West Linn-Wilsonville School District
2018-2019 Kindergarten Registration Check-List

We welcome you and your child to Kindergarten! It will be a wonderful year filled with learning and growing experiences. Please begin by registering your child. The checklist below includes the items you will need to enroll your child for the 2018-2019 school year. Please make sure all your forms are included to complete the enrollment process.

Student's Name ______________________ Date ____________________

1. Registration Form (two pages; be sure to sign and date)
2. Dual Language Application of Interest Form (If applicable)
3. Photo copy of Certified Birth Certificate (this can be from the state or the hospital). Children must be 5 years old by September 1 of the calendar year for which they are registering to enter Kindergarten.
4. Immunization Record - don't forget to sign and date this form
   Vaccines required for school entry:
   a. DPT
   b. Polio
   c. Measles
   d. Hepatitis B
   e. Varicella or History of Chickenpox
   f. Hepatitis A
5. Vision Screening Form (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).
6. Dental Screening Certification (All students age seven or younger entering an educational program for the first time must submit dental screening certification within 120 days of the student beginning school).
7. Proof of residence/address (examples: current utility bill, rental agreement – please make sure that you cover sensitive information).

Important Dates:

January 3, 2018	Kindergarten Registration begins at all Primary Schools
January 16, 2018	Lowrie Primary School Dual Language Program Information Night
January 17, 2018	Trillium Creek Primary School Dual Language Program Information Night
January 29, 2018	Early Childhood Special Education (ECSE) Kindergarten Parent Meeting, 5:00 pm, West Linn-Wilsonville School District Office, Boardroom
February 7, 2018	Dual Language Program Lottery (if necessary)
February 9, 2018	Parents are notified of child's placement in Dual Language Program
February 16, 2018	Parent must confirm child's placement in Dual Language Program
May 2018	Kindergarten Open House in Primary Schools

TO REGISTER: PLEASE BRING THIS CHECKLIST WITH YOUR FORMS TO THE SCHOOL.

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 Male _______ Female _______ 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

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.

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__________________________________

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.

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
____________	____________	____________	____________	____________
____________	____________	____________	____________	____________
____________	____________	____________	____________	____________

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

Name	Age	Grade	School
__________________________	______	________	____________________
__________________________	______	________	____________________
__________________________	______	________	____________________

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.

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.

Please continue on the back side of this form

For Office Use Only:
Bus Information (If Known)
AM_____ PM_____

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 ____

____

Language Survey:

What language did the student learn first? ____

What is the student's primary language? ____

What language(s) are spoken at home? ____

Have you moved during the past three years for the purpose of obtaining seasonal or 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? ____

Complete these questions only if English is not the only language listed above.
Father's Native Language ______________________ Mother's Native Language ______________________

What language is most often used by adults in the family? ____

What language does the student use to communicate with the adults at home? ____

What language does the student use most often to communicate with friends?____

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

Parent/Guardian Signature ____ Date ______________________

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

(BACK) (BACK)

WEST LINN – WILSONVILLE SCHOOL DISTRICT
2018-2019 Dual Language Program Application of Interest Form

Student Name ____________________________ Home School __________________________
Parent(s) Name ____
Address ____

City ____________________________________ State ___________ Zipcode ____________
Home Phone _____________________________ Day/Cell phone ________________________
Email ____

☐ Yes, I would like my child placed in the Dual Language (Spanish) Kindergarten.
I understand this is a K-5 program. I understand that enrollment for this program is subject to a lottery process should interest exceed the class capacity, therefore the form is due by January 31, 2018. The lottery will be held on February 7, 2018 if needed.

We have a 50:50 model which means that 50% of the instruction is in Spanish and 50% of the instruction is in English.

Please mark your school location preference:

☐ Lowrie Primary - the program at Lowrie is a Two-Way immersion program, meaning that half of the students speak Spanish as their primary language and half of the students speak English as their primary language.

☐ Trillium Creek Primary - the program at Trillium Creek is primarily a One-Way immersion program as almost all of the students are native English speakers, learning Spanish as their second language.

☐ Either

Dual Language Kindergarten lottery process (should there be more interest than capacity) involves:

1) A completed Kindergarten Registration Packet, including this Application Form turned in to your neighborhood school by January 31, 2018.

2) All children with an Application of Interest Form will be entered into the lottery drawing on February 7, 2018 at 10:30 am at the District Office in the Boardroom. The lottery is a public process; parents are welcome to observe.

3) Notification to parents of child's placement in the Dual Language Program will be sent on February 9, 2018.

4) Parents must confirm intent to accept the Dual Language placement by February 16, 2018, 4:00 pm; otherwise, the opening will be made available to the next child on the waiting list.

*** Dual Language Program - Application of Interest Form due by January 31, 2018 ***

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.

Complete for all | Up-to-date | Medical | Non medical

Child's Last Name *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*
Mailing Address *Dirección*	City *Ciudad*	State *Estado*	Zip Code *Codigo Postal*
Parents' or Guardians' Names *Nombre de los padres o guardian*		Home Telephone Number *Número de Teléfono*	

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] ☐ Check here if child has had chickenpox disease _____________ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
or 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 *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*

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):

- ☐ Diphtheria/ Tetanus/Pertussis
- ☐ Polio
- ☐ Varicella
- ☐ Measles/Mumps/Rubella
- ☐ Hepatitis B
- ☐ Hepatitis A
- ☐ Hib

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

(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 ☐ M ☐ F		

VISION HEALTH SCREENING REQUIREMENTS

Student Vision Screening or Eye Exam Requirements

OAR 581-021-0031

1. All students age seven or younger entering an educational program for the first time <u>must</u> submit vision screening/eye examination certification within 120 days of the student beginning school, that the student received:

   A. A vision screening or an eye examination; and

   B. Any further eye examinations or necessary treatments or assistance of the powers or range of vision of the eye.

2. Vision screenings **<u>must be provided by</u>** 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.

3. 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.

4. 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

Childs Name	Date of Exam
Screening or Examing Entity Name	Phone Number

Right	Left	Corrective Lenses		☐ Results vary slightly from normal limits.
20/	20/	☐ Yes	☐ No	☐ 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.wlwv.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________________