



Newberg School District
Student Enrollment Package

PART 1 – STUDENT INFORMATION

SCHOOL USE ONLY

Form section for School Year, Student ID, Entry Date, Grad Year, School, Home Room/Teacher, Grade, Records Request, Birth Certificate?

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

Form section for Student Information including Legal Last/First Name, Preferred Name, Grade, Gender, Birth Date, Birth City/State, Home Address, Mailing Address, Student Phone Number, and Previous School.

PLEASE ANSWER BOTH RACE & ETHNICITY

Race & Ethnicity section with question 'Are you Latino or Hispanic?' and list of racial/ethnic categories with descriptions.

BEFORE AND AFTER SCHOOL TRANSPORTATION

Form section for Before and After School Transportation with options for Morning/Afternoon Transportation and Bus/Walk/Pick Up/Day Care.

SPECIAL PROGRAMS

Form section for Special Programs with questions about IEP, 504, and Talented and Gifted Programs.

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:

- List of housing situations: You are staying in a motel, car, RV or campsite until you can find affordable housing; You are sharing housing with another family due to economic hardship; You are moving from place to place, without permanent housing; You are living in a shelter; N/A



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