

Morrow County School District

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



P.O. Box 100
Heppner, OR 97836
http://www.morrow.k12.or.us

Phone: 541-676-9128
Fax: 541-676-5742

School: _____ Entry Grade: _____

Enrollment Date: _____
Gr/Teacher: _____
Walk / Pick up / Bus: _____

Student's **LEGAL** Name: _____
Last Name First Name Middle Name

Date of Birth: _____ Gender: - Male - Female Place of Birth: _____
City State Country

Graduation Year: _____ 9th Grade Entrance Year: _____ Student Cell Phone: _____

Ethnicity & Race - Please check all that apply

- White
- African American / Black
- Hispanic / Latino
- Asian / Pacific Islander
- American Indian / Alaskan Native
- Decline to report
- Other: _____

Has your student ever qualified for any of the following programs or services?

- Special/Individual Education Plan (IEP)
- English Language Learner (ELL)
- Talented and Gifted Program (TAG)
- Title I Reading or Math
- Other: _____
- Medical/504 Plan
- Behavior Support Plan (BSP)
- Counseling Services

Has your student ever been expelled from school?: - Yes - No

Last enrolled school name: _____ Last date in attendance: _____
School Name City State

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 or full-time National Guard? (If "Yes", please ask to see additional federal documentation)* - Yes* - No

HOUSEHOLD PARENTS/GUARDIANS

1.) _____
Name Relationship

Home Phone _____ Cell Phone _____
Language spoken at home: - English - Spanish Send Mailings in: - English - Spanish
 - 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.) _____
Name Relationship

Home Phone _____ Cell Phone _____
Language spoken at home: - English - Spanish Send Mailings in: - English - Spanish
 - 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

1.) _____
Name Relationship - OK TO PICK UP _____
 - RECEIVES SCHOOL MAIL Phone _____

2.) _____
Name Relationship - OK TO PICK UP _____
Phone _____

3.) _____
Name Relationship - OK TO PICK UP _____
Phone _____

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

Morrow County School District prohibits discrimination and harassment on any basis protected by law, including but not limited to, an individual's perceived or actual race, religion, color, national or ethnic origin, mental or physical disability, marital status, sex, sexual orientation, age, pregnancy, familial status, economic status, veterans' status or genetic information in providing education or access to benefits of education services, activities and programs in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issues; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act; and the Americans with Disabilities Act Amendments Act of 2008, Title II of the Genetic Information Nondiscrimination act of 2008.

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SIBLINGS

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	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: _____ Phone: _____
- 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 _____
- What language did your child learn when he or she first began to talk? (Primary) - English - Spanish - Other _____
- 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

- Do you allow your student permission to attend school-sponsored activities and field trips? - Yes - No
- Do you allow your student's name and or photograph to be published on social media or other school-related publications? - Yes - No
- Do you allow your student to be photographed or interviewed for by the public media (news organizations)? - Yes - No
- I am aware by law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children unless a parent has a court order that indicates otherwise. - Yes - No
- 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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