



2021 - 2022
THREE RIVERS SCHOOL DISTRICT
STUDENT ENROLLMENT FORM – MIDDLE & HIGH SCHOOL

OFFICE USE

Student No. _____
Gr: _____ Locker No. _____
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 _____ Student Cell Phone (For High School Only) _____

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: _____

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

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)

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

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 FIVE ITEMS:

- Your student has permission to access the Internet at school for instructional purposes:** Yes No
(See District's Acceptable Use Policy)
- 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.**
- Armed Forces Directory Information Release:** A high school student or the parent of the student may request that the student's name, address, and telephone listing not be released without prior written parental consent.
*** I consent to the release of directory information to armed forces recruiters:** Yes No
- By providing an email address, I understand that I may receive communications from the school electronically (i.e. newsletters, flyers, notifications).**
- 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 _____