

Dallas School District No. 2 - Student Registration Form

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



Entry Date: _____ Entering Grade: _____ Birthdate: _____ Male: ___ Female: ___

Student Information

_____ Legal Last Name _____ Legal First Name _____ Middle
Student's Preferred Name: _____

Ethnicity: ___ Hispanic (check one) ___ Non Hispanic	Race: ___ White ___ Asian ___ Hawaiian or Pacific Islander (Check all that apply) ___ Black or African American ___ American Indian/Alaskan Native/Hispanic/Latino
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Student Demographic Information

Student's Home Address: _____

Student's Mailing Address: _____

Student's Home Phone: _____ Student's Cell: _____

(Note: Student's home phone will be used for attendance, emergency, and event notifications)

Student's Email: _____ Country of Birth: _____

Age Verification (provide one)

Birth Certificate Hospital Record Baptismal Certificate Adoption Papers Court Order Passport

Home Language Survey

- Which language did this student first learn? _____
- Which language does this student most often use at home? _____
- Which language do parents most often use at home? _____
- If available, in what language would you prefer to receive communication from the school? _____
- Please describe the language understood by this student.
___ Understands only English
___ Understands mostly English and some of the home language
___ Understands mostly the home language and some English
___ Understands home language and English equally
___ Understands only the home language and no English

Previous School Information

School Name: _____ Phone: _____ Fax: _____

Address: _____

Is this student currently expelled from previous school? ___yes ___no

Guardian Information #1

_____ Legal First Name	_____ Legal Last Name
_____ Address (if different than student's)	_____ City, State, Zip
Home Phone: _____ Cell Phone: _____ Work Phone: _____	
Email: _____ Employer: _____	
Relationship to Student: _____	Does student live with this guardian? __yes __no

Guardian Information #2

_____ Legal First Name	_____ Legal Last Name
_____ Address (if different than student's)	_____ City, State, Zip
Home Phone: _____ Cell Phone: _____ Work Phone: _____	
Email: _____ Employer: _____	
Relationship to Student: _____	Does student live with this guardian? __yes __no

Guardian Information #3

_____ Legal First Name	_____ Legal Last Name
_____ Address (if different than student's)	_____ City, State, Zip
Home Phone: _____ Cell Phone: _____ Work Phone: _____	
Email: _____ Employer: _____	
Relationship to Student: _____	Does student live with this guardian? __yes __no

Guardian Information #4

_____ Legal First Name	_____ Legal Last Name
_____ Address (if different than student's)	_____ City, State, Zip
Home Phone: _____ Cell Phone: _____ Work Phone: _____	
Email: _____ Employer: _____	
Relationship to Student: _____	Does student live with this guardian? __yes __no

Oregon law requires that educational records be shared with non-custodial guardians upon their request unless the school is presented with a court order to the contrary. Restraining Orders will also require a copy of the court order in the student's cumulative file.

Emergency Contacts *(do not re-list guardians)*

List only those authorized to pick up student when guardian cannot be reached. Local contacts are preferred.

Name	Relationship to Student	Phone
Name	Relationship to Student	Phone
Name	Relationship to Student	Phone
Name	Relationship to Student	Phone
<i>Services contacts, if applicable</i>		
Caseworker	Supervisor	Phone
Parole Officer	Supervisor	Phone

Siblings

List all school age brothers, sisters, step and half-brothers and sisters of this student attending a Dallas public school.

Student Name	Relationship to Student	School Enrolled
Student Name	Relationship to Student	School Enrolled
Student Name	Relationship to Student	School Enrolled
Student Name	Relationship to Student	School Enrolled

Student Medical Information

Physician's Name: _____ Phone: _____

Insurance Carrier (*optional*): _____

Please check any current medical conditions:

☐ Asthma ☐ Heart Disease ☐ Seizure Disorder ☐ Diabetes ☐ Epi-Pen required

☐ Allergies (*please list*) _____

Medications to be taken at school (*list medications*) Please complete a Medication Administration Record

Are there any other health needs regarding this student of which the school should be aware?

Special Services

Check all that apply

<input type="checkbox"/> IEP/Special Education Plan	<input type="checkbox"/> Talented and Gifted Program	<input type="checkbox"/> ELL Program
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Teen and Pregnant Parenting Program	<input type="checkbox"/> Speech Services

Special Services *(continued)*

McKinney-Vento Title X Homeless Education Program

The Title X McKinney-Vento Act 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 if applicable

___ staying in a motel, car, RV, or campsite until affordable housing is found

___ sharing housing with another family due to economic hardship

___ moving from place to place without permanent housing

___ living in a shelter

Migrant Education Program Title I-C

The purpose of the Migrant Education Program is to ensure that migrant children fully benefit from the same free public education provided to other children, including support that reduces educational disruption that results from the migrant lifestyle. Free services may include summer school, pre-kindergarten support, accident insurance, and referrals to community resources.

Has your family moved within the last three years? ___yes ___no

Has a person in your family ever worked or planned to work in a migrant occupation? ___yes ___no

Permissions/Agreements

I give permission and agree for my child:

- to participate in organized field trips within Dallas School District. ___yes ___no
- to see the district health nurse for illness, injury, or routine health screenings. ___yes ___no
- to use Google Apps for Education (GaFe), Internet, and email within parameters outlined in district policy. ___yes ___no
- to abide by attendance, behavior, and transportation (bus) standards outlined in district policy, and in guardian/student handbooks (if applicable). ___yes ___no

Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Notice of Right to Review Records: Guardians and eligible students are entitled to inspect and review the student's education records and request amendments to ensure the accuracy of the records with regard to applicable state and federal laws and administrative rules.

Notice of Disclosure of Directory Information: FERPA protects the privacy of student records and gives guardian rights to review records. Under FERPA, schools may disclose directory information, but guardians may request the school not disclose this information by making a written request to school.

Copies of the district's policy on student education records and FERPA notifications are available on the Dallas School District website: www.dallas.k12.or.us .

By signing this form, I agree that all the information provided is accurate.

Guardian Signature: _____ Date: _____

Guardian Name (print): _____