



MOLALLA RIVER SCHOOL DISTRICT REGISTRATION INFORMATION



OFFICIAL USE		CHECK IF: <input type="checkbox"/> New to this school district <input type="checkbox"/> Address has changed since last year <input type="checkbox"/> Phone has changed			
Current Grade	Teacher/Team	Last School Attended		Current Grade	
Date Registered	DOB Verification	Last School Address		City	State
Immunizations		Has the student EVER received any of the following additional services?			
Date Enrolled	Bus #	<input type="checkbox"/> TAG <input type="checkbox"/> IEP <input type="checkbox"/> Title IA <input type="checkbox"/> Alternative School/Program <input type="checkbox"/> ESL/Bilingual Classes <input type="checkbox"/> 504 <input type="checkbox"/> Other _____			
Proof of Address					

STUDENT INFORMATION

Student's Legal Last Name		Legal First Name		Middle Name	
Home Phone	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth ____/____/____	Birth State	Birth Country	If born outside US, date of arrival to U.S. ____/____/____
Mailing address, city, zip code		Street address, city, zip code (if different)		Preferred Name (if different)	

Complete both Section 1 and Section 2:

1) Ethnicity: Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Race: (mark all categories that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <i>Federal regulations require this information. If race fields are left blank, school staff must select for you.</i>	Office Use Only OID <input type="checkbox"/>
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Language (check those that apply):

What is your student's first language: English Spanish Russian Other: _____

What is primary language spoken at home: English Spanish Russian Other: _____

Will you need an interpreter/translator: Yes No Will you require written information in your native language Yes No

Which languages are spoken with your child? 1. _____ (seldom/sometimes/often/always)
 2. _____ (seldom/sometimes/often/always)

Which languages does your child use? 1. _____ (seldom/sometimes/often/always)
 2. _____ (seldom/sometimes/often/always)
 3. _____ (seldom/sometimes/often/always)

Have you or a member of your family worked or sought work in agriculture, nurseries, forestry, or fishing in the past three years? Yes No

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1 Legal Custody <input type="checkbox"/>				Please circle whom student lives with:	
Last Name	First Name	M.I.		Both Parents	
Relationship to Student				Father	Name:
Street Address (if different than student)		City	State	Zip Code	Mother
Phone #1		Phone #2	Email		Guardian
Work Phone		Place of Employment		Stepfather	Name:
Are there any legal custody issues regarding this student? <input type="checkbox"/> Yes <input type="checkbox"/> No				Stepmother	Name:
If so, is this person allowed contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No				Relative	Name:
(IF NO, A COURT ORDER IS REQUIRED TO BE ON FILE WITH THE SCHOOL)				Grandfather	Name:
PARENT/GUARDIAN #2 Legal Custody <input type="checkbox"/>				Grandmother	Name:
Last Name	First Name	M.I.		*Other	Name:
Relationship to Student				* Please specify or comments:	
Street Address (if different than student)		City	State	Zip Code	
Phone #1		Phone #2	Email		
Work Phone		Place of Employment			

Continue registration information on reverse side of this form ➔

SIBLING(S) INFORMATION

1. Sibling Name (if living at home)	School	Grade	3. Sibling Name (if living at home)	School	Grade
2. Sibling Name (if living at home)	School	Grade	4. Sibling Name (if living at home)	School	Grade

EMERGENCY CONTACT INFORMATION – NOT A PARENT/GUARDIAN

Call First (after parent/guardian)			Call Second		
Last Name	First Name		Last Name	First Name	
Relationship	Home Phone		Relationship	Home Phone	
Language Used (if other than English) <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other			Language Used (if other than English) <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other		
Call Third			Call Fourth		
Last Name	First Name		Last Name	First Name	
Relationship	Home Phone		Relationship	Home Phone	
Language Used (if other than English) <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other			Language Used (if other than English) <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other		

CHILDCARE INFORMATION

Goes to Childcare <input type="checkbox"/> Before school <input type="checkbox"/> After school	Sitter name	Address	Phone	Days at sitter <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Childcare provider may pick up child <input type="checkbox"/> Yes <input type="checkbox"/> No		Notes		

STUDENT MEDICAL INFORMATION

Doctor name	Doctor Phone
Allergies or Health Conditions	Life Threatening <input type="checkbox"/>
Allergies or Health Conditions	Life Threatening <input type="checkbox"/>
I, the parent/guardian, give permission to the school to transport my child to a medical facility in case of emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMISSIONS AND AUTHORIZATIONS

My student's use of the Internet is subject to the Acceptable Use of the Internet, IIBGA-AR, which is published annually in the <i>Students' Rights & Responsibilities Handbook</i> provided to all Molalla River School District students. My child has permission to use the internet under these guidelines. <input type="checkbox"/> Yes <input type="checkbox"/> No	*Directory information is the student name, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, degrees and awards received, the most recent school attended and student picture or likeness. I DO NOT want personally identifiable information** about my child used in: <input type="checkbox"/> TV/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Student Directory <input type="checkbox"/> Web Site <input type="checkbox"/> Yearbook **Board Policy JOA, JOB	HIGH SCHOOL ONLY: I DO NOT want my child's name, address, phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College/University Recruiters The No Child Left Behind Act of 2001 requires districts to provide upon request the names, addresses and phone numbers of juniors and seniors to military recruiters and colleges or universities. If you do not want the school district to provide information about your student to either the military or colleges or universities, you have the opportunity to 'opt out'. In order to do so, you must check next to one or both of the categories (Military/College/Universities) above.
In case of serious illness, accident or other emergency involving the student, the school will send the student to the preferred hospital specified above. If no hospital specified, then to the nearest hospital.		

Parent Signature	Print Name	Date
Parent Signature	Print Name	Date