



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 _____

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 _____

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



(check box)

Verified proof of residency

Document provided/examined _____

(type of document)

and verified by (initials) _____

Date _____



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 style="writing-mode: vertical-rl; transform: rotate(180deg);">Complete for all</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Up-to-date</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Medical</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Non medical</div>
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>		

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 _____

Instructions for completing the Certificate of Immunization Status

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.

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.

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.

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.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

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

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

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.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>