

CANBY SCHOOL DISTRICT REGISTRATION INFORMATION

OFFICIAL USE		CHECK IF: <input type="checkbox"/> New to this school district <input type="checkbox"/> Address has changed since last year <input type="checkbox"/> Phone has changed			
Current Grade	Teacher/Team	Last School Attended			Current Grade
Date Registered	DOB Verification	Last School Address		City	State Zip
Immunizations		Has the student received any of the following additional services?			
Date Enrolled	Bus #	<input type="checkbox"/> TAG <input type="checkbox"/> IEP <input type="checkbox"/> Title 1A <input type="checkbox"/> Alternative School/Program <input type="checkbox"/> ESL/Bilingual Classes <input type="checkbox"/> 504 <input type="checkbox"/> Other _____			
Student ID	SSID#				

STUDENT INFORMATION

Student's Legal Last Name			Legal First Name			Middle Name			
Student's Home Phone	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Birth State	Birth Country	If born outside US, date of arrival to U.S.				
_____ - _____ - _____		____ / ____ / ____ (mo/day/year)			____ / ____ / ____ (mo/day/year)				
Student's street address, city, zip code			Mailing address, city, zip code (if different)		Proof of address (if requested)		District Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Complete both Section 1 and Section 2:			2) Race: (mark all categories that apply)					Office Use Only OID <input type="checkbox"/>	
1) Ethnicity: Is this student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <i>Federal regulations require this information. If race fields are left blank, school staff must select for you.</i>						
Language spoken (check those that apply):									
Student	At Home	Correspondence	Interpreter?	Student	At Home	Correspondence	Interpreter?		
English _____	_____	_____	_____	Russian _____	_____	_____	_____		
Spanish _____	_____	_____	_____	Other _____	_____	_____	_____		

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1 Custody <input type="checkbox"/>				Call first in case of emergency <input type="checkbox"/>				Student lives with:	Check if Applies	Legal Guardian	Legal Custodian
Last Name		First Name		M.I.		Both Parents					
Relationship to Student				Willing to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Father					
Street Address (if different than student)			City		State	Zip Code		Mother			
Home Phone Unlisted <input type="checkbox"/>		Cell/Pager #		Email			Guardian				
Work Phone		Place of Employment									
Would you like to receive communications periodically (such as surveys, newsletters, and other related information) from the District through email? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:							Stepfather				
Have you or a member of your family worked or sought work in agriculture, nurseries, forestry, or fishing in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No							Stepmother				
PARENT/GUARDIAN #2 Custody <input type="checkbox"/>				Call second in case of emergency <input type="checkbox"/>				Relative			
Last Name		First Name		M.I.		Grandmother					
Relationship to Student				Willing to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grandfather					
Street Address (if different than student)			City		State	Zip Code		*Other			
Home Phone Unlisted <input type="checkbox"/>		Cell/Pager #		Email			* Please specify or comments:				
Work Phone		Place of Employment									
Would you like to receive communications periodically (such as surveys, newsletters, and other related information) from the District through email? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:											

SIBLING(S) INFORMATION

1. Sibling Name (if living at home)	School	Grade	3. Sibling Name (if living at home)	School	Grade
2. Sibling Name (if living at home)	School	Grade	4. Sibling Name (if living at home)	School	Grade

Continue registration information on reverse side of this form

EMERGENCY CONTACT INFORMATION

Call First (after parent/guardian) – <input type="checkbox"/> May pick up child		Call Second – <input type="checkbox"/> May pick up child	
Last Name	First Name	Last Name	First Name
Relationship	Home Phone Unlisted <input type="checkbox"/>	Relationship	Home Phone Unlisted <input type="checkbox"/>
Language Used (if other than English) <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other		Language Used (if other than English) <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other	
Address City/Zip		Address City/Zip	
Work Phone	Place of Employment	Work Phone	Place of Employment
Cell/Pager #	Comments	Cell/Pager #	Comments

Call Third – <input type="checkbox"/> May pick up child		Call Fourth – <input type="checkbox"/> May pick up child	
Last Name	First Name	Last Name	First Name
Relationship	Home Phone Unlisted <input type="checkbox"/>	Relationship	Home Phone Unlisted <input type="checkbox"/>
Language Used (if other than English) <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other		Language Used (if other than English) <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other	
Address City/Zip		Address City/Zip	
Work Phone	Place of Employment	Work Phone	Place of Employment
Cell/Pager #	Comments	Cell/Pager #	Comments

CHILDCARE INFORMATION

Goes to Childcare <input type="checkbox"/> Before school <input type="checkbox"/> After school	Sitter name	Address	Phone	Days at sitter <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> Childcare provider may pick up child		Notes		

STUDENT MEDICAL INFORMATION

Doctor name	Doctor Phone	Dentist Name	Dentist Phone
Allergies or Health Conditions	Life Threatening <input type="checkbox"/>	I, the parent/guardian, give permission to the school to transport my child to a medical facility in case of emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies or Health Conditions	Life Threatening <input type="checkbox"/>		
List medicines needed at school (medicine(s) dispensed at school require a written request from family doctor)			

PERMISSIONS AND AUTHORIZATIONS

The student's use of the Internet is subject to the Acceptable Use of the Internet, IIBGA-AP, which is published annually in the <i>Students' Rights & Responsibilities Handbook</i> provided to all Canby School District students. In case of serious illness, accident or other emergency involving the student, the school will send the student to the preferred hospital specified above. If no hospital specified, then to the nearest hospital.	*Directory information is the student name, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, degrees and awards received, the most recent school attended and student picture or likeness. I DO NOT want personally identifiable information** about my child used in: <input type="checkbox"/> TV/Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Student Directory <input type="checkbox"/> Web Site <input type="checkbox"/> Yearbook <small>**Board Policy JOA, JOB</small>	HIGH SCHOOL ONLY: I DO NOT want my child's name, address, phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College/University Recruiters The No Child Left Behind Act of 2001 requires districts to provide upon request the names, addresses and phone numbers of juniors and seniors to military recruiters and colleges or universities. If you do not want the school district to provide information about your student to either the military or colleges or universities, you have the opportunity to 'opt out' in order to do so, you must check next to one or both of the categories (Military/College/Universities) above.
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Parent Signature	Date
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