

Dallas School District No. 2 - Student Registration Form

*This registration form is a legal document. The information you provide must be accurate and complete.
This information is protected by the Family Educational Rights and Privacy Act (FERPA).*



Entry Date: _____ Entering Grade: _____ Birthdate: _____ Male: ____ Female: ____ Non-Binary: ____

Student Information

Legal Last Name

Legal First Name

Middle

Student's Preferred Name: _____

Ethnicity: ____ Hispanic
(check one) ____ Non Hispanic

Race: ____ White ____ Asian ____ Hawaiian or Pacific Islander
(Check all that apply) ____ Black or African American
____ American Indian/Alaskan Native/Hispanic/Latino

Student Demographic Information

Student's Home Address: _____

Student's Mailing Address: _____

Student's Home Phone: _____ Student's Cell: _____

(Note: Student's home phone will be used for attendance notifications)

Student's Email: _____ Country of Birth: _____

Age Verification (provide one)

Birth Certificate Hospital Record Baptismal Certificate Adoption Papers Court Order Passport

Address Verification (provide one)

ODL Rental Document Utility Document Mortgage Document Other _____

Special Services

Check all that apply

____ IEP/Special Education Plan ____ Talented and Gifted Program ____ ELL Program
____ 504 Plan ____ Teen Pregnant and Parenting Program ____ Speech Services

Previous School Information

School Name: _____ Phone: _____ Fax: _____

Address: _____

Is this student currently expelled from previous school? ____yes ____no

Guardian Information #1 (*use legal name*)

Legal First Name _____ Legal Last Name _____

Address (if different than student's) _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Employer: _____

Relationship to Student: _____ Does student live with this guardian? ☐ yes ☐ no

Guardian Information #2 (*use legal name*)

_____	_____
Legal First Name	Legal Last Name
_____	_____
Address (if different than student's)	City, State, Zip
Home Phone: _____ Cell Phone: _____ Work Phone: _____	
Email: _____ Employer: _____	
Relationship to Student: _____ Does student live with this guardian? __yes __no	

Guardian Information #3 (use legal name)

_____	_____
Legal First Name	Legal Last Name
_____	_____
Address (if different than student's)	City, State, Zip
Home Phone: _____ Cell Phone: _____ Work Phone: _____	
Email: _____ Employer: _____	
Relationship to Student: _____ Does student live with this guardian? __yes __no	

Guardian Information #4 (use legal name)

_____	_____
Legal First Name	Legal Last Name
_____	_____
Address (if different than student's)	City, State, Zip
Home Phone: _____ Cell Phone: _____ Work Phone: _____	
Email: _____ Employer: _____	
Relationship to Student: _____	Does student live with this guardian? __yes __no

Oregon law requires that educational records be shared with non-custodial guardians upon their request unless the school is presented with a court order to the contrary. Restraining Orders will also require a copy of the court order in the student's cumulative file.

Emergency Contacts (use legal first and last names)

List only those authorized to pick up student when guardian cannot be reached. Local contacts are preferred.

_____	_____	_____
Name	Relationship to Student	Phone
_____	_____	_____
Name	Relationship to Student	Phone
_____	_____	_____
Name	Relationship to Student	Phone
_____	_____	_____
Name	Relationship to Student	Phone
<i>Services contacts, if applicable</i>		
_____	_____	_____
Caseworker	Supervisor	Phone
_____	_____	_____
Parole Officer	Supervisor	Phone

Siblings

List all school age brothers, sisters, step and half-brothers and sisters of this student attending a Dallas public school.

_____	_____	_____
Student Name	Relationship to Student	School Enrolled
_____	_____	_____
Student Name	Relationship to Student	School Enrolled
_____	_____	_____
Student Name	Relationship to Student	School Enrolled
_____	_____	_____
Student Name	Relationship to Student	School Enrolled

Student Medical Information

Student Name: _____ School: _____

Guardian Name: _____ Phone: _____

Guardian Email: _____

Physician's Name: _____ Phone: _____

Insurance Carrier (optional): _____

Please check any current medical conditions:

___ Asthma ___ Heart Disease ___ Seizure Disorder ___ Diabetes ___ Epi-Pen required

___ Allergies (please list) _____

___ Other (please list) _____

Medications to be taken at school (list medications). Please complete a Medication Administration Record

The nurse will follow up with you regarding the medical information provided.

McKinney-Vento Title X Homeless Education Program

The Title X McKinney-Vento Act guarantees that students, no matter their living situations, have access to public education.

Program resources may include transportation assistance, school supplies, and other services to help ensure success in school.

Please check if applicable

☐ staying in a motel, car, RV, or campsite until affordable housing is found

☐ sharing housing with another family due to economic hardship

☐ moving from place to place without permanent housing

☐ living in a shelter

Migrant Education Program Title I-C

The purpose of the Migrant Education Program is to ensure that migrant children fully benefit from the same free public education provided to other children, including support that reduces educational disruption that results from the migrant lifestyle. Free services may include summer school, pre-kindergarten support, accident insurance, and referrals to community resources.

Has your family moved within the last three years? ☐yes ☐no

Has anyone in your household worked, or is currently working, in agriculture, fishing nurseries, forestry, mills, farming, dairies or canneries in the last three years? ☐yes ☐no

Military

Is parent/guardian currently deployed? ☐yes ☐no

Is parent/guardian full-time in the Army, Navy, Air Force, Marine Corps, or Coast Guard? ☐yes ☐no

Is parent/guardian a student at a service school, while in active military? ☐yes ☐no

Is parent/guardian a full-time National Guard member? ☐yes ☐no

Is parent/guardian in Active Duty Reserves (called to active duty for at least 180 consecutive days)? ☐yes ☐no

Is parent/guardian a Dual Status Military Technician? ☐yes ☐no

Permissions/Agreements**I give permission and agree for my child:**

- to participate in organized field trips within Dallas School District. ☐yes ☐no
- to see the district health nurse for illness, injury, or routine health screenings. ☐yes ☐no
- to use Internet and email within parameters outlined in district policy. ☐yes ☐no
- to abide by attendance, behavior, and transportation (bus) standards outlined in district policy, and in guardian/student handbooks (if applicable). ☐yes ☐no

Family Educational Rights and Privacy Act (FERPA)

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Notice of Right to Review Records: Guardians and eligible students are entitled to inspect and review the student's education records and request amendments to ensure the accuracy of the records with regard to applicable state and federal laws and administrative rules.

Notice of Disclosure of Directory Information: FERPA protects the privacy of student records and gives guardian rights to review records. Under FERPA, schools may disclose directory information, but guardians may request the school not disclose this information by making a written request to school.

Copies of the district's policy on student education records and FERPA notifications are available on the Dallas School District website: www.dallas.k12.or.us.

By signing this form, I agree that all the information provided is accurate.

Guardian Signature: _____ Date: _____

Guardian Name (print): _____