

Welcome to Lowrie Primary School!

Registration Card

Please fill in as complete as possible, especially emergency telephone numbers and medical concerns. We realize it may be necessary to update some of the information when school begins in September.

Authorization for Exchange of Confidential Information

Please complete all blank spaces and return with the completed registration packet. This form authorizes the former school to send us all student records.

Certificate of Immunization Status

Please transfer your child's immunization records to this form required by Oregon. This needs to be signed by a parent or guardian only.

Proof of Age

A copy of one of the following: Birth Certificate, passport, hospital announcement, baptismal certificate, health insurance forms with birth date, or state services documentation such as welfare benefits with birth date.

Proof of Residence/ Address

A copy of one of the following: Current property tax bill, rental/lease agreement or letter from property owner/manager (which must include the parent legal name, address, owner/manager), current mortgage statement, electric, water/sewer, cable or garbage bill - dated within the last 45 days, or state/federal revenue documents.

Please bring completed registration packet back to Lowrie between 10-11am, as soon as you can. Thank you so much!

New Student Info Sheet

Student Name:

Entering Grade:

Parent Name:

Contact #:

Former School:

Tell us a little about your child:

(Social, emotional, academic, behavioral, medical and strengths and needs)

West Linn-Wilsonville SD 3J
Lowrie Primary School
28995 SW Brown Rd., Wilsonville, Oregon 97070
Phone: 503-673-7700

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Student: _____

Birth date: _____ Grade: _____

As parent/guardian of the named student, I hereby authorize the mutual exchange of confidential information between the

West Linn-Wilsonville SD 3J
LOWRIE PRIMARY SCHOOL
and/or

School/Agency/Practitioner _____

Address _____

City _____ State _____ Zip _____

RECORDS TO BE INCLUDED ARE

- | | |
|---|---|
| <input type="checkbox"/> Educational Record | <input type="checkbox"/> Behavioral Record |
| <input type="checkbox"/> Health | <input type="checkbox"/> IEP (Please fax latest copy) |
| <input type="checkbox"/> ESL/ELL/Bilingual | <input type="checkbox"/> Other _____ |

Oregon Revised Statutes allows 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)

Parent

Signature

Address

Date

City State Zip

Send records to: LOWRIE PRIMARY SCHOOL
28995 SW Brown Rd.
Wilsonville, OR 97070
Fax: 503-570-2621

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 _____
 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 _____

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.

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 _____

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 _____

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 _____

Siblings: Please list the names, ages, grades, and schools of any siblings:
 Name _____ Age _____ Grade _____ School _____

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.
 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 _____

For Office Use Only:
Bus Information (If Known)
AM _____ PM _____

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 _____

Verified proof of residency Document provided/examined _____ and verified by (initials) _____ Date _____
(check box) (type of document)

Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services.

Student Name: _____

Grade Level: _____

School: _____

Date of Birth: _____

1. What language(s) does your child hear or use regularly in your household (i.e., spoken, media, music, literature, etc.)? hear _____ use (i.e., ASL) _____

2. Describe the language(s) your child understands.

- No English
- Mostly another language and a little English
- English and another language equally
- Mostly English and a little of another language
- Tribal or Native Language
- Only English

3. 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: _____

4. What language(s) did your child speak/express from 0-4 years of age? _____

5. What language(s) does your child CURRENTLY speak/express most frequently outside of school?

6. 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.).

7. 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 _____

Parent or Guardian Signature _____ Date _____

What is your relationship to the student? _____ (i.e., parent, grandparent, etc.)

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.

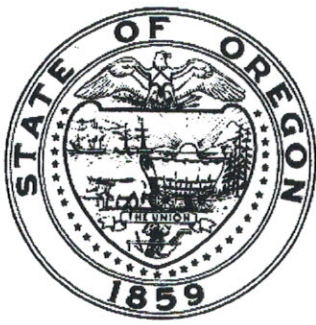
Google Apps for Education is available anywhere with Internet access. School staff will monitor student use of Apps while at school. Parents should monitor their child's use of Apps away from school. Students are responsible for their own behavior at all times.

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.



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>Código 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 _____

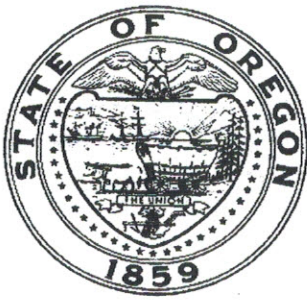
Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
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	

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 _____