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)					
	(Last)	(First)	(Middle)			
referred Nar	ne (if different):	(Last)	(E', 1)			
Grade:		(Last)	(First)			
	Male Female	Non-Binary				
Date of Birth:		Verified by:				
	Hispanic or Latino					
	Not Hispanic or Latino)				
Race:	American Indian or A	laskan Native				
	Asian					
	☐ Black or African American					
	☐ Native Hawaiian or Pacific Islander					
	White					
Home Langua	nge: 🗆 English 🗆	Spanish Other:				
Student email	address:					
			Zip code:			
Mailing addre	ess: (if different than	home):				
			Zip code:			
Previous Scho	ool:					
Siblings: List si	iblings currently attend	ing Dayville Schools				
Last N	lame	First Name	School			

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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 ☐ Educate	ional Rights					
Email Address:						
Mailing Address (if different than student):						
City:	State: Zip code:					
Cell phone: Home: Use for autodialer	Work:					
Use for autodialer	Use for autodialer					
D (G 1) A						
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					

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Parent	/Guardian 3					
Name:						
	with student: Yes N					
Relation	nship to student:					
Check all that apply: ☐ Contact allowed ☐ Educational Rights ☐ Has Custody ☐ Release to						
Email A	Address:					
Mailing Address (if different than student):						
			Zip code:			
			aler Work:			
	☐ Use for autodialer	☐ Use for autodi	aler			
Parent	/Guardian 4					
Name:						
	with student: Yes N					
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:					
	one: Ho	me:	Work:			
	☐ Use for autodialer	☐ Use for autodi	aler			
	Sect	ion 3: Emergency Contact	S			
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						
carent/guar Call Order	rdian cannot be reached. Contact Name	Relationship to student	Phone Numbers			
1		-	Cell:			
			Home:			
2			Cell:			
_			Home:			
3			Cell:			
			Home:			
		1	1			

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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
Does this student have a parent/guardian who is a member of the Armed Forces on active duty, or full-time National Guard? Yes No
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:

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Date:

Parent/Guardian Signature: