

3/27/18

Name \_\_\_\_\_

(Last Name, First Name)

## West Linn Wilsonville School District #3JT Registration Form

For Office Use Only:

Teacher/Counselor \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Gender M \_\_\_\_\_ F \_\_\_\_\_ X \_\_\_\_\_ Birthplace \_\_\_\_\_  
 Ethnicity Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Race (check all that apply - you must select at least one) \_\_\_\_\_ Native Hawaiian/Pac Islander  
 \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ White

Other Emergency Contacts: The parties (include the Day Care Provider, if appropriate) listed below are authorized to pick up this child from school and to make decisions regarding cases of emergency, serious illness, or accident.

Name	Home Phone	Work Phone	Other Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Cell Phone/Texting: Schools may begin contacting students via cell phone or texting messaging. Please provide the following information if your student has a cell phone or text messaging device.

Cell Number \_\_\_\_\_ Service Provider \_\_\_\_\_  
 \_\_\_ I do NOT approve of the school using my child's cell phone/test messaging for communication.

Siblings: Please list the names, ages, grades, and schools of any siblings:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Info: The address provided must be the student's primary residence.

Relationship \_\_\_ Mother \_\_\_ Father \_\_\_ Other (Please Specify) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ County \_\_\_\_\_  
 Email \_\_\_\_\_

Initial to Confirm the Above Address is the Student's Residence \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Phone Unlisted? Yes \_\_\_ No \_\_\_ Employer \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Additional Parent/Guardian (at same address):

Relationship \_\_\_ Mother \_\_\_ Father \_\_\_ Other (Please Specify) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Employer \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Email \_\_\_\_\_

Previous School(s): Name, Location, Dates:

\_\_\_\_\_  
 \_\_\_\_\_

Medical Conditions:

Please check all conditions that apply and elaborate below

___ Life-Threatening Allergies	___ Heart Disease	___ Orthopedic Problems
___ Asthma	___ Kidney Disease	___ Hearing Problems
___ Seizure Disorder	___ Diabetes	___ Vision Problems

Details/Other Health Concerns \_\_\_\_\_  
 \_\_\_\_\_

Medications Taken/Dosage \_\_\_\_\_  
 \_\_\_\_\_

District Nursing Staff will be in touch regarding specifics of these situations.

Extra Mailing Information: Under certain circumstances, the district is willing to send second mailings, for example, to non-custodial parents. If a second mailing is desired, please provide the information below:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Email \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Phone Unlisted? Yes \_\_\_ No \_\_\_ Employer \_\_\_\_\_  
 Other Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Describe the circumstances that you believe warrant a second mailing \_\_\_\_\_  
 \_\_\_\_\_

Legal/Custody Documents: Please list the names of anyone who has legal guardianship of this child \_\_\_\_\_

Are there legal documents concerning the custody of this child? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, you will need to provide copies of the documents when submitting this form.

Permission Denials:

Initial each item for which you deny permission.

\_\_\_ I **do not** approve of my child being photographed or videotaped for educational purposes, including usage of such on the school or district website.

\_\_\_ I **do not** want any of my family's contact information disclosed by the school district. This means that school directories will not include my family's address, phone number, or email.

\_\_\_ I **do not** want any other information about my child or my family to appear in any school publication. I understand that this means that my child will not be included in yearbooks, sports rosters, playbills, and other activity-related publications.

\_\_\_ (For HS age student) I **do not** approve of my student being included in data sent to the military for recruiting purposes.

(FRONT)

Please continue on the back side of this form

(FRONT)

Name \_\_\_\_\_  
(Last Name, First Name)

West Linn Wilsonville School District #3JT Registration Form

Teacher/Counselor \_\_\_\_\_

Special Services (please check any areas in which your child has received special services in the last year:

\_\_\_\_\_ Title I \_\_\_\_\_ Gifted Education \_\_\_\_\_ Special Education (IEP) \_\_\_\_\_ ESL (English as a Second Language) \_\_\_\_\_ 504 Plan  
Other \_\_\_\_\_

Emergency/Early Closure Plan (For Primary School Children Only). If school should close early, what should your child do? Please choose only two:

\_\_\_\_ Take the bus home and can get into the house \_\_\_\_ Take the bus and stay with \_\_\_\_\_ Will be picked up by \_\_\_\_\_  
\_\_\_\_ Is to walk home and can get into the house \_\_\_\_ Is to take the bus to \_\_\_\_\_ day care

Alternate Plan \_\_\_\_\_

Services: Is a parent or guardian of this student on active duty in the Armed Forces or the National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

Language Use Survey:

What language(s) does your child hear or use regularly in your household? Hear \_\_\_\_\_ Use \_\_\_\_\_

Describe the language(s) your child understands: ☐ No English ☐ Mostly another language and a little English ☐ English and another language equally  
☐ Only English ☐ Mostly English and a little of another language ☐ Tribal or Native Language

What language(s) do adults most frequently use when speaking/conversing to your child?

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_ Other Adults in the Home: \_\_\_\_\_ Child-care Providers: \_\_\_\_\_

What language(s) did your child speak/express from 0 – 4 years of age? \_\_\_\_\_

What language(s) does your child currently speak/express most frequently outside of school? \_\_\_\_\_

Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc. \_\_\_\_\_

Is there anything else you think the school should know about your child's language use? \_\_\_\_\_

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Father/Guardian: Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Mother/Guardian: Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Have you moved during the last three years for the purpose of obtaining seasonal/temporary employment in agriculture, forestry, or fishing? ☐ Yes ☐ No

Has this student ever missed more than 3 months of school? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

All information on both sides of this form is accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

What is your relationship to the student? (i.e., parent, grandparent, etc.) \_\_\_\_\_

For office use only

☐ Verified proof of residency Document provided/examined \_\_\_\_\_ and verified by (initials) \_\_\_\_\_ Date \_\_\_\_\_  
(check box) (type of document)



# Oregon Certificate of Immunization Status

## Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	<div>Complete for all</div> <div>Up-to- date</div> <div>Medical</div> <div>Non medical</div>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>	
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>		

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

**Continued On Reverse Side**



# Oregon Certificate of Immunization Status, Page 2

## Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

### For medical exemptions:

Please submit a **letter** signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): Please submit a **letter** signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

### Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ A health care practitioner
- ☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Diphtheria/ Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio                         | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella                     | <input type="checkbox"/> Hib         |
| <input type="checkbox"/> Measles/Mumps/Rubella         |                                      |

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- ☐ Religious belief    ☐ Philosophical belief    ☐ Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

# Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. What language(s) does your child hear or use regularly in your household (i.e., spoken, media, music, literature, etc.)? hear \_\_\_\_\_ use (i.e., ASL) \_\_\_\_\_
2. Describe the language(s) your child understands.
  - ☐ No English
  - ☐ Mostly another language and a little English
  - ☐ English and another language equally
  - ☐ Mostly English and a little of another language
  - ☐ Tribal or Native Language
  - ☐ Only English
3. What language(s) do adults most frequently use when speaking/conversing to your child?  
 Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_  
 Other Adults in the Home: \_\_\_\_\_ Child-care Providers: \_\_\_\_\_
4. What language(s) did your child speak/express from 0-4 years of age? \_\_\_\_\_
5. What language(s) does your child CURRENTLY speak/express most frequently outside of school?  
 \_\_\_\_\_
6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, two times/week, once a month, etc.). \_\_\_\_\_  
 \_\_\_\_\_
7. Is there anything else you think the school should know about your child's language use? \_\_\_\_\_  
 \_\_\_\_\_

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Father/Guardian:  
 Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Mother/Guardian:  
 Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Will you need interpretation/translation for?: Meetings \_\_\_\_\_ Conferences \_\_\_\_\_ Paperwork \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_ (i.e., parent, grandparent, etc.)

West Linn-Wilsonville School District  
West Linn, Oregon 97068

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

X Student \_\_\_\_\_ School CEDAROAK PARK PRIMARY SCHOOL  
X Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

As parent/guardian of the named student, I hereby authorize the mutual exchange of confidential information between  
the **West Linn-Wilsonville School District**

and/or

X School  
Agency, Practitioner: \_\_\_\_\_  
X Address \_\_\_\_\_  
X City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Records to be included are:**

- ☒ Education Record      ☒ Health  
☒ Behavioral Record      ☒ Transcript  
☒ IEP  
☒ Other \_\_\_\_\_

X \_\_\_\_\_  
Parent/Guardian Signature  
X \_\_\_\_\_  
Address  
WEST LINN      OREGON      97068  
City      State      Zip

Oregon Revised Statutes allows transfer of student progress records without penalty to any other school or educational institution upon receipt of notice of the student enrolling in said institution. (ORS 336.215)

**Please send all confidential information to:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Athey Creek Middle School</b><br>2900 SW Borland Road<br>West Linn, OR 97068 | <input checked="" type="checkbox"/> <b>CedarOak Park Primary School</b><br>4515 South CedarOak Drive<br>West Linn, OR 97068 | <input type="checkbox"/> <b>Willamette Primary School</b><br>1403 12 <sup>th</sup> Street<br>West Linn, OR 97068 |
| <input type="checkbox"/> <b>Boeckman Creek Primary School</b><br>P. O. Box 622<br>Wilsonville, OR 97070  | <input type="checkbox"/> <b>Rosemont Ridge Middle School</b><br>20001 Salamo Road<br>West Linn, OR 97068                    | <input type="checkbox"/> <b>Inza R. Wood Middle School</b><br>P. O. Box 705<br>Wilsonville, OR 97070             |
| <input type="checkbox"/> <b>Bolton Primary School</b><br>5933 SW Holmes Street<br>West Linn, OR 97068    | <input type="checkbox"/> <b>Stafford Primary School</b><br>19875 SW Stafford Road<br>West Linn, OR 97068                    | <input type="checkbox"/> <b>West Linn High School</b><br>5464 West "A" Street<br>West Linn, OR 97068             |
| <input type="checkbox"/> <b>Boones Ferry Primary School</b><br>P. O. Box 130<br>Wilsonville, OR 97070    | <input type="checkbox"/> <b>Sunset Primary School</b><br>2351 Oxford Street<br>West Linn, OR 97068                          | <input type="checkbox"/> <b>Wilsonville High School</b><br>P. O. Box 3770<br>Wilsonville, OR 97070               |

# West Linn – Wilsonville School District

## Student Google Apps for Education Agreement

This year, West Linn – Wilsonville Schools will begin using Google Apps for Education in the classroom. Google Apps for Education is a suite of free, web-based programs that may include email, document creation, shared calendars, and collaboration tools. This service is available through an agreement between Google and the State of Oregon.

If you have any questions, please don't hesitate to contact the school administration, teacher-librarian, or your child's teacher(s).

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to use Oregon K-12 Apps for Education. By doing so, I agree to routinely monitor my child's use when away from district property.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Google Apps for Education runs on Internet domains purchased and owned by the school district and is intended for educational use. Some of your child's teachers may use Google Apps for lessons, assignments, and communication.

Google Apps for Education is available anywhere with Internet access. School staff will monitor student use of Apps while at school. Parents should monitor their child's use of Apps away from school. Students are responsible for their own behavior at all times.

### Acceptable Use (Privacy and Safety)

The school district provides an ongoing, comprehensive digital citizenship education. We expect students to use this knowledge as they engage in online activities within the GoogleApps for Education system and all technology/online systems.

Apps for Education is primarily for educational use. Students may use Apps for personal use subject to the restrictions below and additional school rules and policies that may apply.

- **Privacy** - School staff, administrators, and parents all have access to student Apps accounts for monitoring purposes. Students should have no expectation of privacy on the Apps system.
- **Limited personal use** - Students may use Apps tools for personal projects but may not use them for:
  - Unlawful activities
  - Commercial purposes (for example, running a business or trying to make money)
  - Personal financial gain (for example, running a web site to sell things)
  - Inappropriate sexual or other offensive content
  - Threatening another person
  - Misrepresentation of Oregon Public Schools, staff or students. Apps, sites, email, and groups are not public forums. They are extensions of classroom spaces where student free speech rights may be limited.
- **Safety**
  - Students should not post personal contact information about themselves or other people. That includes addresses and phone numbers.
  - Students will tell their teacher or other school employee about any message they receive that is inappropriate or makes them feel uncomfortable.
  - Students are responsible for the use of their individual accounts and should take all reasonable precautions to prevent others from being able to use their account.
- **Access Restriction - Due Process**
  - Access to Google Apps for Education is considered a privilege accorded at the discretion of the District. The District maintains the right to immediately withdraw the access and use of Apps when there is reason to believe that violations of law or District policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and account restoration, suspension, or termination. As a party of the Agreement with Google, the State of Oregon also reserves the right to immediately suspend any user account suspected of inappropriate use. Pending review, a user account may be terminated as part of such action.

## Sign up for FlashAlert

FlashAlert is the system that we use to notify you of school closures, delays, and other similar events. Please verify your subscriptions at <https://www.flashalert.net/login.html>.

FlashAlert is also available on our district website ([www.wlww.k12.or.us](http://www.wlww.k12.or.us)) under the Inclement Weather link.

## Listserv Sign up

All of our school information (Newsletters, E-Connections, notes from our Principal, Etc.) are sent through our "Listserv" (e-mail) system. We are doing our part to save paper in our school.

To sign up for our ListServ and receive these emails simply go to our website at [www.cpps.wlww.k12.or.us](http://www.cpps.wlww.k12.or.us) and click on "News" and then "Newsletter/ListServ Sign-Up".

NOTE: If you are already receiving e-mails/newsletters from us, and your e-mail address has not changed – then you do not need to resubmit.

**If your e-mail address has changed, then you will need to update your ListServ.** Simply go to our website at [www.cpps.wlww.k12.or.us](http://www.cpps.wlww.k12.or.us) and click on "News" and then "Newsletter/ListServ Sign-Up". From there go to "Manage Subscriptions". If you do not remember your passcode, click on "Forgot your Passcode" and you will receive it via e-mail. After you have your passcode you can manage your subscriptions at CedarOak (CPPS-Homes) or any other WLWV school.

If you do not have access to a computer, or would like to receive **paper copies** of information instead of e-mails, **please fill out the form below and return to the school office.**

Receiving information from school is the key to keeping up to date. Please take a brief moment to sign up.

-----  
\_\_\_\_\_ Please send me paper copies of school information.

Parent/Guardian \_\_\_\_\_

Children's names:

Teacher:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_