



**2019 - 2020  
THREE RIVERS SCHOOL DISTRICT  
STUDENT ENROLLMENT FORM – ELEMENTARY**

**OFFICE USE**

Student No. _____ Gr: _____
Teacher _____
Start Date _____
Proof of Age: <input type="checkbox"/> Medical Card <input type="checkbox"/> Passport
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Record
Bus# _____ AM _____ PM

**STUDENT INFORMATION – PLEASE PRINT LEGIBLY**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_  
 Preferred Last Name \_\_\_\_\_ Preferred First \_\_\_\_\_  
 Legal Middle \_\_\_\_\_ Grade \_\_\_\_\_ Gender: M / F (circle) Birth Date \_\_\_\_\_  
 Is Student Latino or Hispanic?  Yes  No Home Language:  English  Spanish Other \_\_\_\_\_

Please choose one or more race:

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North, Central or South America, including Mexico)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
- Black or African American** (A person having origins in any of the original peoples of the Black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_

**Where is your student's primary nighttime residence?**

- In our single family home/apartment – not sharing housing with another family.
- Living in someone else's home, in transition, or in one of the following: car/travel trailer, campsite/park/unsheltered, motel/hotel, unaccompanied youth (not living with legal parent or guardian), in a family shelter, or other.

Is residence address temporary?  Yes  No

Previous School Attended \_\_\_\_\_ Has student ever attended a Three Rivers School?  Yes  No

Is student currently on an expulsion in another district?  Yes  No

**Academic Information**

Has your child been identified as eligible for any of the programs listed below?

- ELL (English Language Learners)  Special Ed/IEP  Speech  504 Plan  TAG (Talented & Gifted)  Migrant Education: OMSIS# \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Please supply a copy of any court order and if possible, a picture of the non-custodial parent. In order to restrict a non-custodial parent's access to the child and/or the child's records, the school must have a current copy of a legal custody/restraining order stating this.

**For Office Files:**  Copy of court/custody order on file. Dated: \_\_\_\_\_  Restraining order on file. Exp. Date: \_\_\_\_\_

<b>Parent/Guardian Type:</b> <b>(Please Circle)</b>	<b>Father</b>	<b>Mother</b>	<b>Stepfather</b>	<b>Stepmother</b>	<b>Grandfather</b>
	<b>Grandmother</b>	<b>Guardian</b>	<b>Foster Parent</b>	<b>Social Services</b>	<b>Other</b>

Name \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Complete only if different than student's address

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Living With Student  Contact Allowed  Custodial Parent/Guardian  Non-custodial Parent/Guardian Mailings (i.e. Report Card)

<b>Parent/Guardian Type:</b> <b>(Please Circle)</b>	<b>Father</b>	<b>Mother</b>	<b>Stepfather</b>	<b>Stepmother</b>	<b>Grandfather</b>
	<b>Grandmother</b>	<b>Guardian</b>	<b>Foster Parent</b>	<b>Social Services</b>	<b>Other</b>

Name \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Complete only if different than student's address

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Living With Student  Contact Allowed  Custodial Parent/Guardian  Non-custodial Parent/Guardian Mailings (i.e. Report Card)

**SIBLINGS** Please list all brothers, sisters, half & step, CURRENTLY in your household:

Name _____	Relationship _____	Age _____	DOB _____	School _____
Name _____	Relationship _____	Age _____	DOB _____	School _____
Name _____	Relationship _____	Age _____	DOB _____	School _____
Name _____	Relationship _____	Age _____	DOB _____	School _____

**IN CASE OF ACCIDENT/EMERGENCY, AND PARENTS ARE NOT AVAILABLE, WE SHOULD CALL:**

(ONLY people listed below may transport your child home if you cannot be reached.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_  Living With Student

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_  Living With Student

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_  Living With Student

**MEDICAL** NOTE: Medication must be supplied by parent and sent in the ORIGINAL container with the doctor's orders. Parent must also provide a written request to administer the medication.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry Health/Accident Insurance?  Yes  No Insurance Provider's Name \_\_\_\_\_

Bee/Wasp Allergy:  Yes  No Asthma:  Yes  No Food/Drug Allergies \_\_\_\_\_

EpiPen:  Yes  No Inhaler:  Yes  No Medicine/Drugs Taken at School?  Yes  No

Does student have life threatening health concerns?  Yes  No List Health Concerns \_\_\_\_\_

**Emergency Medical:** I hereby give permission for my student to receive emergency medical care, routine health screening, and screening for communicable diseases. Information on this document may be made available to school and health department authorities.

 Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING FOUR ITEMS:**

- 1. Your student has permission to access the Internet at school for instructional purposes:**  Yes  No  
(See District's Acceptable Use Policy)
- 2. Release of Directory Information:** Examples of the release of directory information include, but are not limited to, media publication of honor roll students, winners of academic competitions, and sports articles. Directory information may include, but is not limited to, the student's name, grade level, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended.  
\* **If you do not want directory information released on your child, please notify the school in writing within 10 days of enrollment.**
- 3. By providing an email address, I understand that I may receive communications from the school electronically (i.e. newsletters, flyers, notifications).**
- 4. By signing below, I attest the information here is accurate and complete. I understand false swearing to a public agency is unlawful. (ORS 162.075)**

 Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_