



Student Enrollment Form

North Lake School

Grade _____

STUDENT'S NAME: _____ Birth date: _____
Last First Middle

Sex: M F Please list all languages spoken in the home: _____ / _____ / _____

SS#: _____ - _____ - _____

Race: Please indicate all that pertain to your child

White _____ African American _____ Asian _____
American Indian/Alaska Native _____ Hawaiian or other Pacific Islander _____

Ethnicity: Is this student of Hispanic/Latino/Spanish origin? Yes No (Federal/State law requires this question)

HAS YOUR CHILD EVER RECEIVED SPECIAL EDUCATION SERVICES? YES NO IS YOUR CHILD CURRENTLY ON AN IEP OR 504 plan YES Name of School _____ Phone #: _____

Parent Email Address: _____ (mandatory for bus notes and grade access)

Mother's Name: _____ Phone #: _____ # _____

Father's Name: _____ Phone #: _____ # _____

Mailing Address: _____ Physical Address: _____

City: _____ State _____ Zip code _____

If student does not live with parent, please fill in below. We require a Custodial Release form to register student.

Name _____ Phone # _____ relationship to student _____

Emergency Contacts: do not list yourself below.

First & last name	Phone Number	Relationship to student

(List siblings at North Lake) 1. _____

2. _____

3. _____

Student Code of Conduct

I understand and consent to the responsibilities outlined in the Student Code of Conduct. I also understand and agree that my student shall be held accountable for the behavior and consequences outlined in the Student Code of Conduct at school during the regular school day, at any school-related activity regardless of time or location, and while being transported on district-provided transportation. I understand that should my student violate the Student Code of Conduct he/she shall be subject to disciplinary action, up to and including expulsion from school and/or referral to law enforcement officials, for violations of the law.

Initial here: _____

Student Directory Information

In order for North Lake School to print or publish your student's name, photograph, or other personal information in an athletic program, school newspaper, newsletter, or yearbook, we are required by law (ORS 326.565 and OAR 581-21-330) to have your written permission.

As the parent or legal guardian, I grant permission to North Lake School District to print, publish, or provide personal information about my student for athletic programs or rosters, school newspapers, newsletters, yearbook, and local newspapers. Personal information released shall be limited to name, height, grade, and photograph. This consent shall apply only for the current school year. As part of this agreement, North Lake School shall provide you with a copy of the information disclosed if you so request.

Initial here: _____

Electronic Communications System

I have read the district's Electronic Communications System policy and administrative regulation. I will monitor my student's use of the system and his/her potential access to the Internet and will accept responsibility for supervision in that regard if and when my student's use is not in a school setting. In consideration for the privilege of using the district's Electronic Communications System and in consideration for having access to the public networks, I hereby release the district, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my student's use, or inability to use, the system including, without limitation, the type of damages identified in the district's policy and administrative regulation.

Initial here: _____

College/Military Recruiters

The district is required by law to release secondary students' names, addresses and telephone numbers to military recruiters and/or institutions of higher education unless parents or eligible students request that the district withhold this information.

Initial here: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing this form I am indicating by my initials, that I have read and agree with the above information pertaining to my student at North Lake School. If I do not agree, I have indicated by withholding my initials and crossing out the section in question.

HOMELESS:

Does your family live in any of the following situations? **Yes/No** (circle)

- In a shelter, motel, vehicle, or campground
- On the street
- In an abandoned building, trailer, or other inadequate accommodations
- Doubled up with friends or relatives because you cannot find or afford housing

If you answered yes to any of the following questions, you may qualify for special services.

FIELD TRIP: My child has permission to go on a school planned field trips during the school year. I understand that I will be notified of all field trips in advance and if my child in not to participate in the field trip, I will give written notification to the school.

Initial here: _____

ALLERGIES: ___Bee's ___Wasp (This can be life threatening, please supply antihistamine tablets and Epi-pen to school)

FOOD Allergies: _____ reactions_____

MEDICAL issues: _____Asthma (supply inhaler to school) _____Diabetes _____Crohn's _____Encopresis
_____ADHD _____Seizures
Other: (please explain)_____

MEDICAL: I herewith grant permission for a regularly employed and first aid certified member of the staff of North Lake School District No. 14, Lake County, to enlist the aid of medical personnel for the treatment of my child. In case of a medical emergency when I cannot be reached to provide such services, I understand that all reasonable efforts will be made to reach me BEFORE such action is taken and that I will be immediately informed at the earliest possible opportunity. All prescription medication must be in the original container with current prescription label which includes the student's name, the doctor's name and instructions and turned into the office and placed in a locked cabinet. It is a state law that all inhalers are to be kept with the students or teacher for immediate use when needed.

Initial here: _____

Bus Information

Send bus notes to: busnotes@nlake.k12.or.us by noon if possible.

Students will not be allowed to get off at any other stop, unless they have a written note from his/her parent. .
We cannot make bus changes over the phone. This is state law. In an emergency, you will need to arrange for someone to pick up your child at their regular bus stop if you are unable to fax or email your bus note.

Bus supervisor will determine school bus times of pick up/drop off and which bus to ride.

Name of Student _____ Grade _____

Parent Phone # _____ Cell # _____

Physical Address: _____

Describe your physical address below. (Use road signs and other physical landmarks. Please be descriptive and DRAW A MAP on the back of this page to indicate where you live. Include street name)