



Newberg School District

Student Enrollment Package

PART 1 – STUDENT INFORMATION

| SCHOOL USE ONLY | | | | | | |
|------------------|-------------------|--------------|-----------------|--|--|-----------|
| School Year 20 / | | Student ID # | | Entry Date / / | | Grad Year |
| School | Home Room/Teacher | Grade | Records Request | Birth Certificate? (KG or from out of state/country) | | |

This enrollment form is a legal document. The information you provide must be accurate and complete. Information provided is protected by the federal Family Educational Rights and Privacy Act (FERPA).

STUDENT INFORMATION

| | | | | | |
|--|-------------------------------|------------------------|--|--------------------------------|-------------------|
| Legal Last Name: | | Legal First Name: | | Preferred Name Last: First: | |
| Grade: | Gender: M F X (non-Binary) | Birth Date (m/d/yyyy): | | Birth City: Birth State: | |
| Home Address (Physical, Not PO Box): | | | City: | State: | Zip Code: County: |
| Mailing Address, if different: | | | City: | State: | Zip Code: County: |
| Student Phone Number: | | Cell | Landline | | |
| <u>Previous School</u> Newberg School: Out-of-District School: | | | Last attended (Month/Yr): City: State: Grade: | | |

Please answer both RACE & ETHNICITY

| | | |
|---------------------------------------|---|--|
| Are you Latino or Hispanic? | Yes No | All persons of Latino, Hispanic, or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican or other Spanish-speaking country of origin, regardless of race or original language) should answer "Yes." All persons answering "Yes" to this first question will be recorded as Hispanic/Latino. |
| RACE: (Mark all that apply) | White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa) Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.) Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) Black or African American (A person having origins in any of the original peoples of the Black racial groups of Africa) American Indian or Alaska Native (A person having origins in any of the original peoples of North, Central or South America, including Mexico, who maintains tribal affiliation or community attachment.) | |

BEFORE AND AFTER SCHOOL TRANSPORTATION

| | | | | |
|--------------------------|-----|------|---------|----------|
| Morning Transportation | Bus | Walk | Pick Up | Day Care |
| Afternoon Transportation | Bus | Walk | Pick Up | Day Care |

SPECIAL PROGRAMS

| | | | | | |
|---|-----|----|-------------------------------|-----|----|
| Is student currently on an IEP? | Yes | No | Is student currently on a 504 | Yes | No |
| Did parent(s) or guardian(s) move within the last 36 months to work or seek work in agriculture, fishing, or related food processing? | Yes | No | | Yes | No |
| Has student been enrolled in Talented and Gifted Programs? | Yes | No | | Yes | No |
| Has student been enrolled in an ELD program? | Yes | No | | Yes | No |

Title X: McKinney-Vento Program

Title X McKinney-Vento Program: This program guarantees that students, no matter their living situations, have access to public education. Program resources may include transportation assistance, school supplies and other services to help ensure success in school. **Please check the box that applies:**

- | | | | | |
|---|--|---|---|------------------------------|
| <input type="checkbox"/> You are staying in a motel, car, RV or campsite until you can find affordable housing. | <input type="checkbox"/> You are sharing housing with another family due to economic hardship. | <input type="checkbox"/> You are moving from place to place, without permanent housing. | <input type="checkbox"/> You are living in a shelter. | <input type="checkbox"/> N/A |
|---|--|---|---|------------------------------|

Part 2 - Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____ Grade Level: _____

School: _____ Date of Birth: _____

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? hear _____ use (i.e., American Sign Language (ASL)) _____

2. Describe the language(s) your child **understands**.

No English

Mostly another language and a little English

English and another language equally

Mostly English and a little of another language

Tribal/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)

Only English

3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home: _____ Child-care Providers: _____

4. What language(s) does your **child CURRENTLY speak/express** most frequently **outside of school**?

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.).

6. Is there anything else you think the school should know about your child's language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

7. Has your child attended any school in the United States for any three years during their lifetime? Yes No

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ **Date** _____

What is your relationship to the student? _____ (e.g., parent, grandparent, etc.)

PART 3 – MEDICAL/DENTAL INFORMATION

Student Name: _____

Student ID: _____

STUDENT MEDICAL INFORMATION

The school must be notified if your student has a condition/disease which has the potential to present a life threatening emergency.

Does your student have a medical condition that has the potential to present a life threatening emergency? Yes No

If yes, please ask the school secretary for the additional form(s).

Will your child need prescription or over the counter medications administered at school? Yes No

If yes, please ask the school secretary for the additional form(s).

Is there family history with difficulties in learning to read, spell or write? Yes No
(specific to Kindergarten and First grade only)

If yes, what relation (e.g. Dad, Aunt, sibling):

STUDENT DENTAL INFORMATION

State law requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (ORS 326.580)

Has your child already had a dental screening? Yes No
If yes, then date(MM/YY):

TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

My child was not screened due to the following (please check all that apply and initial):

We already submitted a certification form at a previous school. Check Initial

The dental screening is contrary to student or families religious beliefs.

The dental screening is a burden (see below for definition).

The dental screening is a burden for the student or the parent or guardian of the student when:

- (A) The cost of obtaining the dental screening is too high; or*
- (B) The student does not have access to a screener; or*
- (C) The student was unable to obtain an appointment with a screener.*

PART 4 – PARENT/GUARDIAN INFORMATION

Student Name: _____

Student ID: _____

PARENT/GUARDIAN PERMISSONS

Federal law and school board policies protect the privacy of student's education records and define and provide parents certain rights or permissions with respect to their child's records. Below are the defined permissions:

- Contact Allowed:** This adult can have contact with the child.
- Educational Rights:** Has legal rights to access educational records (grades, attendance, behavior, etc.) For further information please review student policy JO/IGBAB.
- Has custody:** Adult who has legal custody of this student.
- Mailings Allowed:** Physical paper mail can be sent to this household, if Educational Rights are allowed, ex. Report Cards.
(One per address)
- Release to:** The District/School can release the child to this adult.

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

Is there joint custody of this student? Yes No

PARENT/GUARDIAN INFORMATION

| | | | | |
|--|----------------------------------|----------------------------------|--|--------------------------|
| PARENT/GUARDIAN | | | | |
| Mother Father Step Mother Step Father Guardian | Call order in case of emergency: | | | |
| Other If other, list relationship: | First | Second | Third | Fourth |
| Last Name: | | First Name: | | |
| If address is different than student's, check here to receive copies of correspondence. | | Address City, State, Zip Code: | | |
| Lives with Student? Yes No | Contact Allowed? Yes No | Educational Rights? Yes No | Has Custody? Yes No | Release to? Yes No |
| Speaks English: Yes No | | If no, list primary language: | | |
| Are you full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty? or in Active Reserves? | | | | |
| Call order #1 will be used for all communication, and considered your primary phone. | | | | |
| Phone No: | Home (landline) | Cell | Call order: 1 st 2 nd 3 rd | |
| Phone No: | Home (landline) | Cell | Call order: 1 st 2 nd 3 rd | |
| E-Mail Address: | | Employer: | Work Phone: | |

| | | | | |
|--|----------------------------------|----------------------------------|--|--------------------------|
| PARENT/GUARDIAN | | | | |
| Mother Father Step Mother Step Father Guardian | Call order in case of emergency: | | | |
| Other If other, list relationship: | First | Second | Third | Fourth |
| Last Name: | | First Name: | | |
| If address is different than student's, check here to receive copies of correspondence. | | Address City, State, Zip Code: | | |
| Lives with Student? Yes No | Contact Allowed? Yes No | Educational Rights? Yes No | Has Custody? Yes No | Release to? Yes No |
| Speaks English: Yes No | | If no, list primary language: | | |
| Are you full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty? or in Active Reserves? | | | | |
| Call order #1 will be used for all communication, and considered your primary phone. | | | | |
| Phone No: | Home (landline) | Cell | Call order: 1 st 2 nd 3 rd | |
| Phone No: | Home (landline) | Cell | Call order: 1 st 2 nd 3 rd | |
| E-Mail Address: | | Employer: | Work Phone: | |

PART 4 CONTINUED – PARENT/GUARDIAN INFORMATION

Student Name: _____

Student ID: _____

| PARENT/GUARDIAN | | | | |
|--|-------------------------------|----------------------------------|--|---|
| Mother Father Step Mother Step Father Guardian Other If other, list relationship: | | | Call order in case of emergency: First Second Third Fourth | |
| Last Name: | | | First Name: | |
| If address is different than student's, check here to receive copies of correspondence. | | | Address: City, State, Zip Code: | |
| Lives with Student? Yes No | Contact Allowed? Yes No | Educational Rights? Yes No | Has Custody? Yes No | Release to? Yes No |
| Speaks English: Yes No If no, list primary language: | | | | |
| Are you full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty? or in Active Reserves? | | | | |
| Call order #1 will be used for all communication, and considered your primary phone. | | | | |
| Phone No: | | Home (landline) | Cell | Call order: 1 st 2 nd 3 rd |
| Phone No: | | Home (landline) | Cell | Call order: 1 st 2 nd 3 rd |
| E-Mail Address: | | | Employer: | Work Phone: |
| PARENT/GUARDIAN | | | | |
| Mother Father Step Mother Step Father Guardian Other If other, list relationship: | | | Call order in case of emergency: First Second Third Fourth | |
| Last Name: | | | First Name: | |
| If address is different than student's, check here to receive copies of correspondence | | | Address: City, State, Zip Code: | |
| Lives with Student? Yes No | Contact Allowed? Yes No | Educational Rights? Yes No | Has Custody? Yes No | Release to? Yes No |
| Speaks English: Yes No If no, list primary language: | | | | |
| Are you full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty? or in Active Reserves? | | | | |
| Call order #1 will be used for all communication, and considered your primary phone. | | | | |
| Phone No: | | Home (landline) | Cell | Call order: 1 st 2 nd 3 rd |
| Phone No: | | Home (landline) | Cell | Call order: 1 st 2 nd 3 rd |
| E-Mail Address: | | | Employer: | Work Phone: |

I understand that the contact information provided above will be used for home-school communication and will not be shared. I agree to notify my student's school of any changes in the contact information I have provided.

Initial _____

PART 5 – ADDITIONAL INFORMATION

Student Name: _____

Student ID: _____

EMERGENCY CONTACTS

Please list individuals we can call to pick-up and assume temporary care of your child in the event a parent/guardian cannot be reached.

| | | | |
|--|-------------|-------------|--|
| Call order in case of emergency: 1st 2nd | Last Name: | First Name: | Relationship: |
| Home Phone: | Cell Phone: | Work Phone: | Speaks English: Yes No If no, list primary language: |
| Second Emergency Contact | | | |
| Call order in case of emergency: 1st 2nd | Last Name: | First Name: | Relationship: |
| Home Phone: | Cell Phone: | Work Phone: | Speaks English: Yes No If no, list primary language: |

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

Is there a **current** restraining/court order pertaining to this student? * Yes No
 Expiration date: _____ Initial _____
 *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

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

SIBLINGS ATTENDING NEWBERG SCHOOLS

| | | | |
|------------|-------------|--------|---------|
| Last Name: | First Name: | Grade: | School: |
| Last Name: | First Name: | Grade: | School: |
| Last Name: | First Name: | Grade: | School: |

FEDERAL NOTIFICATIONS

Valid until changed by Parent/Guardian (contact school office) - If left unchecked, assumption is Yes

Photographs: My student's photograph may appear in classroom or school news, yearbook, or website (If no, please provide written statement to school): Yes No

Student Name: My student's name may appear in school news/website (If no, please provide written statement to school): Yes No

See FERPA Directory information under Federal Notifications at www.newberg.k12.or.us/district/federal-notification-student-rights

High School only: (By law the District must release to military recruiters the name, address and phone number of high school students, unless your Student, Parent or Guardian notifies the District that they do not want the information released.)

My student's name/contact information may be released to Military Recruiters. Yes No

My student's name/contact information may be released to College/Coach Recruiters. Yes No

Student Name:

Student ID: _____

ENROLLING RECORD

| | |
|---|--------------------------|
| Name of person enrolling student (Please print name): | Relationship to student: |
|---|--------------------------|

Reason for Enrolling in Newberg School District:

- Employment
- School and/or Community Preference
- Other:

I, the undersigned, do hereby authorize officials of Newberg School District to contact directly the persons named on this form, and do authorize emergency or medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event parent/guardians, or other persons named on this form, cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

I certify that all information provided in this form is to the best of my knowledge is correct and complete.

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

Date

Nondiscrimination Statement:

It is the policy of the Newberg School District Board of Education and School District that there will be no discrimination or harassment on any basis protected by law, including but not limited to, an individual's perceived or actual race, color, gender, marital status, religion, sexual orientation, national or ethnic origin, age, mental or physical disability, pregnancy, familial status, economic status or veteran's status including but not limited to education programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Assistant Superintendent/ Title IX Coordinator and persons having questions about special needs should contact the Director of Special Programs/ Section 504 Coordinator at the Newberg School District Office, 714 E. Sixth Street, Newberg, Oregon 97132, phone (503) 554-5000



Newberg School District Technology Responsible Use Agreement

Tag # of assigned device (if applicable) _____

STUDENT

I have read the Newberg School District Technology Responsible Use Agreement and agree to follow its guidelines. As a student I am committing to:

- making responsible choices with district technology
- behaving appropriately while using district technology
- taking good care of district technology

I also understand that not following these guidelines may result in my use of technology being taken away or other disciplinary measures.

Student Name (please print)

Student District ID Number

Student Signature

Date

PARENT/GUARDIAN

I have read the Newberg School District Technology Responsible Use Agreement and agree to support my student in:

- making responsible choices with district technology
- behaving appropriately while using district technology
- taking good care of district technology.

I understand that access to district technology is intended for educational purposes and give permission for my student to use Google Apps for Education and other digital resources determined by the district. I also understand that not following these guidelines may result in my student's access to technology being taken away or other disciplinary measures.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date