

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.