

INSTRUCTIONS: This Registration Form is an official record. The questions on this form ask for important information that will help provide services for your child. **This form may be downloaded from the district website (www.lodsdschools.org), completed on your computer and emailed to your school office, or please print in ink.**

ADMISSION REASON	ENTRY DATE	ADMISSION STATUS	FTE	GRADE	GRAD YEAR	COUNSELOR or TEACHER NAME	ENROLLING SCHOOL & NOTES
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SHADED AREA FOR OFFICE USE ONLY

STUDENT INFORMATION								
LEGAL LAST NAME		LEGAL FIRST NAME		MIDDLE NAME(S)		JR/SR, etc.	ENROLLING GRADE	GENDER <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X
CORRESPONDENCE Language		Language Most Used with Friends		PREFERRED LAST NAME		PREFERRED FIRST NAME		
BIRTH DATE (mm/dd/yyyy)		CITY & STATE OF BIRTH		COUNTRY OF BIRTH		STUDENT'S EMAIL ADDRESS		
ETHNIC BACKGROUND: (LOSD is required by law to request this information.)								
1. Ethnicity: Hispanic or Latino Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No (Meaning: Central, Latin or South American; Chicano; Cuban; Dominican; Mexican/Mexican American; Puerto Rican; Spaniard or Other Hispanic/Latino)								
2. Race: CHECK ALL THAT APPLY: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White								
HOME ADDRESS (Street Address & Apartment No.)				CITY		STATE	ZIP CODE	Temporary Living Situation? <input type="checkbox"/> Yes <input type="checkbox"/> No
MAILING ADDRESS IF DIFFERENT				CITY		STATE	ZIP CODE	
COUNTY of Home Address		Proof of Residency Copy of: <input type="checkbox"/> Real Estate or <input type="checkbox"/> Current Utility Bill		School of Residence if not LOSD Resident		If not LOSD Resident, LOSD District Office Approved Paperwork for <input type="checkbox"/> Inter-District Transfer or <input type="checkbox"/> Open Enrollment or <input type="checkbox"/> Tuition		
PREVIOUS SCHOOL DISTRICT Attended		PREVIOUS SCHOOL Attended		DATES ATTENDED		PREVIOUS SCHOOL ADDRESS		PREVIOUS SCHOOL PHONE/FAX
PRIMARY CONTACT Phone # <input type="checkbox"/> HOME or <input type="checkbox"/> PARENT CELL		Is this number UNLISTED <input type="checkbox"/> YES <input type="checkbox"/> NO		Student's CELL PHONE Number				

1. Has student previously attended LOSD Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school(s) and withdrawal Month/Year: _____	
2. Has student ever been referred to ELL/Bilingual Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No Has student ever been enrolled in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy of IEP <input type="checkbox"/> Attached If Yes: Has student ever participated in: <input type="checkbox"/> OT/PT <input type="checkbox"/> Speech Therapy <input type="checkbox"/> 504 <input type="checkbox"/> TAG <input type="checkbox"/> Self-Contained <input type="checkbox"/> Title I <input type="checkbox"/> Bilingual/ELL Program	
3. Is student Foreign Exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is there a Court "Order of Protection" or "Sole Custody Order?" <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy of Order <input type="checkbox"/> Attached	

PARENT/GUARDIAN INFORMATION								
FIRST PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN (DOCUMENTATION REQUIRED) <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____								
Check all that apply <input type="checkbox"/> CONTACT ALLOWED <input type="checkbox"/> HAS CUSTODY <input type="checkbox"/> MAILINGS ALLOWED <input type="checkbox"/> ENROLLING STUDENT <input type="checkbox"/> RELEASE TO <input type="checkbox"/> FINANCIAL RESPONSIBILITY								
LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE		NICK NAME		GENDER <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X
ADDRESS: Lives with student? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, fill address Same as student address? <input type="checkbox"/> YES <input type="checkbox"/> NO in the next box				ADDRESS (If different than student)				
SPEAKS ENGLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, primary language is: _____ Is an interpreter needed: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE OF EMPLOYMENT		OCCUPATION TITLE		
HOME PHONE NO.	WORK PHONE NO.	CELL PHONE NO.	ACTIVE MILITARY/FULL-TIME NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILLING TO VOLUNTEER? <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS: (WILL BE INCLUDED IN LISTSERV FOR ELECTRONIC DISTRIBUTION OF NEWSLETTERS AND EMERGENCY INFORMATION.)			

SECOND PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN (DOCUMENTATION REQUIRED) <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER: _____								
Check all that apply <input type="checkbox"/> CONTACT ALLOWED <input type="checkbox"/> HAS CUSTODY <input type="checkbox"/> MAILINGS ALLOWED <input type="checkbox"/> ENROLLING STUDENT <input type="checkbox"/> RELEASE TO <input type="checkbox"/> FINANCIAL RESPONSIBILITY								
LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE		NICK NAME	GENDER <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	
ADDRESS: Lives with student? <input type="checkbox"/> YES <input type="checkbox"/> NO Same as student address? <input type="checkbox"/> YES <input type="checkbox"/> NO				If NO, fill address in the next box				ADDRESS (If different than student)
SPEAKS ENGLISH: <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, primary language is: _____ Is an interpreter needed: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE OF EMPLOYMENT		OCCUPATION TITLE		
HOME PHONE NO.	WORK PHONE NO.	CELL PHONE NO.	ACTIVE MILITARY/FULL-TIME NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILLING TO VOLUNTEER? <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS:		(WILL BE INCLUDED IN LISTSERV FOR ELECTRONIC DISTRIBUTION OF NEWSLETTERS AND EMERGENCY INFORMATION.)	

EMERGENCY CONTACTS other than parent/guardians—In emergency, parent/guardians above will be called 1st & 2nd unless indicated otherwise below. Attach additional sheet if desired.						
1st EMERGENCY CONTACT FIRST & LAST NAME		RELATIONSHIP	HOME PHONE NO.	WORK PHONE NO.	CELL PHONE NO.	CALL: <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th CAN PICK UP STUDENT AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
2nd EMERGENCY CONTACT FIRST & LAST NAME		RELATIONSHIP	HOME PHONE NO.	WORK PHONE NO.	CELL PHONE NO.	CALL: <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th CAN PICK UP STUDENT AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO

UNSCHEDULED SCHOOL CLOSURES (Grades K–8) — See the district website for information about unscheduled school closures.	
In the event of an unscheduled school closure, I allow the following option(s) for my student in grades K–8 (check all that apply): <input type="checkbox"/> WALK HOME <input type="checkbox"/> PICK UP <input type="checkbox"/> BUS	

MEDICAL INFORMATION—School staff needs to know when your child has a health issue requiring help during the school day. Please advise your school of any changes in information.					
DOCTOR'S NAME		PHONE NO.	PREFERRED HOSPITAL	DENTIST'S NAME	PHONE NO.
MEDICATIONS AT SCHOOL					
PLEASE CHECK ANY CURRENT ON-GOING HEALTH ISSUES: <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Serious Allergies: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other:					LAST PHYSICAL EXAM DATE

SIBLINGS attending LOSD schools — Attach separate sheet with additional siblings if necessary.					
SIBLING'S LAST NAME	FIRST NAME	RELATIONSHIP	AGE	SCHOOL	GRADE
SIBLING'S LAST NAME	FIRST NAME	RELATIONSHIP	AGE	SCHOOL	GRADE

PERMISSIONS/AUTHORIZATIONS					
To enable full academic content and services, your child will be given access to the Internet. The student's use of the Internet is subject to the acceptable use policy, which is in the registration packet and is available online and from your school.		In case of illness, accident, or other emergency involving the student, an Administrator is authorized to send my child to the preferred hospital specified above. <input type="checkbox"/> YES <input type="checkbox"/> NO		I do NOT want my child's name, address and phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College Recruiters	
STUDENT RECORDS Annual Parent Notification for Family Education Rights and Privacy Act. Parent Rights: 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Education concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from the school.		Release of General Information About Student. The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as "directory information" which schools may release for school purposes without parent consent: student's name, address, phone listing, date and place of birth, photograph, illness or accident information as required in health and safety emergencies, 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, the most recent previous school attended, and parent names and contact information for school directories and LOSF. Within 15 days of enrollment, a parent may request, in writing to the school, that directory information not be released while the student is enrolled. This authority must be renewed annually per instructions in the applicable Student Rights and Responsibilities brochure.		Transferring Records—Grades K – 12. Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school. Records Retention: Student records will be retained the minimum time set by the State of Oregon. The District will retain speech pathology and physical therapy records until the student reaches age 21 or five years after last seen, whichever is longer. The District will retain all other special education records for a minimum of five years after the school year in which the records were created. The District may destroy these records after these periods.	
SIGNATURE OF FIRST PARENT/RESPONSIBLE ADULT		DATE	SIGNATURE OF SECOND PARENT/RESPONSIBLE ADULT		DATE

Gender Options on LOSD Registration Form

Lake Oswego School District allows students and parents to identify as male, female, or gender X on the registration form. Gender X is for non-binary people, including intersex and gender-fluid individuals. Please mark the most appropriate gender for your student. Gender X should not be used to mean “no response.”

Beginning with the 2018-19 school year, the Oregon Department of Education requires school districts to offer students the ability to select from these three genders. LOSD embraces these options as part of our equity, diversity, and inclusion work.

LOSD is updating other forms that include a gender designation. If you are given a form by the district office or a Lake Oswego school that has not yet been updated, please contact the district office at 503-534-2000. Thank you.



LAKE OSWEGO SCHOOL DISTRICT
Language Use Survey

The purpose of this survey is to determine if your child’s current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____ Grade Level: _____

School: _____ Date of Birth: _____

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)? hear _____ use (i.e., American Sign Language (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/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
- Only English

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

Parent/Guardian: _____ Parent/Guardian: _____

Other Adults in the Home: _____ Child-care Providers: _____

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

5. 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.).

6. Is there anything else you think the school should know about your child’s language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent/Guardian:

Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ **Date** _____

What is your relationship to the student? _____ (e.g., parent, grandparent, etc.)



LAKE OSWEGO SCHOOL DISTRICT
Recent Arrivers Survey

School _____

Name of Student _____ **Date** _____

What – The Oregon Department of Education is requiring that we collect information to determine the number of “Recent Arrivers” in our school district.

Why – Title III is a Federal grant that provides funding for language instruction for Limited English Proficient and Immigrant Students. Title III will use information about “Recent Arrivers” to help in distributing these funds. Therefore, the Oregon Department of Education is required to provide information about “Recent Arrivers” to the US Department of Education every year.

Who – All students/families must respond to this questionnaire.

Any student born outside of the US or Puerto Rico, including foreign exchange students and students born abroad to military members, must be included in the “Recent Arrivers” count, if they meet all three criteria.

The Questions:

1. Is the student 3 to 21 years of age? _____ Yes _____ No

Student’s date of birth _____

2. Was the student born in the United States or Puerto Rico? _____ Yes _____ No

3. Has the student attended school in the US for less than *three full school years*? _____ Yes _____ No

Date that student first attended school in the US _____

Has the student left US schools at any time since that date? _____ Yes _____ No

If yes, please give dates that the student was not in US schools. _____
