



West Linn-Wilsonville School District  
2020-2021 Kindergarten Registration Check-List

We welcome you and your child to Kindergarten! It will be a wonderful year filled with learning and growing experiences. Please begin by registering your child. The checklist below includes the items you will need to enroll your child for the 2020-2021 school year. Please make sure all your forms are included to complete the enrollment process.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

1. Registration Form (two pages; be sure to sign and date).
2. Dual Language Application of Interest Form (if applicable).  
**NEW THIS YEAR** – the Dual Language Application of Interest Form is available online at:  
<https://www.wlww.k12.or.us/domain/1467>  
**Deadline for online Dual Language Application of Interest Form – 4:00 pm, January 31, 2020.**
3. Proof of age. A copy of one of the following: birth certificate, passport, hospital announcement, baptismal certificate, health insurance forms w/birth date, or state services documentation such as welfare benefits w/birth date. Children must be 5 years old by September 1 of the calendar year for which they are registering to enter Kindergarten.
4. Immunization Record - don't forget to sign and date this form. Vaccines required for school entry: DPT, Polio, Measles, Hepatitis A, Hepatitis B, and Varicella or History of Chickenpox.
5. Vision Screening Form (all students age seven or younger entering an educational program for the first time must submit vision screening/eye examination certification within 120 days of the student beginning school).
6. Dental Screening Certification (all students age seven or younger entering an educational program for the first time must submit dental screening certification within 120 days of the student beginning school).
7. 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, property owner/manager name, phone number and signatures from parent and property owner/manager), current mortgage statement, electric, water/sewer, cable, or garbage bill - dated within the last 45 days, or state/federal revenue documents.

**Important Dates:**

January 7, 2020	Kindergarten Registration begins at all Primary Schools
January 14, 2020	Lowrie Dual Language Program Information Night, 6:00 pm – 7:30 pm
January 16, 2020	Trillium Creek Dual Language Program Information Night, 6:30 pm – 8:00 pm
January 31, 2020	Deadline for completion of online Dual Language Application of Interest Form (4:00 pm)
February 3, 2020	Early Childhood Special Education Kindergarten Parent Meeting, 6:00 pm, District Office
February 7, 2020	Dual Language Program Lottery (if necessary)
February 12, 2020	Parents are notified of child's placement in Dual Language Program
February 19, 2020	Parent must confirm child's placement in Dual Language Program
May 2020	Kindergarten Open House in Primary Schools

**TO REGISTER: PLEASE BRING THIS CHECKLIST WITH YOUR FORMS TO THE SCHOOL**

# 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.

## KINDY INFORMATION SHEET

Dear Parents,

As we look forward to the coming year, we would like to ask you to share some information with us in order to be sure the transition to Kindergarten is as smooth as possible. This information will help us to develop a fuller picture of your child. Please don't worry about finding the "perfect answer" as we know children are constantly changing. Thank you.

Child's Name (first, last) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent's Name (first, last) \_\_\_\_\_

Birthdate \_\_\_\_\_

Preschool Experience    **yes**    **no**

If your child attended preschool, where and for how long? \_\_\_\_\_

What would be helpful for us to know about your child's learning needs?

How would you describe your child in group settings? (circle the one that most describe your child)

Reserved    quiet    comfortable    outgoing    energetic

Can your child write his/her name?                      **yes**                      **no**

Does your child know letters?                      **few**                      **about half**                      **most**                      **all**

Does your child know letter sounds?                      **few**                      **about half**                      **most**                      **all**

Is your child reading?                      **yes**                      **no**

If so, what types of books has your child been reading?

Are there any medical considerations or allergies?

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What kinds of activities does your child like to do independently?

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What are the kinds of activities you do as a family?

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What is your child interested in and/or fascinated by?

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What are your hopes and dreams for your child's kindergarten year?

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If you haven't already mentioned it, what is the most important thing you would like us to know about your child?

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Is there any additional information that would be useful for us to know about your child?

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LOWRIE PRIMARY SCHOOL

KINDERGARTEN BUS ROUTE INFORMATION

My Kindergartner's Name: \_\_\_\_\_

Dear Parents,

The following information is important to us. This is to allow "First Student" Bus Company to make the best bus route possible. Attached you will find a walking boundary for Lowrie. Please indicate which circumstance will apply to your child:

**GOING TO SCHOOL**

\_\_\_\_\_ My child will be brought to school by parents/daycare

\_\_\_\_\_ My child will be riding the bus.

Please check where your child is going to be picked up:    \_\_\_ Home    \_\_\_ Daycare

If home please list your address: \_\_\_\_\_  
\_\_\_\_\_

If Daycare please list daycare provider, address and phone number of place/person:  
\_\_\_\_\_  
\_\_\_\_\_

**GOING HOME/DAYCARE**

\_\_\_\_\_ My child will be picked up

\_\_\_\_\_ My child will be riding the bus

Please check where your child is going to be dropped off:    \_\_\_ Home    \_\_\_ Daycare

If home, please list your address: \_\_\_\_\_  
\_\_\_\_\_

If Daycare please, list daycare provider, address and phone number of place/person:  
\_\_\_\_\_  
\_\_\_\_\_

Our office understands that things might change over the summer; we will send new pick up/drop off information with your August packet. Please keep us informed of any address change.

Thanks!

(OFFICE ONLY) Student ID Number:

Date Enrolled:

### VISION HEALTH SCREENING CERTIFICATION

#### STUDENT INFORMATION

Last Name (LEGAL NAME)	First Name	Middle	Suffix
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F		

#### VISION HEALTH SCREENING REQUIREMENTS

**Student Vision Screening or Eye Exam Requirements**  
OAR 581-021-0031

- All students age seven or younger entering an educational program for the first time **must** submit vision screening/eye examination certification within 120 days of the student beginning school, that the student received:
  - A vision screening or an eye examination; and
  - Any further eye examinations or necessary treatments or assistance of the powers or range of vision of the eye.
- Vision screenings **must be provided by** a person licensed by the Oregon Board of Optometry, Oregon Medical Board, a health care practitioner, school nurse, employee of an education provider, or another person who has completed instruction on how to perform vision screenings.
- Certification of vision screening is not required if the educational program receives a statement that certification was submitted to a prior education provider or if the student's or parent's religious beliefs are contrary to vision screening.
- Failure to meet the requirements of OAR 581-021-0031 may not result in prohibiting the student from attending school.

#### VISION SCREENING OR EYE EXAMINATION RESULTS

Child's Name	Date of Exam		
Screening or Examing Entity Name	Phone Number		
Right	Left	Corrective Lenses	<input type="checkbox"/> Results vary slightly from normal limits.
20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Results are not within normal limits.

Are there any special instructions?

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

#### NON-MEDICAL EXEMPTION

I have reviewed the requirements of vision screening or eye examination for students age seven or younger entering an educational program. My child is being raised as an adherent to a religion the teachings of which are opposed to vision screening or eye examinations and I request that my child be exempted from such requirement.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### OTHER EDUCATIONAL ENTITY STATEMENT

I have met the vision screening or eye examination certification requirement by providing certification to another educational entity.

Educational Entity Name: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PARENT/GUARDIAN SIGNATURE

The information provided on this form is true and accurate of this date.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## West Linn-Wilsonville School District 3Jt

Administration Building/Nursing Services

22210 SW Stafford Road • Tualatin, OR 97062 • (503) 673-7041 or Fax (503) 673-7003 • [www.wlww.k12.or.us](http://www.wlww.k12.or.us)

### Dental Screening Certification Form

State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (HB 2972 (2015))

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#### IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

Parent/Guardian:

- If you know your child has already had a dental screening, please check the box below, fill out this section and sign it.
- Please return this form to the school office.

My child \_\_\_\_\_ has received a dental screening.  
(First Name) (Last Name)

Parent/Guardian or Dental Provider

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### TO OPT-OUT OF THE DENTAL SCREENING REPORTING REQUIREMENT

Parent/Guardian: You may choose to have your child opt-out of the required dental screening reporting due to a reason listed below. Please fill out this section and sign it. Then return this form to the school office.

My child was not screened due to the following: (please check all that apply):

- We already submitted a certification form at a previous school.
- The dental screening is contrary to student or families religious beliefs.
- The dental screening is a burden.

**The dental screening is a burden for the student or the parent or guardian of the student when:**

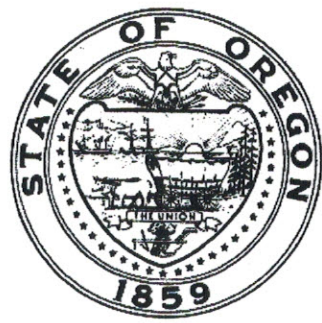
- A. The cost of obtaining the dental screening is too high;**
- B. The student does not have access to a screener or;**
- C. The student was unable to obtain an appointment with a screener**

Parent/Guardian

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ 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>
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 \_\_\_\_\_

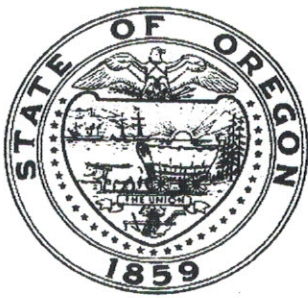
Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

<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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<b>Recommended Vaccines</b>	<b>Recommended Vaccines</b>	<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Dose 4</b>	<b>Dose 5</b>
	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