

# Hillsboro School District

## Student Enrollment Form

Student I.D. Number (for office use only) \_\_\_\_\_

**Instructions:** The Enrollment Form is an official record. The information provided by parent/guardian should match legal documentation. **Please complete ALL pages and sign where applicable.**

Family Educational Rights and Privacy Act (FERPA) information is located in the Standards of Student Conduct.

STUDENT INFORMATION					
Legal Last Name		Legal First Name		Legal Middle Name	Suffix
Grade	Gender M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>		Preferred First Name		
Age	Birth Date	Birth City	Birth State & Country		
Oral Language to home		Written Language to home			
I hereby certify that the above named student was born on the date and place specified. Signature _____					Date _____
ETHNICITY & RACE (Please answer BOTH)					
Ethnicity and Race are required by the Federal Government and used for data analysis and reporting purposes. To see expanded definitions of Ethnicity and Race categories please visit: <a href="https://nces.ed.gov/ipeds/report-your-data/race-ethnicity-definitions">https://nces.ed.gov/ipeds/report-your-data/race-ethnicity-definitions</a>					
<b>Select an ETHNICITY</b> <input type="checkbox"/> <b>Hispanic/Latino</b> <input type="checkbox"/> <b>Not Hispanic/Latino</b>		<b>Select one or more RACE</b> <input type="checkbox"/> <b>American Indian/Alaska Native</b> <input type="checkbox"/> <b>Asian</b> <input type="checkbox"/> <b>Black/African American</b>			<input type="checkbox"/> <b>Native Hawaiian/Other Pacific Islander</b> <input type="checkbox"/> <b>White</b>
Home Address (Street Address and Apt #)		City	State	Zip Code	County
Mailing Address, if different (Street Address and Apt #)		City	State	Zip Code	County
If student is living in any of the following circumstances, additional services may be available: Sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Please inquire at the school for further information.					
Student's Cell Phone Number  ( ) _____ - _____		Primary Phone Number  ( ) _____ - _____  Phone Type (please circle): Land Line    Cell			
Has your student attended school in the United States for periods of time totaling less than three (3) years during their lifetime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has your student previously attended school in Oregon? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of previous Oregon public school	
Date your student first entered a United States School (if applicable)	Last school district attended	Last school attended (Name and Address)		Dates Attended	
In accordance with ORS 339.250, please answer these questions: Has your student ever been expelled from school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, reason _____ Date _____ Name of School _____			
Is the student, parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe? Yes <input type="checkbox"/> No <input type="checkbox"/> (This information establishes the District's eligibility for a federal grant under Title IV-A of the Indian Education Act. Complete information will be sent to students marked 'Yes' for this item.)					
If yes, please provide the tribal affiliation:					

Student Name

Student I.D. (for office use only)

PARENT/GUARDIAN INFORMATION			
<i>* See section at the end of this page for information</i>			
<b>PARENT/GUARDIAN</b>			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> If other, list relationship		Call order in case of emergency First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
Active Duty Military? Yes <input type="checkbox"/> No <input type="checkbox"/>			
First Name		Last Name	
Please check all that apply * Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/>			
Address (if different than student address) City, State, Zip Code			
Speaks English Yes <input type="checkbox"/> No <input type="checkbox"/> If no, list primary language		Migrant Worker Yes <input type="checkbox"/> No <input type="checkbox"/> <i>To qualify for migrant education services, a student must have moved within the past three (3) years across the school district, city, county, or state lines with their parents or guardians to obtain temporary employment in an agricultural or fishing activity.</i>	
Home Phone Unlisted <input type="checkbox"/>		Cell Phone Text Allowed <input type="checkbox"/>	
Work Phone			
E-Mail Address		Employer	
Job Title			
<b>PARENT/GUARDIAN</b>			
Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> If other, list relationship		Call order in case of emergency First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/>	
Active Duty Military? Yes <input type="checkbox"/> No <input type="checkbox"/>			
First Name		Last Name	
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Work Phone			
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Home Phone Unlisted <input type="checkbox"/>		Cell Phone Text Allowed <input type="checkbox"/>	
Work Phone			
E-Mail Address		Employer	
Job Title			

**\*Lives With:** Indicates the parent/guardian lives in the household with the student.  
**Contact Allowed:** Indicates the parent/guardian is allowed contact with the student and will be included in school to student communication.  
**Ed. Rights:** Indicates the parent/guardian has rights to access student information in the Synergy parent portal.  
**Has Custody:** Indicates the parent/guardian has legal custody of the student.  
**Mailings Allowed:** Indicates the parent/guardian **who does not live with the student**, may receive mailings regarding the student.

Pursuant to the provisions of ORS 107.154, either parent may request school records by contacting the school.

Student Name

Student I.D. (for office use only)

**RESTRAINING/COURT ORDER INFORMATION**

Is there a **current** restraining/court order pertaining to this student? \* Yes  No

\*If there is a **current** restraining/court pertaining to this student, **you must submit a copy** of such order before the school can limit access to this student.

**SIBLINGS (List siblings from Birth - Grade 12)**

Sibling Last Name		First Name	
Birthdate	Grade	School	
Sibling Last Name		First Name	
Birthdate	Grade	School	
Sibling Last Name		First Name	
Birthdate	Grade	School	

**EARLY CHILDHOOD SERVICES**

Has the student received Early Childhood Services? Head Start  OCDC  Child Care  Preschool at a Hillsboro School District Location   
Preschool outside of Hillsboro School District Preschool Program  ↪Location \_\_\_\_\_

**STUDENT SERVICES**

Is the student currently on an Individualized Education Program (IEP)? Yes  No

Does the student have an Individualized Family Service Plan (IFSP)? Yes  No

Has the student been enrolled in a special program in the past? Yes  No  If yes, indicate the program(s)

Special Ed (IEP)  Title I Reading/Math  TAG  English Learner  Migrant Education  Section 504  Other  \_\_\_\_\_

**BEFORE AND AFTER SCHOOL TRANSPORTATION**

*Complete this information if your student is an elementary student – Grade Kinder - 6*

Morning Transportation	Bus <input type="checkbox"/>	Walk <input type="checkbox"/>	Drop off <input type="checkbox"/>	Day Care Van <input type="checkbox"/>	Person Responsible for Drop off
Afternoon Transportation	Bus <input type="checkbox"/>	Walk <input type="checkbox"/>	Pick up <input type="checkbox"/>	Day Care Van <input type="checkbox"/>	Person Responsible for Pick up

**EMERGENCY CONTACTS**

*Please list persons, other than parent or guardian. It is assumed that the emergency contacts can pick up student.*

Call order in case of emergency First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	Last Name	First Name
Relationship to student		Address
Home Phone	Work Phone	Cell Phone
Call order in case of emergency First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	Last Name	First Name
Relationship to student		Address
Home Phone	Work Phone	Cell Phone
Call order in case of emergency First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	Last Name	First Name
Relationship to student		Address
Home Phone	Work Phone	Cell Phone

*List additional emergency contacts on a separate piece of paper*

**EMERGENCY CLOSURE INFORMATION**

Please select the **Emergency Closure Plan** for your student. There may be times when the school needs to close during the school day because of ice, snow, power failure, or other emergencies.

School Bus

Walk

Pickup

**Emergency Closure Notes** provide the following: If your student is to be picked up, list the name and phone number of the person who has your permission; If your Student will be taking the bus to a location different than a normal day, indicate the address, name of person responsible for care and phone number; add other details if needed

Pick up by \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Take Bus to \_\_\_\_\_ stay with \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
(address within school boundaries)

Other details \_\_\_\_\_

Student Name

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**HEALTH CONDITION INFORMATION**

List any health conditions that will or may affect your student while at school, such as heart disease, diabetes, seizure disorder, allergies, eye or ear problems, asthma, or any chronic condition:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**MEDICATIONS**

*A Medication Authorization form is required to grant permission for designated school personnel to administer medication. If the student will be carrying the medication and self-administering, the Medication Self-Administration form must also be completed. Signed forms must be provided to the school.*

Please list any medications that are necessary for your student to take during school hours.

1 \_\_\_\_\_ Daily or As needed

2 \_\_\_\_\_ Daily or As needed

3 \_\_\_\_\_ Daily or As needed

**IMMEDIATE MEDICATIONS**

Please list any medications requiring immediate administration in the case of a life-threatening situation:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Please check all types of medication needed by student in case of emergency:

Oral       Inhaled       Injection       Nasal       Rectal

**NUTRITION INFORMATION**

Does your student need an allergy alert on their school meal account?

Eggs       Fish       Milk       Peanut       Shellfish       Soy       Tree Nut       Wheat

(If your student has multiple allergies, additional paperwork will be required)

**MEDICAL INFORMATION**

School staff needs to know when your student has a current ongoing health problem for which they may require help during the school day. Remember to advise your school of any changes in information.

Physician's Name	Phone Number ( )
Dentist's Name	Phone Number ( )
Company Carrier (Optional)	Insurance/Medicaid Number
Hospital Preference	

**ENROLLING RECORD**

Name of person enrolling student (Please print name)	Relationship to student
Signature	Date