



Eugene School District 4J Student Enrollment

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).

Student Demographic Information

Entry date: ___/___/___

4J Pupil #: _____

Student's Legal Name:

_____ Legal Last Name _____ Legal First _____ Legal Middle _____ Suffix

Grade (starting at this school): _____

Gender: Female Male

Home Language:

- Which language did this student learn first? English _____ (Other) _____
- Which language does this student most often use at home? English _____ (Other) _____
- Which language do parents use most often at home? English _____ (Other) _____
- Has this student attended school in any other country? No Yes: _____ (Country) _____
 - If yes, when did this student begin school in the US? _____ / _____ / _____
Month Day Year
 - If yes, has this student been in an English Language Learner program in the US? Yes No
 - If yes, when? _____ / _____ / _____ and where? _____

Birth Date: ___/___/___

Birth Verification: _____
(Bring 1)

- Birth Certificate
- Passport
- Adoption papers
- Court Order
- Individual Tax ID Number (ITIN) card
- Matricula Consular card

Birth City: _____

Birth State: _____

Birth Country: _____

Ethnicity:

Hispanic Non-Hispanic

Race:

(Mark all that apply)

- White (ancestors from Europe)
- Black or African American
- Non-US Native American (ancestors from Mexico, Central America, South America or Canada)
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander

Student's Home Address:

_____ # _____
Address

_____ OR _____
City Zip

County by address: _____

Mailing Address: Same as home address

_____ Address (If different than home address)

_____ State Zip

Student's Home Phone: _____

Cell Phone: _____

Address Verification: Bring 1 **current** document or correspondence from **each** column (post marked within the last 60 days).

Column A Docs

- Property Tax Statement
- Lease or Rental Agreement
- Documents related to purchase of residence

Column B Correspondence Documents

- Social Security Administration
- Oregon Gov. Agencies
- Utility companies
- Credit card bill
- Financial Institutions (checking/savings)
- Insurance company
- State and Federal Revenue Documents
- Paycheck information

Parent/Guardian Information

Enrolling Parent Photo ID ***required***

ODL OR Id Card Passport/Consul

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ Email: _____

Interpreter Needed: Yes No Employer: _____

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ Email: _____

Interpreter Needed: Yes No Employer: _____

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ Email: _____

Interpreter Needed: Yes No Employer: _____

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ Email: _____

Interpreter Needed: Yes No Employer: _____

Emergency Contacts *(Do not re-list parents.)*

List only those authorized to pick up your student when parent/guardian cannot be reached.

1st _____ (_____) _____ Home
Name Relationship to Student Phone Cell

2nd _____ (_____) _____ Home
Name Relationship to Student Phone Cell

3rd _____ (_____) _____ Home
Name Relationship to Student Phone Cell

4th _____ (_____) _____ Home
Name Relationship to Student Phone Cell

(Services contacts, if applicable)

(Case Worker) Supervisor (_____) Phone

(Parole Officer) Court (_____) Phone

Student's Doctor: _____ Phone: (_____) _____

Has Insurance: Yes No

Student's Dentist: _____ Phone: (_____) _____

Siblings *(List all school age brothers, sisters, step and half brothers and sisters of this student living in 4J.)*

Student Name Relationship to Student Grade School Enrolled

Student Name Relationship to Student Grade School Enrolled

Student Name Relationship to Student Grade School Enrolled

Student Name Relationship to Student Grade School Enrolled

Other Information

Previous School: _____ Phone: (_____) _____

Address City State Zip

Permissions: *(Valid at this school until changed by Parent/Guardian – If left unchecked, assumption is YES)*

Field Trips: My student may participate in all school field trips. Yes No

School Directory: My student's information may be printed in a school directory. Yes No

School Website: My student may be mentioned or pictured on the school website. Yes No

News Media: My student may be seen, interviewed or quoted on television, radio or newsprint. Yes No

Photographs: My student's picture may be taken during class or for class activities. Yes No

Video: My student may be video taped during class or class assignments. Yes No

HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times. Yes No

Email: My student has permission to use a 4J email account for school work. Yes No

Google Apps: My student has permission to use Google Applications for school work. Yes No

Middle and High Schools only:

School Year Book: My student may be mentioned or pictured in the School Year Book. Yes No

PG-13 Movies: My student may watch movies rated PG-13. Yes No

High School only: *(By law the district must release to military recruiters the name, address and phone number of high school students, unless your Student, Parent or Guardian notifies the district that they do not want the information released.)*

I request my student's name/contact information be released to Military Recruiters. Yes No

I request my student's name/contact information be released to College/Coach Recruiters. Yes No

Special Services

Special Services: Please check all services needed by this student.

- ELL/LEP Services
 - Section 504 Plan
 - Speech Services
 - IEP/Special Education Plan
 - Talented and Gifted Program
 - Teen & Pregnant Parenting Program
 - Title VII Indian Ed (Natives Program)
- Tribe: _____

IDEA: Special Education Eligibility / Individualized Education Plan (IEP)

Individuals with Disabilities Education Act: This is a law ensuring services to children with disabilities. IDEA governs how states and public agencies provide early intervention, special education and related services.

Does the student have an Individualized Education Program (IEP) from another school district? Yes No

* If yes, enter all known data: Prior case manager/contact name: _____

Prior IEP date: _____ Prior Eligibility Date: _____

Eligibility Category: _____

Title VII: Indian Education Program Fax Yes form to: 541-790-5905

Title VII- A Program, Indian Education: This information established the district's eligibility for federal grant funds.

This student, parent or grand parent, is a member of a US federally recognized American Indian Tribe?

* If Yes, please fill in the tribe name: _____ Yes No

Title I-C: Migrant Education Program Fax Yes form to: 541-461-8297 (courier to LESD)

Title I – C Migrant Education Program: This program provides assistance to youth ages 0-21 who move in order for them or their parents /guardians to seek or obtain temporary or seasonal work in agriculture, forestry or fishing. Free services may include summer school, prekinder support, accident insurance, and referrals to community resources.

Has your family moved within the last three years? Yes No

Has a person in your family ever worked or planned to work in agriculture? forestry? fishing? Yes No

Title X: McKinney-Vento Program Fax checked form to: 541-790-7217

Title X McKinney-Vento Program: This program guarantees that students, no matter their living situations, have access to public education. Program resources may include transportation assistance, school supplies and other services to help ensure success in school.

Please check the box that applies:

- You are staying in a motel, car, RV or campsite until you can find affordable housing.
- You are sharing housing with another family due to economic hardship.
- You are moving from place to place, without permanent housing.
- You are living in a shelter.

Special Circumstances:

Is this student currently suspended? No Yes _____
School and Address

Is this student currently expelled? No Yes _____
School and Address

Signature: I declare that the above information is true to the best of my knowledge and belief. I understand I commit the crime of false swearing if I make a false statement, knowing it to be false. (ORS 162.075). Further, I understand that my student could be returned to their neighborhood school upon determination of a false address.

Parent/Guardian Name: _____ Date: _____

For Office only: Student Name _____ Perm ID _____