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

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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_____
_____

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.

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.

(FRONT)   Please continue on the back side of this form   (FRONT)

Name _____
(Last Name, First Name)

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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)

(BACK)   (BACK)