



# Student Enrollment Form

**Instructions:** The enrollment form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a pen, and complete all pages.**

<b>Has your student ever attended North Lake School?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      Initial Enrollment: <input type="checkbox"/> <b>GRADE:</b>				
Does the student have a current Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No      Does the student have a section 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Student Information</b>				
<b>If student is living in any of the following circumstances, additional services may be available: sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Contact the school for further information.</b>				
1. Legal Last Name		2. Legal First Name		3. Middle Name
				4. Suffix
				5. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
6. Last Name (Goes By)		7. Nickname		8. Birthdate
				9. Age
				10. City of Birth (If In USA)
11. State Of Birth (If In USA)		12. Country Of Birth		13. If country of birth is outside the USA or Puerto Rico, when did the child start attending school in the USA?
14. Physical Address			15. City	16. State
				17. Zip
18. Is mailing same as home address? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, complete boxes 19-22)		19. Different Mailing Address (PO Box)		20. City
				21. State
				22. Zip
<b>Ethnicity/Race</b>				
This information is required by the Federal Government and is used for data analysis and reporting purposes only. <b>If you chose not to respond, North Lake School District is required to report this information based on our observations. Completion of Part A and Part B is required.</b>				
23. <b>Part A: Ethnicity</b> (Choose One) <input type="checkbox"/> <b>Not Hispanic/Latino</b> <input type="checkbox"/> <b>Hispanic/Latino</b> (Having origins in Cuba, Mexico, Puerto Rico, Central and South America or Other Spanish Culture.)				
24. <b>Part B: Race</b> No matter what you selected above, please continue to answer the following by marking <b>one or more boxes</b> to indicate what you consider your race to be.				
<input type="checkbox"/> <b>American Indian or Alaskan Native:</b> Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.				
<input type="checkbox"/> <b>Asian:</b> Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.				
<input type="checkbox"/> <b>Black or African American:</b> Having Origins in any of the black racial groups of Africa.				
<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander:</b> Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.				
<input type="checkbox"/> <b>White:</b> Having origins in any of the original peoples of Europe, the Middle East, or North Africa.				
<b>Home Language Survey</b>				
25. Did your child first learn to speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does your child currently understand and is consistently exposed to another Language? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to <b>ANY</b> of the above questions, indicate language _____				
If yes to any of the above questions, your child's English proficiency will be assessed. English language services will only be provided if student is eligible.				
<b>Previous School Information</b>				
26. Previous School District Attended		27. Previous School Attended		28. Previous School Address
				29. Dates Attended From                      To
<b>Siblings</b>				
Please include Pre-School Age (Birth – 4 Years) and School Age (Grades K-12). This page may be copied to add additional siblings.				
30. Sibling Last Name		31. First Name		32. Age
				33. Grade
				34. Sibling Last Name
				35. First Name
				36. Age
				37. Grade
38. Sibling Last Name		39. First Name		40. Age
				41. Grade
				42. Sibling Last Name
				43. First Name
				44. Age
				45. Grade
46. Sibling Last Name		47. First Name		48. Age
				49. Grade
				50. Sibling Last Name
				51. First Name
				52. Age
				53. Grade

**Parent/Guardian 1 REQUIRED**

Please provide information on all parents, including parents who do not live with the student. (This page may be copied to add additional parents). It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

54. Are there any current legal restrictions or restraining orders pertaining to this student?  Yes  No  
 If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

55. Relationship to Student		56. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		57. Last Name		58. First Name	
59. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd		60. Same Address As Student Yes <input type="checkbox"/> No <input type="checkbox"/> If no complete boxes 67-70		61. Lives with Student Yes <input type="checkbox"/> No <input type="checkbox"/>		62. Check all that apply <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To	
63. Primary Language Spoken		64. Interpreter Needed for Educational Conferences Yes <input type="checkbox"/> No <input type="checkbox"/>		65. Email Address		66. Willing to Volunteer Yes <input type="checkbox"/> No <input type="checkbox"/>	
67. Correspondence Address (if different from Student )				68. City		69. State	70. Zip
71. Employer		72. Job Title		73. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
74. Education Level		75. Biological Parent <input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate One Phone Type as Your Primary Phone Number (boxes 76-77)			
76. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ( )		77. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ( )		78. Work <input type="checkbox"/> Contact Phone ( )		79. Other ( )	

**Parent/Guardian 2 REQUIRED**

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents). It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

80. Are there any current legal restrictions or restraining orders pertaining to this student?  Yes  No  
 If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

81. Relationship to Student		82. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		83. Last Name		84. First Name	
85. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd		86. Same Address As Student Yes <input type="checkbox"/> No <input type="checkbox"/> If no complete boxes 94-97		87. Lives with Student Yes <input type="checkbox"/> No <input type="checkbox"/>		88. Check all that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To	
89. Primary Language Spoken		90. Interpreter Needed for Educational Conferences Yes <input type="checkbox"/> No <input type="checkbox"/>		91. Email Address		92. Willing to Volunteer Yes <input type="checkbox"/> No <input type="checkbox"/>	
93. Correspondence Address (if different from Student )				94. City		95. State	96. Zip
97. Employer		98. Job Title		99. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
100. Education Level		101. Biological Parent <input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate One Phone Type as Your Primary Phone Number (boxes 102-103)			
102. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ( )		103. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ( )		104. Work <input type="checkbox"/> Contact Phone ( )		105. Other ( )	

**Other Household Adult Information**

Please provide information on Non-Parent/Guardian adults who live in the same household as the student.

106. Adult Name		107. Phone Number		108. Release To Yes <input type="checkbox"/> No <input type="checkbox"/>	
109. Adult Name		110. Phone Number		111. Release To Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Additional and Emergency Contacts**

In an emergency, parents/guardians will be called first. Emergency contacts will be called in the order indicated. **It is assumed that any person listed as an emergency contact also has permission to transport your student in the event of an emergency.** Check **Release To** if you are granting permission for your contact to pick up your child on a regular basis.

1.	112. Contact Last Name	113. First Name	114. Relationship To Student	115. Release To <input type="checkbox"/>	116. City, State
	117. Primary Language Spoken		118. Home Phone Number ( )	119. Work Number ( )	120. Cell Number ( )
2.	121. Contact Last Name	122. First Name	123. Relationship To Student	124. Release To <input type="checkbox"/>	125. City, State
	126. Primary Language Spoken		127. Home Phone Number ( )	128. Cell Number ( )	
3.	129. Contact Last Name	130. First Name	131. Relationship To Student	132. Release To <input type="checkbox"/>	133. City, State
	134. Primary Language Spoken		135. Home Phone Number ( )	136. Work Number ( )	137. Cell Number ( )
4.	138. Contact Last Name	139. First Name	140. Relationship To Student	141. Release To <input type="checkbox"/>	142. City, State
	143. Primary Language Spoken		144. Home Phone Number ( )	145. Work Number ( )	146. Cell Number ( )

**Medical Information**

147. Does your student have Health/ Accident Insurance? Yes  No

If No, North Lake School District offers low cost Accident and Health Insurance options. Please see District Accident and Health Insurance information in the back-to-school packet or contact the school at (541)-576-2121

148. Physician Name	149. Telephone Number ( )	150. Health Insurance Provider and Policy number
151. Dentist Name	152. Telephone Number ( )	153. Dental Insurance Provider and Policy number if different from health insurance

**Medical Concerns or Allergies**

See office staff if student requires medication at school. The school office may contact you to obtain more information regarding your child's medical condition.

154. Does your student have any health concerns? Yes  No

155. Condition	156. Symptom(s)	157. Required Treatment/ Medication(s)	158. Life Threatening Yes <input type="checkbox"/> No <input type="checkbox"/>
159. Condition	160. Symptom(s)	161. Required Treatment/ Medication(s)	162. Life Threatening Yes <input type="checkbox"/> No <input type="checkbox"/>
163. Date of last vision screen / eye exam		164. Date of last dental screening	
165. Additional medical information:			

**Emergency Closure Plan**

Please indicate what the student should do in case of emergency or early school closure. **Choose Only One Option**

165. Pickup by Parent/Friend/Neighbor/Relative <input type="checkbox"/> Name and phone #	166. School Bus To Home/Neighbor/Friend <input type="checkbox"/> Name and phone #	167. Drive Home/ Drive siblings if needed <input type="checkbox"/>
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**Bus Information**

168. Does the Student Ride the Bus? Yes  No

169. Please give directions and/or draw a map below to assist the transportation director in setting up a bus route to the stop nearest you.

**Transportation Changes**

State law does not allow us to make bus changes without written permission from a parent or guardian. To assist parents when notes are forgotten at home, we offer to take bus notes by fax at 541-576-2705 or email at [busnotes@nlake.k12.or.us](mailto:busnotes@nlake.k12.or.us)

**If you are unable to provide permission in any of these ways, please arrange for someone to pick up your child at their regular stop.**

**Family Messenger/ Courier**

Applies if more than one family member attends same school.

170. Should this student be identified as the "Family Messenger/Courier" to carry school information packets home? Yes  No

**Printed Materials**

171. Send printed materials in language spoken at home (if available)? Yes  No

**Student Drivers (High School Only)**

172. Will Student be driving to school? Yes  No  A copy of students drivers license is required

**Student Vehicle Information (High School Drivers Only)**

173. Year	174. Make	175. Model	176. Color	177. License Number	178. Parking Permit Number (Office Use Only)

**Student Vehicle Registration and Proof of Insurance (High School Drivers Only)**

179. Registered to: \_\_\_\_\_ 180. Proof of Insurance Yes  No  Expiration Date: \_\_\_\_\_

**Student/Parent Permission Information:**

\* FERPA allows the district to provide directory information upon request without the prior permission of parents or students. **If you do not want directory information published, you must submit an annual written request to the school office within 15 days of starting school.**

The district utilizes Google Apps for Education. Parents must submit a Digital Resources Permission form in order for their student to receive access to their \*education account. You may revoke permission for use of digital resources at any time. The Digital Resources forms can be found at <http://www.nlake.k12.or.us/technology>

**Medical Emergency Transport**

Every student has the right to be transported in case of a medical emergency. **If you do not wish the school to call for the transport of your child in case of a medical emergency, you must inform the school office annually, in writing within 15 days of starting school.**

**Military/College Recruitment (High School Use Only)**

181. The 'No Child Left Behind' Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "OPT OUT". In order to do so, you must check next to one or both of the following categories:  
 No Military Recruiters                       No College Recruiters

**Signature of Parent/Guardian:**

Notify the School Office if the information on any of these pages changes.

Signature of Parent/Guardian: _____	Date: _____
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