



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"> 1. What language(s) are primarily used in the home? _____ 2. What was the first language(s) that your student learned? _____ 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>

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 Board 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:
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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



Dual Language Program Application 2022-23

Complete if you would like your child to be considered for the
Dual Language Program

Date Received: _____

Received By: _____

Student Information

Student Name: _____ Birth Date: _____ Gender: Male
 Female Non-Binary

Parent/Guardian: _____ Phone: _____

Address: _____ Email Address: _____

Student's Primary Language: _____ Neighborhood School: _____

Does your family have other children enrolled in the Dual Language Program? Yes No

Name	Grade

Program Description

The partner languages in the Dual Language Program are English and Spanish. Our program is an 80/20 program and aligns with common core state standards. In Kindergarten, students spend 80% of their day learning in Spanish. As students progress through each grade level, more time is allocated to English, until programming reaches 50% in each language at fourth grade. Both Spanish literacy and English literacy are taught each day in all grades. Once a student reaches middle school, Spanish literacy and science are taught in Spanish each day with other courses being taught in English. The program will continue to high school with course options yet to be determined. Programs are located at Edwards Elementary, Mountain View Middle School, and Newberg High School. Transportation may be provided.

Program Enrollment Process

When students in Kindergarten apply for the program at the beginning of the year, there will be a lottery to determine program entrance. Students with siblings and those in Migrant Preschool are entered into the program upon application. To be considered, applications must be received by April 14, 2022. Those students not selected during the lottery will be placed on a waiting list in the order received, with potential entrance through mid first grade based on enrollment. All applicants will be contacted regarding placement after the lottery.

Students new to the district at other grade levels, who submit an application to the Dual Language Program, will be considered for entrance into the program if students are moving into the district and were enrolled in a Dual Language Program prior to transfer to Newberg School District or if students are found eligible as a newcomer to the United States, and space is available in the Dual Language classroom at their grade level.

I understand that this application does not guarantee acceptance into the program.

Parent/Guardian Signature Date

Please Return this application with your enrollment form to your neighborhood school.

FOR OFFICE USE ONLY

Neighborhood school: _____ Lottery number: _____



COA Program Application 2022-23

Complete if you would like your child to be considered for the
COA Program

Date Received: _____

Received By: _____

Student Information

Student Name: _____ Birth Date: _____ Gender: Male
 Female
 Non-Binary

Parent/Guardian: _____ Phone: _____

Address: _____ Email Address: _____

Student's Primary Language: _____ Neighborhood School: _____

Does your family have other children enrolled in COA? Yes
 No

Name	Grade

Program Description

COA is a dual enrollment program that blends online learning with regular contact with a highly-qualified teacher. Parents maintain a leadership role in their student's education. The program serves students K-8 with an option to continue online learning with Catalyst online options. The COA program is based at the Springbrook Education Center with staff classrooms at Joan Austin, Mabel Rush, Mountain View Middle School, and Springbrook Education Center.

Program Enrollment Process

Students complete the COA Program Application and return to their neighborhood school. All applicants will be contacted regarding placement and enrollment into COA.

Students new to the district at other grade levels who submit an application to the COA Program, are eligible for entrance into the program. The enrollment process is the same for all grade levels.

I understand that this application does not guarantee acceptance into the program.

Parent/Guardian Signature

Date

Please Return this application with your enrollment form to your neighborhood school.

FOR OFFICE USE ONLY

Neighborhood school: _____