

Student Enrollment Form

OFFICE USE ONLY:	ENROLLMENT DATE	GRADE	STUDENT ID
	ENROLLMENT CODE	BUS NUMBER	HOMEROOM

Instructions: The enrollment 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 the school for further information.

Has your student ever attended a Beaverton School? ☐ Yes ☐ No ☐ Initial Enrollment ☐ Enrollment Changes Grade: _____
Does the student have a current Individualized Education Plan (IEP)? ☐ Yes ☐ No **Does the student have a section 504 Plan?** ☐ Yes ☐ No

Student Information

1. Legal Last Name	2. Legal First Name	3. Middle Name	4. Suffix	5. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X
6. Last Name (Goes By)	7. Nickname	8. Birthdate	9. Age	10. City of Birth (If In USA)
11. State Of Birth (If In USA)	12. Country Of Birth	13. If country of birth is outside the USA or Puerto Rico, when did the child start attending school in the USA?		
14. Primary Phone Number () <input type="checkbox"/> Home <input type="checkbox"/> Cell	15. Student Email Address		16. Student Cell Phone ()	
17. Home Address	18. Apartment Number & Complex Name (If Applicable)	19. City	20. State	21. Zip
22. Is mailing same as home address? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, complete boxes 23-26)	23. Different Mailing Address	24. City	25. State	26. Zip

Previous School Information

27. Previous School District Attended	28. Previous School Attended	29. Previous School Address	30. Dates Attended From To
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Ethnicity/Race

This information is required by the Federal Government and is used for data analysis and reporting purposes only. If you chose not to respond, Beaverton School District is required to report this information through an observer identification process. **Completion of Part A and Part B is required.**

31. **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.)
32. **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 your child'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.

Indian Education Program (Title VI)

The purpose of this information is to determine if your child is eligible to participate in the Indian Education Program.

33. Students who are enrolled or have an enrolled parent or grandparent in a federally or state recognized Tribe and Alaska Natives are eligible for services provided under the Indian Education Act of 1972. To learn about the program and how to enroll students, visit the Beaverton School District Title VI website.

Tribal Affiliation:

Student Last & First Name	Grade	Student ID-Office Use Only
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Language Use Survey (Title III)

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services. If a language other than English is listed, your child's English proficiency will be assessed. English language services will only be provided if student is eligible.

34. What language(s) does your child **hear or use** regularly in your household (i.e., spoken, media, music, literature, etc.)?

Hear: **Use (i.e., ASL)**

35. Describe the language(s) your child **understands**.

☐

No English

☐

Only English

☐

Mostly another language and a little English

☐

Mostly English and a little of another language

☐

English and another language equally

☐

Tribal/Heritage/Native Language (i.e. languages spoken by AI/AN tribal citizens, Native Hawaiians, and citizens of U.S. Territories)

36. 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:

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

38. Does your child frequently participate in cultural activities that are in a language other than English? ☐ Yes ☐ No

Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once/month, etc.).

39. 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.)?

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 one of the Newcomer Center sites.

40. When did your child start attending school?

In which country?

41. Was your child in school **continuously** since they started?

☐ Yes ☐ No

If NO, what was the last grade completed?

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

43. 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.)

Migrant Education Program (Title IC)

The purpose of this information is to determine if your child is eligible to participate in the Migrant Education Program.

44. Has your family moved within the last three years?

☐ Yes

☐ No

45. Have you or a relative worked in agricultural or fishing industries, in a farm/ranch, cannery, nursery, dairy, packing fruit or vegetables, food processing plant, forestry/logging or any other related activity?

☐ Yes

☐ No

46. Have you or a relative ever qualified for the Migrant Education Program?

☐ Yes

☐ No

Student Last & First Name	Grade	Student ID-Office Use Only
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Parent/Guardian Information			
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.			
Are there any current legal restrictions or restraining orders pertaining to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.			
47. Relationship to Student	48. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input checked="" type="checkbox"/> X	49. Last Name	50. First Name
51. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	52. Same Address as Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no complete boxes 59-62	53. Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	54. 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
55. Primary Language Spoken	56. Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	57. Email Address	58. Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
59. Correspondence Address (if different from Student)		60. City	61. State
63. Employer		64. Job Title	65. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
66. Education Level	67. School Messenger Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate One Phone Type as Your Primary Phone Number (boxes 68-69)	
68. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	69. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	70. Work <input type="checkbox"/> Contact Phone ()	71. Pager ()

Parent/Guardian Information			
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.			
Are there any current legal restrictions or restraining orders pertaining to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.			
72. Relationship to Student	73. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input checked="" type="checkbox"/> X	74. Last Name	75. First Name
76. Contact Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	77. Same Address as Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no complete boxes 85-88	78. Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	79. 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
80. Primary Language Spoken	81. Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	82. Email Address	83. Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
84. Correspondence Address (if different from Student)		85. City	86. State
88. Employer		89. Job Title	90. Are you a member of the Armed Forces, on active duty or full-time National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No
91. Education Level	92. School Messenger Notifications <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate One Phone Type as Your Primary Phone Number (boxes 93-94)	
93. Home <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	94. Cell <input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone ()	95. Work <input type="checkbox"/> Contact Phone ()	96. Pager ()

Student Last & First Name	Grade	Student ID-Office Use Only
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Siblings

Please include Pre-School Age (Birth – 4 Years) and School Age (Grades K-12). This page may be copied to add additional siblings.

97. Last Name	98. First Name	99. Age	100. Birth Date	101. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	102. School Name	103. Circle Program NWRES/ Head Start	104. Grade
105. Last Name	106. First Name	107. Age	108. Birth Date	109. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	110. School Name	111. Circle Program NWRES/ Head Start	112. Grade
113. Last Name	114. First Name	115. Age	116. Birth Date	117. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	118. School Name	119. Circle Program NWRES/ Head Start	120. Grade

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.	121. Contact Last Name	122. First Name	123. Relationship To Student (Indicate If Before Or After School Care)	124. Release To <input type="checkbox"/>	125. City, State
	126. Primary Language Spoken	127. Home Phone Number ()	128. Work Number ()	129. Cell Number ()	
2.	130. Contact Last Name	131. First Name	132. Relationship To Student (Indicate If Before Or After School Care)	133. Release To <input type="checkbox"/>	134. City, State
	135. Primary Language Spoken	136. Home Phone Number ()	137. Work Number ()	138. Cell Number ()	
3.	139. Contact Last Name	140. First Name	141. Relationship To Student (Indicate If Before Or After School Care)	142. Release To <input type="checkbox"/>	143. City, State
	144. Primary Language Spoken	145. Home Phone Number ()	146. Work Number ()	147. Cell Number ()	

Natural Disaster Contact

During the period following a large damaging natural disaster, an out-of-area contact should be selected because there is a higher possibility of being able to telephone outside of the region than across our city or metropolitan area. Therefore, please list an emergency phone contact that is **at least 100 miles away** so that your child could call that telephone number to regain contact with you through this third party. Please do not include international numbers.

148. Last Name	149. First Name	150. Relationship to Student
151. Primary Language Spoken	152. City, State	
153. Home Phone Number ()	154. Work Number ()	155. Cell Number ()

Medical Information

156. Does your student have Health/ Accident Insurance? ☐ Yes ☐ No

If No, Beaverton School District offers low cost Accident and Health Insurance Options. Please see the District Accident and Health Insurance information in the back-to-school packet, contact your school or call (503) 356-4560.

157. Physician Name	158. Telephone Number ()	159. Health Insurance Policy (Middle & High School Use Only)
160. Dentist Name	161. Telephone Number ()	162. Health Insurance Policy (Middle & High School Use Only)

Student Last & First Name	Grade	Student ID-Office Use Only
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Medical Concerns

See office staff if student requires medication at school. A school nurse may contact you to obtain more information regarding your child's medical condition.

163. Condition	164. Symptom(s)	165. Required Treatment/ Medication(s)	166. Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No
167. Condition	168. Symptom(s)	169. Required Treatment/ Medication(s)	170. Life Threatening <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Closure Plan

Please indicate what the student should do in case of emergency or early school closure. **Choose Only One Option**

171. Pick up by Parent/Emergency Contact/Daycare <input type="checkbox"/>	172. School Bus To Home/Neighbor/Daycare <input type="checkbox"/>	173. Walk/Ride Bike/Drive to Home/Neighbor/Daycare <input type="checkbox"/>
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Family Messenger/ Courier

Applies if more than one family member attends same school (**Elementary Only**)

174. Should this student be identified as the "Family Messenger/Courier" to carry school information packets home? <input type="checkbox"/> Yes <input type="checkbox"/> No

Printed Materials

175. Send printed materials in language spoken at home (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Bus Information

176. If eligible for district transportation will the student ride the bus?	A.M. <input type="checkbox"/> Yes <input type="checkbox"/> No	P.M. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student Vehicle Information (High School Only)

177. Year	178. Make	179. Model	180. Color	181. License Number	182. Parking Permit Number (Office Use Only)
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Military/College Recruitment (High School Use Only)

183. 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

Student/Parent Permission Information:

* FERPA allows the district to provide directory information upon request without the prior permission of parents or students. If you do not want the District to disclose directory information, to include photo and video from your child's education records without your prior consent, you must notify the office at your child's school in writing within two (2) weeks of starting school. This notification must be submitted on an annual basis. For a detailed definition of directory information please refer to the Parental Privacy Annual Notification of FERPA Rights, or online at <https://www.beaverton.k12.or.us/departments/information-technology/enrolling-your-child/enrollment-forms> and/or School Board Policy JOA.

* The district utilizes Google Apps for Education. Parents must submit a Digital Resources Permission form in order for their student to receive access to their education account. You may revoke permission for use of digital resources at any time. The Parental Privacy and Digital Resources forms can be found at <https://www.beaverton.k12.or.us/departments/information-technology/enrolling-your-child/enrollment-forms>.

Signature of Parent/Guardian:

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

Signature of Parent/Guardian:	Date:
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Please use the Parent Information Sheet for more detailed information about the fields on the Student Enrollment Form.

Student Information:

Boxes 1-4 Enter the student's legal name information.

Box 5 Oregon recognizes three gender classifications. Check the box for the student's gender (F=female, M=male, X=non-binary).

Box 6 Enter student's last name that the student goes by.

Box 7 Student's Nickname.

Box 8 & 9 Enter the student birthdate and age.

Box 10 & 11 If the student was born in the United States, list the city and state.

Box 12 Enter the country of birth.

Box 13 If the student was born outside of the United States or Puerto Rico, list when the student first started attending school in the United States.

Box 14 Enter the student's primary contact number. Check one of the boxes to indicate if it is a home phone or a cell phone number

Box 15 Enter student's email address. This information is only used for official school communications.

Box 16 Enter student's cell phone. This information is only used for official school communications.

Boxes 17-21 Enter student's home address.

Box 22 Indicate if the mailing address is different from the home address.

Box 23-26 Enter student's mailing address if different from the home address.

Previous School Information

Boxes 27-30 Enter the previous school information the student attended.

Ethnicity and Race

Boxes 31 & 32 Reporting Ethnicity and Race of the student is required by the Federal Government. The information that is collected is used only for data analysis and reporting purposes only. For boxes 27 & 28 the choices are determined by the Department of Education (72 Fed. Reg. 59266 (Oct. 19, 2007)). Choose the Ethnicity and Race that best represents your child.

Tribal Affiliation

Box 33 Enrollment in a Federal or State Recognized Tribe can establish eligibility to participate in the Title VI Indian Education Program, a Federal Grant under the Indian Education Act of 1972. A Title VI Student Eligibility Certification must be completed for every eligible student.

Language Use Survey

Box 34-39 The Language Use Survey is used by the Multilingual Department. This survey is used as part of a process to assess if your child is eligible for English language services.

Students with Interrupted Formal Education

Box 40-43 The purpose of this information is to determine if your child has experienced interruptions in their formal education that might make them eligible for one of the Newcomer Center sites.

Migrant Education Program

Box 44-46 The purpose of this information is to determine if your child is eligible to participate in the Migrant Education Program.

Parent Guardian Information

Boxes 47-96 Enter the parent/guardian information.

Box 51 & 76 Indicate the call order the Parent/Guardian is to be called from the school office staff for, sickness, discipline etc.

Box 53 & 54, 78 & 79 It is assumed that all **parents/legal guardians** listed in this section will have the following boxes checked unless legal documentation stating otherwise is provided:

- **Lives With** (if applicable) - Student lives with Parent/Guardian
- **Contact Allowed** - Parent/Guardian is allowed contact with the student and will be included in school to student communication.
- **Educational Rights** - Parent/ Guardian has rights to access their student's education records and access student information in the Synergy parent portal along with SchoolMessenger.
- **Has Custody** - Parent/Guardian has legal custody of the student and rights to make decisions regarding the student's education.
- **Mailings Allowed** - Parent/Guardian is allowed to receive correspondence such as, student report cards, progress reports, and other school communication
- **Release To** - The school can release the student to the Parent/Guardian
The Release To checkbox is used for situations such as:
 - Emergency Reunification: If there is an emergency, students will only be released to only those you have granted permission.
 - Regular school pickup: Ex: Step-father picks up the student every day after school.

Any **Non-Legal guardians** (step-parents, partners, grandparents, etc.) listed in this section will only have the following boxes checked: Lives With (if applicable) and Contact Allowed.

Educational Rights, Has Custody, Mailings Allowed, and Release To will remain unchecked for non-legal guardians, unless written documentation is provided by the Custodial Parent(s).

Box 55 & 80 List the primary language that is spoken by the parent.

Box 56 & 81 Check Yes or No if the parent will need an interpreter for educational conferences.

Box 57 & 82 The email address listed will be used to send communications through School Messenger, teacher communications, and is used to create the parent portal ParentVUE. If the email address changes, please update it with your school.

Box 59-62 & 84-87 List your mailing address if it is different from the student.

Box 65 & 90 Parents/Guardians who are full time Army, Navy, Air Force, Marine Corps, or Coast Guard, full time National Guard members, Active Duty Reserves, (members of the reserves who have been called to active duty for at least 180 consecutive days). Does not include former service members retired or discharged, part-time National Guard members who are not deployed or members of the reserves who have not been called to duty, members of other uniformed services such as the commissioned corps of the National Oceanic and Atmospheric Administration and Civilian employees of the Department of Defense.

Box 67 & 92 School Messenger is the notification system that the district and the schools use for communications sent to Parents/Guardians, students, and staff. Communications can be sent through text, phone calls and email. Types of communications include, but are not limited to, emergency notifications, closures, attendance calling, school events etc. More information about SchoolMessenger and the app can be found on the district website or contact your school.

Boxes 68-71 & 93-96 List your contact numbers. For Boxes 68 & 69 and 93 & 94 indicate which number is your primary phone number.

Siblings

Boxes 97-120 List all Pre-K and school aged siblings.

Additional and Emergency Contacts

Boxes 121-147 List additional and emergency contacts. These contacts will be contacted if there is an emergency and parents/guardians cannot be reached. It is assumed that any person listed as an emergency contact also has permission to transport your student in the event of an emergency.

Box 124, 133 & 142 Check Release To if you are granting permission for your emergency contact to pick up your child on a daily basis in a **non-emergency situation**. This is used in cases such as a Nanny or after school provider picking up the student after school on a daily basis.

Natural Disaster

Box 148-155 Natural Disaster contact should be a contact that lives at least 100 miles away. This contact is only called during a natural disaster situation.

Medical Information

Box 156-162 List student's Physician, Dental and Insurance information.

Medical Concerns

Box 163-170 List any medical conditions and required treatment for your student. A school nurse may contact you to follow up with you to for more information.

Emergency Closure

Box 171-173 In the case of emergency closure or an early school closure choose how your student is to leave the school premises. **Choose only one option.**

Family Messenger/Courier

Box 174 If there is more than one sibling at the school, indicate which sibling will carry home school information packets (**Elementary use only**).

Printed Materials

Box 175 If printed information packets are available in the parent's primary language, other than English, indicate if the school should send the materials home in that language.

Bus Information

Box 176 Indicate if the student will ride the bus in the morning and afternoon.

Student Vehicle Information (High School use only)

Box 177-182 If the student will drive their own vehicle to school it will need to be registered with the school and display a parking permit.

Military and College Recruitment

Box 183 Check the boxes if you wish to **opt out** of the military, and/or college/university recruitment.