

Name _____
(Last Name, First Name)

West Linn Wilsonville School District #3JT Registration Form

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

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/text 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.

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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)