



It will be a wonderful year of learning and growing experiences. The checklist below includes items you will need to enroll your child. Please make sure all of your forms are included:

### **Registration Checklist**

- \_\_\_ Registration Form (two pages; be sure to sign and date)
- \_\_\_ Proof of age (i.e. birth certificate, passport, hospital announcement, baptismal certificate)
- \_\_\_ Immunization Form (this is our Oregon form that **must be completed by parents**)
- \_\_\_ Authorization for Exchange of Confidential Information (Record Release)
- \_\_\_ TCPS Student Information Sheet
- \_\_\_ Proof of residence/address (examples: current utility bill, rental agreement, driver's license – please make sure that you cover sensitive information.)

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

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

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

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.

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

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

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 \_\_\_\_\_

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>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Non medical

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 _____

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

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

**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	

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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 \_\_\_\_\_

# Instructions for completing the Certificate of Immunization Status

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## **Contact information:**

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

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## **Required vaccines (Front):**

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

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## **Recommended vaccines (Back):**

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

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## **Signature:**

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

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## **REMEMBER TO COMPLETE BOTH SIDES OF FORM**

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## **Exemptions:**

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

West-Linn Wilsonville School District  
West Linn, Oregon 97068

Trillium Creek Primary School

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

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

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*

Previous School/Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Records to be included are:

- ✓ Education Records
- ✓ Behavioral Record
- ✓ IEP
- ✓ Health
- ✓ Transcripts
- ✓ ELL
- ✓ Other \_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Oregon Revised Statutes allow 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:**

**Trillium Creek Primary School**  
1025 SW Rosemont Road  
West Linn, Oregon 97068  
Phone: 503.673.7950  
Fax: 503.905.2010



## TCPS Student Information

Welcome to Trillium Creek Primary School! In order to provide a smooth transition, we appreciate your responses to the following questions. This information will be shared with your child's teacher.

Date of Enrollment \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Please list the school(s) your child has attended in the past.

\_\_\_\_\_

Kindergarten

\_\_\_\_\_

1<sup>st</sup> Grade

\_\_\_\_\_

2<sup>nd</sup> Grade

\_\_\_\_\_

3<sup>rd</sup> Grade

\_\_\_\_\_

4<sup>th</sup> Grade

\_\_\_\_\_

5<sup>th</sup> Grade

\_\_\_\_\_

1. What are your child's strengths?

2. What language(s) does your child speak? \_\_\_\_\_

What language(s) is spoken at home and by whom? \_\_\_\_\_

3. After School my child will:

Walk home \_\_\_\_\_

Ride bus # \_\_\_\_\_

Go home with \_\_\_\_\_



4. In what type of learning environment does your child work best?

5. Please check the following services your child has received:

Gifted Education

Counseling

English as a Second Language

Adaptive PE

Special Education - Individualized Education Plan (IEP) in the following areas:

Speech/Communication

Reading

Behavior

Mathematics

Writing

Other

Other Services (please specify):

6. Please tell us about any learning issues or concerns you feel will be important for your child's teacher or counselor to know?

7. Is there any medical information we need to know about your child such as medication, allergies, glasses, etc?

8. Do you feel that there are any special areas where your child or your family could use assistance?

9. Please answer the following questions to see if you qualify for the Migrant Program

Yes No Are you employed in any type of agricultural (fruits or vegetables, food processing or fishing industry)?

Yes No Did you come to this school district because you needed to seek work agricultural or the fishing industry?

What type of agricultural or fishing work do you do? \_\_\_\_\_

Yes No Have you worked in the agricultural or fishing industry in the last 5 years?

# Student Technology Use Guidelines (Primary Schools)

We provide a number of technological resources to our students in order to enhance their education.

The following lists expectations and things to be aware of in regard to the use of the technology:

1. I understand that my use of technology at school and for school should be limited to school-related activities in support of my education.
2. I understand that I should behave appropriately and safely in my technology use, including protecting my personal information.
3. I realize that my school-related technology use is not private and could be subject to review at any time.
4. I understand that I should use technology in ways that my teachers and family are aware of and are in support of.
5. If I should encounter anything strange or unexpected while using technology, I will seek help and guidance of a teacher.
6. I will do my best to learn what it means to be a good digital citizen and strive to become a good digital citizen, both at school and outside of school.
7. I respect that the adults who work at my school can direct my use of personally owned technology while at school (including on buses) and that this may include being asked to leave it at home or put it away.
8. I will not personalize or change settings of any school device without first asking a teacher for permission.

**Students:** I have read this agreement and understand all of the above agreements. I also understand that my device use is not private. My teacher, other school staff members or my family may look at my work to make sure that I am following these agreements. I understand that there are consequences for not following these agreements.

**Student Name (Print)** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Teacher** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parents:** Please sign to acknowledge receipt of this agreement: \_\_\_\_\_

# West Linn – Wilsonville School District

## Student Google Apps for Education Agreement

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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).

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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.

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Parent Signature

Date

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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.shtm>

**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>