

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)

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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 _____

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 _____ and verified by (initials) _____ Date _____

(type of document)