



# Student Registration Form

SPRAY SCHOOL DISTRICT PO BOX 230 303 PARK ST  
SPRAY, OR 97874 541-468-2226

Office Use Only	
Permanent ID	_____
Teacher	_____
Start Date	_____

This enrollment form is a legal document. The information you provide must be accurate and complete. This information is protected by the Family Educational Rights and Privacy Act (FERPA). Return to the school office or email to [jboise@spray.k12.or.us](mailto:jboise@spray.k12.or.us).

## SECTION 1: Student Information

**1. Student Name** \_\_\_\_\_

Legal Last Name                      Legal First Name                      Middle Name                      Suffix

**2. Preferred Name** \_\_\_\_\_

Preferred Last Name                      Preferred First Name

**3. Grade** \_\_\_\_\_

**4. Gender**  Female  Male

**5a. Language First Learned**  English  Spanish  Other (specify) \_\_\_\_\_

**5b. Home Language/Language to Home**  English  Spanish  Other (specify) \_\_\_\_\_  
*Indicate the language you would like for all home correspondence*

**6a. Date of Birth** \_\_\_\_\_ **Verified By:**  Birth Certificate  Baptismal Certificate  Other  
*Proof of Age – Required*

**6b. Birth Place** \_\_\_\_\_

City or County    State    Country

**7a. Ethnicity**  Hispanic or Latino  
*Select one*  Not Hispanic or Latino

**7b. Race**  American Indian or Alaskan Native  
*Select all that apply*  Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

**8a. Home Address** \_\_\_\_\_

Street Address    Apt#, Room#, Space

City    State    ZIP

**8b. Mailing Address** \_\_\_\_\_

*If different than home address* Street Address    Apt#, Room#, Space

City    State    ZIP

**8c. Has student been expelled or in the process of being expelled from another district?** **Yes** **No**

**9. Last School Attended** \_\_\_\_\_

School Name    City and State    Last Date Attended

**10. Is parent(s) or guardian(s) a member of the Armed Forces on active duty or full-time National Guard?**  Yes  No

**11. If your student was not born in the United States or Puerto Rico, what date did they first begin school in the United States?** \_\_\_\_\_  
Date of First US School Enrollment

## SECTION 2: Parent/Guardian Information

### Parent / Guardian 1

**12. Parent Name** \_\_\_\_\_  
Legal Last Name                      Legal First Name                      Middle Initial                      Preferred Name

**13. Relationship to Student** \_\_\_\_\_ **14. Living with Student**  Yes  No  
Mother, Father, Grandparent, other (describe)

**15. Check all that apply:**  Contact Allowed  Educational Rights  Has Custody  Release To

**16. Parent Address Same as Student**  Yes  No

**17. Mailing Address** \_\_\_\_\_  
If different than student address                      Street Address                      City                      State                      ZIP

**18. Phone Numbers** Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_

**19. Parent Employer** \_\_\_\_\_ **20. Parent Email Address** \_\_\_\_\_

### Parent / Guardian 2

**21. Parent Name** \_\_\_\_\_  
Legal Last Name                      Legal First Name                      Middle Initial                      Preferred Name

**22. Relationship to Student** \_\_\_\_\_ **23. Living with Student**  Yes  No  
Mother, Father, Grandparent, other (describe)

**24. Check all that apply:**  Contact Allowed  Educational Rights  Has Custody  Release To

**25. Parent Address Same as Student**  Yes  No

**26. Mailing Address** \_\_\_\_\_  
If different than student address                      Street Address                      City                      State                      ZIP

**27. Phone Numbers** Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_

**28. Parent Employer** \_\_\_\_\_ **29. Parent Email Address** \_\_\_\_\_

## SECTION 4: Emergency Contacts

In an emergency, the parents/guardians listed previously on this form will be contacted first, in the order they are listed on the form. By listing a name in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

	Contact Name	Relationship to Student	Phone Numbers	Call Order
52.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
53.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
54.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	
55.			Cell (____) ____-____ Home (____) ____-____ Work/Other (____) ____-____	

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Parent/Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

### SECTION 5: Student Services

56. Does your student have a current 504 or Individualized Education Plan?  504 Plan  IEP
57. Has your student ever qualified for English Learner services?  Yes  No  
If yes, were they previously exited?  Yes \_\_\_\_\_ Exit Date  No
58. Has your student ever been identified as Talented and/or Gifted?  Yes  No
59. Is your student currently expelled from any school?  Yes  No  
If yes, list school name, city and state \_\_\_\_\_

### SECTION 6: Medical Information

School staff need to know if your student has a medical condition for which he/she may require assistance during the school day. In a life-threatening situation, district staff will dial 9-1-1 for paramedic assistance and resuscitate any student requiring it in order to sustain life until relieved by paramedics or other appropriate medical personnel (School District Board Policy EBBC).

Remember to advise the school of any changes in information.

60. Does your student have health conditions/concerns  Yes  No  
If yes, specify below and indicate Past or Current:
- | Past  | Current                  | Past                         | Current                  | Past  | Current                  |
|---|--------------------------|------------------------------|--------------------------|---|--------------------------|
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/> |
| Allergy (specify) _____   |                          | Severe injury _____          |                          | Bone/muscle _____                               |                          |
| Severe <input type="checkbox"/> Yes <input type="checkbox"/> No           |                          | Concussion/head injury _____ |                          | Migraine <input type="checkbox"/>               |                          |
| Epipen needed <input type="checkbox"/> Yes <input type="checkbox"/> No    |                          | Bladder/kidney _____         |                          | Seizure disorder <input type="checkbox"/>       |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Toileting Issues _____       |                          | ADD/ADHD <input type="checkbox"/>               |                          |
| Asthma _____  |                          | Severe illness _____         |                          | Mental Health <input type="checkbox"/>          |                          |
| Inhaler needed <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          | Diabetes since _____         |                          | Cancer <input type="checkbox"/>                 |                          |
| Nebulizer needed <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | Heart _____                  |                          | Bleeding disorder <input type="checkbox"/>      |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | Vision _____                 |                          | Wears glasses/contacts <input type="checkbox"/> |                          |
| Hearing _____   |                          |                              |                          |   |                          |
| CP/brain/shunt <input type="checkbox"/>                                   |                          |                              |                          |   |                          |
| Other <input type="checkbox"/>  |                          |                              |                          |   |                          |

61. Doctor Name \_\_\_\_\_ Doctor Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

62. Insurance Provider \_\_\_\_\_

63. Medication Allergy \_\_\_\_\_

64. Date of Last Tetanus (Tdap, Dtap) Shot \_\_\_\_\_ 65. Date of last dental screening \_\_\_\_\_

66a. Date of last Vision Screen/Eye Exam \_\_\_\_\_ 66b. I have provided a copy of the results  Yes  No

67. Current Medications \_\_\_\_\_

68. Medications Needed at School \_\_\_\_\_

Please list and complete Authorization for Medication forms

69. I have provided a current immunization record  Yes  No

### SECTION 7: Student Rights and Responsibilities

For annual notices on the Protection of Student Rights, Student Records, Complaint Procedures, and the release of Directory Information, see the *Student Rights and Responsibilities Handbook*, available on-line on the district web site.

Under federal law the school district may release the Directory Information of a student without prior parental permission. Directory information is information contained in a student education record which is not generally considered harmful or an invasion of privacy if released. Directory Information is defined as: Student name, address, electronic address, photograph, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, diplomas and awards received, and the most recent school attended. In order to protect student privacy, and to prevent unwanted solicitation of students and their families, the district will not release names and addresses together, except in a health or safety emergency to law enforcement or other agencies as designated by law. Directory information considered by the District to be detrimental will not be released. **If you would like to keep your student's Directory Information confidential, please contact your school to submit a written request.**

\_\_\_\_\_ I understand that the *Student Rights and Responsibilities Handbook* is available at [www.spray.k12.or.us](http://www.spray.k12.or.us) and can be printed for me at my request.

**By signing this form, I affirm that all the above information is true.**

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

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

\_\_\_\_\_  
Date

## Records Release Authorization

In order to best meet the needs of your son/daughter, we will be requesting the records from your child's previous school.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

### Records Request From:

School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I hereby give my consent to transfer the above records. Parental signature is not required; school districts may receive a student's records upon receipt of a written statement that the student is officially enrolled.

Parent/Gardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_