



# Yamhill Carlton School District

## Registration Form

Teacher: \_\_\_\_\_

Homeroom: \_\_\_\_\_

### SCHOOL USE ONLY

School Year /		Student ID #	Entry Date / /	Grad Year
School	Grade	Records Request	Birth Certificate? (KG or from out of state/country)	
Immunizations:				

### Part 1 - Student Information

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

#### STUDENT INFORMATION

Legal Last Name:		Legal Middle Name:	Legal First Name:		Preferred Name:
Grade	Gender M F NB	Birth Date (mm/dd/yyyy)	Birth City:	Birth State:	Birth Country:
Home Address (Physical, not PO Box):				City:	State: Zip:
Mailing Address, if different:				City:	State: Zip:
Student Primary Phone Number:		<input type="checkbox"/> Cell <input type="checkbox"/> Landline		Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Students new to Yamhill-Carlton School District:					
Out-of-District School: _____		City: _____		State: _____ Grade: _____	
Last date attended (month/year): _____					

#### RACE & ETHNICITY

**Please answer both**

**Ethnicity:**  Hispanic  Non-Hispanic

**Race (Circle all that apply):** White Asian Native Hawaiian/Other Pacific Islander  
Black/African American American Indian/Alaska Native

#### LANGUAGE SURVEY

Birthplace--Was the student born in the US or Puerto Rico?  Yes  No

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?  Yes  No

If yes, When? \_\_\_\_\_

Has the student been attending a school in the US for less than 3 years in a row?  Yes  No

Name all the languages spoken at home: \_\_\_\_\_ % of time for each language? \_\_\_\_\_

**What language did your child learn when he/she first began to talk?** \_\_\_\_\_

**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 PROGRAMS

Is student currently on IEP?  Yes  No  
Is student currently on a 504?  Yes  No  
Has student been enrolled in Talented and Gifted Programs?  Yes  No  
Has student been enrolled in an ELL Program?  Yes  No

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?  Yes  No

Please state the reason your child is enrolling in Yamhill Carlton School District. (Family moved into district, change of parent's job, custodial change, dissatisfied with other district, etc.) \_\_\_\_\_

Do you have any concerns a counselor needs to know? \_\_\_\_\_

### 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 or any condition which has in the past presented a life threatening emergency.**

Doctor(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your student have a medical condition? (please place an (x) next to all that apply)

\_\_\_ Requires Epi-Pen at school \_\_\_ Seizure Disorder \_\_\_ Severe bee/insect sting reaction \_\_\_ Severe Food Allergy: \_\_\_\_\_  
\_\_\_ Diabetes \_\_\_ Severe Asthma \_\_\_ Heart Conditions \_\_\_ Hemophilia \_\_\_ Cancer \_\_\_ Dialysis \_\_\_ Psychosocial issues  
\_\_\_ Physical disability/Impairment \_\_\_\_\_ Other \_\_\_\_\_

**If any of the above are checked the student will need to have a medical protocol in place prior to entering school.**

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).**

### STUDENT DENTAL INFORMATION

**Elementary Students Only:** State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (HB 2972(2015))

Has your child already had a dental screening?  Yes  No

If yes, date of screening (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):

	Check	Initial
We already submitted a certification form at a previous school.	<input type="checkbox"/>	<input type="checkbox"/>
Then dental screening is contrary to student or families religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
The dental screening is a burden (see below for definition).	<input type="checkbox"/>	<input type="checkbox"/>
The dental screening is a burden for the student or the parent or guardian of the student when:		<input type="checkbox"/>

- (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.

**PARENT/GUARDIAN PERMISSIONS**

Federal law and school board policies protect the privacy of student’s educational records and give parents certain rights or permissions with respect to their child’s records. These permissions are defined as:

- Contact Allowed:** This adult can have contact with the child.
  - Educational Rights:** Has legal rights to access educational records (grades, attendance, behavior. ect.) For further information please review student policy.
  - Has Custody:** Adult who has legal custody of the 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

**Who has legal custody?** (Circle all that apply) **You are responsible to notify the school of changes.**

Mother      Father      Stepmother      Stepfather      Guardian      Other\_\_\_\_\_

Restraining order, Delegation of Authority, Divorce Decree, Guardianship papers, Other\_\_\_\_\_ Is Documentation Provided?  Yes  No

**Student Lives With?** (Circle all the apply)

Mother      Father      Stepmother      Stepfather      Guardian      Other\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Listed \_\_\_ Unlisted \_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Lives with Student?  Legal Custody?  Contact allowed?  Release to?  Receives Mailings?  Educational Rights?  Language \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Listed \_\_\_ Unlisted \_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Lives with Student?  Legal Custody?  Contact allowed?  Release to?  Receives Mailings?  Educational Rights?  Language \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Listed \_\_\_ Unlisted \_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Lives with Student?  Legal Custody?  Contact allowed?  Release to?  Receives Mailings?  Educational Rights?  Language \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Listed \_\_\_ Unlisted \_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Lives with Student?  Legal Custody?  Contact allowed?  Release to?  Receives Mailings?  Educational Rights?  Language \_\_\_\_\_

### PARENT/GUARDIAN MILITARY INFORMATION

Is one or more Parent/Guardian currently serving in the U.S. Military? \_\_\_ Yes \_\_\_ No Enter date: \_\_\_\_\_ Exit Date: \_\_\_\_\_.

If yes, Status:  Active Duty  Reserves  National Guard Parent Name(s): \_\_\_\_\_

Branch of Service:  Air Force  Army  Coast Guard  Marines  Navy

### EMERGENCY CONTACT INFORMATION

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### SIBLING(S) ATTENDING YAMHILL CARLTON SCHOOLS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  OK to release to

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  OK to release to

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_  OK to release to

### TITLE X: MCKINNEY-VENTO PROGRAM

**Title X McKinney-Vento Program: This program guarantees that students, not 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 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

### FEDERAL NOTIFICATIONS

*Valid until changed by Parent/Guardian (contact school office) -If left unchecked, assumption is Yes*

**Photography:** My student's photograph may appear in classroom or school news, yearbook, or website:  Yes  No  
(If no, please provide written statement to school)

**Student Name:** My student's name may appear in school news/website.  Yes  No

**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 to 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

## ENROLLING RECORD

Name of person enrolling student (Please print name):

Relationship to student:

## 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. Our 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 Yamhill Carlton School District #1 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 judgement, 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, correct and complete.



\_\_\_\_\_  
Signature of Parent/Guardian/Eligible Student

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

\_\_\_\_\_  
Date

### Non-discrimination Statement:

It is the policy of the Yamhill Carlton 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 Yamhill Carlton School District Office, 120 N. Larch Place, Yamhill, Oregon 97148. (503) 852-6980.