



PHILOMATH PUBLIC SCHOOLS - REGISTRATION FORM

Form will contain changes from previous year? Y N Date _____ Entering Grade: _____

Has the student been in the district before? Y N If yes, last school attended? _____

STUDENT INFORMATION:

Last *First* *Middle* *Listed*____ *Unlisted*____

• Student's Legal Name: _____ • Home Phone: _____

• Household Street Address: _____ • Primary Cell Phone: _____

• City _____ • Zip _____ • County of Residence: _____

• Mailing Address (if different than above) _____ • Mailing City/Zip: _____

• Resident School District (if not Philomath 17J): _____ • Gender: M F • Date of Birth: _____

• Birthplace: (City, State) _____ • Country of Birth _____

• Ethnicity: Is the student Hispanic/Latino? Y N (person of Cuban, Mexican, Puerto Rican, South or Central American or Spanish culture/origin)

• Race (check one or more that apply): American Indian- Asian Black- Native Hawaiian or White
 Alaska Native African American other Pacific Islander

PARENT OR LEGAL GUARDIAN: Authorized to sign for and make decisions related to child

1. Mother	Father	Step Parent	Legal Guardian	2. Mother	Father	Step Parent	Legal Guardian
First Name _____	Last Name _____			First Name _____	Last Name _____		
Place of employment _____				Place of employment _____			
#1 Contact phone _____				#1 Contact Phone _____			
#2 Contact phone _____				#2 Contact Phone _____			
Email (print clearly) _____				Email (print clearly) _____			
Signature _____				Signature _____			
YES NO Adult lives in the household				YES NO Adult lives in the household			

Mailing address for Parent/Guardian living outside the household

Name _____ Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACTS OTHER THAN PARENT OR GUARDIAN

The following information is needed so that we can react to the many and varied situations which occur during a school year. There are times when we are unable to contact you and must call on an Emergency Contact person to whom you have given the authority to: 1) Authorize the school to release your student in the event we are unable to reach you, and/or 2) direct us in the handling of an emergency involving your child.
***List up to four contacts in preferred calling order, including the relationship to the student.**

Print Name: _____ Daytime Phone: _____ Relation _____

Print Name: _____ Daytime Phone: _____ Relation _____

Print Name: _____ Daytime Phone: _____ Relation _____

Print Name: _____ Daytime Phone: _____ Relation _____

PLEASE NOTE:
 During a medical emergency, if no contact can be made to parents or to the numbers listed above, the school may seek help from physicians, **EMT's**, and/or an ambulance service.

SIBLINGS: Please list all brothers and sisters attending District Schools

Name _____ School _____ Name _____ School _____

Name _____ School _____ Name _____ School _____

Name _____ School _____ Name _____ School _____

Student Last Name: _____

TRANSPORTATION:

- Is your child eligible to ride a bus? Yes / Bus # _____ Route Information at : www.philomath.k12.or.us ~Mid Columbia Bus (541) 929-5474
- If No, how does your child usually get to school: walks parent transports other, describe: _____

SPECIAL PROGRAMS:

- What is the student's first language? English Other. If other, what language? _____
- Has student been receiving any of the following special services? Special Education Title 1 Reading 504 Plan
English as a Second Language Talented & Gifted Other: _____
- Has your family moved in the last 3 years in search of temporary seasonal agricultural work? Yes No

MEDICAL INFORMATION:

Is student covered by:

- MEDICAL Insurance? Yes No • VISION Insurance? Yes No • DENTAL Insurance? Yes No

Medical Issues: Please indicate (X) if your student has any of the following health conditions. A medical history-information sheet requesting additional information will be required for checked conditions that have an *

- *Asthma / inhaler *Other Ongoing Health Condition Vision • Does the student require glasses? Yes No
- *Daily medications *Seizures Hearing Speech
- *Diabetes *Severe Allergies (resulting in anaphylactic reaction-specify allergy) _____

Does the student need help / special accommodations at school for health reasons? Yes No

PERMISSION GRANTED:

The school will release the following types of information which are considered to be directory information: student name, parent names, address, and phone number; photograph or video tape participation in officially recognized sports and activities; dates of attendance; degrees or awards received; and most recent previous school or program attended. A parent or eligible student who wishes to deny the release of any of these items must submit their objection to the principal by indicating below:

I give my permission:

- Yes No: for my child to participate in school organized and supervised field trips within walking distance of school.
- Yes No: to use my child's photograph in yearbook, district newsletter, newspaper articles, videos and school district web page in regards to participation in school activities.
- Yes No:(Grades K-5) to use my child's name/address/phone number in a school-wide directory that will be made available to students/parents.
- Yes No:(Grades 9-12) to provide my student's directory information to institutes of higher learning.
- Yes No:for my child to view PG rated films (K-5th), & PG-13 (6-12th) previewed for appropriateness by staff and administration.
- Yes No:for my child to see the District Health Nurse for illness, injury or routine health screening.

NOTICE - Student Records Review: Parents and eligible students are entitled to inspect and review the student's education records and request amendments to ensure the accuracy of the records with regard to applicable state and federal laws and administrative rules. District Policy 'JO' and 'JO-AR' (addressing student education records) are available on the district website ~ www.philomath.k12.or.us (Board; Policies).

The above marked, written and checked information has been answered to the best of my ability. I understand that it is a federal offense to answer untruthfully any portion of this registration sheet.

Parent/Guardian Signature

Date

Please print and **sign the front and back** of this form before turning in to the school. Form may be saved for future use.