

NEWBERG SCHOOL DISTRICT 29J FORM

REGISTRATION

SCHOOL USE ONLY					
School Year 20	/20	Pentamation ID #	Entry Date	Entry Code	School
Home Room/Teacher	Grade	Records Requested	/ /	Nonresident /Transfer	Grad Year

Student's Legal First Name		Legal Middle Name		Legal Last	Preferred First	Preferred Last
Gender M F	Grade	Birthday (mm / dd / yy)	Home Phone		Hispanic/Latino Y N Includes persons of Cuban, South or Central American, Mexican, Puerto Rican, or other Spanish culture or origin. (please circle)	
Racial Category (at least one racial category must be circled)						
White	Black/African American	Asian	Pacific Islander/Native Hawaiian		American Indian/Alaskan Native	
Home Address Street			City	State	Zip	County
Mailing Address (if different from home address) Street			City	State	Zip	
Previous Newberg School		Previous Out-of-district School or Preschool Grade School Name City State			Date Last Attended Month Year	
Who has legal custody? Circle all that apply Mother Father Stepmother Stepfather Guardian Other _____ Is there joint custody of this student? Y N				Student Lives With? Circle all that apply Mother Father Stepmother Stepfather Guardian Other _____		

Sibling(s) Attending Newberg Schools

Name _____ School _____ Name _____ School _____
 Name _____ School _____ Name _____ School _____

Family Information

Parent/Guardian _____ **Relationship** _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Home Phone _____ Work _____
 Cell _____ Pager _____ Email _____ eSchool News **Y N** **Legal Custody** **Y N** **Receives Mailings** **Y N** **Speaks English** **Y N** **Language Spoken** _____

Parent/Guardian _____ **Relationship** _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Home Phone _____ Work _____
 Cell _____ Pager _____ Email _____ eSchool News **Y N** **Legal Custody** **Y N** **Receives Mailings** **Y N** **Speaks English** **Y N** **Language Spoken** _____

Parent/Guardian _____ **Relationship** _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Home Phone _____ Work _____
 Cell _____ Pager _____ Email _____ eSchool News **Y N**

Additional Emergency Contact Information/Emergency Closure

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

1. Last Name _____ First Name _____ Speaks English Y N Language Spoken _____
Relationship _____ Home Phone _____ Work _____ Cell _____

2. Last Name _____ First Name _____ Speaks English Y N Language Spoken _____
Relationship _____ Home Phone _____ Work _____ Cell _____

3. Last Name _____ First Name _____ Speaks English Y N Language Spoken _____
Relationship _____ Home Phone _____ Work _____ Cell _____

Before and After School Information

AM information : (please circle) Bus Walker CARE Day Care Van Parent
Name of Caregiver _____ Phone _____ Okay to pickup Y N

PM information : (please circle) Bus Walker CARE Day Care Van Parent
Name of Caregiver _____ Phone _____ Okay to pickup Y N

Language Survey

Did parent(s) or guardian(s) move within the last 36 months to work or seek work in agriculture, fishing, or related food processing activity? Y N
If yes, When? _____

Please name all the languages spoken at home: _____

Please place an (x) by the one that best describes your child:

____ Does not speak English ____ Speaks another language better than English ____ Speaks English and another language equally well
____ Speaks English better than another language ____ Speaks only English

Special Services/Programs at Previous School

Has student been enrolled in Talented and Gifted Programs? Y N If yes, indicate program(s): _____

Has student been enrolled in any special program(s)? Y N If yes, indicate program(s): _____

Is student currently on an IEP? (speech, LRC etc.) Y N

Does your child have a physical or mental impairment (504 status) that limits one or more activities? For example, inability to care for one's self; perform manual tasks; participate in daily activities; learn or concentrate on schoolwork? Y N

Pregnant/Parenting Student? Y N

Please state the reason your child is enrolling in Newberg School District. (change in parent's job, custodial change, dissatisfied with other district, etc)

Do you have any concerns a counselor needs to know? _____

Home Language Survey

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent or Guardian _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Cellular Work

Name of Last School Attended _____
School Name City State

Was your child enrolled in an ELL Program previously? Yes No

If you answered, "YES" to the question above, where did your child receive ELL services?

Name of School _____ State _____ Dates Attended _____

Is your child's first-learned or home language anything other than English? Yes No

What is the language most frequently spoken at home? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____
(Mother) (Father)

In what language would you prefer to receive communication from the school? _____

Please describe the language understood by your child. (Check only one)

- Understands only the home language and no English.
- Understands mostly the home language and some English.
- Understands the home language and some English.
- Understands mostly English and some of the home language.
- Understands only English.

Please check the box if your child is:

- Native American Indian
- Native Pacific Islander
- Alaska Native
- Native U.S. Virgin Islander

Parent or Guardian's Signature

Date

Student Medical Information

Doctor(s) Name _____ Phone _____

My child does/ does not have health insurance. Name of plan _____ Policy # _____

My child takes prescription medication at home or school. **Y N** If yes, name of medication(s) _____

My child wears: eye glasses contact lenses hearing aids other _____

Any condition/disease which has the potential to present a life threatening emergency or any condition which has in the past presented a life threatening emergency:

- Requires epi-pen at school
- Severe Food Allergy
- Colostomy/ileostomy
- Hemophilia
- Dialysis
- Diabetes
- Severe Asthma (less severe asthma check below)
- Gastrostomy
- Cancer
- Seizure disorder
- Tracheostomy
- Psychosocial issues
- Severe bee/insect sting reaction
- Heart conditions
- Physical disability/impairment
- Requires catheritization

If any of the above are checked please complete a medical information sheet. The student will need to have a medical protocol in place prior to entering school.

Check any health conditions that nurse and staff should be aware of when student enters school:

- Hearing Impairment
- Visual Impairment
- Allergies
- Bleeding (nosebleeds)
- Asthma
- Other _____

If any of the above are checked, please ask for medical information sheet.

MEDICAL & CONTACT INFORMATION

There are a few occasions when it becomes necessary to close schools or an individual school without prior notice. This may be done due to loss of electricity or water, snow and ice conditions, major storm threats, flooding or other disasters. Your school district staff has developed plans to reduce the number of times when school closure is necessary

I, the undersigned, do hereby authorize officials of NEWBERG SCHOOL DISTRICT #29J to contact the persons named on this form and do authorize the named physician(s) to render such treatment as may be deemed necessary in a health or medical emergency.

In the event physicians, other persons named on this card, or parents 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 or its employees financially responsible for the emergency care and/or transportation for said child.



Signature of Parent/Guardian/Eligible Student

Date

(Eligible Student indicates any student that is 18 years or older, or emancipated.)

Non-discrimination 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 the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational 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.

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