

HOOD RIVER COUNTY SCHOOL DISTRICT ENROLLMENT FORM

OFFICE ONLY		VERIFIED BY <input type="checkbox"/> BC <input type="checkbox"/> DOC -		ENROLLED	GRAD YR	COHORT YR	COUNSELOR	HOME ROOM	DISTRICT ID
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① STUDENT NAME *Use LEGAL name exactly as shown on birth certificate. Provide a copy of the birth certificate, baptismal, passport or adoption paper.*

FIRST MIDDLE LAST

Providing the student's social security number (SSN) is voluntary. If you provide it, the district will use the SSN for recordkeeping, research, and reporting purposes only. The district will not use the SSN to make any decision directly affecting the student or any other person. The SSN will not be given to the general public. If you choose not to provide the SSN, the student will not be denied any rights. Please read the statement on the back of this form that describes how the SSN will be used. Providing the SSN means that you consent to the use of the student's SSN in the manner described.

BIRTH DATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE	STUDENT SSN (VOLUNTARY)	STUDENT PERSONAL PHONE	PLACE OF BIRTH
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WAS THE STUDENT BORN IN THE US OR PUERTO RICO? ☐ YES ☐ NO IF NO, WHEN DID STUDENT START SCHOOL IN THE US? (DAY / MONTH / YEAR) / /

② HOME	GUARDIAN 1	GUARDIAN 2	GUARDIAN 3	GUARDIAN 4
STUDENT LIVES WITH <i>Check all that apply →</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUARDIAN NAME				
RELATIONSHIP	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER <input type="checkbox"/> OTHER--	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER <input type="checkbox"/> OTHER--	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER <input type="checkbox"/> OTHER--	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> STEP <input type="checkbox"/> FOSTER <input type="checkbox"/> OTHER--
HOME ADDRESS <i>Physical - NOT PO BOX</i>		<input type="checkbox"/> SAME AS GUARDIAN 1		
CITY, STATE, ZIP				
MAILING ADDRESS	<input type="checkbox"/> SAME AS HOME PO BOX #	<input type="checkbox"/> SAME AS HOME <input type="checkbox"/> SAME AS GUARDIAN 1 PO BOX #	<input type="checkbox"/> SAME AS HOME PO BOX #	<input type="checkbox"/> SAME AS HOME PO BOX #
CITY, STATE, ZIP				
E-MAIL - user name				
@ domain name	@	@	@	@
PHONE - PRIMARY				
PHONE - ALTERNATE				
EMPLOYER				
PHONE - WORK				
LANGUAGE AT HOME	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER--	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER--	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER--	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER--
SEND SCHOOL MAILINGS	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	<input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH

IF APPLICABLE, WHO HAS LEGAL CUSTODY? ☐ MOTHER ☐ FATHER ☐ JOINT ☐ OTHER-- PHYSICAL CUSTODY? ☐ MOTHER ☐ FATHER ☐ JOINT ☐ OTHER--

*COPY OF COURT ORDER MAY BE REQUIRED

③ EMERGENCY*In case of illness or emergency and Guardians are not available, the following may be called to pick up student.*

NAME	Relationship	PRIMARY DAY PHONE	ALTERNATE DAY PHONE
1.			
2.			
3.			

④ IDENTITY*Check ALL that apply*

Federal Government Rule:
If no box is checked, Federal reporting regulations require agency staff to assign a code to the student.

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|--|---|
| <input type="checkbox"/> BLACK | <input type="checkbox"/> HISPANIC – ANCESTORS FROM BLACK PEOPLES OF AFRICA |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | <input type="checkbox"/> HISPANIC – ANCESTORS FROM NORTH, CENTRAL OR SOUTH AMERICA |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> HISPANIC – ANCESTORS FROM ASIA, CAMBODIA, VIETNAM, CHINA, INDIA, JAPAN, KOREA, PHILIPPINES |
| <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER | <input type="checkbox"/> HISPANIC – ANCESTORS FROM HAWAII, GUAM, SAMOA OR OTHER PACIFIC ISLANDS |
| <input type="checkbox"/> WHITE | <input type="checkbox"/> HISPANIC – ANCESTORS FROM EUROPE, THE MIDDLE EAST, OR NORTH AFRICA |

⑤ EDUCATION*Complete ENTIRE section*

LAST SCHOOL ATTENDED	CITY	STATE	WITHDRAWAL DATE
<input type="checkbox"/> STUDENT EXPELLED IN LAST 12 MONTHS	<input type="checkbox"/> STUDENT HAS IEP / IFSP	<input type="checkbox"/> STUDENT HAS 504 PLAN	<input type="checkbox"/> FAMILY MOVED INTO AREA TO WORK IN AGRICULTURE
FIRST LANGUAGE LEARNED AS INFANT:	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> SPANISH	<input type="checkbox"/> OTHER—
IF FIRST LANGUAGE WAS NOT ENGLISH, ENTER THE EARLIEST DATE THE STUDENT WAS PLACED IN A PROGRAM TO LEARN ENGLISH → / /			

⑥ FAMILY*List other children currently living in the home with student*

NAME	BIRTHDATE	SCHOOL	NAME	BIRTHDATE	SCHOOL
1.			4.		
2.			5.		
3.			6.		

⑦ HEALTH*Check ALL that apply ☐ None apply*

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|--|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> HEARING AID | <input type="checkbox"/> DIABETES | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SEIZURES |
| ALLERGIES: <input type="checkbox"/> FOOD <input type="checkbox"/> INSECTS <input type="checkbox"/> LATEX <input type="checkbox"/> OTHER— | | | |
| DETAILS— | | | |

⑧ AUTHORIZE*If not Guardian, what is relationship to student?*

SIGNATURE	PRINT NAME	DATE
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Disclosure Statement: OAR 581-021-0250 authorizes districts to ask you to provide your social security number (SSN). The SSN will be used by the district for reporting, research, and recordkeeping. Your SSN will also be provided to the Oregon Department of Education. The Oregon Department of Education gathers information about students and programs to meet state and federal statistical reporting requirements. It also helps districts and the state research, plan, and develop educational programs. This information supports the evaluation of educational programs and student success in the workplace.