

Welcome to Eugene School District 4J. We are excited that you are joining our family. Your student's enrollment form is a required official student record and is very important for you and the district. The information you provide must be accurate and complete. Its contents are protected by the Family Educational Rights and Privacy Act (FERPA).

The information in this form allows our schools to:

- Communicate important information to you, including report cards and attendance notifications.
- Offer appropriate services to your student, such as language learner or special education services.
- Respond appropriately in the event of an emergency.
- Ensure compliance with civil rights laws.
- Better respond to students' racial and ethnic identities.

If you need assistance completing this form, please let a school staff member know.

Student Information <small>(Completed by school)</small>	Enter Date: ___/___/___	4J Perm ID: _____
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Are you a student (unaccompanied youth) enrolling yourself? Yes No

Legal Last Name	Legal First Name	Legal Middle Name	Suffix
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Gender: Female (F) Male (M) Non-Binary (X)
(To have student's record reflect gender identity that differs from legal gender and name, complete Gender/ Name Change form)

Birth Date: ___/___/___	Proof of Age <i>(Bring 1)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: middle;"> <input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Adoption papers <input type="checkbox"/> Court order </td> <td style="width: 50%; vertical-align: middle;"> <input type="checkbox"/> Matricula consular card <input type="checkbox"/> Tribal ID card <input type="checkbox"/> Declaration form <input type="checkbox"/> State-issued ID in student's name </td> </tr> </table>	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Adoption papers <input type="checkbox"/> Court order	<input type="checkbox"/> Matricula consular card <input type="checkbox"/> Tribal ID card <input type="checkbox"/> Declaration form <input type="checkbox"/> State-issued ID in student's name
<input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Adoption papers <input type="checkbox"/> Court order	<input type="checkbox"/> Matricula consular card <input type="checkbox"/> Tribal ID card <input type="checkbox"/> Declaration form <input type="checkbox"/> State-issued ID in student's name			

Grade *(starting at this school):* _____

Place of Birth:
 United States & Territories (Puerto Rico, Guam, Northern Mariana Islands, US Virgin Islands & American Samoa)
 Outside of United States

Race and Ethnicity: The district is required by law to gather ethnicity and race information for statistical reports. Please answer both questions. If this information is not provided, your child will be reported as non-Hispanic and multi-racial.

Is your child of Hispanic or Latino origin? Yes No
 – and –

What race(s) do you consider your child? Mark all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- Non-US Native American *(including a person having origins in any of the indigenous peoples of Mexico, Central America, South America, the Caribbean or Canada).*
- White

Student's Home Address: _____ **Mailing Address:** Same as home address

Street address	Street address <i>(if different from home address)</i>
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City	State	Zip	City	State	Zip
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County _____

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

Address Verification: Bring 1 current document from each category at enrollment.

Category A Documents

- Property tax statement
- Lease or rental agreement
- Documents related to purchase of residence

Category B Correspondence Documents – postmarked in last 30 days

- Social Security Administration
- Oregon government agencies
- Utility companies
- Paycheck information
- Bank/credit union (checking/savings)
- Insurance company
- State or federal revenue document

If you cannot provide two proofs of residency, contact the School Choice and Student Assignment Coordinator at 541-790-7553.

Student Support Programs and Services

Special Education Services – 541-790-7800

The district provides special education and related services to children with disabilities.

- Yes** **No** Has the student ever received or participated in special education services?
- Yes** **No** Has the student ever been in a special education testing or evaluation process?
- Yes** **No** Is the student currently on an IEP from another school/district?
- Yes** **No** Is the student currently receiving speech services?

If yes, enter all known information:

Prior case manager/contact name: _____

Prior IEP Date: _____ Prior Eligibility Date: _____

Eligibility Category(ies): _____

Native American Education Program (Title VI-A) Office: Fax yes forms to 541-790-5905

Yes **No** Is the student, a parent, or a grandparent, a member of a U.S. federally recognized tribe, a state recognized tribe, a terminated tribe, Alaska Native or organized Indian Community?

If yes, name of tribes, bands, villages or nations: _____

Migrant Education Program (Title I-C) Office: Fax yes forms to 541-461-8298

- Yes** **No** Has your family moved within the last three years (including for a short time only)?
- Yes** **No** Has anyone in your household worked in agriculture, fishing, nursery, forestry (mill), farming, dairies or canneries in the past 3 years? If yes, type of work: _____

McKinney-Vento Program Office: Fax yes forms to 541-790-6885

This program supports students in a temporary living situation with resources, which may include transportation assistance, school supplies, and other resources to help ensure success in school.

Check the living situation that applies:

- Yes** **No** Is the student sharing the housing of other persons due to economic hardship or other similar reasons?
- Yes** **No** Is the student staying in a motel or hotel due to economic hardship or for a similar reason?
- Yes** **No** Is the student staying in a car, RV, campsite or substandard housing?
- Yes** **No** Is the student staying in a shelter?

English Language Development Program (Title III) Office: Fax yes forms to 541-790-6516

Yes **No** Has the student been in an English Language Development Program in the United States?

If yes, when? ____/____/____ and where? _____

Other Programs and Services

- Yes** **No** Has the student been in a Talented and Gifted Program?
- Yes** **No** Is the student pregnant and/or parenting?
- Yes** **No** Does the student have a current 504 Plan?

Office Use Only:

Student Name _____ Student ID _____

School Name _____

Educational History

Previous School: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

1. Has this student attended school in any other country? Yes No _____
Country _____
 - a. If yes, when did this student begin school in the United States? _____ / _____ / _____
Month Day Year
 - b. If yes, how many years of school (formal education) did your child complete? _____
2. Has your student been out of school for two years or more? Yes No
 - a. If yes, are you concerned that your student is not at grade level in reading or math? Yes No
3. Is student currently suspended or expelled? Yes No _____
List school _____

Parent/Legal Guardian Information

Please provide the following information on the student's parents and legal guardians, including parents who do not live with student. Only parents with legal custody or legal guardians may enroll a student, except as provided by law. You will need to present a court order or power of attorney issued pursuant to ORS 109.056 if you are not a parent with legal custody.

Enrolling Parent/Legal Guardian - 1

Photo ID **required** Driver's License State ID Card Passport/Consular Tribal ID Military ID

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Relationship to student: Father Mother Legal Guardian Other (explain): _____

Address (if different from student's) _____ City, State _____ Zip _____

Cell: _____ Home Phone: _____ Work: _____

Primary Phone (preferred contact): Cell Home Work

Email: _____ Employer: _____

Does student live with you? Yes No

Are you the custodial parent or legal guardian of the student? Yes No

Is there is a current court order regarding custody (sole or joint) or restricted contact with the student? Yes No
If yes, you must provide a copy of the court order before the school can limit a noncustodial parent's rights regarding the student.

Primary Language: _____ ASL (American Sign Language)

Do you need an interpreter?: Yes No

Are you an active member of the military or full-time member of the National Guard? Yes No

Other Parent/ Legal Guardian - 2

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Relationship to student: Father Mother Legal Guardian Other (explain): _____

Address (if different from student's) _____ City, State _____ Zip Code _____

Cell: _____ Home Phone: _____ Work: _____

Primary Phone (preferred contact): Cell Home Work

Email: _____ Employer: _____

Check all that apply to this parent:

Has Legal Custody Lives with Student Contact Allowed View Records Release Student To

Primary Language: _____ ASL (American Sign Language)

Does this person need an interpreter?: Yes No

Is this person an active member of the military or full-time member of the National Guard? Yes No

Other Parent/ Legal Guardian - 3

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Relationship to student: Father Mother Legal Guardian Other (explain): _____

Address (if different from student's) _____ City, State _____ Zip Code _____

Cell: _____ Home Phone: _____ Work: _____

Primary Phone (preferred contact): Cell Home Work

Email: _____ Employer: _____

Check all that apply to this parent:

Has Legal Custody Lives with Student Contact Allowed View Records Release Student To

Primary Language: _____ ASL (American Sign Language)

Does this person need an interpreter?: Yes No

Is this person an active member of the military or full-time member of the National Guard? Yes No

Other Parent/Legal Guardian - 4

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____
Relationship to student: Father Mother Legal Guardian Other (explain): _____

Address (if different from student's) _____ City, State _____ Zip Code _____

Cell: _____ Home Phone: _____ Work: _____

Primary Phone (preferred contact): Cell Home Work

Email: _____ Employer: _____

Check all that apply to this parent:

Has Legal Custody Lives with Student Contact Allowed View Records Release Student To

Primary Language: _____ ASL (American Sign Language)

Does this person need an interpreter?: Yes No

Is this person an active member of the military or full-time member of the National Guard? Yes No

Emergency Contacts Please list persons *other than the parents/guardians listed above*. It is important to list at least one emergency contact who lives in the area. In an emergency, parents/guardians will be contacted in the order they appear above. By listing other name(s) below as emergency contacts, you are authorizing another person or people to pick up your student at school if a parent/guardian cannot be reached.

1st Name _____ Relationship to Student _____ (_____) _____
Primary Phone: Cell Home Work

Primary Language: _____ ASL (American Sign Language) (_____) _____
Alternate Phone: Cell Home Work

2nd Name _____ Relationship to Student _____ (_____) _____
Primary Phone: Cell Home Work

Primary Language: _____ ASL (American Sign Language) (_____) _____
Alternate Phone: Cell Home Work

3rd Name _____ Relationship to Student _____ (_____) _____
Primary Phone: Cell Home Work

Primary Language: _____ ASL (American Sign Language) (_____) _____
Alternate Phone: Cell Home Work

Services Contacts, if applicable

Case Worker _____ Supervisor _____ (_____) _____
Phone _____

Parole Officer _____ Court _____ (_____) _____
Phone _____

Student Medical Information

Student's **Doctor:** _____ **Phone:** (____) _____

Has Insurance: Yes No

Student's **Dentist:** _____ **Phone:** (____) _____

Siblings List all school age siblings and step-siblings of the student

Student Name	Relationship to Student	Grade	School Enrolled
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Permissions and Notices

For annual notices on Directory Information, Student Records, Military Recruiting, and Protection of Pupil Rights, please see the annual District Handbook or www.4j.lane.edu/enrollment.

Directory Information: District policy JOA, in compliance with state and federal law, provides for the release of directory information without prior parental consent. Student directory information is information from a student education record which would not generally be considered harmful or an invasion of privacy if released, and includes information such as student names and photographs. Student directory information is regularly included in yearbooks, class pictures, and event programs. For a detailed description, please refer to the annual Handbook or school board policy JOA, available online or at your school. If you do not want directory information about your student released, you must submit the Objection to Release of Directory Information Form by September 20 of each school year or upon enrollment. The form is available in school offices and may be found online.

Google Apps: The district uses Google Apps for Education, which is an online collaboration suite used to increase collaboration between students and teachers for teaching and learning. Email will automatically be enabled if Google Apps permission is given. Parents must submit a permission form in order for their student to receive access to their Google education account. You may revoke permission for use of Google Apps at any time.

High School Only: Federal law requires the district to provide names, addresses, and telephone numbers of high school students to military recruiters and colleges that request this information, except where the parent notifies the district in writing that he/she does not consent to release this information. When a high school student has reached 18 years of age, the right to opt out transfers from the parent/ guardian to the student.

By checking the box(es) below, I am requesting that my student's name, address and telephone number:

- Not** be shared with military recruiters
- Not** be shared with colleges

Signature: *I declare that the information on this enrollment form is true to the best of my knowledge and belief. I understand that my student could be returned to their neighborhood school upon determination of a false address.*

Parent/Guardian Name: _____ Date: _____
(Signature please)

Parent/Guardian Name: _____
(Print please)



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>

State of Oregon Language Use Survey

The 2020-21 Language Use Survey (LUS) is under development. Until the 2020-21 version is finalized, districts may choose to use either of the Language Use Surveys available on the ODE website.

Below is the United States Department of Education definition of an English learner.

The term “English learner,” when used with respect to an individual, means an individual —

- (A) who is aged 3 through 21;
- (B) who is enrolled or preparing to enroll in an elementary school or secondary school;
- (C)
 - (i) who was not born in the United States or whose native language is a language other than English;
 - (ii)
 - (I) who is a Native American or Alaska Native, or a native resident of the outlying areas;
 - and
 - (II) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
 - (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
- (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual —
 - (i) the ability to meet the challenging State academic standards;
 - (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or
 - (iii) the opportunity to participate fully in society.

(ESEA Section 8101(20))

General Medical Profile (Complete for Health Staff and Health Folder)

Student Name: _____	Birthdate: / /	Grade: _____
Doctor/Phone: _____	Dentist/Phone: _____	
Primary Caregiver: _____	Phone #s _____	_____

Medical Conditions:

History of Surgery/Severe Injury/Concussion:

Check if your student has any of the following?

*If your student has any of the conditions with **an asterisk***, ask office staff for that condition form.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies – food: _____
<input type="checkbox"/> Allergies – insects: _____
<input type="checkbox"/> Allergies – seasonal: _____
<input type="checkbox"/> Allergies – misc: _____
<input type="checkbox"/> Anaphylaxis – Last episode: _____
<input type="checkbox"/> Asthma* _____
<input type="checkbox"/> Diabetes* _____
<input type="checkbox"/> Heart Problem* _____
<input type="checkbox"/> Seizure Disorder* _____
<input type="checkbox"/> Other: _____

<input type="checkbox"/> Physical Condition <input type="checkbox"/> Therapy/Interventions _____
<input type="checkbox"/> Behavioral Condition <input type="checkbox"/> Therapy/Interventions _____
<input type="checkbox"/> Speech Condition <input type="checkbox"/> Speech Therapy/Interventions _____ | <input type="checkbox"/> Check if Life Threatening *
<input type="checkbox"/> Check if Life Threatening *
<input type="checkbox"/> Check if Life Threatening *
<input type="checkbox"/> Check if Life Threatening *
<input type="checkbox"/> Check if Epi Prescribed
<input type="checkbox"/> Check if Life Threatening
<input type="checkbox"/> Check if Life Threatening
<input type="checkbox"/> Check if Life Threatening
<input type="checkbox"/> Check if Life Threatening
<input type="checkbox"/> Check if Life Threatening * | <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Fainting
<input type="checkbox"/> Vision Condition
<input type="checkbox"/> Wears glasses
<input type="checkbox"/> Wears contacts
<input type="checkbox"/> Hearing Condition
<input type="checkbox"/> Hearing Aids/devices

<input type="checkbox"/> Has Insurance |
|--|--|--|

Current Medication/s	Dose/s	Time/s Taken	For

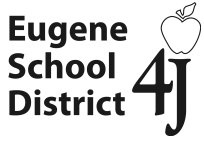
Student Needs at school:

- My student requires Medication at school (daily/as needed/emergency): _____
A separate Medication Authorization Form is required for each medication to be given at school and for changes in dosage or time of administration.
- My student requires Medical/Nursing Assistance at school: _____
- My student has Physician-Ordered Food Restrictions: _____
- My student has Physician-Ordered Activity Restrictions: _____

There is not a licensed nurse in the building at all times. Please direct any medical correspondence, changes of school medical orders or prescriptions for your student to the nurse at your student's school. Please keep emergency contacts updated with the school office. Parent/guardian must bring any medication your student requires at school in the original, labeled container (with Rx – for prescription medication). The information on this form will be kept in your student's health file and will be shared with school staff as needed in the interest of your student's well being, safety and education.

Parent Signature: _____ **Date:** _____

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Request for Student Records Form

Student(s) Information

Student(s) Name:	Birth	Grade
_____		_____
_____		_____

Last School Attended Information

Name of Last School Attended: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Please send complete information about student(s) by forwarding the following records to the address indicated below on this form within ten (10) days of receipt of this request.

- ✓ Cumulative folder (attendance records, grade level, classroom test results, grades)
- ✓ Health record folder (hearing, vision, immunizations, etc.)
- ✓ All special education records

Please fax the following immediately to _____:

- **Current IEP**
- **Current eligibility statement(s)**
- **Most recent evaluation report/assessment results**
- ✓ Psychological testing (educational, social, developmental information)
- ✓ Behavioral records
- ✓ Other special program records (TAG, McKinney-Vento, Title 1, 504, etc.)

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon state law, I hereby authorize the release of all records on the student(s) listed above to the below referenced school.

Please note: federal law 34 CFR 99.31(a)(2) does not require a parent signature for educational records to be sent to another school district for purposes of enrollment or transfer.

Signature of secretary/school designee *Signature of parent or guardian* *Date*

Date of enrollment at new school: _____

Send Records to: