

DAYVILLE SCHOOL DISTRICT

Registration Form

Instructions: Please print using a black or blue pen answering all questions and sign and date the last page. Please notify the school immediately if any of your information changes. Please contact the school if you need help filling out this form.

Section 1: Student Information

Legal Name: _____
(Last) (First) (Middle)

Preferred Name (if different): _____
(Last) (First)

Grade: _____

Gender: ___ Male ___ Female ___ Non-Binary

Date of Birth: _____ **Verified by:** _____

Place of Birth: (city, state or country) _____

Ethnicity: Hispanic or Latino

Not Hispanic or Latino

Race: American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Home Language: English Spanish Other: _____

Student email address: _____

Home address: _____

City: _____ **State:** _____ **Zip code:** _____

Mailing address: (if different than home): _____

City: _____ **State:** _____ **Zip code:** _____

Family Home Phone Number: _____

Student Cell Phone Number: _____

Previous School: _____

Siblings: List siblings currently attending Dayville Schools

Last Name	First Name	School

Section 2: Parent/Guardian Information

Oregon Law requires schools to notify a parent/guardian when a student has an unexcused absence. Dayville School uses the "School Messenger" automated phone messaging system to contact parents/guardians concerning attendance as well as school closures. Indicate which phone number(s) you would like to receive messages from your school in the check box below. You may select as many numbers as you wish; however, you must select at least one number.

Please provide information for all parents including those who do not live with the student. All legal parents are assumed to have the right to inspect and review the student's educational records, to receive school correspondence and/or to check the student out of school with proper identification unless legal documentation is provided showing otherwise. A copy of the legal documentation must be left on file at the school.

Parent/Guardian 1

Name: _____

Living with student: Yes No

Relationship to student: _____ Employer: _____

Check all that apply: Contact allowed Educational Rights Has Custody Release to

Email Address: _____

Mailing Address (if different than student): _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Home: _____ Work: _____

Use for autodialer

Use for autodialer

Parent/Guardian 2

Name: _____

Living with student: Yes No

Relationship to student: _____ Employer: _____

Check all that apply: Contact allowed Educational Rights Has Custody Release to

Email Address: _____

Mailing Address (if different than student): _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Home: _____ Work: _____

Use for autodialer

Use for autodialer

Parent/Guardian 3

Name: _____

Living with student: Yes No

Relationship to student: _____ Employer: _____

Check all that apply: Contact allowed Educational Rights Has Custody Release to

Email Address: _____

Mailing Address (if different than student): _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Home: _____ Work: _____

 Use for autodialer Use for autodialer**Parent/Guardian 4**

Name: _____

Living with student: Yes No

Relationship to student: _____ Employer: _____

Check all that apply: Contact allowed Educational Rights Has Custody Release to

Email Address: _____

Mailing Address (if different than student): _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Home: _____ Work: _____

 Use for autodialer Use for autodialer**Section 3: Emergency Contacts**

In the event of an emergency, the parents/guardians listed in Section 2 will be contacted first. It is not necessary to repeat parent/guardian information here. By listing a name in this section, you are authorizing the person to pick up your child at school if a parent/guardian cannot be reached.

Call Order	Contact Name	Relationship to student	Phone Numbers
1			Cell: _____ Home: _____
2			Cell: _____ Home: _____
3			Cell: _____ Home: _____
4			Cell: _____ Home: _____

Section 4: Program Information

- Does your child have a current Individualized Education Plan (IEP)? Yes No
Does your child have a current Section 504 Plan? Yes No
Is your child enrolled in a Talented and Gifted (TAG) program? Yes No
Is your child in or has your child ever been in an English as a Second Language program? Yes No
Is your child currently expelled from any school? Yes No

McKinney – Vento Program: This programs guarantees that students, no matter their living situation, have access to public education. A school district representative will be in contact with you if you check a box.

- You are staying in a motel, car, or campsite until you can find affordable housing.
 Child is not living with or being supported by their parent/guardian. Child living on their own or may be staying temporarily with someone else.
 You are staying temporarily with another family due to loss of your own housing or economic hardship.
 You are living in a shelter, transitional housing program or moving from place to place without permanent housing.

Section 5: Other Information

- | | |
|---|--|
| 1. Complete language use survey | 5. Provide birth certificate |
| 2. Complete health information form | 6. Provide immunization records |
| 3. Complete OSAA paperwork (if applicable) | 7. Copy of transcript and/or report card |
| 4. Complete federal lunch program paperwork | |

Section 6: Permissions/Authorizations

For annual notices on directory information, student records, military recruiting, and protection of student rights, please see the student handbook which is available on the school website or at the school. A paper copy will be provided at your request.

Under federal law and school policy, the school district may release the following information without prior parental consent: student name, participation in activities and sports, weight and height of members of athletic teams, degrees, honors, awards, dates of attendance, and most recent school attended. **If you do not want this information released, please contact the school within 15 days of submitting this form to submit a written request. This form must be completed yearly.**

Student photographs are commonly used in yearbooks, newsletters, websites, and other school publications. **If you do not want your child’s photograph used or released for these purposes, please contact the school to submit a written request. This form must be completed yearly.**

All students will be issued a Google email account to have access to Google Apps for Education and other online collaboration. Please review the student internet account agreement in the student handbook. I acknowledge the acceptable use policy. **If you do not want your child to have this access, please contact the school to submit a written request. This form must be completed yearly.**

The Every Student Succeeds Act requires school districts to provide, upon request, the names, addresses, and phone numbers of high school juniors and seniors to military recruiters and colleges. If you do not want the school district to provide information about your child to either, you have the opportunity to opt out. In order to do so, please check the box below.

I do NOT want my child’s information released to: Military recruiter Colleges/Universities

By signing this form, I acknowledge that all information is true. I also understand and consent to the responsibilities outlined in the student handbook. I understand that my child shall be held accountable for the behavior and consequences outlined in the handbook while at school, while being transported by the school, and while attending a school sponsored event.

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

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