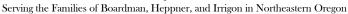
Morrow County School District





P.O. Box 100 Heppner, OR 97836 http://www.morrow.k12.or.us Phone: 541-676-9128 Fax: 541-676-5742

Enrollment Date: Gr/Teacher: School: Entry Grade: _____ Walk / Pick up / Bus: _ Student's <u>LEGAL</u> Name:_____ Last Name First Name Middle Name Date of Birth: Gender: □ - Male □ - Female Place of Birth: _ City Country Graduation Year: ______ 9th Grade Entrance Year: ____ Student Cell Phone: Ethnicity & Race - Please check all that apply Has your student ever qualified for any of the following programs or services? ☐ - Medical/504 Plan □ - White ☐ - Special/Individual Education Plan (IEP) ☐ - African American / Black ☐ - English Language Learner (ELL) ☐ - Behavior Support Plan (BSP) ☐ - Hispanic / Latino ☐ - Talented and Gifted Program (TAG) ☐ - Counseling Services ☐ - Asian / Pacific Islander ☐ - American Indian / Alaskan Native ☐ - Title I Reading or Math ☐ - Decline to report Other: □ - Other: _____ Has your student ever been expelled from school?: □ - Yes □ - No Last enrolled school name: __ Last date in attendance: __ School Name City These questions are state and/or federal requirements for schools: - Was your child born in another country other than the United States or Puerto Rico? ☐ - Yes □ - No - Has your child been enrolled in a U.S. school less than 3 full academic years? - Yes ☐ - No - Does the student have a parent or guardian who is a current member of the Armed Forces on active duty □ - Yes* □ - No or full-time National Guard? (If "Yes", please ask to see additional federal documentation)* **HOUSEHOLD PARENTS/GUARDIANS** Name Relationship Language spoken at home: ☐ - English ☐ - Spanish Send Mailings in: ☐ - English ☐ - Spanish Home Phone Cell Phone □ - OK TO PICK UP □ - LEGAL CUSTODY □ - LIVES WITH □ - RECEIVES SCHOOL MAIL **Email Address Physical Address** City, State Zip Place of Employment Work Phone Mailing Address City, State Zip 2.) Relationship Language spoken at home: □ - English □ - Spanish Send Mailings in: □ - English □ - Spanish Cell Phone Home Phone □ - OK TO PICK UP □ - LEGAL CUSTODY □ - LIVES WITH □ - RECEIVES SCHOOL MAIL **Email Address Physical Address** City, State Zip Place of Employment Work Phone Mailing Address City, State Zip **ADDITIONAL EMERGENCY CONTACTS** - OK TO PICK UP Relationship ☐ - RECEIVES SCHOOL MAIL Phone Name 2.) □ - OK TO PICK UP Relationship Phone Name - OK TO PICK UP Relationship Phone Name

General Registration Form (All grades) Updated 8/10/17

Morrow County School District

Serving the Families of Boardman, Heppner, and Irrigon in Northeastern Oregon



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SIBLINGS Name Name Name Name Age Age **MEDICAL** □ - This student is covered by our private family policy Insurance Company:___ Policy Number: ☐ - We would like information on insurance □ - We do not have insurance coverage Family Physician: _____ Clinic/Hospital:___ - Does your student take medication at home or school? (If "Yes", please see additional medication form)* □ - Yes* □ - No - Does your student have an allergy, medical condition, or concern? (If "Yes", please see additional medical form)* □ - Yes* □ - No - In the event of a medical emergency, the school has my permission to administer first aid, obtain medical treatment, and/or transport to a medical facility if necessary. I understand that I will be financially responsible for any expenses incurred. ☐ - Yes ☐ - No **HOME LANGUAGE SURVEY** Please help us to determine the language(s) spoken at home for each student by answering the following questions. Check all that apply. - What language does your child use most frequently at home? (Home) □ - English □ - Spanish 🗖 - Other ☐ - Other_____ - What language did your child learn when he or she first began to talk? (Primary) □ - English ☐ - Spanish - What language do you use most frequently when speaking at home? (Secondary) 🏻 🗖 - English ☐ - Spanish Other **RELEASE OF DIRECTORY INFORMATION & APPROVAL** For any items left blank we will assume a "Yes" answer □ - Yes □ - No - Do you allow your student permission to attend school-sponsored activities and field trips? - Do you allow your student's name and or photograph to be published on social media or other school-related publications? ☐ - Yes ☐ - No ☐ - Yes ☐ - No - Do you allow your student to be photographed or interviewed for by the public media (news organizations)? - I am aware by law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children □ - Yes □ - No unless a parent has a court order that indicates otherwise. Unless the school receives a legal document or copy of a divorce decree stating that your child's other parent does not have access to your child's records, we are required by state law to extend to the other parent access to your child's records. The school must obtain a copy of the recorded court order on file. Do you allow your student's name, mailing address, and telephone number to be released to military recruiters? ☐ - Yes ☐ - No Federal public law 107-110, section 9528, of the No Child Left Behind Act requires school to provide names, addresses, and telephone number of enrolled students 17-years or older to military recruiters upon their request. The law also requires schools to notify parents of the right to Opt-Out by requesting the school district not to release your student's information to military recruiters. If you do not want your student's information disclosed to military recruiters, check the box below. This request is valid for the current school year only and must be renewed each year. I hereby state that all the information obtained in this document is accurate and up-to-date. **Printed Name** Relation Signature Date

Please provide student's birth certificate and up-to-date immunization records as soon as possible.

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