ Nickname: _____

Lives With: Parents Mother Father Guardian Other

Parent/Guardian Status: Single Married Divorced Separated Widow Widower

Please list names and ages of other people living in the home:

NAME	AGE	RELATIONSHIP

Working Parent Information:

I am a working parent. My child(ren) will be cared for by:

Sitter's Name	Address	Phone #

My child(ren) will get to and from school via:

- Dropped off & picked up by parent/sitter (circle one)
- Rides bus Walks ****Please notify the school office immediately if this situation changes****

Legal Information

- Restraining Order (Please provide copy) Special Circumstances (Detail Below)

Are there any illnesses, accidents, fears or other circumstances in his/her life that we should know about?

Medical Information

Does your child have any physical disabilities that limit participation in physical activities or Physical Education (P.E.)? If so, please explain:

Please Tell Us A Little About Your Son/Daughter



Student's Name _____ Age _____

My child really enjoys: (activities, sports, hobbies, interests)

What particular strengths, talents, abilities does your child have? (academic, athletic, music, other) _____

Are there unique learning or physical challenges your child has? _____

Is there any other information about your child which you would like to share?

Sisters School District Special Services Survey



Date ___/___/___

I, the parent, guardian, or surrogate of _____, grade _____, understand that in order to plan the most appropriate educational program for my child, an awareness of any special services is essential *(please feel free to write information on the back of this form if there is not enough space provided)*.

To the best of my knowledge, my son/daughter has received in the past and/or is in need of the following services:

	Yes	No
1. Special Education:		
a. IEP – Individualized Education Plan	_____	_____
2. 504 Plan	_____	_____
3. English Language Services	_____	_____
4. Title I and/or Chapter 1	_____	_____
5. TAG – Identified Talented and Gifted	_____	_____
6. Extra Academic Assistance	_____	_____
7. Counseling/Behavior Support	_____	_____
8. Special Health Problems and/or Concerns	_____	_____

Has your child received any other special support services at school during the past two years?
If so, please explain _____

Has your child ever had a psychological evaluation done? Are there any emotional issues we should be aware of? _____

If so, please explain _____

(Continued on next page)

Is your child currently on expulsion or suspension from his/her former school? _____

Is your child on probation or are there current legal issues that involve your child? _____

If so, please explain _____

Do you have any safety concerns unique to your son/daughter that we need to be aware of? _____

If so, please explain _____

Would you like one of our specialists/counselors/principals to contact you at this time to discuss any of the above concerns?

If so, please provide contact information _____

In order to insure your child's and their classmate's safety, we may request a release to share information with appropriate safety and mental health providers who are not part of our school district staff.

To the best of my knowledge, the information provided on this form is complete, accurate and contains no omissions.

Signature of Parent, Legal Guardian or Surrogate

____/____/____
Date

Additional Information (if needed):



State of Oregon - Language Use Survey

This document is given when a student enters a school district for the first time.

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

Student Name: _____ Grade: _____ Date: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Information	Questions
<p>This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.</p>	<ol style="list-style-type: none"><li data-bbox="625 640 1266 787">1. What language(s) are primarily used in the home? _____<li data-bbox="625 819 1356 966">2. What was the first language(s) that your student learned? _____<li data-bbox="625 997 1469 1144">3. What language(s) does your student use most frequently at home? _____
<p>This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.</p> <p><i>This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.</i></p>	<p>In what language(s) would you prefer to receive communication from the school?</p> <p>_____</p>

Student Residency Questionnaire

Name of Student: _____ Date: _____

Name of School: _____ Grade: _____ Birth Date: _____

The answers to this residency information help determine the services the student may be eligible to receive. This questionnaire is in compliance with the McKinney-Vento Act 42 U.S.C. 11435.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- In a transitional housing program
- In an RV/Trailer/Camper

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Zip: _____ Phone: _____

Does the student(s) need assistance with:

- Student Transportation Clothing Medical/Dental
- School Supplies Hygiene Products After School Programs
- Homework Assistance

Signature of Parent/Legal Guardian

Date

Please send a copy to the McKinney-Vento Liaison at the Central Office.

School Contact Person: _____ Phone: _____

SISTERS SCHOOL DISTRICT STUDENT HEALTH CONCERNS



Re: _____ /_____/_____
(student name/grade) (birthdate)

Parent/Guardian: _____ Daytime Phone Number: _____
PRINT

My child **does not** have any current medical concerns _____
(signature)

My child has the following medical concern(s) (please check all that apply)

- ADD/ADHD
- Asthma
- Bleeding Disorder (specify) _____
- Cardiac Condition (specify) _____
- Diabetes Type 1 _____ Type 2 _____
- Eating Disorder (specify) _____
- Eye/Ear Problem (specify) _____
- Food Allergies (specify) _____
- Insect Allergy (specify) _____
- Medication Allergy (specify) _____
- Muscle/Bone/Joint Problem (specify) _____
- Recurrent Headaches _____
- Seasonal/Environmental Allergies _____
- Seizures (specify what kind) _____
- Surgery (specify and indicate date) _____
- Other (specify) _____
- My child is taking medication at home (prescription, over-the-counter, daily or as needed) (specify): _____

<u>Nurse's Notes</u>

My child will need medication during school hours: Inhaler/Epi-Pen/Other (specify): _____

(Students who require an Epi-Pen will bring dose to office and have an emergency protocol on file)

If your child **does** have a medical concern, the nurse will contact you to obtain more information and to plan for the upcoming school year.
+++If any changes occur or a new condition is diagnosed during the school year, I, the parent/guardian, will notify the school nurse of the new status by providing a new student health concern form. Overnight trips might require additional forms.

Insurance Provider _____

In the case of an emergency, I **give / do not give** permission for my child to be transported to the nearest facility and for their staff to provide the necessary treatment until I arrive.

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

Release of Confidential Information: For your child's safety and well-being while at school and on field trips, it may be beneficial for appropriate school personnel to be informed of any medical conditions included on this medical authorization form. Please be assured that staff will keep this information confidential. If you do not want medical information shared, please indicate to the school in writing on this form.

Sisters School District



Parent Notification

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children.

THE SCHOOL MUST HAVE A COPY OF THE COURT ORDER ON FILE. Otherwise, either parent may check the child out of the school with proper identification.

If a parent comes in with a court order stating current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read the above statement of the law.

Student's Name

Print Parent/Guardian Name

Signature of Parent /Guardian

DATE

OREGON TITLE 1C MIGRANT EDUCATION PROGRAM

The Title 1C Program offers services to children and families who have moved within the last **three** years to look for temporary or seasonal work in **agriculture, forestry, nurseries, ranch work and dairy work.** .

Have you or your family moved within the past three years with the purpose of obtaining work in the activities listed above? YES/NO

If you responded "**YES**" please complete the following form and we will provide you with information on the 1C Program:

Date: _____ Name of School(s): _____

Name of Mother/Father:

Names of Children: _____

Address: _____ Telephone: _____

PROGRAMA DE EDUCACION MIGRANTE TITULO 1C OREGON

El Programa de Trtulo 1C ofrece servicios a los nifios y familias que se han mudado durante los ultimas **tres** afios para buscar trabajo temporal o estacional en **agricultura, trabajo forestal, viveros, ranchos y lecherias.**

¿Se ha mudado usted o sus hijos durante los ultimos tres aaios con el propósito de trabajar en las actividades nombradas arriba? Si/NO

Si ha contestado "**SI**" por favor complete el siguiente formulario y nosotros le proporcionaremos información del Programa 1C:

Fecha de hoy: _____ Nombre de escuela(s): _____

Nombre de madre/padre: _____

Nombre de nifios(as): _____

Domicilio: Telefono:

TITLE 1C STAFF WILL VISIT SCHOOLS FREQUENTLY TO PICK UP ALL COMPLETED SURVEYS. PLEASE DO NOT PLACE SURVEYS IN CUM FILES

**Sisters School District
Parental Permission Form**



Student's Name (last, first)

Grade

Internet Use Agreement

My son/daughter understands that he/she must have staff permission to use the Internet. Further, he/she understands that ALL of the following actions on the Internet are prohibited.

- Checking personal email
- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting or verbally attacking others online
- Damaging computers, computer systems, or computer networks
- Using another's password to access sites or to email
- Trespassing into another person's folders, work, or files
- Visiting or participating in chat rooms
- Downloading files of any kind without direct staff supervision
- Playing computer games without permission
- Printing for personal use

A student who engages in any of the actions listed above will be subject to disciplinary action, which may include prohibition from the use of school computers.

Handbook Review

By signing, WE signify, as a student AND as parents/guardians, that we have read the Handbook and understand the information it contains and understand the school district's acceptable use policy for technology.

Technology Equipment

I understand that if my child uses any technology equipment for school usage, I will be responsible for any damages incurred during such use.

Use of Student Images

I give my permission for my student's photograph or video to be used for school purposes (such as the Yearbook) or for publicity features.

_____ *If initialed here I DO NOT give permission to Sisters School District and its agents to use sound, video, or photographic images of my child for news release, promotional brochures, or other school-related productions, sporting events or activities.*

School Communications

I understand that all school communications will be broadcast electronically via internet. However, I also understand that ***if I do not have internet access capabilities*** to obtain such information, then publications will be available to me at my request. I give permission for Sisters School District to utilize my current email address for school notifications. My email address is (please print clearly) _____

Parent's signature

Date

Student's signature

Date

Sisters School District Request for Student Records



Student Start Date: ___/___/___
PLEASE FAX or EMAIL TRANSCRIPTS & IMMUNIZATIONS ASAP SO WE CAN BEGIN ENROLLMENT

Name of Previous School _____

Address _____

City/State/Zip _____

Telephone (____) _____ Fax (____) _____

The following student(s) have enrolled in the Sisters School District:

Student's Name _____ DOB ___/___/___ Grade _____

Student's Name _____ DOB ___/___/___ Grade _____

Student's Name _____ DOB ___/___/___ Grade _____

Please forward the following student education records to:

- | | | |
|---|--|--|
| _____ Sisters High
Ph. (541) 549-4045 | Attn: Shannon Beutler
Fax: (541) 549-4051 | 1700 W. McKinney Butte, Sisters, OR 97759
Email: shannon.beutler@ssd6.org |
| _____ Sisters Middle
Ph. (541) 549-2099 | Attn: Mary Lesowske
Fax: (541) 549-2098 | 15200 McKenzie Hwy., Sisters, OR 97759
Email: mary.lesowske@ssd6.org |
| _____ Sisters Elementary
Ph. (541) 549-8981 | Attn: Carlene Turpen
Fax: (541) 549-2093 | 611 E. Cascade, Sisters, OR 97759
Email: carlene.turpen@ssd6.org |

Subject to ORS 326.575 (2), the former educational agency shall transfer all student education records relating to the particular student to the new educational agency no later than ten (10) days after receipt of the request.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Cumulative Folder | <input checked="" type="checkbox"/> TAG Records |
| <input checked="" type="checkbox"/> Immunization, Physical & Medical Records | <input checked="" type="checkbox"/> Discipline & Behavior Records |
| <input checked="" type="checkbox"/> Current, Official Transcripts | <input checked="" type="checkbox"/> Special Education Records |
| <input checked="" type="checkbox"/> Report Cards/Grades @ Withdrawal | <input checked="" type="checkbox"/> Any and all IEP's/504 Plans |

I hereby authorize and request that all records pertaining to the above named student(s) be transmitted to the Sisters School District. It is understood that this information will be used to develop the most suitable education program for my child. It is further understood that the records will be maintained and used in accordance with the laws of the State of Oregon and the Federal Family Education Rights and Privacy Act of 1974. I have been notified of my right to receive a copy of the records, to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading or otherwise violates the student's right to privacy or other rights.

 Signature of Parent or Legal Guardian

_____/_____/_____
 Date

QUICK RESPONSE FORM



Date ___/___/___

The student named below is enrolling at Sisters _____ School. We are sending a request for school records to your school, but before we allow the student to begin attending classes, we would like you to please answer the following questions. If you would prefer that our school contact you by phone, please fill out the bottom portion of this sheet and an administrator will call.

Name of Student: _____

Date of Birth: ___/___/___ Transferring from: _____

Please answer the following questions:

- 1) Date of Withdraw ___/___/___
- 2) Has this student ever been recommended for or actually been expelled from school? If yes, please provide dates of expulsion and reasons or please attach an expulsion report.

- 3) Has this student ever been suspended for anything other than minor behavior problems? If yes, please explain reasons for suspension & length of suspension or please attach a suspension report.

- 4) How would you characterize this student's attendance? If problematic, please include number of days absent by quarter, trimester or semester or attach an attendance report.

Name/Title of person filling out this form: _____

Contact Phone Number: ___/___/___ Contact Email Address: _____

Please Fax or scan & Email your responses back to either –

Sisters High School
Shannon Beutler, Registrar
Fax Number: 541.549.4051
Email: Shannon.beutler@ssd6.org

Sisters Middle School
Mary Lesowske, Registrar
Fax Number: 541.549.2098
Email: mary.lesowske@ssd6.org

Sisters Elementary School
Carlene Turpen, Registrar
Fax Number: 541.549.2093
Email:
carlene.turpen@ssd6.org