







What you need at registration:

Registration is:

Tuesday 8/22 from Noon – 6:00 PM and Wednesday 8/23 from 7:00 AM - Noon

- **Completed New Student Registration or Returning Student Update form.**
- **Student profile for returning students with any correction & parent signature.**
- **Internet Use Agreement and Chromebook forms.**
- **Immunization updates** for your student. **All 7th grade** students are required to have a d-Tap booster by the start of school.
- **Medical Diagnosis:** If your student has a medical diagnosis requiring school management, a special diet or needs daily medication while at school, please fill out a medical update form during registration.
- **Change in Custody:** By law, both biological parents have education rights unless there is legal documentation showing otherwise. If there a change in custody status for your student or if the school does not have up to date copies of custody paperwork, parenting plan, etc. please bring copies to the school office.
- **Caregivers Authorization Affidavit:** For students not living with a parent or legal guardian. This affidavit is valid for the school year and may be revoked, by a parent or legal guardian, at any time.
- **Documents Needed for Kindergarten & New Students:**
 - Up to date immunization records. (*Kindergarteners must be up to date to start school.*)
 - Verification of birth date (*birth certificate, adoption papers, passport, or court order*)
 - Dental screen questionnaire (K -1st Grade)
- **School Fees:**
 - Art - \$10 per semester cash and checks accepted.
 - PE Uniform - \$15 per set or \$8 to replace a shirt or shorts.
 - Chromebook Tech Fee - \$20 for 6th -12th grades
 - We accept cash and checks and are working to have a Square account set up for credit/debit card transactions for a small fee.

Students who don't register / enroll for school by 7/23/23 will not start on the first day of school unless prior arrangements are approved by the office.

Calendar Color Key	
	Non-School /Vacation Days
	Non-School/ Teacher Work Days
	1/2 Days (K-6 green, K-12-red)
	K-6 different from MS/HS
	School Days—146 days
	Holidays (No School) 8 days

August

Su	Mo	Tu	We	Th	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Student Days: 0 Teacher Days: 4 Holidays: 0

September

Su	Mo	Tu	We	Th	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Student Days: 15 Teacher Days: 16 Holidays: 1

October

Su	Mo	Tu	We	Th	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Student Days: 18 Teacher Days: 19 Holidays: 0

November

Su	Mo	Tu	We	Th	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Student Days:16 Teacher Days: 17 Holidays: 2

December

Su	Mo	Tu	We	Th	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Student Days: 8 Teacher Days: 9 Holidays: 1

North Lake School

North Lake School District No. 14

2023-2024 School Calendar

*All Mondays and
ONLY Mondays are
1 hour late starts*

August

15.....1st Day Fall Sports
29-31.....Teacher In-Service

September

4.....Labor Day
5.....Teacher Work Day
6.....1st Day of School
8..... Friday School Day
20.....Open House
1/2 day for K-6

October

13.....Statewide In-Service
Prof. Development
18-19.....K-6 Student Goals
Setting Conf. 1/2 Days

November

2.....End of 1st Quarter
35 Instructional Days
3.....Teacher Grading Day
10.....Veterans Day (Observed)
15.....7-12 Parent Conf. 4-6 PM
22-24.....Thanksgiving Break

December

1.....Teacher Pro. Dev.
Dec. 15 -Jan. 2Christmas
Break

January

2.....School Resumes
15.....M.L. King Day
18.....End of 1st Semester
36 Instructional Days
19.....Teacher Grading Day
25.....School Day for 7-12
NO SCHOOL K-6

February

19.....President's Day
23.....Teacher Pro. Dev.

March

22-31.....Spring Break

April

4.....End of 3rd Quarter
39 Instructional Days
5.....Teacher Grading Day

May

3.....Teacher Pro. Dev.
8.....Learning Fair / Night of
Excellence - 1/2 Day K-6
27.....Memorial Day
31.....1/2 day K-12

June

1.....H.S. Graduation
12.....Last Day Elementary
13.....Last Day 7-11 grades
End of 2nd Semester
14.....Teacher Work Day
36 Instructional Days

January

Su	Mo	Tu	We	Th	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Student Days: 17 Teacher Days: 18 Holidays: 2

February

Su	Mo	Tu	We	Th	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

Student Days: 16 Teacher Days: 17 Holidays: 1

March

Su	Mo	Tu	We	Th	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Student Days: 12 Teacher Days: 12 Holidays: 0

April

Su	Mo	Tu	We	Th	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Student Days: 18 Teacher Days: 19 Holidays: 0

May

Su	Mo	Tu	We	Th	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Student Days: 18 Teacher Days: 19 Holidays: 1

June

Su	Mo	Tu	We	Th	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Student Days: 8 Teacher Days: 9 Holidays: 0

Adopted 3.13.23

For Office Use Only: Complete? _____ Grade: _____ Student Number: _____

Enrollment Date: _____ Enrollment Code: _____ MV Assistance? _____ Graduating Year: _____

☐ Copy of Court/Custody Order on file dated: _____ ☐ Proof of Age Rec'd _____ (upload date) ☐ Immunizations Rec'd _____

NORTH LAKE SCHOOL ENROLLMENT FORM

Kindergarten - 12th Grade

2023-2024

This enrollment form is a legal document. The information you provide must be accurate and complete.

Any personal information requested is solely for the safety and well-being of your child. Thank you in advance for your cooperation

STUDENT INFORMATION *(Please PRINT legibly)*

Previous School – Name, City & State: _____

☐ Yes ☐ No Has the student ever been a student in North Lake School?

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Preferred Last Name: _____ Preferred First Name: _____

Grade (starting at this school): _____

Gender ☐ Male ☐ Female ☐ Gender X

Birth Date: ____/____/____

Birth Verification – Bring 1

☐ Birth Certificate

☐ Passport

☐ Adoption Papers

☐ Court Order

☐ Other _____

Birth City: _____

Birth State: _____

Birth Country: _____

Language First Learned: ☐ English ☐ _____
(Other)

Home Language: ☐ English ☐ _____
(Other)

Language to Home: ☐ English ☐ _____
(Other)

Interpreter Needed: ☐ Yes ☐ No

Recent Arrivers

Has your child attended school in any other country? ☐ No ☐ Yes: Country: _____

If yes, when did your child begin school in the United States?

Date	Grade	School	City/State
------	-------	--------	------------

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: Please mark all that apply to your child and indicate tribe name if marking US Native American or Alaska Native

☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American ☐ US American Indian or Alaska Native – List Tribe _____

☐ Non-United States Native American (ancestors are from Mexico, Central America, South America or Canada)

Student's Home Address:

Mailing Address: ☐ Same as home address

Address

Mailing Address/PO Box (if different than home address)

City, State, Zip

City, State, Zip

Student's Home Phone: _____ ☐

LEGAL PARENT/LEGAL GUARDIAN INFORMATION: Both legal parent/legal guardians have contact rights, education rights, custody rights and mailing rights unless legal documents are provided that show otherwise.

#1 ☐ Student lives with (check box if Yes) Relationship: ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other: _____ (Specify)

Parent Legal Last Name _____ Legal First Name _____

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

E-Mail: _____ Employer: _____ Job Title: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check Primary Phone (preferred contact): ☐ Home ☐ Cell ☐ Work

Primary Language of Parent: _____ Interpreter Needed? ☐ Yes ☐ No

☐ This parent is an active member of the military. Start Date of Service: ____/____/____

Indicate uniformed branch of service: Army _____ Navy _____ Air Force _____ Marine Corps _____ Coast Guard _____

National Guard (full-time member) _____ Active Duty Reserves (at least 180 consecutive days) _____

#2 ☐ Student lives with (check box if Yes) Relationship: ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other: _____ (Specify)

Parent Legal Last Name _____ Legal First Name _____

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

E-Mail: _____ Employer: _____ Job Title: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check Primary Phone (preferred contact): ☐ Home ☐ Cell ☐ Work

Primary Language of Parent: _____ Interpreter Needed? ☐ Yes ☐ No

☐ This parent is an active member of the military. Start Date of Service: ____/____/____

Indicate uniformed branch of service: Army _____ Navy _____ Air Force _____ Marine Corps _____ Coast Guard _____

National Guard (full-time member) _____ Active Duty Reserves (at least 180 consecutive days) _____

#3 ☐ Student lives with (check box if Yes) Relationship: ☐ Father ☐ Mother ☐ Legal Guardian ☐ Other: _____ (Specify)

Parent Legal Last Name _____ Legal First Name _____

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

E-Mail: _____ Employer: _____ Job Title: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Check Primary Phone (preferred contact): ☐ Home ☐ Cell ☐ Work

Primary Language of Parent: _____ Interpreter Needed? ☐ Yes ☐ No

☐ This parent is an **active** member of the military. Start Date of Service: ____/____/____

Indicate uniformed branch of service: Army _____ Navy _____ Air Force _____ Marine Corps _____ Coast Guard _____

National Guard (full-time member) _____ Active Duty Reserves (at least 180 consecutive days) _____

EMERGENCY CONTACTS: In the event of an emergency, parent/guardian will be called first. **Do not relist parents**
Those listed will be allowed to pick up your student from school at parent request. At least one emergency contact is REQUIRED.

1st: REQUIRED

_____/_____/_____
Name Relationship to Student Phones -Home / Cell / Work
Language Spoken: _____

2nd: _____/_____/_____
Name Relationship to Student Phones – Home / Cell / Work
Language Spoken: _____

3rd: _____/_____/_____
Name Relationship to Student Phones – Home / Cell / Work
Language Spoken: _____

SIBLINGS: List all school age brothers, sisters, step and half brothers and sisters of this student living in the North Lake School area.

Sibling Name Relationship to Student Grade School Enrolled

Sibling Name Relationship to Student Grade School Enrolled

Sibling Name Relationship to Student Grade School Enrolled

Sibling Name Relationship to Student Grade School Enrolled

SPECIAL SERVICES

Please check all services needed by this student:

- ☐ ELL/LEP Services ☐ IEP/Special Education Plan ☐ Speech Services
☐ Section 504 Plan ☐ Talented and Gifted ☐ McKinney Vento - Homeless Services

STUDENT STATUS

Does this student have any special needs? If yes, please describe below:

Is this student currently suspended? ☐ No ☐ Yes School & Address: _____

Is this student currently expelled? ☐ No ☐ Yes School & Address: _____

Name of juvenile/parole officer: (if applicable) _____

If currently expelled/suspended, student and parent will need to meet with administrators to determine if registration is possible at this time.

INFORMATION MATERIALS – Student Handbooks

https://www.nlake.k12.or.us/students_parents

_____(initial) I hereby acknowledge that I understand where to find the North Lake Schools Student Handbooks or have requested a paper copy and agree to read and review the documents with my child.

By signing below, I attest the information provided here is accurate and complete. I understand false swearing to a public agency is unlawful (ORS 162.075).

Parent/Guardian Signature

Date

Authorizations/Permissions

PERMISSIONS: Valid at this school until changed by Parent/Legal Guardian in writing. If left unchecked, assumption is YES

- ☐ Yes ☐ No **Field Trips:** My child may participate in all school field trips unless I specifically request in writing that they be excused from a particular field trip
- ☐ Yes ☐ No **School Directory:** My child's name and grade may be uploaded or printed for School Pictures, Valentine lists, etc
- ☐ Yes ☐ No **School Website:** My child may be mentioned or pictured on the school website
- ☐ Yes ☐ No **Photographed:** My child's picture may be taken during class or for class activities
- ☐ Yes ☐ No **Video:** My child may be video-taped during class or class assignments
- ☐ Yes ☐ No **News Media:** My child may be seen, interviewed or quoted on television, radio or newsprint
- ☐ Yes ☐ No **School Year Book:** My child may be mentioned or pictured in the School Year Book

Middle and High School only:

- ☐ Yes ☐ No **PG-13 Movies:** My child may watch movies rated PG-13

High School Only:

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

- ☐ Yes ☐ No **Military:** I request my child's name/contact information to be released to Military Recruiters
- ☐ Yes ☐ No **College:** I request my child's name/contact information to be released to College Recruiters

For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District's Student Handbook located at www.nlake.k12.or.us under Students & Parents.

FIELD TRIPS

As a student in the North Lake School District, your child might attend field trips. Written notification of the time, date and destination will be sent to you prior to the day of the field trip unless this is a walking trip to areas near the school. If you do not want your child participating in a particular field trip, you need to request in writing that they be excused.

SCHOOL DIRECTORY

Under federal law and school policy, the school district may release the following to the public through appropriate procedures: Student name and grade. If checked NO, we will not be able to give our school and sports photographers, dental and vision services, 4-H, Bible Release or yearbook staff this information to use with their services or publications

SCHOOL WEBSITE - PHOTOGRAPHS – VIDEO

Student's may be mentioned or pictured on the school or district website. Photographs or video may be taken during a classroom activity and are commonly used in yearbooks, newsletters, websites, videos and other school-related publications.

NEWS MEDIA

Occasionally news media includes interviews with students in their news stories on television, radio or newsprint.

EMAIL & INTERNET ACCESS

As part of the classroom learning environment, all students may have internet access. 7th grade and above will have district provided emails for school purposes. If you do not want your child to have access to the internet or district-provided email, please contact your building principal to discuss it. Access may be denied for students who do not follow the Student User Agreement which is located in the Student Handbook

STUDENT CELL PHONES

Student use of cell phones during school hours is only allowed for 7th -12th grade students and only during passing periods, breakfast and lunch. This is a privilege that can be revoked if it is mis-used during instructional time.

INFORMATIONAL MATERIALS

North Lake School updates Student Handbooks for the schools and district annually and has posted copies at www.nlake.k12.or.us under Students and Parents. Copies will be given to each parent/guardian that does not have internet access during registration. The Student Handbook contains information for you and your child regarding North Lake School District policies, procedures and legal notices. It is VERY important you take the time to read these and review them with your child.

For Office Use Only: 1st Request date: _____ Student ID #: _____



North Lake School District

57566 Fort Rock Rd.
Silver Lake, OR 97638
541-576-2121 541-576-2705 Fax

Request for Student Records

Last School Attended: _____

Last School's Street Address: _____

City, State, Zip: _____

Phone/Fax: _____ / _____

Student's Last Name, First Name	Birthdate	Grade	Enrollment Date

Please send complete information about student(s) by forwarding the following records to the address indicated below within ten (10) days of receipt of this request. See ORS 326.575 – (1) and (2).

North Lake School District
57566 Fort Rock Rd
Silver Lake, OR 97638

Student Records – Janet Waldron
jwaldron@nlake.k12.or.us
541-576-2121 x 222

- ✓ Cumulative Folder (attendance records, grade level, classroom test results, health records, grades)
- ✓ If from a state other than Oregon, please include the Certificate of Immunization
- ✓ Psychological Testing (educational, social, developmental information)
- ✓ Behavior Records
- ✓ Other special program records (TAG, Title 1, etc.)
- ✓ All Special Education Records

Please fax the following immediately to 541-576-2705.

- ✓ **Immunization records if from state other than Oregon**
- ✓ **Transcript**
- ✓ **Withdrawal Grades**
- ✓ **Current IEP**
- ✓ **Current Eligibility Statement(s)**
- ✓ **Most recent evaluation report/assessment results**

☐ **Check here if you will not be mailing the Cumulative file.**

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon State law, I hereby authorize the release of all records on the student(s) listed above to North Lake School District.

If you believe you have received this fax in error, or the students did not attend long enough to receive records, please fax it back with a note that it was received in error or you have no records. Thank you.

Signature of secretary/school designee*

Signature of legal parent/guardian

Date

* Federal Law 99.31 requires no parent signature for education records to be sent to another agency.



Oregon Certificate of Immunization Status

Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	<div>Complete for all</div> <div>Up-to- date</div> <div>Medical</div> <div>Non medical</div>
Mailing Address <i>Dirección</i>	Apartment # City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>	
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>		

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
--------------------------------------	-------------------------------	---	---

Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

For medical exemptions:

Please submit a **letter** signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer): Please submit a **letter** signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ A health care practitioner
☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Diphtheria/ Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Hib |
| <input type="checkbox"/> Measles/Mumps/Rubella | |

Signature of Parent or Guardian _____

Date _____

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- ☐ Religious belief ☐ Philosophical belief ☐ Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____

Date _____

Update Signature _____

Date _____

Update Signature _____

Date _____

Update Signature _____

Date _____

Office Use Only:

Household _____

Bus Route: _____

2023-2024 TRANSPORTATION FORM: NORTH LAKE SCHOOL DISTRICT

Please fill out this form for each child.

Grade _____ Special Transportation Needs? Y N Describe: _____

Student's Name (Last, First): _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Part 1: BEFORE SCHOOL, my child will:

Need BUS Transportation to School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a sibling be riding at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Home Address: _____	If yes, siblings' names: _____
<input type="checkbox"/> Other (Describe): _____	For Internal use: Route: _____ Time: _____
Address _____	Stop Location: _____
	_____M _____T _____W _____Th _____F
	_____M _____T _____W _____Th _____F
	Route: _____ Time: _____
	Stop Location: _____

Part 2: AFTER SCHOOL, my child will:

☐ Be picked up by: _____ _____M _____T _____W _____Th _____F

☐ Other: _____

Need BUS Transportation from School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a sibling be riding at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ride Bus to _____	If yes, siblings' names: _____
Address _____	For Internal use: Route: _____ Time: _____
<input type="checkbox"/> Ride Bus to _____	Stop Location: _____
Address _____	_____M _____T _____W _____Th _____F
	_____M _____T _____W _____Th _____F
	Route: _____ Time: _____
	Stop Location: _____

PARENTS:

Notify the school office and busnotes@nlake.k12.or.us prior to the last hour of the school day if there are any changes to your regular after school plan. By law we are not able to accomodate bus changes with out written parent permission. This can be a handwritten note, fax or busnotes email.

KINDERGARTEN - 2ND GRADE INFORMATION

When dropping K- 2nd Grade students off after school we REQUIRE that a parent, guardian, or emergency contact be at the stop when the bus arrives to receive their child. If a parent or guardian is not present when the bus arrives, the child will not be dropped off, the bus will continue it's route and we will make a courtesy phone call to the parent or guardian. At the end of the route the driver will attempt the stop one more time. If a parent, guardian or emergency contact is still not present, the student will be returned to the school and released to a school official. If you have any questions, please feel free to call First Student at 541-888-9131.

**It is important for the schools to have up-to-date health information on your child.
Thank you for updating it.**

**North Lake School
2023-2024
Health Information Form**

Student's Name: _____ Date of Birth: _____

Grade: _____ Teacher: _____ Homeroom: _____

The following information will help school personnel plan for your child's health needs. Information on this document may be made available to school, health care provider and health department authorities.

1. ☐ **No Medical Problems at this time**

2. Check medical problems or concerns below:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Seizure Disorder | Date of last Seizure _____ | | |
| <input type="checkbox"/> Bone/Joint Problems | <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> ADD <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Past Concussions | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Glasses/Contacts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Other (list specific concern) _____ | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Currently using an inhaler | <input type="checkbox"/> At Home | <input type="checkbox"/> At School |
| <input type="checkbox"/> List Allergies, if any: _____ | | | |

Describe reaction: _____

Epipen prescribed? ☐ Yes ☐ No

Mental Health Condition Describe: _____

3. List medication taken: ☐ At Home _____
☐ At School _____
☐ Are back-up medications needed at school? _____

4. Special directions* (limitations or restrictions-physical/dietary, etc.)

Food Allergy Restriction Note: If your child has a dietary restriction that is not self-managed (by parent/child), our food services department will need a medical note from the student's medical provider. This is a federal food services law.

5. History of any serious illness, injury, or surgery? _____

6. Check if your child has had:

Chicken Pox <input type="checkbox"/>	Year _____	Premature Birth <input type="checkbox"/>	
Head Injury <input type="checkbox"/>	Year _____	Hepatitis <input type="checkbox"/>	Year _____
Immune Disorder <input type="checkbox"/>	Year _____	Tuberculosis <input type="checkbox"/>	Year _____

Physician: _____ Phone: _____

IN THE EVENT OF A MEDICAL EMERGENCY, and after every reasonable effort has been made to contact parents/guardians, I authorize North Lake School District staff members, any qualified physician, or emergency medical personnel to transport my child to the nearest emergency treatment center so that reasonable and necessary medical care may be given.

I realize that the responsibility for all medical expenses incurred belong to the parents/guardian and will hold North Lake School District harmless.

Parent/Guardian Signature

Date



CONSENT FOR DENTAL HYGIENE SERVICES

Advantage Dental wants to help keep your community cavity-free and healthy. Dental hygienists from Advantage Dental will be available on site during the year to provide free dental services. These services do not replace regular dental care from a dentist. _____

PATIENT INFORMATION	
Patient's Name: _____ Last Name First Name Middle Initial Date of Birth	
Address / City / State / ZIP: _____	
Best phone number to reach you during the day: _____ Friend or family member's phone number to reach you in case you change your phone number: _____	
Grade: _____ School: _____	List medications currently taking: _____ _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Disclose	<input type="checkbox"/> Iodine Allergy <input type="checkbox"/> Shellfish Allergy (shrimp, crab etc.) <input type="checkbox"/> Other Allergies (please list): _____
INITIAL ON YES or NO to receive each service and SIGN and DATE below.	
Screening (Teeth Check-up)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fluoride Coating	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sealant	<input type="checkbox"/> YES <input type="checkbox"/> NO
Silver Fluoride	<input type="checkbox"/> YES <input type="checkbox"/> NO
Antiseptic for the Teeth (Iodine)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Protective Restoration	<input type="checkbox"/> YES <input type="checkbox"/> NO
	History of: <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Behavioral Considerations (please describe): _____ Other (please describe): _____ _____

If you have questions or would like more information about the services provided, please call 1-866-268-9631.

Your signature indicates that you have been informed of the risks and benefits of treatment, your questions have been answered, and that you consent to the treatment indicated above.

As the parent/legal guardian, I agree to all of these statements:

- I give consent for dental services initialed/indicated above from Advantage Dental Clinics and Advantage Dental Group, PC (jointly "Advantage Dental"), and/or one of its representatives.
- The results of the oral hygiene services, including personal health information and scheduling information, may be shared between Advantage Dental, the dental provider (hygienist or patient's dentist), the community site, any listed insurance carriers, the dentist of record, any applicable Coordinated Care Organization, and/or the Dental Care Organization of record for purpose of treatment, payment or healthcare operations.
- I have been given a copy of the "Notice of Privacy Practices" and HIE (Health Information Exchange) Notification.
- This consent will remain active for 24 months unless revoked in writing or by calling an Advantage Dental representative.

If you have dental insurance through Medicaid, the Oregon Health Plan or Healthy Kids, the hygienist will notify the plan of the services received.

Print Parent/Legal Guardian Name: _____ Relationship: _____

 Parent/Legal Guardian Signature: _____ Date: _____

Once Printed: Don't forget to initial yes or no options above 300FTP_DentalHygieneServices_01042019

2023-2024 Student Housing Questionnaire

The purpose of this questionnaire is to determine if your child's current housing might make your child eligible to receive McKinney-Vento benefits.

NAME OF STUDENT: _____
FIRST MIDDLE LAST

GRADE: _____ BIRTH DATE: ____/____/____ AGE: _____
MONTH DAY YEAR

OTHER CHILDREN LIVING IN THE HOME:

Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. Services available on back of form.

- 1.) Is this student's home address a temporary living arrangement, other than a rental? ☐ Yes ☐ No
- 2.) Is this a temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
- 3.) Is this student in a temporary foster care placement or awaiting foster care? ☐ Yes ☐ No
- 4.) As a student, are you living with someone other than your parent or legal guardian? ☐ Yes ☐ No

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- | | |
|---|--|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> Transitional housing (through community agency) |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> "Awaiting" Foster Care |
| <input type="checkbox"/> With more than one family in a house or apartment | <input type="checkbox"/> In a travel trailer, fifth wheel or other RV |
| <input type="checkbox"/> Moving from place to place | |
| <input type="checkbox"/> In a location not designed for sleeping accommodations such as a car, park or campsite | |

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardians(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

McKinney- Vento Program Services for Homeless Students

The following McKinney-Vento Program services may
be provided to students upon request.

**Free breakfast/lunch
Weekend "Brain Food"
Clothing/Uniform/Shoes
School supplies
Counseling referrals
Dental/vision/hearing screenings
FAFSA Assistance for HS seniors**

**Early childhood education
School fees waiver
English Learner program
Mentoring
Special Education
Community resources
SAT fees waiver**

Assistance with missing enrollment records

State of Oregon Language Use Survey

This form is given to all students entering into a school district for the first time.

The purpose of the **Language Use Survey** is to help the school determine if your child qualifies for additional **Title III** supports in language instruction for English learners.

Title III provides support for English learners as defined by USED.

The State of Oregon honors the language and culture of its people and respects the over 166 languages in our schools, and recognizes that:

- Language is a key component of each person's cultural identity,
- Heritage and primary languages are instrumental in student academic and cultural success, and
- Students who are multilingual/multicultural may have an advantage over students with a single language and are valued in career placements.

Student Name: _____ Grade: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Descriptions	Questions
<p>Communication Preferences This question helps the school provide an interpreter or translated documents, free of charge, should you want them.</p> <p><i>This section is for informational purposes only. It is not used to identify your child for English language proficiency placement testing.</i></p>	<p>1. What language(s) would you prefer the school use to communicate with you?</p> <p>_____</p>
<p>Eligibility for Language Development Support This section helps the school identify if your child should be assessed to receive support in academic English instruction.</p> <p><i>This section is used to identify your child for English Language Proficiency placement testing. A response other than English to questions #2, #3, and/or #4 may qualify your child for English language proficiency placement testing.</i></p>	<p>2. What is the primary language(s) used to communicate in your home?</p> <p>_____</p> <p>3. What language(s) did your child learn first?</p> <p>_____</p> <p>4. What language(s) is most often used by your child at home?</p> <p>_____</p>

State of Oregon Language Use Survey

Language Use Surveys are available on the ODE website.

Below is the United States Department of Education definition of an English learner.

The term “English learner,” when used with respect to an individual, means an individual —

- (A) who is aged 3 through 21;
- (B) who is enrolled or preparing to enroll in an elementary school or secondary school;
- (C)
 - (i) who was not born in the United States or whose native language is a language other than English;
 - (ii)
 - (I) who is a Native American or Alaska Native, or a native resident of the outlying areas;
 - and
 - (II) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
 - (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
- (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual —
 - (i) the ability to meet the challenging State academic standards;
 - (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or
 - (iii) the opportunity to participate fully in society.

(ESEA Section 8101(20))



Dental Screening Certification Form

State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. *HB 2972 (2015)*

IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

Parent/Guardian:

- If you know your child has already had a dental screening, please check the box below, fill out this section, and sign it.
- If you do not know if your child has had a dental screening, please have a dental provider fill out this section and sign it.
- Please return this form to the school office.

☐ My child _____ has received a dental screening.
(First name) (Middle initial) (Last name)

Parent/Guardian or Dental Provider

Print Name: ✍ _____

Signature ✍ _____ Date ✍ _____

TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

Parent/Guardian: You may choose to have your child opt-out of a dental screening due to a reason listed below. Please fill out this section and sign it. Then return this form to the school office.

My child _____ was not screened due to the following:
(First name) (Middle initial) (Last name)

Please check all that apply:

- ☐ We already submitted a certification form at a previous school.
- ☐ The dental screening is contrary to student or families religious beliefs.
- ☐ The dental screening is a burden.

The dental screening is a burden for the student or the parent or guardian of the student when:

(A) The cost of obtaining the dental screening is too high;

(B) The student does not have access to a screener or;

(C) The student was unable to obtain an appointment with a screener

Parent/Guardian

Print Name ✍: _____

Signature ✍ _____ Date ✍ _____

North Lake School

Chromebook Insurance Policy

North Lake School District 14 is self-insured for its Chromebooks. Students and parents can help keep premiums and deductibles low by taking good care of the Chromebooks and chargers checked out to them. The provisions in this policy restrict coverage. Please read this policy to understand your family's rights and responsibilities, as well as what is covered.

Costs

1. **Yearly premium of \$20. Insurance premiums / tech fee are mandatory for 6th -12th grade students and optional but highly recommended for K-5th grade students. Premiums are due before a 6th – 12th grade student will be assigned a Chromebook.** This premium is good for one school year.
2. If there is a claim for insurance coverage, **there is no deductible for the first claim** (except for lost/stolen/destroyed Chromebooks; see chart at bottom of policy). A **deductible of \$25 will apply for the second claim.**
3. Students who have insurance claims on their Chromebook more than two times during a school year (for their regular, loaner, or replacement Chromebook), will face higher per-incident deductibles. **The deductible for the third and any subsequent insurance claims will be \$50 per claim.**
4. After the second week of school, no premium refunds will be issued.
5. If a student is unenrolled from North Lake School District 14 for any reason, their Chromebook insurance policy becomes null and void on their unenrollment date. If the student later re-enrolls in the school district during the same school year, their Chromebook insurance policy will be reinstated through the end of the school year.
6. The school administration has the final say in determining insurance and repair situations.

Covered Equipment

1. The insurance provided applies to any Chromebook issued to students by North Lake School District 14, whether it is the Chromebook originally issued, a loaner, or a replacement.
2. The deductible is the same whether the device is the original, a loaner, or a replacement Chromebook. There will **not** be an additional premium for the use of a loaner Chromebook. A student's yearly \$20 premium covers any Chromebook issued to that student during the current school year.
3. **Chromebook chargers are not covered** under the insurance policy. Chargers that are lost, damaged, or broken will be replaced at the cost of **\$25 for each occurrence**. If a charger tip breaks off inside the Chromebook and cannot be easily removed, there will be a \$25 charger replacement fee, as well as a deductible fee, if applicable.

Exclusions

Under some conditions, NorthLakeSchoolDistrict14 will not pay for loss or damage to student Chromebooks.

These conditions are described below:

1. Not informing the Technology Department immediately of damage to the device may void the insurance coverage for that incident.
2. Damage caused by using an inappropriate charger or electrical source. Do not use a phone charger to charge your Chromebook.
3. Intentional or malicious damage.
4. Dishonest, fraudulent, or criminal acts.
5. Theft not accompanied by an associated police report.

Claims Procedures

1. Students or parents should take their Chromebook to the Technology Department as soon as possible following the incident. If the incident happens outside of school hours, notify the Technology Department by email of the incident, then visit the Technology Department during the next day that school is in session. The Technology department can be reached at techdept@nlake.k12.or.us.
2. The Technology Department will examine the Chromebook to determine if a qualified insurance claim exists.
3. The Technology Department will complete the appropriate documentation and inform the office staff. Parents and students will receive a telephone call, letter, or email from the school when a claim is filed on a student's Chromebook.
4. Once the claim is in process, a loaner (or replacement) Chromebook will be issued to the student.
5. In cases of theft or disappearance, a copy of the associated police report must accompany the student **before** a loaner Chromebook will be issued. The police report must directly mention the theft of the Chromebook and the circumstances surrounding the theft.

The table below shows the costs associated with this insurance policy:

Yearly Insurance Premium	\$20
Deductible (first claim)	\$0
Deductible (second claim)	\$25
Deductible (third and subsequent claims)	\$50
Replacement Charger	\$25
Stolen/Lost/Destroyed Chromebook (covered by the policy)	\$50
Stolen/Lost/Destroyed Chromebook (not covered by the policy)	\$275

North Lake Chromebook Permission Slip 2023-24

PLEASE RETURN THIS FORM

Student Last _____, First Name: _____

Student Grade: _____

Chromebook: _____

Replacement cost: \$275

Charging cord _____

Replacement cost: \$25

Carrying case _____

Replacement cost: \$15

Replacement cost is the cost to replace broken or missing items without yearly Chromebook insurance /tech fee. Chromebook insurance does not cover cords, carrying cases, lost items or intentional /negligent breakage.

We agree to the stipulations set forth in the Internet Acceptable Use Policy; and the Student Pledge for Chromebook Use. We understand that yearly Chromebook insurance is highly recommended in case of accidental breakage for grades K- 5th.

Chromebook insurance / tech fee is mandatory for grades 6th – 12th and required before students in these grades will be issued a school Chromebook.

Student Signature: _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

Office Use ONLY:

Date Paid: ____/____/____

☐ Cash

☐ Check # _____

North Lake Student Pledge for Chromebook Use

1. I have read the Chromebook Use Handbook and will take care of my Chromebook.
2. I will never leave the Chromebook unattended.
3. I will never loan out my Chromebook to other individuals.
4. I will charge my Chromebook's battery daily.
5. I will keep food and beverages away from my Chromebook since they may cause damage to the device.
6. I will not disassemble any part of my Chromebook or attempt any repairs.
7. I will protect my Chromebook by only carrying it by the handle or in an approved case.
8. I will use my Chromebook in ways that are appropriate, meet North Lake School District expectations and are educational.
9. I will not place decorations (such as stickers, markers, etc.) on the Chromebook.
10. I will not deface the serial number Chromebook sticker on any Chromebook.
11. I understand that my Chromebook is subject to inspection at any time without notice and remains the property of North Lake School District.
12. I will follow the policies outlined in the *Chromebook Use Handbook* and the *Use of Technology Resources Policy* while at school, as well as outside the school day.
13. I will file a police report in case of theft, vandalism, and other acts covered by insurance.
14. I will be responsible for all damage or loss caused by neglect or abuse.
15. I agree to return the District Chromebook, case and power cords in good working condition.
16. I be a proactive digital citizen when using my Chromebook.
17. I understand that my use of the Chromebook is subject to all applicable District policies and regulations, including but not limited to the North Lake School District Technology Use policy, as well any applicable provisions of the Student Handbook and any individual building policies and procedures.

Parent Pledge for Student Chromebook Use

18. I /we have read the Chromebook Use Handbook and understand that Chromebooks are intended solely for educational use and that students are not permitted to download any applications not authorized by their teachers or approved by North Lake School administration.
19. I/we understand my/our responsibilities with respect to the care and maintenance of the Chromebook
20. I/we understand the terms and conditions of the insurance coverage for the Chromebook that was Provided by North Lake School District
21. I/we understand that students may be allowed to take Chromebooks home in the evenings for school related use, however I/we understand that students must have Chromebooks in school everyday
22. I/we understand that students must return Chromebooks at the end of the school year in the condition it was received
23. I/we understand that I must report any problems or damage to the school as soon as possible.
24. I/we understand that North Lake School District reserves the right to conduct unannounced inspections of student Chromebooks
25. I/we understand that the use of Chromebooks will be governed by all terms and conditions of School District policies and regulations, including but not limited to the North Lake School District Technology Use Policy.

Individual school Chromebook computers and accessories must be returned to the North Lake School at the end of each school year. Students who graduate early, withdraw, are suspended or expelled, or terminate enrollment at North Lake School for any other reason must return their individual school Chromebook computer on the date of termination. Failure to hand in Chromebook under any of these circumstances may result in a theft being reported and/or the withholding of student transcripts and diplomas.

North Lake School District

Student Google Apps for Education Agreement

North Lake School District uses Google Apps for Education in the classroom. Google Apps for Education is a suite of free, web-based programs that may include email, document creation, shared calendars, and collaboration tools. This service is available through an agreement between Google and the State of Oregon.

If you have any questions, please don't hesitate to contact the school administration, the technology department or your child's teacher.

Student Name: _____ Student ID: _____

Parent/Guardian Name: _____

_____ I give permission for my child to use Oregon K-12 Apps for Education. By doing so, I agree to routinely monitor my child's use when away from district property.

Parent Signature

Date

Google Apps for Education runs on Internet domains purchased and owned by the school district and is intended for educational use. Some of your child's teachers may use Google Apps for lessons, assignments, and communication.

Google Apps for Education is available anywhere with Internet access. School staff will monitor student use of Apps while at school. Parents should monitor their child's use of Apps away from school. Students are responsible for their own behavior at all times.

Acceptable Use (Privacy and Safety)

The school district provides an ongoing, comprehensive digital citizenship education. We expect students to use this knowledge as they engage in online activities within the GoogleApps for Education system and all technology/online systems.

Apps for Education is primarily for educational use. Students may use Apps for personal use subject to the restrictions below and additional school rules and policies that may apply.

- **Privacy** - School staff, administrators, and parents all have access to student Apps accounts for monitoring purposes. Students should have no expectation of privacy on the Apps system.
- **Limited personal use** - Students may use Apps tools for personal projects but may not use them for:
 - Unlawful activities
 - Commercial purposes (for example, running a business or trying to make money)
 - Personal financial gain (for example, running a web site to sell things)
 - Inappropriate sexual or other offensive content
 - Threatening another person
 - Misrepresentation of Oregon Public Schools, staff or students. Apps, sites, email, and groups are not public forums. They are extensions of classroom spaces where student free speech rights may be limited.
- **Safety**
 - Students should not post personal contact information about themselves or other people. That includes addresses and phone numbers.
 - Students will tell their teacher or other school employee about any message they receive that is inappropriate or makes them feel uncomfortable.
 - Students are responsible for the use of their individual accounts and should take all reasonable precautions to prevent others from being able to use their account.
- **Access Restriction - Due Process**
 - Access to Google Apps for Education is considered a privilege accorded at the discretion of the District. The District maintains the right to immediately withdraw the access and use of Apps when there is reason to believe that violations of law or District policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and account restoration, suspension, or termination. As a party of the Agreement with Google, the State of Oregon also reserves the right to immediately suspend any user account suspected of inappropriate use. Pending review, a user account may be terminated as part of such action.

These are the laws and policies that help to protect our students online:

Child Internet Protection Act (CIPA)

The school is required by CIPA to have technology measures and policies in place that protect students from harmful materials including those that are obscene and pornographic. This means that student email is filtered. Mail containing harmful content from inappropriate sites will be blocked.

-- CIPA - <http://fcc.gov/cgb/consumerfacts/cipa.html>

Children's Online Privacy Protection Act (COPPA)

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, Google advertising is turned off for Apps for Education users. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes.

-- COPPA - <http://www.ftc.gov/privacy/coppafags.shtm>

Family Educational Rights and Privacy Act (FERPA)

FERPA protects the privacy of student education records and gives parents rights to review student records. Under FERPA, schools may disclose directory information (name, phone, address, grade level, etc...) but parents may request that the school not disclose this information.

- The school will not publish un-protected confidential education records for public viewing on the Internet.
- Parents may request that photos, names and general directory information about their children not be published.
- Parents have the right at any time to investigate the contents of their child's email and Apps for Education files.

-- FERPA - <http://www2.ed.gov/policy/gen/guid/fpco/ferpa>