

Name _____

(Last Name, First Name)

West Linn-Wilsonville School District #3JT Registration Form

For Office Use Only:

Teacher/Counselor _____

Last Name _____ Middle Name _____ Grade Level _____ Gender M _____ F _____ X _____ 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 _____		First Name _____ Preferred Name _____ Date of Birth _____ Birthplace _____ No _____		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 _____		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 _____		Previous School(s): Name, Location, Dates: _____ _____ _____			
Initial to Confirm the Above Address is the Student's Residence _____ Home Phone _____ Work Phone _____ Home Phone Unlisted? Yes _____ No _____ Cell Phone _____ Occupation _____ Additional Parent/Guardian (at same address): Relationship _____ Mother _____ Father _____ Last Name _____ First Name _____ Work Phone _____ Employer _____ Cell Phone _____ Occupation _____ Email _____		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 _____			
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 _____ Other Phone _____ Employer _____ Describe the circumstances that you believe warrant a second mailing _____		District Nursing Staff will be in touch regarding specifics of these situations.			
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)

West Linn-Wilsonville School District #3JT Registration Form

Teacher/Counselor _____

Name _____
(Last Name, First Name)

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

Title I _____ Gifted Education _____

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
(check box)

Document provided/examined _____

and verified by (initials) _____

Date _____

(BACK)

(type of document)

(BACK)



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.

For school/facility use only
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 _____

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.

These are the laws and policies that help to protect our students online:

Child Internet Protection Act (CIPA)

The school is required by CIPA to have technology measures and policies in place that protect students from harmful materials including those that are obscene and pornographic. This means that student email is filtered. Mail containing harmful content from inappropriate sites will be blocked.

-- CIPA - <http://fcc.gov/cgb/consumerfacts/cipa.html>

Children's Online Privacy Protection Act (COPPA)

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, Google advertising is turned off for Apps for Education users. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes.

-- COPPA - <http://www.ftc.gov/privacy/coppafaqs.shtml>

Family Educational Rights and Privacy Act (FERPA)

FERPA protects the privacy of student education records and gives parents rights to review student records. Under FERPA, schools may disclose directory information (name, phone, address, grade level, etc...) but parents may request that the school not disclose this information.

- The school will not publish un-protected confidential education records for public viewing on the Internet.
- Parents may request that photos, names and general directory information about their children not be published.
- Parents have the right at any time to investigate the contents of their child's email and Apps for Education files.

-- FERPA - <http://www2.ed.gov/policy/gen/guid/fpco/ferpa>



West Linn-Wilsonville School District
Cedaroak Park Primary School

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student Name: _____

Birthday _____ 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

School/Agency/Practitioner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Records to be included are:

Education Record

Behavioral Record

IEP (Please fax latest copy)

Health

ELL/ESL

Other _____

Parent/Guardian Signature

Address

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 326.575)

Please send all confidential information to:

Cedaroak Park Primary School

4515 Cedaroak Dr

West Linn, Oregon 97068

Phone: 503.673.7100

Fax: 503.657.8722

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.)

(OFFICE ONLY) Student ID Number:

Date Enrolled:

VISION HEALTH SCREENING CERTIFICATION

STUDENT INFORMATION

Last Name (LEGAL NAME)	First Name	Middle	Suffix
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F		

VISION HEALTH SCREENING REQUIREMENTS

Student Vision Screening or Eye Exam Requirements

OAR 581-021-0031

- All students age seven or younger entering an educational program for the first time must submit vision screening/eye examination certification within 120 days of the student beginning school, that the student received:
 - A vision screening or an eye examination; and
 - Any further eye examinations or necessary treatments or assistance of the powers or range of vision of the eye.
- Vision screenings must be provided by a person licensed by the Oregon Board of Optometry, Oregon Medical Board, a health care practitioner, school nurse, employee of an education provider, or another person who has completed instruction on how to perform vision screenings.
- Certification of vision screening is not required if the educational program receives a statement that certification was submitted to a prior education provider or if the student's or parent's religious beliefs are contrary to vision screening.
- Failure to meet the requirements of OAR 581-021-0031 may not result in prohibiting the student from attending school.

VISION SCREENING OR EYE EXAMINATION RESULTS

Child's Name	Date of Exam		
Screening or Examining Entity Name	Phone Number		
Right	Left	Corrective Lenses	<input type="checkbox"/> Results vary slightly from normal limits.
20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Results are not within normal limits.

Are there any special instructions?

Physician Signature

Date

NON-MEDICAL EXEMPTION

I have reviewed the requirements of vision screening or eye examination for students age seven or younger entering an educational program. My child is being raised as an adherent to a religion the teachings of which are opposed to vision screening or eye examinations and I request that my child be exempted from such requirement.

Parent or Guardian Signature

Date

OTHER EDUCATIONAL ENTITY STATEMENT

I have met the vision screening or eye examination certification requirement by providing certification to another educational entity.

Educational Entity Name:

Parent or Guardian Signature

Date

PARENT/GUARDIAN SIGNATURE

The information provided on this form is true and accurate of this date.

Parent or Guardian Signature

Date

4.4.2014



West Linn-Wilsonville School District 3Jt

Administration Building/Nursing Services

22210 SW Stafford Road • Tualatin, OR 97062 • (503) 673-7041 or Fax (503) 673-7003 • www.wlww.k12.or.us

Dental Screening Certification Form

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))

IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

Parent/Guardian:

- If you know your child has already had a dental screening, please check the box below, fill out this section and sign it.
- Please return this form to the school office.

☐ My child _____ has received a dental screening.
(First Name) (Last Name)

Parent/Guardian or Dental Provider

Print Name _____

Signature _____ Date _____

TO OPT-OUT OF THE DENTAL SCREENING REPORTING REQUIREMENT

Parent/Guardian: You may choose to have your child opt-out of the required dental screening reporting due to a reason listed below. Please fill out this section and sign it. Then return this form to the school office.

My child was not screened due to the following: (please check all that apply):

- ☐ We already submitted a certification form at a previous school.
- ☐ The dental screening is contrary to student or families religious beliefs.
- ☐ The dental screening is a burden.

The dental screening is a burden for the student or the parent or guardian of the student when:

- A. The cost of obtaining the dental screening is too high;
- 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

Print Name _____

Signature _____ Date _____

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) 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 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 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.