

Newberg School District

Student Enrollment Package

PART 1 – STUDENT INFORMATION

				SCHOO	L USE ONI	LY				
School Year 20 /		Student I	D#			Entry Date	/	/	Grad Year	
School Home Room/Te	eacher	Grade	Records	Request	Birth Certific	ate? (KG or fror	n out of	f state/country	y)	
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).										
					INFORMA'	ΓΙΟΝ				
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:						tate:				
Home Address (Physical, Not PO Box): City: State: Zip Code: County:										
Mailing Address, if differen	t:			City:			State:	Zip Code:	County:	
Student Phone Number:				ı	Cell	Landline			•	
Previous School						Last attend	ed (Mo	nth/Yr):		
Newberg School: Out-of-District School:						City:		Sta	ite: Gi	rade:
Please answer both			RAC	CE & ET	HNICITY					
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:	White	e (A perso	n having o	rigins in any	of the originals	peoples of Europe	e, the M	iddle East or N	orth Africa)	
(Mark all that apply)										
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		Г	Day Care	
Afternoon Transportation	Bus			Walk		Pick Up		Г	Day Care	
SPECIAL PROGRAMS										
Is student currently on an IE		es	No		Is student curr	ently on a 504		Yes	No	
Did parent(s) or guardian(s) fishing, or related food proc	move vessing?	within the	last 36 m	ontns to wo	ork or seek wo	rk in agriculture	,	Yes	No	
Has student been enrolled in Talented and Gifted Programs?						Yes	No			
Has student been enrolled in an ELD program? 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: You are staying in a motel, car, RV or campsite until you can find affordable housing.										

You are living in a shelter.

N/A

You are sharing housing with another family due to economic hardship.

You are moving from place to place, without permanent housing.

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.

Stu	udent Name:	Grade Level:
Sc	hool:	Date of Birth:
1.	What language(s) does your child hear or use literature, etc.)? hear use (i.e., A	regularly in your household (i.e. spoken, media, music, merican Sign Language (ASL))
2.	Describe the language(s) your child understan	ds.
	No English Mostly another language and a little English English and another language equally Mostly English and a little of another langua Tribal/Heritage/Native Language (i.e., language) Hawaiians, and citizens of U.S. Territories) Only English	
3.	What language(s) do adults most frequently us	se 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 CURRENTL	Y speak/express most frequently outside of school?
5.	Does your child frequently participate in cultura Please list the activity and how often your child 2 times/week, once a month, etc.).	I activities that are in a language other than English? participates in the activity (e.g., once/week,
6.	, ,	ould know about your child's language use (e.g., what ges 0-4; did your child have speech classes; did your
7.	Has your child attended any school in the United	States for any three years during their lifetime? Yes No.
ava	rent Questions: In what language(s) do you wailable)?	vant to receive information from the school (if
	Oral Written	American Sign Language
Pa	rent/Guardian:	
	Oral Written	American Sign Language
Par	rent or Guardian Signature	Date
		(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?

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 difficulities in learning to read, spell or write?

(specific to Kindergarten and First grade only)

Yes No

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?

If yes, then date(MM/YY):

Yes No

No

TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

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

Check Initial

We already submitted a certification form at a previous school.

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

	1 AN 1 4 – F	AKENI/OUA		NIORWATION			
Student Name:		Student ID:					
	PARENT/GUARDIAN PERMISSONS						
	ol board policies protect nissions with respect to t					-	vide parents
Contact Allowed:	This adult can have contact	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 custo	dy of this studen	t.				
Mailings Allowed: Release to:	Physical paper mail can be (One per address)		icational Rights are a	allowed, ex	x. Report C	'ards.
	The District/School can re			4	la b aaraaa	4 ! 4].	
Pursuant to the p	provisions of ORS 107.15	94, either parei	nt may requ	uest school record	is by cont	tacting th	e school.
Is there joint custo	dy of this student?	Yes	No				
	PAR	RENT/GUAR	DIAN INI	FORMATION			
PARENT/GUARD		El (I) Geriic					
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 Righ Yes No		Has Custody? Yes No		Release to Yes N)? Vo
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: 1st 2nd 3rd							
Phone No:	Home (lane		Cell Cell		Call orde		2 nd 3 rd
E-Mail Address:	Home (Iane	*	loyer:		Work F		
PARENT/GUARD	IAN						
		ardian	Call order in	n case of emergency:			
Other If other, list relationship:				cond Third Fourt	h		
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 Rigl Yes No		Has Custody? Yes No		Release to Yes No	
1 0		o, list primary lang	, ,	_			
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 (lan		Cell		Call ord	C1. 1	2 nd 3 rd
Phone No:	Home (lan-	uiine)	Cell		Call ord	er: 1 st	2 nd 3 rd

Employer:

Work Phone:

E-Mail Address:

PART 4 CONTINUED – PARENT/GUARDIAN INFORMATION

Student Name:	Student ID:
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PARENT/GUARDIAN						
THREITI GUIRDI	12 X 1 V					
Mother Father Step Other If other, list relation Last Name:	Mother Step Father onship:	Guardian	Call order in case of emergency: First Second Third Fourth First Name:			
Last Name:			First Name:			
If address is different that copies of correspondence.	ŕ		dress: City, State, Zip Code:			
Lives with Student? Contact Allowed? Educational Right Yes No Yes No Yes No			Yes No	Release to? Yes No		
Speaks English: Yes N	lo	If no, list primar	ry language:			
Are you full-time Army,	Navy, Air Force, Marii	ne Corps, or Co	ast 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 Step Father	Guardian	Call order in case of emergency: First Second Third Fourth			
Last Name:			First Name:			
If address is different that copies of correspondence	student's, check here to	receive Ad	dress: City, State, Zip Code:			
Lives with Student? Contact Allowed? Educational Right Yes No Yes No Yes No			Yes No	Release to? Yes No		
Speaks English: Yes No If no, list primary language:						
Are you full-time Army,	Navy, Air Force, Marii	ne Corps, or Coa	ast 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:	H	Iome (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 Last Name: First Name: Relationship: emergency: 1st 2nd Cell Phone: Work Phone: Home Phone: Speaks English: Yes If no, list primary language: Second Emergency Contact Call order in case of Last Name: First Name: Relationship: emergency: 1st 2nd Home Phone: Cell Phone: Work Phone: Speaks English: Yes 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? 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: Court Order? Yes Restraining Order? Yes No No Name: Relationship: Court Order?Yes No Restraining Order? Yes No SIBLINGS ATTENDING NEWBERG SCHOOLS Last Name: School: First Name: Grade: Grade: Last Name: First Name: School: Grade: Last Name: First Name: 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, Yes No or website (If no, please provide written statement to school): **Student Name:** My student's name may appear in school news/website No Yes (If no, please provide written statement to school): 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.)

Yes

Yes

No

No

My student's name/contact information may be released to Military Recruiters.

My student's name/contact information may be released to College/Coach Recruiters.

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 Sci and do authorize emergency or medical personnel to render su the health of said child.	hool District to contact directly the persons named on this form, ch treatment as may be deemed necessary in an emergency, for				
In the event parent/guardians, or other persons named on this f authorized to take whatever action is deemed necessary, in their					
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 beau	st 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 unacco	Date ompanied minor.)				

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