

# NCS D STUDENT REGISTRATION FORM

SHADED AREA FOR OFFICE USE ONLY

STUDENT I.D. NO.

SCHOOL	ADMISSION REASON	ENTRY DATE	GRADE	COUNSELOR (OR TEACHER) NAME
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**STUDENT INFORMATION** - 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.** PLEASE CHECK THE BOX AND NOTIFY OFFICE STAFF.

**INSTRUCTIONS:** The Registration form is an official record. The questions on the form ask for important information that will help provide services for your child. Some of the questions are explained below. If you need further information, please contact your school. **Please print using a ball-point pen, completing both pages.**

## STUDENT INFORMATION

1. LEGAL LAST NAME	2. LEGAL FIRST NAME	3. LEGAL MIDDLE NAME	4. SUFFIX	5. PREFERRED LAST NAME (if different)	6. PREFERRED FIRST NAME	7. BIRTH DATE / /
8. ETHNICITY: HISPANIC/LATINO (Check One): Yes <input type="checkbox"/> No <input type="checkbox"/>		9. RACE (Check at least one, and all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	10. FEDERAL GENDER CODE: <input type="checkbox"/> F <input type="checkbox"/> M
12. HOME ADDRESS (Street Address & Apartment No.)		13. CITY	14. STATE	15. ZIP CODE	16. IS MAILING ADDRESS SAME AS HOME ADDRESS? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, please fill in box Nos. 17-20)	
17. DIFFERENT MAILING ADDRESS		18. CITY	19. STATE	20. ZIP CODE	21. STUDENT HOME PHONE NO. ( )	22. UNLISTED: Yes <input type="checkbox"/> No <input type="checkbox"/>
23. PREVIOUS SCHOOL DISTRICT ATTENDED	24. PREVIOUS SCHOOL ATTENDED	25. PREVIOUS SCHOOL CITY AND/OR STATE			26. STUDENT CELL PHONE NO. ( )	
27. IS THE STUDENT, PARENT, OR A GRANDPARENT A MEMBER OF A U.S. FEDERALLY RECOGNIZED AMERICAN INDIAN TRIBE? Yes <input type="checkbox"/> No <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING) If YES, please fill in the tribal name and tribal number:						

## HOME LANGUAGE SURVEY

28. IS A LANGUAGE OTHER THAN ENGLISH THE STUDENT'S FIRST LANGUAGE OR THE LANGUAGE MOST USED? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following three boxes:		
Student's first language	Language most used by student	Student is or has been in ESL/Bilingual Program? Yes <input type="checkbox"/> No <input type="checkbox"/>
29. HOME COMMUNICATION Language Other Than English for Home Communication (Please List):		Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>

## PARENT/GUARDIAN INFORMATION (In emergency, parent/guardian on Page 1 will be called 1st and 2nd unless otherwise shown in the Emergency Contacts section)

30. FIRST PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		31. CONTACT IN EMERGENCY? Yes <input type="checkbox"/> No <input type="checkbox"/> Contact Order #: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	32. LAST NAME	33. FIRST NAME
34. ADDRESS: Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please fill address Same as student address? Yes <input type="checkbox"/> No <input type="checkbox"/> in box No. 35.		35. DIFFERENT ADDRESS		
36. HOME PHONE NO. ( )	37. CELL PHONE NO. ( )	38. WORK PHONE NO. ( )	39. SPEAKS ENGLISH: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, primary language:	40. EMAIL ADDRESS
41. INTERESTED IN VOLUNTEERING: Yes <input type="checkbox"/> No <input type="checkbox"/>	42. LIVE/WORK ON FEDERAL PROPERTY: Yes <input type="checkbox"/> No <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING)	43. MIGRANT WORKER: Yes <input type="checkbox"/> No <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING)		44. ACTIVE MILITARY: Yes <input type="checkbox"/> No <input type="checkbox"/> (MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL TIME NATIONAL GUARD)
45. SECOND PARENT/RESPONSIBLE ADULT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		46. CONTACT IN EMERGENCY? Yes <input type="checkbox"/> No <input type="checkbox"/> Contact Order #: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	47. LAST NAME	48. FIRST NAME
49. ADDRESS: Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please fill address Same as student address? Yes <input type="checkbox"/> No <input type="checkbox"/> in box No. 50.		50. DIFFERENT ADDRESS		
51. HOME PHONE NO. ( )	52. CELL PHONE NO. ( )	53. WORK PHONE NO. ( )	54. SPEAKS ENGLISH: Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, primary language:	55. EMAIL ADDRESS
56. INTERESTED IN VOLUNTEERING: Yes <input type="checkbox"/> No <input type="checkbox"/>	57. LIVE/WORK ON FEDERAL PROPERTY: Yes <input type="checkbox"/> No <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING)	58. MIGRANT WORKER: Yes <input type="checkbox"/> No <input type="checkbox"/> (ESTABLISHES DISTRICT ELIGIBILITY FOR FEDERAL FUNDING)		59. ACTIVE MILITARY: Yes <input type="checkbox"/> No <input type="checkbox"/> (MEMBER OF THE ARMED FORCES ON ACTIVE DUTY OR FULL TIME NATIONAL GUARD)

**ADDITIONAL EMERGENCY CONTACTS (In emergency, parent/guardians on page 1 will be called 1st and 2nd unless shown otherwise below)**  
Please use separate sheet to list additional emergency contacts.

60. LAST NAME		61. FIRST NAME		62. RELATIONSHIP		63. CALL ORDER <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th		
64. HOME PHONE NO. (   )		65. CELL PHONE NO. (   )		66. WORK PHONE NO. (   )		67. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? Yes <input type="checkbox"/> No <input type="checkbox"/>		
68. LAST NAME		69. FIRST NAME		70. RELATIONSHIP		71. CALL ORDER <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th		
72. HOME PHONE NO. (   )		73. CELL PHONE NO. (   )		74. WORK PHONE NO. (   )		75. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? Yes <input type="checkbox"/> No <input type="checkbox"/>		
76. LAST NAME		77. FIRST NAME		78. RELATIONSHIP		79. CALL ORDER <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th		
80. HOME PHONE NO. (   )		81. CELL PHONE NO. (   )		82. WORK PHONE NO. (   )		83. CAN THIS PERSON PICK UP STUDENT AT SCHOOL? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**MEDICAL INFORMATION** School staff need to know when your child has a current ongoing health condition for which they may require help during the school day.

84. DOCTOR'S NAME		85. PHONE NO. (   )		86. DENTIST'S NAME		87. PHONE NO. (   )	
88. PREFERRED HOSPITAL				89. INSURANCE CARRIER (optional)			
90. PLEASE CHECK ANY CURRENT OR ONGOING CONDITIONS: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease		<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II   Date of Diagnosis:		<input type="checkbox"/> Serious Allergies <input type="checkbox"/> Other:			
91. OTHER SPECIAL HEALTH NEEDS AT SCHOOL			92. MEDICATIONS TAKEN BY STUDENT				

EVERY STUDENT HAS THE RIGHT TO BE TRANSPORTED IN CASE OF A MEDICAL EMERGENCY. EMS (EMERGENCY MEDICAL SERVICES) MAKES THE FINAL DECISION FOR THE SITE OF BEST AVAILABLE CARE WHEN SERIOUS ILLNESS, ACCIDENT, OR OTHER EMERGENCY EVENT REQUIRES YOUR CHILD TO BE TRANSPORTED TO A HOSPITAL. IF POSSIBLE, EMS WILL BE ADVISED OF YOUR HOSPITAL PREFERENCE.

**SIBLINGS (Attending the North Clackamas School District)** Please use separate sheet to list additional siblings.

93. LAST NAME		94. FIRST NAME		95. AGE	96. SCHOOL		97. GRADE
98. LAST NAME		99. FIRST NAME		100. AGE	101. SCHOOL		102. GRADE

**PERMISSIONS / AUTHORIZATIONS**

- STUDENTS ARE PROVIDED INTERNET ACCESS AND EMAIL ACCOUNTS TO SUPPORT CLASSROOM INSTRUCTION. PLEASE REFER TO THE NORTH CLACKAMAS SCHOOL DISTRICT STUDENT AND FAMILY HANDBOOK FOR GUIDELINES FOR STUDENT INTERNET USE. IF YOU DO NOT WANT YOUR STUDENT TO HAVE ACCESS TO THE INTERNET OR EMAIL, PLEASE SUBMIT A WRITTEN REQUEST TO YOUR SCHOOL. THIS REQUEST MUST BE COMPLETED EACH YEAR.
- UNDER FEDERAL LAW AND SCHOOL POLICY, THE SCHOOL DISTRICT MAY RELEASE THE FOLLOWING INFORMATION WITHOUT PRIOR CONSENT: STUDENT NAME, PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS, WEIGHT AND HEIGHT OF MEMBER OF ATHLETIC TEAMS, DEGREES, HONORS AND AWARDS RECEIVED, MAJOR FIELD OF STUDENT, DATES OF ATTENDANCE, AND THE MOST RECENT SCHOOL ATTENDED. IF YOU DO NOT WANT THIS INFORMATION RELEASED, PLEASE SUBMIT A WRITTEN REQUEST TO YOUR SCHOOL. THIS REQUEST MUST BE COMPLETED EACH YEAR.
- STUDENT PHOTOS, VIDEOS, AND STUDENT WORK ARE COMMONLY USED IN YEARBOOKS, NEWSLETTERS, WEBSITES, AND OTHER SCHOOL-RELATED PUBLICATIONS. IF YOU DO NOT WANT YOUR STUDENT'S PHOTO, VIDEO, OR WORK USED OR RELEASED FOR THESE PURPOSES OR FOR NEWS MEDIA, PLEASE SUBMIT A WRITTEN REQUEST TO YOUR SCHOOL. THIS REQUEST MUST BE COMPLETED EACH YEAR.
- THE 'EVERY STUDENT SUCCEEDS ACT OF 2016' 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, PLEASE SUBMIT A WRITTEN REQUEST TO YOUR SCHOOL. THIS REQUEST MUST BE COMPLETED EACH YEAR.
- THE DISTRICT/SCHOOL WILL, AT TIMES, CONTACT YOU VIA YOUR EMAIL, CELL PHONE, WORK PHONE, AND/OR HOME PHONE THROUGH OUR DISTRICT'S AUTODIALING SYSTEM TO NOTIFY YOU OF ATTENDANCE, EVENTS, AND/OR EMERGENCIES. IF YOU DO NOT WANT TO RECEIVE MESSAGES VIA ALL OR SOME OF THESE METHODS, PLEASE CONTACT YOUR SCHOOL TO MAKE A REQUEST.

**PARENT/GUARDIAN/RESPONSIBLE ADULT AUTHORIZATION (REQUIRED)**

**DATE**

X	
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