



Black Butte School District No. 41

PO Box 150

Camp Sherman, Oregon 97730

(541) 595-6203

STUDENT ENROLLMENT FORM

Academic Year 2018-19

Shaded area for office use only

STUDENT ID#	SCHOOL	TEACHER	ADMIT DATE
GRADE	BIRTH DATE VERIFIED	COURT ORDER REC'D	GRAD YEAR
Has your student been previously enrolled in the Black Butte School District? Y N	Has any of your enrollment information changed since last year? Y N NA (Not enrolled last year)		

Instructions: This registration form is an official record. Your responses on this form are essential in determining your student's needs. Your responses also help establish district funding levels. Please answer all questions legibly and accurately.

STUDENT INFORMATION

LEGAL LAST NAME: (Name on Birth Certificate or Court Order)	LEGAL FIRST NAME:	MIDDLE NAME:	SUFFIX:
PREFERRED FIRST NAME/NICKNAME:	GRADE ENTERING:	GENDER: F M X	BIRTHDATE: AGE:

RACE & ETHNICITY (Please answer BOTH questions)

ETHNICITY/RACE: This information is required by the Federal Government and is used for data analysis and reporting purposes only. If you choose not to respond, Black Butte SD is required to report this information through an Observer Identification Process. Completion of Part A and Part B is required. OIP Initials: _____

Part A: Ethnicity (Choose one): ___ Not ___ Hispanic (Having origins in Cuba, Mexico, Puerto Rico, Central Hispanic or South America, or other Spanish culture)

Part B: Race

___ American Indian/Alaska Native ___ Black/African American ___ Asian
___ Native Hawaiian/Other Pacific Islander ___ White/Caucasian ___ Other:

Enrollment in a Federal or State Recognized Tribe can establish eligibility to participate in the Title VII Indian Education Program, a Federal grant under the Indian Education Act of 1988. A Title VII Student Eligibility Certification must be completed for every eligible student. Additional information will be provided to eligible students.

Is this student, or parent, or a grandparent, a member of a US Federally recognized American Indian Tribe?
___ Y ___ N If yes, Tribe name: _____

Home Address (physical address including City, State, Zip): _____

Mailing Address (including City, State, Zip): _____

Previous School District Attended: _____

Previous School: _____ Dates Attended From: _____ To: _____

Has your child ever been in a Talented and Gifted (TAG) program?	<u>Y</u>	<u>N</u>	Does the student have a current Individualized Education Plan (IEP)?	<u>Y</u>	<u>N</u>
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LEGAL LAST NAME:	FIRST NAME:	GRADE:
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In accordance with ORS 339.250, please answer these questions:

Has your child ever been expelled from school?	<u>Y</u>	<u>N</u>	If 'Yes', reason: Dates: School:
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HOME LANGUAGE SURVEY

Is a language other than English spoken at home?	<u>Y*</u>	<u>N</u>	If yes, indicate language(s):
Does the student speak a language other than English?	<u>Y*</u>	<u>N</u>	If yes, indicate language(s):

**If the answer to either question is 'yes', the law requires the school to assess your child's English language proficiency.*

TITLE X MCKINNEY-VENTO PROGRAM

This program guarantees that students, no matter their living situation, have access to public education. Program resources may include transportation assistance, school supplies, and other services to help ensure success in school.

	<u>Y</u>	<u>N</u>
You are staying in a motel, car, RV, 5 th wheel, 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 biological parents		
You are living in a shelter, temporary housing, or moving from place to place without permanent housing		
You currently are receiving government assistance for housing, food, or disability		
You believe that you may qualify for free or reduced lunch		

HOUSEHOLD INCOME SURVEY This information is CONFIDENTIAL, helps determine district funding levels, and will determine eligibility for financial assistance for school activities

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per month	If Paid Every Two Weeks	Weekly Income
-1-	22,311	1,860	930	859	430
-2-	30,044	2,504	1,252	1,156	578
-3-	37,777	3,149	1,575	1,453	727
-4-	45,510	3,793	1,897	1,751	876
-5-	53,243	4,437	2,219	2,048	1,024
-6-	60,976	5,082	2,541	2,346	1,173
-7-	68,709	5,726	2,863	2,643	1,322
-8-	76,442	6,371	3,186	2,941	1,471
For each additional family member add	7,733	645	323	298	149

	Yes	No
Is your income equal to or less than any of the amounts listed next to the number you circled?		
Is your family participating in the Supplemental Nutrition Assistance Program (SNAP) – Oregon		
Is your family participating in Temporary Aid to Needy Families (TANF)?		
Is your family receiving Food Distribution Program or Indian Reservations (FDPIR)?		
Does your student receive migrant, homeless, or runaway education services?		
Please list all students in your household and grade level:	SCHOOL	GRADE

I certify that the above information is true and correct.

Parent signature:

Date:

LEGAL LAST NAME:			FIRST NAME:			GRADE:														
PARENT/GUARDIAN																				
Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents). It is assumed BOTH parents/guardians have access to student information unless legal documentation is provided indicating otherwise.																				
Who has Legal Custody of Child?			Both Parents			Mother			Father			Joint Custody								
Grandparent			Guardian			Foster Parent			Other			<i>(please explain)</i>								
Child Lives With?			Both Parents			Mother			Father			Grandparent			Guardian			Foster Parent		
Other			<i>(please explain)</i>																	
Is there a <u>current restraining/court order</u> pertaining to this student? Y* N																				
*If there is a current 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 order: Signature: _____ Date: _____																				
FIRST PARENT/GUARDIAN																				
Call order in case of Emergency:			1			2			3			EMERGENCY CONTACT PHONE			()					
Mother			Father			Guardian			LAST NAME			FIRST NAME								
Other			<i>(please explain)</i>																	
ADDRESS			Different Address			Check box to receive copy of report card and/or			CITY			STATE			ZIP					
Same as student? Y N*						<i>correspondence</i>														
*If "No", please complete Different Address																				
EMAIL is used to communicate important information about the school and your student.			HOME PHONE			CELL PHONE NO.			EMAIL ADDRESS			(PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES)			()					
			()			()														
EMPLOYER			OCCUPATION			WORK PHONE			()			EXT								
Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked			LIVE/WORK ON FEDERAL			PROPERTY?			WILLING TO VOLUNTEER?			Y			N					
Speaks English? Y N			Primary Language Spoken:																	
Send printed materials in primary language, if available? Y N			Does this parent require an interpreter for educational conferences? Y N																	
SECOND PARENT/GUARDIAN																				
Call order in case of Emergency:			1			2			3			EMERGENCY CONTACT PHONE ()					
Mother			Father			Guardian			LAST NAME			FIRST NAME								
Other			<i>(please explain)</i>																	
ADDRESS			Different Address			Check box to receive copy of report card and/or			CITY			STATE			ZIP					
Same as student? Y N*						<i>correspondence</i>														
*If "No", please complete Different Address																				
EMAIL is used to communicate important information about the school and your student.			HOME PHONE			CELL PHONE/PAGER NO.			EMAIL ADDRESS			(PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES)			()					
			()			()														
EMPLOYER			OCCUPATION			WORK PHONE			()			EXT								
Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked			LIVE/WORK ON FEDERAL			PROPERTY?			WILLING TO VOLUNTEER?			Y			N					
Speaks English? Y N			Primary Language Spoken:																	
Send printed materials in primary language, if available? Y N			Does this parent require an interpreter for educational conferences? Y N																	
THIRD PARENT/GUARDIAN																				
Call order in case of Emergency:			1			2			3			EMERGENCY CONTACT PHONE ()					
Mother			Father			Guardian			LAST NAME			FIRST NAME								
Other			<i>(please explain)</i>																	
ADDRESS			Different Address			Check box to receive copy of report card and/or			CITY			STATE			ZIP					
Same as student? Y N*						<i>correspondence</i>														
*If "No", please complete Different Address																				
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			()			()														
EMPLOYER			OCCUPATION			WORK PHONE			()			EXT								
Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked			LIVE/WORK ON FEDERAL			PROPERTY?			WILLING TO VOLUNTEER?			Y			N					
Speaks English? Y N			Primary Language Spoken:																	
Send printed materials in primary language, if available? Y N			Does this parent require an interpreter for educational conferences? Y N																	

LEGAL LAST NAME:	FIRST NAME:	GRADE:
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Sibling First and Last Name	Does this sibling live in your household? Y N	AGE	GENDER F M	School	Grade
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Sibling First and Last Name	Does this sibling live in your household? Y N	AGE	GENDER F M	School	Grade

EMERGENCY CONTACTS

➤ Emergency contacts listed have permission to pick student up at school.
Parent signature (indicating permission):

EMERGENCY #1 CONTACT LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE
EMERGENCY #2 CONTACT LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE
EMERGENCY #3 CONTACT LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE
EMERGENCY #4 CONTACT LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE

EMERGENCY CLOSURE PLAN

PICK UP BY PARENT/FRIEND/RELATIVE Y N	SCHOOL BUS TO HOME/CHILDCARE/NEIGHBOR Y N	WALK/BIKE TO HOME/NEIGHBOR Y N
EMERGENCY CLOSURE PLAN PARENT SIGNATURE:		

BEFORE AND AFTER SCHOOL CARE AND TRANSPORTATION

CAREGIVER NAME	RELATIONSHIP TO STUDENT	PHONE
ADDRESS (STREET, CITY, STATE, ZIP)		ALTERNATE PHONE
MORNING TRANSPORTATION (CIRCLE ONE): BUS WALK PICK UP		AFTERNOON TRANSPORTATION: BUS WALK PICK UP

MEDICAL INFORMATION

School staff members need to know when your child has medical concerns which might require intervention during the school day. Please remember to notify school staff of any changes to this information.

DOCTOR'S NAME	PHONE	DENTIST'S NAME	PHONE
INSURANCE CARRIER NAME	HEALTH INS/MEDICAID NO.	PREFERRED HOSPITAL	

In case of serious illness or injury, the school will send the student to the preferred hospital identified above, or to the nearest hospital. Please list any ongoing health concerns that might affect your child during school. Please include health concerns such as asthma, seizures, diabetes, and serious allergies (including bee stings).	LIFE THREATENING?	
	<u>Y</u>	<u>N</u>
1.		
2.		
3.		
4.		
5.		
Please note: Any allergy or other health condition requiring medication intervention at school requires a medication form. Do you need a medication form?		

LEGAL LAST NAME:	FIRST NAME:	GRADE:
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PERMISSION SLIP

Black Butte School District requests that a parent or guardian complete one permission slip to cover ALL school field trips for the 2018-19 school year.

On occasion, circumstances will arise for spontaneous field trips, such as a trip to the public library to follow up on a special study or event, or a trip to the Metolius River for a field science project.

Parents will be provided with advance notice of all pre-planned field trips. Field Science projects are considered part of our regular schedule and as such will take place throughout the school year. For these trips we will not be providing advanced notice.

Please fill out the form below to allow your child to attend these trips.

I, _____ GIVE _____
 (Parent/Guardian-Please Print) (Student Name)

PERMISSION TO ATTEND ANY AND ALL OUTINGS/FIELD TRIPS SCHEDULED BY BLACK BUTTE SCHOOL DISTRICT FOR THE 2017-18 SCHOOL YEAR.

Parent/Guardian Name	Signature	Date
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RECEIPT AND ACKNOWLEDGEMENT OF BUS POLICY

I have read and I understand the Bus Policy included in the Student Handbook. I acknowledge that this policy states bus discipline procedures, safety instructions, code of conduct rules, disciplinary procedures for violations, appeal procedures, considerations for special education students, and incident reporting. I understand that transportation is an important service, and that the safety of my student is the primary concern.

	Student Name
	Student Signature _____ Date
	Parent Name
	Parent Signature _____ Date