



Entry Date: _____ Entering Grade: _____ Birthdate: _____ Male: ___ Female: ___

Legal Last Name

Legal First Name

Middle

Student's Preferred Name:

Ethnicity: ___ Hispanic
 ___ Non-Hispanic

Race: ___ White ___ Asian ___ Hawaiian or Pacific Islander
 ___ Black or African American
 ___ American Indian/Alaskan Native/Hispanic/Latino

Student's Home Address: _____

Student's Mailing Address: _____

Student's Home Phone: _____ Student's Cell: _____

(Note: student's home phone will be used for attendance notifications)

Students City of Birth: _____ Country of Birth: _____

1. What language(s) does your child **hear or use** regularly in your household? (e.g., spoken, media, music, literature, etc.)

Hear?	Use? (e.g., ASL)

2. Describe the language(s) your child **understands**.

- ☐ No English
 ☐ Mostly another language and a little English
 ☐ English and another language equally
☐ Mostly English and a little of another language
 ☐ Tribal or Native language
 ☐ Only English

3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Father/Guardian: _____ Mother/Guardian: _____

Other Adults in the home: _____ Child-care providers: _____

4. What language(s) did your **child speak/express** from 0-4 years of age? _____

5. What language(s) does your **child CURRENTLY** speak/express most frequently outside of school?

6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.)

7. Is there anything else you think the school should know about your child's language use?

8. In what language(s) do you want to receive information from the school, if available?

Father/Guardian: Oral _____ Written _____ American Sign Language _____

Mother/Guardian: Oral _____ Written _____ American Sign Language _____

School Name: Phone: Fax:

Address: _____

Is this student currently expelled from previous school? _____ yes _____ no

Guardian Information #1 (use legal name)

_____ Legal First Name	_____ Legal Last Name
_____ Address (if different than student's)	_____ City, State, Zip

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

Email: _____ Employer: _____

Relationship to Student: _____ Does student live with this guardian? ____ yes ____ no

Guardian Information #2 (use legal name)

_____ Legal First Name	_____ Legal Last Name
_____ Address (if different than student's)	_____ City, State, Zip

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

Email: _____ Employer: _____

Relationship to Student: _____ Does student live with this guardian? ____ yes ____ no

Guardian Information #3 (use legal name)

_____ Legal First Name	_____ Legal Last Name
_____ Address (if different than student's)	_____ City, State, Zip

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

Email: _____ Employer: _____

Relationship to Student: _____ Does student live with this guardian? ____ yes ____ no

Guardian Information #4 (use legal name)

_____ Legal First Name	_____ Legal Last Name
_____ Address (if different than student's)	_____ City, State, Zip

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

Email: _____ Employer: _____

Relationship to Student: _____ Does student live with this guardian? ____ yes ____ no

Oregon law requires that educational records be shared with non-custodial guardians upon their request unless the school is presented with a court order to the contrary. Restraining orders will also require a copy of the court order in the student's cumulative file.

Emergency Contacts (use legal first and last names)

List only those authorized to pick up student(s) when guardian cannot be reached. Local contacts are preferred.

_____ Name	_____ Relationship to Student	_____ Phone
_____ Name	_____ Relationship to Student	_____ Phone
_____ Name	_____ Relationship to Student	_____ Phone
_____ Name <i>Services contacts, if applicable</i>	_____ Relationship to Student	_____ Phone
_____ Caseworker	_____ Supervisor	_____ Phone
_____ Parole Officer	_____ Supervisor	_____ Phone

Siblings

List all school age brothers, sisters, step and half-brothers and sisters of this student

_____ Student Name	_____ Relationship to Student	_____ School Enrolled
_____ Student Name	_____ Relationship to Student	_____ School Enrolled
_____ Student Name	_____ Relationship to Student	_____ School Enrolled
_____ Student Name	_____ Relationship to Student	_____ School Enrolled

Student Medical Information

Physician's Name: _____ Phone: _____

Insurance Carrier (*optional*): _____

Please Check any current medical conditions:

____ Asthma ____ Heart Disease ____ Seizure Disorder ____ Diabetes ____ Epi-Pen required

____ Allergies (*please list*) _____

Medications to be taken at school (*list medications*). Please complete a medication Administration Record

Are there any other health needs regarding this student of which the school should be aware?

Special Services

Check all that apply

____ IEP/Special Education Plan	____ Talented and Gifted Program	____ ELL Program
____ 504 Plan	____ Teen Pregnant and Parenting Program	____ Speech Services

McKinney-Vento Title X Homeless Education Program

The Title X McKinney-Vento Act guarantees that students, no matter their living situations, have access to public education. Program resources may include transportation assistance, school supplies, and other services to help ensure success in school.

Please check if applicable

- ☐ staying in a motel, car, RV, or campsite until affordable housing is found
- ☐ sharing housing with another family due to economic hardship
- ☐ moving from place to place without permanent housing
- ☐ living in a shelter

Migrant Education Program Title I-C

The purpose of the Migrant Education Program is to ensure that migrant children fully benefit from the same free public education provided to other children, including support that reduces educational disruption that results from the migrant lifestyle. Free services may include summer school, pre-kindergarten support, accident insurance, and referrals to community resources.

Has your family moved in the last three years? ___yes ___no

Has a person in your family ever worked or planned to work in a migrant occupation? ___yes ___no

Military

Is parent/guardian currently deployed ___yes ___no

Is parent/guardian full-time in the Army, Navy, Air Force, Marine Corps, or Coast Guard? ___yes ___no

Is parent/guardian a student at a service school, while in active military? ___yes ___no

Is parent/guardian a full-time National Guard member? ___yes ___no

Is parent/guardian in Active Duty Reserves (called to active duty for at least 180 consecutive days)? ___yes ___no

Is parent/guardian a Dual Status Military Technician? ___yes ___no

Permissions/Agreements**I give permission and agree for my child:**

- to participate in organized field trips within Dallas School District. ___yes ___no
- to see the district health nurse for illness, injury, or routine health screenings. ___yes ___no
- to use Internet and email within parameters outlined in school policy. ___yes ___no
- to abide by attendance, behavior, and transportation (bus) standards outline ___yes ___no

Family Educational Rights and Privacy Act (FERPA)

Notice of Right to Review Records: Guardians 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.

Notice of Disclosure of Directory Information: FERPA protects the privacy of student records and gives guardian rights to review records. Under FERPA, schools may disclose directory information, but guardians may request the school not disclose this information by making a written request to school.

Copies of the school's policy on student education records and FERPA notifications are available on the Luckiamute Valley Charter Schools website: lvcs.k12.or.us.

By signing this form, I agree that all the information provided is accurate.

Guardian Signature: _____ Date: _____

Guardian Name (print): _____