## Hillsboro School District Student Enrollment Form

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

**Instructions:** The Enrollment Form is an official record. The questions on this form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school. *Please complete ALL pages and sign where applicable.* 

STUDENT INFORMATION								
Legal Last Name			Legal First Name		Middle	Middle Name		Suffix
Grade Gender: M □ F □ Home Language			Drafarrad L	Description of Lead Name (10 1100 p.m.)		Duefound First Name		
Grade	Gender. M L F L	nome Language	Preferred La	red Last Name (if different) Preferred First Name				
Age	Birth Date	Birth State	ry Student Email					
I hereby	certify that the abov	e named student was bor	n on the date	and place specified. Signature:				Date:
If student is living in any of the following circumstances, additional services may be available: Sharing housing with friends or family, living in a s 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.								ng in a shelter or
RACE & ETHNICITY (Please answer BOTH)								
ETHNICITY: Is this student Hispanic/Latino? (Choose only one)  No, not Hispanic/Latino  Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race)								
	The above Hispanic/Latino part of the question is about ethnicity, not race. Please continue to answer the following question by marking one or more boxes under RACE.							
RACE: What is the student's race? (Choose one or more)  American Indian/Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal Affiliation or community attachment).  Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).  Black/African American (A person having origins in any of the black racial groups of Africa).  Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).  White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).								
Home Address (Street Address and Apt #)  City				State Zip Co			County	
Mailing	Address, if different (S	Street Address and Apt #)		State	Zip Code	County		
Primary	Phone Number:	Unlisted? Yes	□ No □	Additional Phone Numbers:	<u>I</u>			Unlisted?
( )		Type				Yes □ No □		
Correspo	ondence Language:				Type		Yes □ No □	
		in the United States for pers during their lifetime? Yes	Has your child previously attended school in Oregon? Yes □ No □					
Date you States So	ur child first entered U chool	nited Last school district	Last school attended (Name and Address)  Dates Attende			Attended		
In accordance with ORS 339.250, please answer these questions: Has your child ever been expelled from school? Yes □ No □				If yes, reason				
Is the student, parent, or a grandparent a member of a U.S. Federally recognized American Indian Tribe? Yes No (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 tribe name:								

Student Name: Student I.D. (for office use only):

PARENT/GUARDIAN INFORMATION										
FIRST PARENT/GUARDIAN										
Mother □ Father □ Step Parent □ Guardian □						Call order in case of emergency: Active Duty M				
Other  If other, list relationship:									Yes □ No □	
First Name:						Last Name:				
Lives with Student? Address (if different than student ad Yes □ No □				dress): City, State	Yes □ No □					
Educational Rights?		Has	Custody?		If address is different than student's, check Financially Responsible for Student's				sible for Student?	
Yes □ No □		Yes	□ No □			here to receive copies of correspondence				
Speaks English: Yes □ No □       Migrant Worker:         If no, list primary language:       Yes □ No □				To qualify for migrant education services, a child 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.						
Work Phone :			Home Ph	ione:		Unlisted? Yes \( \Box\) Cell Phone:				
E-Mail Address:				Empl						
SECOND PAREN	T/GUAF	RDIA	AN							
Mother □ Father □ Other □ If other, list re	Step Pare								Active Duty Military? Yes □ No □	
First Name:						Last Name:				
Lives with Student? Yes □ No □	Address (i	f diff	erent than stu	dent ad	dress): City, State,			Contact Allowed? Yes □ No □		
Educational Rights? Yes  No			Custody?  ☐ No ☐			erent than student's, checopies of correspondence		Financially Respon	sible for Student?	
Speaks English: Yes [	□ No □	103	Migrant Wo	rker:					within the past three (3)	
If no, list primary langu			Yes □ No		years across the s	school district, city, cour employment in an agric	ity, or	state lines with their		
Work Phone :			Home Ph	ione:		Unlisted? Yes \( \square\) No \( \square\) Cell Phone:				
E-Mail Address:				Empl	over: Job			Title:		
Is there ignit custody of this student?										
			· .		I IT	yes, please complete th	ie follo	owing:		
Is there a Non-Custodi	ial Parent/G	Juard		Yes	s 🗆 No 🗆 📙	yes, please complete th	ne follo	owing:		
Is there a Non-Custodic FIRST JOINT/NO Mother □ Father □	ial Parent/G ON CUST Step Pare	Guard OD	IAL PARI	Yes	s 🗆 No 🗆 📙	Call order in case of en	merge	ncy:	Active Duty Military?	
Is there a Non-Custods FIRST JOINT/NO Mother □ Father □ Other □ If other, list re	ial Parent/G ON CUST Step Pare	Guard OD	IAL PARI	Yes	s 🗆 No 🗆 📙	Call order in case of er First □ Second □	merge	ncy:	Active Duty Military? Yes □ No □	
Is there a Non-Custods FIRST JOINT/NC Mother □ Father □ Other □ If other, list re First Name:	ial Parent/G DN CUST Step Pare lationship:	Guard FOD ent □	IAL PARI Guardian	Yes ENT/(	S O No O O O O O O O O O O O O O O O O O	Call order in case of er First Second Last Name:	merge	ncy:		
Is there a Non-Custodic FIRST JOINT/NC Mother □ Father □ Other □ If other, list re First Name:  Lives with Student? Yes □ No □	ial Parent/G DN CUST Step Pare lationship:	TOD ent  fidiff	IAL PARI Guardian erent than stu	Yes ENT/(	GUARDIAN  ddress): City, State,	Call order in case of er First  Second  Last Name: Zip Code:	merge Third	ncy: d □ Fourth □  Contact Allowed? Yes □ No □	Yes No No	
Is there a Non-Custodal FIRST JOINT/NO Mother □ Father □ Other □ If other, list re First Name: Lives with Student?	ial Parent/G DN CUST Step Pare lationship:	TOD ent	Guardian  Gerent than stu  Custody?	Yes ENT/(	GUARDIAN  dress): City, State	Call order in case of er First Second Last Name:	merger Third	ney: d  Fourth  Contact Allowed?	Yes No No	
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Employer: Job Title:

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):

PERSON(S) NOT AUTHORIZED TO MAKE CONTACT WITH STUDENT OR RECEIVE STUDENT INFORMATION								
				TION				
Is there a <b>current</b> restraining/court order pertaining to this student? * Yes \Boxedown \No \Boxedown \ *If there is a <b>current</b> restraining/court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student.  I have submitted a current Court/Restraining Order: Yes \Boxedown \No \Boxedown								
If yes, Signature:			ite:					
Name:	Relationship:		Restraining (	Order? Yes 🗆	No □	Court Order	? Yes □ No □	
Name:	Relationship:		Restraining (	Order? Yes 🗆	No □	Court Order	? Yes □ No □	
	SIBLINGS (1	List siblings fron	n Birth - Gr	ade 12)				
Sibling Last Name:	First Name:			Race:		Ethnicity:		
Relationship:	Birthdate:	Gender: M 🗆 I	F 🗆 Grade:	Schoo	ol:			
Sibling Last Name:	First Name:			Race:		Ethnicity:		
Relationship:	Birthdate:	Gender: M □ I	F 🗆 Grade:		1.			
Sibling Last Name:	First Name:		_   01440	Race:		Ethnicity:		
Relationship:	Birthdate:	Gender: M 🗆 I	F 🗆 Grade:		.1·	Lumenty.		
Relationship.		CHILDHOOD			71.			
H d ( 1 ( ) 1 E 1 Cl 11								
Has the student received Early Childhoo		TUDENT SERV		d Care □ Oth	.er ⊔:			
Is the student currently on an IEP? Yes		IUDENI SEKI	VICES					
Ž								
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 □:								
Com	BEFORE AND A plete this information if y				ıder - 6			
Name of Caregiver:	, , , , , , , , , , , , , , , , , , ,		*		onship:			
Address:		Phone Number: (	)		Cell Phone Number: ( )			
Morning Transportation	Bus 🗆	Walk □	,	Pick U		are Van □		
Afternoon Transportation	Bus □	Walk □					are Van □	
Afternoon Transportation  Bus  Walk  Day Care Van  EMERGENCY CONTACTS								
	ther than parent or guar			<del></del>		k up student.		
Call order in case of emergency: First □ Second □ Third □	Last Name:			First 1	Name:			
Relationship to student:	T	Address:						
Home Phone:	Work Phone:	Cell Phone:       Speaks English: Yes □ No □         If no, list primary language:						
Call and an in case of an array	Last Name:			Dimet 2	T			
Call order in case of emergency: First □ Second □ Third □	Last Name:			First 1	Name:			
Relationship to student:		Address:						
Mome Phone: Work Phone: Cell Phone:				Speaks English: Yes □ No □ If no, list primary language:				
Coll and an in account	Logt Name			p:	Tom			
Call order in case of emergency: First □ Second □ Third □	Last Name:			First 1	Name:			
Relationship to student:		Address:						
Home Phone:	Work Phone:	Cell Phone:		Speak	s English:	Yes □ No		
List additional emergency contacts on a separate piece of paper								
Person to Contact in the Event of an Emergency Closure								
Last Name:	First Name:	in the Event of	an Emerge		onship to	student:		
Address:	That Name.			Kelati	onsinp to	student.		
Home Phone:	Work Phone:	Cell Phone:		Sneak	s English	Ves □ No	П	
Trong I none.	WOLK I HOLE.	Con i none.	Speaks English: Yes □ No □ If no, list primary language:					
		<b>Enrolling Rec</b>	ord					
Name of person enrolling student (Pleas	se print name):			Relationship t	o student:			
Signature:				Date:				

Student Name: Student I.D. (for office use only):

MEDICAL INFORMATION							
School staff needs to know when your child has a current ongoing health prob Remember to advise your school of any changes in information.	lem for which he or sl	he may require help during t	the school day.				
Doctor's Name:	Phone Numb	er: ( )					
Dentist's Name:	Phone Numb	er: ( )					
Health Insurance/Medicaid Number:	Insurance Ca	rrier (Optional):					
Hospital Preference:	<b>-</b>						
MEDICAL TREATMENT							
I, the undersigned, do hereby authorize officials of Hillsboro School District to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child.  I will not hold the school district financially responsible for the emergency care and/or transportation for said child.  Signature of Parent/Guardian/Eligible Student: (Eligible Student indicates any student who is 18 years or older, or emancipated.)							
Signature:	D	ate:					
MEDICAL EMERGENC	Y TRANSPORT	ATION					
I authorize school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency situation when I cannot be located.  Signature:  Date:							
	Date						
HEALTH CONDITION	ON INFORMAT	ION					
List any health conditions that will or may affect your child while at school, such as heart disease, diabetes, seizure disorder, eye or ear problems, asthma, or any chronic condition:  1 2 3 Do you anticipate your child will need accommodations at school related to the above medical condition? Yes □ No □ If medication is to be given at school, parental instruction and permission is needed. The school has a permission form for this purpose available upon request. Please list any medications that need to be taken at school:  1 2							
3							
I need a medication form to allow medications to be given at school: Yes □ No □							
ALLERGY INFORMATION							
Are there any Allergies/Health Conditions or Medication Allergies about which the school should be aware? Yes $\square$ No $\square$ Hillsboro School District must have a medication authorization form completed by the parent granting permission for designated school personnel to administer medication in case of a life threatening situation.							
Severe Allergies:	Life Threatening:	Immediate Medication Required?	Medication will be at school?				
1 2 3	Yes □ No □ Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □ Yes □ No □	Yes □ No □ Yes □ No □ Yes □ No □				
Please check type of medication needed by student in case of emergency:	EpiPen □	Oral Medication					