



SUTHERLIN SCHOOL DISTRICT STUDENT REGISTRATION FORM

Your student's registration form: Important for you and our school district

INSTRUCTIONS: The registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a black pen, complete all pages and sign the last page.** If any information should change during the school year, notify your school immediately.

STUDENT INFORMATION

LEGAL LAST NAME _____ LEGAL FIRST NAME _____

LEGAL MIDDLE _____ GRADE _____ GENDER ☐ Female ☐ Male ☐ Non-binary

HOME LANGUAGE ☐ ENGLISH ☐ SPANISH ☐ OTHER _____

FIRST NAME "GOES BY" _____ LAST NAME "GOES BY" _____

BIRTHDATE _____ BIRTHCITY/STATE _____ BIRTH COUNTRY _____

STUDENT E-MAIL ADDRESS _____

Federal and State Regulations require schools to gather the information for statistical reports. For more information, your school can help.

ETHNICITY - HISPANIC/LATINO? Yes ☐ No ☐ (Note: both Ethnicity & Race must be selected)

RACE *select at least one* ☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ Native Hawaiian or Other Pacific Islander ☐ White

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different) _____ CITY _____ STATE _____ ZIP _____

FAMILY PRIMARY PHONE (cell? Yes ☐ No ☐) _____ STUDENT CELL PHONE _____

Note: Family primary phone number will be used for attendance and emergency notifications

ENROLLMENT INFORMATION

If, foreign born, has the student attended school in the United States for 3 or more years? Yes ☐ No ☐ N/A ☐

If no, indicate the date entered school in the United States Month _____ Day _____ Year _____

PREVIOUS SCHOOL INFORMATION

Is the student currently expelled? Yes ☐ No ☐

	School (most recent first)	City and State	Years Attended (ex 2007-09)
1.			
2.			

PARENT/GUARDIAN INFORMATION - Please provide information for all parents, including those who do not live with the student. All legal parents are assumed to have the right to inspect and review the student's education records, to receive school correspondence and/or to check the student out of school with proper identification, ***unless legal documentation is provided showing otherwise***. A copy of the legal documentation must be left on file at the school. Students who are 18 years and older have control of their records and may restrict access from others.

PARENT/RESPONSIBLE ADULT #1: LIVING WITH STUDENT: Y ☐ N ☐

☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER: _____

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

EMPLOYER _____ JOB TITLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE (if different than #22) _____ Cell phone? Yes ☐ No ☐

SECONDARY PHONE _____ WORK PHONE _____ INTERESTED IN VOLUNTEERING Yes ☐ No ☐

SHADED AREA FOR OFFICE USE ONLY

Contact allowed with student Yes ☐ No ☐ Has Custody of student Yes ☐ No ☐ Permission to pick up? Yes ☐ No ☐

PARENT/RESPONSIBLE ADULT #2: LIVING WITH STUDENT: Y ☐ N ☐

☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER: _____

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

EMPLOYER _____ JOB TITLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE (if different than #22) _____ Cell phone? Yes ☐ No ☐

SECONDARY PHONE _____ WORK PHONE _____ INTERESTED IN VOLUNTEERING Yes ☐ No ☐

SHADED AREA FOR OFFICE USE ONLY

Contact allowed with student Yes ☐ No ☐ Has Custody of student Yes ☐ No ☐ Permission to pick up? Yes ☐ No ☐

PARENT/RESPONSIBLE ADULT #3: LIVING WITH STUDENT: Y ☐ N ☐

☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER: _____

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

EMPLOYER _____ JOB TITLE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE (if different than #22) _____ Cell phone? Yes ☐ No ☐

SECONDARY PHONE _____ WORK PHONE _____ INTERESTED IN VOLUNTEERING Yes ☐ No ☐

SHADED AREA FOR OFFICE USE ONLY SHADED AREA FOR OFFICE USE ONLY

Contact allowed with student Yes ☐ No ☐ Has Custody of student Yes ☐ No ☐ Permission to pick up? Yes ☐ No ☐

Current Restraining Order Yes ☐ No ☐ Notes: _____

Legal Paperwork Provided Yes ☐ No ☐ Notes: _____

ADDITIONAL EMERGENCY CONTACTS—In an emergency, parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached.

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

PRIMARY PHONE _____ WORK PHONE _____ ADDITIONAL PHONE _____

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

PRIMARY PHONE _____ WORK PHONE _____ ADDITIONAL PHONE _____

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

PRIMARY PHONE _____ WORK PHONE _____ ADDITIONAL PHONE _____

STUDENT SUPPORT PROGRAMS and SERVICES

Does your student have a current Individualized Education Plan (IEP)? Yes ☐ No ☐

Does your student have a current Section 504 Plan? Yes ☐ No ☐

Is your student in a Talented and Gifted (TAG) program? Yes ☐ No ☐

Is the student pregnant and/or parenting? Yes ☐ No ☐

Native American Education Program (Title VI-A) (Office: - send yes forms to district administration.)

Is the student, a parent, or a grandparent, a member of a U.S. federally recognized tribe; a state recognized tribe, a terminated tribe, Alaska Native or organized Indian Community? Yes ☐ No ☐

If yes, the name of tribes, bands, villages or nations _____

Migrant Education Program (Title I-C) (Office: - send yes forms to district administration.)

In the last three (3) years, has a person in the student's family worked in, planned to work in, or moved/traveled to work in, agriculture, forestry and/or fishing? This can include work on farms, ranches, canneries, nurseries, trees or fisheries. Yes ☐ No ☐

English Language Development Program (Title III) (Office: - send yes forms to district administration.)

Has the student been in an English Language Development Program in the US? Yes ☐ No ☐

If yes, when? _____/_____/_____ and where? _____

McKinney-Vento Program (Office: - send yes forms to district administration.)

This program guarantees students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative may be in touch if you check a box.

☐ Is the student sharing the housing of other persons due to economic hardship or other similar reasons?

☐ Is the student staying in a motel or hotel due to economic hardship or for a similar reason?

☐ Is the student staying in a car, RV, campsite or substandard housing?

☐ Is the student staying in a shelter?

OFFICE USE ONLY: STUDENT ID # _____ SCHOOL: _____ STUDENT NAME: _____

KINDERGARTEN STUDENTS ONLY

In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)? ☐ Yes ☐ No

Name of preschool _____

LANGUAGE USE INFORMATION

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

hear _____ **use** (e.g., American Sign Language (ASL)) _____

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/Heritage/Native Language (e.g., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- ☐ Only English

What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home: _____ Child-care Providers: _____

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 (e.g., 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 (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian: Oral _____ Written _____ American Sign Language _____

Parent/Guardian: Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ **Date** _____

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

Is the student in, or has the student been in, an English as a Second Language Program? Yes ☐ No ☐

In a Bilingual/Dual Program? Yes ☐ No ☐

Does your family need an interpreter for school meetings? Yes ☐ No ☐

BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT COULD BE IMMEDIATELY REMOVED FROM THE SCHOOL.

SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) _____ DATE _____

Printed Name of PARENT/RESPONSIBLE ADULT _____ DATE _____