

Welcome to Lyle Elementary

Home of the Lions!



Please Complete:

- _____ **Address Verification:** Provide driver's license, rental or mortgage document, utility document, etc.
- _____ **Student Registration Form**
- _____ **Language Use Survey**
- _____ **Getting to Know You**
- _____ **Dental and Vision Screening Certification:** If you do not have this information yet, please turn in your registration packet anyway.
- _____ **Oregon Immunization Folder:** If you provide an immunization list from a doctor's office, you do not need to complete the dosage dates on this form. Fill out the top, then sign and date the bottom of the front and back. We will attach a copy of your list.
- _____ **Google Apps Permission**
- _____ **Kindergarten only: Proof of birthdate required prior to the start of school.** If you do not have this readily available, please turn in your registration packet anyway.

Connect With Us:

- _____ **Text opt-in:** After your child's registration has been processed, guardians will receive an opt-in text from 67587 (Dallas School District Alerts) asking you to reply Y(es) to subscribe to our automated text list. We encourage all guardians to opt-in.
- _____ **Like us on Facebook:** www.facebook.com/LyleElementarySchool
- _____ **Bookmark Lyle's website:** www.lyleelementary.com
- _____ **Bookmark the Dallas School District website:** www.dallas.k12.or.us

Questions?

Email us at Lyle.Office@dsd2.org or call 503-623-8367.

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): _____

Getting to Know You

Student name _____ Birthdate _____

Nickname we should use? _____ Last school attended _____

Child lives with: ____Mom ____Dad ____Split ____Other: _____

Family members in your home (include sibling name and age):

How does your child get along with others? Do you have any concerns or foresee any problems at school?

Has there been a divorce, death, illness or other trauma which might affect your child? If so, please comment.

Does your child have health problems, allergies or take medication that may be relevant to school?

Please add any comments or other information you feel would be helpful to us.

Please complete this section for grades 1, 2, 3 only:

My child may need help in (circle any that apply): Reading Math Science

My child has repeated a grade (circle): Yes / No If so, which grade? K 1 2 3



State of Oregon - Language Use Survey

This document is given when a student enters a school district for the first time.

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

Student Name: _____ **Grade:** _____ **Date:** _____

Parent/guardian name: _____

Parent/guardian signature: _____

Information	Questions
This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.	<ol style="list-style-type: none">1. What language(s) are primarily used in the home? _____2. What was the first language(s) that your student learned? _____3. What language(s) does your student use most frequently at home? _____
<p>This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.</p> <p><i>This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.</i></p>	<p>In what language(s) would you prefer to receive communication from the school?</p> <p>_____</p>

Dallas Internet Use, Student Email & Google Apps for Education Permission Form

Inappropriate system use will result in discipline up to and including suspension or revocation of your student's access to the district's system, expulsion from school, and/or referral to law enforcement officials. The following form must be signed as indicated. This form is available at your child's school, or at the following link: <http://goo.gl/iJGlfX>, or as a part of the student agenda. You may sign a paper form and return it to school or submit your signature electronically at this link: <http://goo.gl/7bGcPt>

Google Apps for Education (GAFE) is available via the Internet. Known inappropriate sites are blocked at school, but there is always a chance students will be exposed to inappropriate content. School staff monitor the student use of GAFE when students are at school. Parents are responsible for monitoring their child's use of GAFE at home. **Students are responsible for their own behavior at all times.**

Child Internet Protection Act (CIPA) <http://fcc.gov/cgb/consumerfacts/cipa.html> Schools are required to have measures protecting students from harmful images.

Children's Online Privacy Protection Act

(COPPA) <http://www.ftc.gov/privacy/coppafaqs.shtm>

COPPA limits the ability of companies to collect personal information from children under 13. No personal information is collected for commercial purposes in our GAFE domain. **This permission form allows the school to act as an agent for parents in the collection of information within the school context.**

Family Educational Rights and Privacy Act

(FERPA) <http://www2.ed.gov/policy/gen/guid/fpco/ferpa> FERPA protects the privacy of student records and gives parents rights to review records. Under FERPA, schools may disclose directory information but parents may request the school not disclose this information. Make this request to your school in writing.

- The School will not publish confidential records publicly
- The School may publish student work and photos for public viewing but will not publish other personally identifiable information.
- Parents have the right at any time to investigate the contents of their student's email account and GAFE files.

Privacy School staff, administrators and parents all have access to student email for monitoring purposes. **Students have no expectation of privacy with GAFE or on district systems.**

Please turn this page to sign the form

Students may use GAFE for personal projects but may not use them for:

- Unlawful activities
- Commercial purposes or Personal financial gain
- Inappropriate sexual or other offensive content
- Threatening another person
- Misrepresentation of Oregon Public Schools, staff or students.

Safety

- Students may not post personal contact information about themselves or other people.
- Students will never agree to meet with someone they have met online without their parent's approval and participation.
- Students will tell their teacher or other school employee about messages that makes them feel uncomfortable.
- Under no conditions should a user provide his or her password to another person.

Consumer Safety

- Don't trust emailed links or web pages. Open a new browser window and search for the website yourself.
- Don't get spammed. Spam is unwanted advertising sent by email. Never reply to spam and never do business with a company that sends spam. Don't forward spam.

Digital Citizenship

- Be careful with what you say about others and yourself.
- Respect the rights of copyright owners. Works often contain language specifying acceptable use.
- Your First Amendment rights to Free Speech can be limited in school.

Access to and use of GAFE is a privilege. The district maintains the right to withdraw access when there is reason to believe violations of law or district policies have occurred. The alleged violation will be referred to the principal for further investigation. Pending review, a user account may be terminated as part of such action.

Find the full District AUP here:

http://media.wix.com/ugd/ad31a0_45246711859847058b3cb2e92215c985.pdf

(detach and return to school)

Student Name: _____

Student Grade K 1 2 3 4 5 6 7 8 9

Parent/guardian: I give permission for my child to use Google Apps for Education. By doing so, I agree to enforce appropriate use when my child is off district property.

Parent signature: _____ Date: _____

For students through twelfth grade: I have read the agreement above. I understand my Google Apps account will be monitored by school officials and I will be held accountable for my actions.

Student signature: _____ Date: _____



Parents, don't let your child get left behind!

School Year 2023-2024



Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering
**Child Care or
Early Education** needs*

Check with your child's program or
healthcare provider for required vaccines

A child 18 months or older entering
**Preschool, Child Care, or
Head Start** needs*

4 Diphtheria/Tetanus/Pertussis (DTaP)
3 Polio
1 Varicella (chickenpox)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B
2 Hepatitis A
3 or 4 Hib

A student entering
**Kindergarten or
Grades 1-6** needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 7-12 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.*



Oregon Certificate of Immunization Status

Certificado de estado de vacunación

Oregon law requires proof of immunization or exemption signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority.

La ley de Oregon requiere que se entregue un comprobante de vacunación o de exención firmado antes de que un(a) menor asista a la escuela, al preescolar, a un centro de cuidado infantil o a una guardería. Esta información se recopila en nombre de la Autoridad de Salud de Oregon y la escuela o el centro infantil, y puede divulgarse a la Autoridad o al departamento local de salud pública, si la Autoridad la solicita.

Child's last name <i>Apellido del/de la menor</i>	First name <i>Primer nombre</i>	Middle name <i>Segundo nombre</i>	Birth date <i>Fecha de nacimiento</i>
Parents' or Guardians' names <i>Nombre de los padres o tutores</i>		Phone number <i>Número de teléfono</i>	

Write the dates the child received the vaccines

Indique las fechas en las que el/la menor recibió las vacunas

Vaccines / Vacunas	Dose 1 <i>Dosis 1</i>	Dose 2 <i>Dosis 2</i>	Dose 3 <i>Dosis 3</i>	Dose 4 <i>Dosis 4</i>	Dose 5 <i>Dosis 5</i>
Diphtheria/Tetanus/Pertussis <i>Difteria/tétanos/tos ferina</i> (DTaP)					
(Tdap)					
Polio (IPV)					
Varicella (Chickenpox) <i>Varicela</i>			<input type="checkbox"/> Check if child had chickenpox disease <i>Marque aquí si el/la menor ha tenido varicela.</i> Date / Fecha _____		
Measles/Mumps/Rubella (MMR) <i>Sarampión/paperas/rubéola</i>					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B <i>Tipo B (Hib)</i>					

I certify that the information on the form is an accurate record of this child's immunizations.

Certifico que la información en el formulario es un registro exacto de las vacunas de este(a) menor.

Signature* <i>Firma*</i>		Date <i>Fecha</i>	
Update signature <i>Actualizar la firma</i>		Date <i>Fecha</i>	

* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.

** El padre, la madre, el/la tutor(a), un estudiante de por lo menos 15 años de edad, un proveedor médico o un miembro del personal del departamento de salud del condado puede firmar para verificar las vacunas.*

Child's last name <i>Apellido del/de la menor</i>	First name <i>Primer nombre</i>	Middle name <i>Segundo nombre</i>	Birth date <i>Fecha de nacimiento</i>

Other vaccines received <i>Otras vacunas recibidas</i>		Medical exemptions and immunity documentation <i>Documentación sobre las exenciones médicas y documentación de inmunidad.</i>
Vaccine name <i>Nombre de la vacuna</i>	Date <i>Fecha</i>	
		<p>Medical exemptions and immunity documentation require a letter signed by a licensed physician submitted to your child's school or child care. For the requirements go to www.healthoregon.org/medicalexemptions</p> <p><i>La documentación sobre las exenciones médicas y documentación de inmunidad exige que se le entregue a la escuela o centro de cuidado infantil de su hijo(a) una carta firmada por un médico autorizado. Para ver los requisitos, visite www.healthoregon.org/medicalexemptions</i></p>

Nonmedical exemption / *Exención no médica*

I have received information regarding the benefits and risk of immunizations. I understand my child may be excluded from school or child care if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ The vaccine module approved by the Oregon Health Authority
☐ A health care practitioner

He recibido la información relacionada con los beneficios y los riesgos de las vacunas. Entiendo que pueden excluir a mi hijo(a) de la escuela o del centro de cuidado infantil si se presenta un caso de enfermedad que podría prevenirse con una vacuna. Adjunto el documento requerido de parte de (marque una opción):

- ☐ *El módulo de vacunas aprobado por la Autoridad de Salud de Oregon*
☐ *Un proveedor de atención médica*

I request that my child be exempted from the following required immunizations (check all that apply):
Solicito que se exente a mi hijo(a) de las siguientes vacunas requeridas (marque todas las opciones que correspondan):

- ☐ Diphtheria/Tetanus/Pertussis / *Difteria/tétanos/tos ferina*
☐ Polio
☐ Varicella / *Varicela*
☐ Measles/Mumps/Rubella / *Sarampión/paperas/rubéola*
☐ Hepatitis B
☐ Hepatitis A
☐ Hib

Optional / *Opciona*

Immunizations are being declined because of:

Se están rechazando las vacunas debido a lo siguiente:

- ☐ Religious belief / *Creencias religiosas*
☐ Philosophical belief / *Creencias filosóficas*
☐ Other / *Otro*

Signature <i>Firma</i>		Date <i>Fecha</i>	
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Instructions for Completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and phone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. People 15 years and older can sign their own records. **Every time you add on to your child's information you need to resign the form.**

Recommended vaccines (Back):

For any vaccine not listed on the front, fill in the month/day/year that your child received each dose of vaccine.

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

Instrucciones para llenar el Certificado de Estado de Vacunación

Información de contacto:

Dé la siguiente información sobre su hijo(a): nombre completo, fecha de nacimiento, nombres de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo(a).

Vacunas requeridas (primera página):

Escriba el mes/día/año en que su hijo(a) recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Averiguar con la escuela o guardería cuales son las vacunas requeridas para la edad y grado escolar de su niño(a).

Firma:

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño esta correcta. La firma del médico o del departamento de salud local no son requeridas, pero son aceptadas. **Cada vez que agregue datos a la información sobre su hijo(a) debe volver a firmar el formulario.**

Vacunas recomendadas (segunda página):

Por vacunas que no están mencionadas en la primera página nómbrelas en la segunda página, escriba el mes/día/año en que su hijo(a) recibió cada dosis de vacuna.

Exenciones:

Oregón permite exenciones médicas y no médicas.

Para una exención no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y ponga la fecha en la línea indicada.

Para una exención médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.



Vision and Dental Screening Certification Form

Student Name: _____ Date of Birth: _____

Oregon Law now requires a child who is 7 years of age or younger to have dental and vision screenings before entering school for the first time. For information about vision requirements, see 2013 Oregon HB3000 Section 1: (2)(a) through (3)(b). For information about dental requirements, see 2015 Oregon HB2972 Section 1: (2)(a) through (3)(c).

Parents/Guardians: Please complete and sign BOTH Vision and Dental Screening Certifications.

VISION SCREENING CERTIFICATION (Please check the appropriate box)

☐ My child has received a vision screening.

Most recent screening or eye exam date: _____ Was a follow-up recommended? (circle) Yes / No

Name of provider: _____

☐ I have previously submitted certification to the following school: _____

☐ I am not providing certification of vision screening/exam due to my religious beliefs.

Parent/Guardian Signature

Date

DENTAL SCREENING CERTIFICATION (Please check the appropriate box)

☐ My child has received a dental screening within the last 12 months.

Most recent screening or dental exam date: _____ Was a follow-up recommended? (circle) Yes / No

Name of provider: _____

☐ I have previously submitted certification to the following school: _____

☐ I am not providing certification of dental screening/exam due to my religious beliefs.

☐ The dental screening is a burden because: (circle one)

(A) The cost of obtaining the dental screening is too high;

(B) The student does not have access to a screener or;

(C) The student was unable to obtain an appointment with a screener.

Parent/Guardian Signature

Date



Student Rider Registration Form
MID COLUMBIA BUS CO., Inc.
Dallas School District



School: _____ Date _____

Student Name: _____ Grade: _____

Pick up address _____

Days of the Week: M TU W TH FR

Home

Day care

Drop off address _____

Days of the Week: M TU W TH FR

Home

Day care

Parents Name _____ Phone # _____ Alt Phone # _____

Day Care Name _____ Phone # _____ Alt Phone # _____

Date you would like transportation to begin _____ End _____

Latch-Key (KG-5th): YES _____ NO _____ Days of the Week: M TU W TH FR

Transportation Department Only:

Pick up: Bus # _____ Time _____ M TU W TH FR

Drop off: Bus # _____ Time _____ M TU W TH FR

Cohort: _____ Bus Stop Address: _____

Dear Parent:

Transportation is provided for students who are designated as “transported students” by the School District’s Busing Plan and who obey the rules and regulations established by the State of Oregon , the School District & Mid Columbia Bus, Co. Failure to follow the rules and regulations listed below could result in loss of bus riding privileges.

State of Oregon’s Department of Education - Rules Governing Pupils Riding School Buses

1. PUPILS BEING TRANSPORTED ARE UNDER THE AUTHORITY OF THE BUS DRIVER.
2. FIGHTING AND WRESTLING, OR BOISTEROUS ACTIVITY IS PROHIBITED ON THE BUS.
3. PUPILS SHALL USE THE EMERGENCY DOOR ONLY IN CASE OF EMERGENCY.
4. PUPILS SHALL BE ON TIME FOR THE BUS BOTH MORNING AND EVENING.
5. PUPILS SHALL NOT BRING, FIREARMS, WEAPONS, OR OTHER POTENTIALLY HAZARDOUS MATERIALS ON THE BUS.
6. PUPILS SHALL NOT BRING ANIMALS, EXCEPT APPROVED ASSISTANCE GUIDE ANIMALS ON THE BUS.
7. PUPILS SHALL REMAIN SEATED WHILE THE BUS IS IN MOTION.
8. PUPILS MAY BE ASSIGNED SEATS BY THE BUS DRIVER.
9. WHEN NECESSARY TO CROSS THE ROAD, PUPILS SHALL CROSS IN FRONT OF THE BUS OR AS INSTRUCTED BY THE BUS DRIVER.
10. PUPILS SHALL NOT EXTEND THEIR HANDS, ARMS OR HEADS THROUGH THE BUS WINDOW.
11. PUPILS SHALL HAVE WRITTEN PERMISSION TO LEAVE THE BUS OTHER THAN AT HOME OR SCHOOL.
12. PUPILS SHALL CONVERSE IN NORMAL TONES; LOUD OR VULGAR LANGUAGE IS PROHIBITED.
13. PUPILS SHALL NOT OPEN OR CLOSE WINDOWS WITHOUT PERMISSION OF THE DRIVER.
14. PUPILS SHALL KEEP THE BUS CLEAN, AND MUST REFRAIN FROM DAMAGING IT.
15. PUPILS SHALL BE COURTEOUS TO THE DRIVER, TO FELLOW PUPILS AND PASSERS-BY.
16. PUPILS WHO REFUSE TO OBEY PROMPTLY THE DIRECTIONS OF THE DRIVER OR REFUSE TO OBEY REGULATIONS MAY FORFEIT THEIR PRIVILEGE TO RIDE THE BUS.

For the safety and protection of your student(s), they will be allowed to get off the bus only at their assigned stop or at the school they regularly attend. (This rule can be waived with a signed written request by the parent and approved by the principal or his/her designee.)

While your students are riding our school buses, you may need to connect with them.

Our dispatch phone number is: 503-623-7245