



OFFICE USE ONLY:	ENROLLMENT DATE	GRADE	STUDENT DBN
	ENROLLMENT CODE	BUS NUMBER	SENDING SCHOOL

Instructions: The registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. Please print using a pen and complete all pages.

If student is living in any of the following circumstances, additional services may be available: sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Contact your sending school for further information.

Does the student have a current Individualized Education Plan (IEP)? Yes No Does the student have a section 504 Plan? Yes No

Is your student in a Talented and Gifted (TAG) program? Yes No

Is your student involved with a Caseworker/Probation Officer? Yes No

Name of Caseworker _____ Phone _____

Name of Probation Officer _____ Phone _____

Student Information

Legal Last Name	Legal First Name	Middle Name	Suffix	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
Last Name (Goes By)	Last Name (Goes By)	Birthdate	Age	
Primary Phone Number () <input type="checkbox"/> Home <input type="checkbox"/> Cell	Student Email Address		Student Cell Phone ()	
Home Address	Apartment Number & Complex Name (If Applicable)	City	State	Zip
Is mailing same as home address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Different Mailing Address		City	State Zip

Sending School Information

Sending School District	Counselor	Dates Attended From To
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Ethnicity/Race

This information will be used for equity evaluation, data analysis and reporting purposes only. This information is only for WCA supports.

Part A: Ethnicity (Choose One) Not Hispanic/Latino Hispanic/Latino (Having origins in Cuba, Mexico, Puerto Rico, Central and South America or Other Spanish Culture.)

Part B: Race No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider yourchild's race to be.

- American Indian or Alaskan Native: Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American: Having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Tribal Affiliation

The purpose of this information is to help connect students with our tribal partners. This information is only for WCA supports.

Tribal Affiliation:

Migrant Education Program

The purpose of this information is only for WCA supports.

What are your housing arrangements? (check one)

- Unaccompanied Minor
- Single Family Residence
- Living with another family or with relatives
- Living in a shelter or hotel
- Alternative housing (please explain) _____

Have you or anyone in your household moved to a new town (permanently or temporarily) to find work within the last 3 years? Yes No

Did you find work in agricultural, field work, fishing, forestry, nurseries, mills, farming, canneries, dairies, or meat processing plants? Yes No

Have you or a relative ever qualified for the Migrant Education Program? Yes No

Students with Interrupted Formal Education

The purpose of this information is to determine if your child has experienced interruptions in their formal education that might make them eligible for additional services.

When did your child start attending school? _____ In which country? _____

Was your child in school **continuously** since they started? Yes No If NO, what was the last grade completed? _____

Did your child attend other schools in the U.S.? (List) _____

Is there anything else you think the school should know about your child's education? (i.e. received instruction in refugee camp, did not attend school due to teacher strikes or safety issues, etc.) _____



Student Last & First Name	Grade	Student DBN-Office Use Only
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Parent/Guardian Information			
<p>Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.</p>			
<p>Are there any current legal restrictions or restraining orders pertaining to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.</p>			
Relationship to Student	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	Last Name	First Name
Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	Same Address as Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete address below	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Documentation Required If Any of These Boxes Are Not Checked <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release To
Primary Language Spoken	Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address	Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Address (if different from Student)		City	State Zip
Employer	Job Title	Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Flag: G23	
Education Level	Parent Square Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate One Phone Type as Your Primary Phone Number	
Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	Cellphone <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	Work <input type="checkbox"/> Contact Phone ()	Pager ()

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Primary Language Spoken	Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address	Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Job Title	Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Flag: G23	
Education Level	Parent Square Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate One Phone Type as Your Primary Phone Number	
Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	Work <input type="checkbox"/> Contact Phone ()	Pager ()



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Additional and Emergency Contacts

In an emergency, parents/guardians will be called first. Emergency contacts will be called in the order indicated. It is assumed that any person listed as an emergency contact also has permission to transport your student **in the event of an emergency**.
Check **Release To** if you are granting permission for your contact to pick up your child on a daily basis, such as a Nanny, or after school provider.

1	Contact Last Name	First Name	Relationship To Student (Indicate If Before Or AfterSchool Care)	Release To <input type="checkbox"/>	City, State
Primary Language Spoken		Home Phone Number ()	Work Number ()	Cell Number ()	
2	Contact Last Name	First Name	Relationship To Student (Indicate If Before Or AfterSchool Care)	Release To <input type="checkbox"/>	City, State
Primary Language Spoken		Home Phone Number ()	Work Number ()	Cell Number ()	
3	Contact Last Name	First Name	Relationship To Student (Indicate If Before Or AfterSchool Care)	Release To <input type="checkbox"/>	City, State
Primary Language Spoken		Home Phone Number ()	Work Number ()	Cell Number ()	

Medical Information

Does your student have Health/ Accident Insurance? Yes No

Physician Name	Telephone Number ()	Health Insurance Company
Dentist Name	Telephone Number ()	Health Insurance Policy #

Medical Concerns

Contact office staff if student requires medication at school. The school will not dispense medications to students without parental permission.

Condition or Allergies	Symptom(s) or Reaction(s)	Required Treatment/ Medication(s)	Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No
Condition or Allergies	Symptom(s) or Reaction(s)	Required Treatment/ Medication(s)	Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No

Military/College Recruitment (High School Use Only)

The Every Student Succeeds Act (ESSA) requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to **“OPT OUT”**. In order to do so, you must check next to one or both of the following categories:

No Military Recruiters No College Recruiters



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Student/Parent Permission Information:

WCA Photo Release

We love to showcase and celebrate our students in various ways through stories, photos, and videos. If you do not want Willamette Career Academy to disclose directory information or include your student in photos and videos, you must notify the office in writing within the first two weeks each year. If you have any questions about your rights under the Family Educational Rights and Privacy Act (FERPA), please visit ed.gov.

Parent/Guardian Permission for School Trip

I hereby give permission for my student to make any and all of the field trips included in the planned program of the school, within the school day. Transportation may be provided at the discretion of WCA in such form as approved

YES NO

Google Apps for Education Permission (P30) (required for WCA)

The district utilizes Google Apps for Education. Sending schools and WCA will provide students with Google Apps for Education. Apps for Education includes free, web-based programs providing word processing, spreadsheet, presentation, conferencing, calendaring, email, and the collaboration tools for Oregon students and teachers. This service is available through an agreement between Google and the State of Oregon. Apps for Education runs on an Internet domain purchased and owned by the district intended for educational use only. I give permission for my child to use Oregon K-12 Apps for Education.

YES NO

In Case of Emergency

In the event of an emergency, I, the undersigned parent/guardian do hereby authorize the district to obtain any medical care or hospitalization of my child, as they believe necessary for the welfare of my child. I do further authorize any medical doctor or hospital to provide any treatment believed necessary for immediate care of my child. I, the undersigned agree to pay for such medical treatment and shall hold WESD harmless from any liability, claims, judgements, and costs incurred as a result of any such medical treatment or hospitalization. Every reasonable effort will be made to reach the parent/guardian(s) as soon as possible.

Signature of Parent/Guardian:

By signing this form, I agree that all the information is true. If it is determined that the address, I have provided is false, I acknowledge that my student may be returned to their district school.

Notify the School Office if the information on any of these pages changes.

Signature of Parent/Guardian:	Date:
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DISCLOSURE INFORMATION (Non-custodial parents)

ORS 107.154 provides that unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the right to inspect and receive school records, and to consult with staff concerning the child's welfare and education to the same extent as the custodial parent. This statute requires that education records pertaining to the student will be shared with non-custodial parents upon their request unless the school is presented with a court order to the contrary. IF YOU WANT TO RESTRICT THE VISITING AND RECORDS ACCESS RIGHTS OF THE NON-CUSTODIAL PARENT, YOU MUST PROVIDE THE SCHOOL WITH A VALID COURT ORDER DENYING SUCH RIGHT

