



STUDENT REGISTRATION FORM



Español (503) 916-3582 | Tiếng Việt (503) 916-3584 | 中文 (503) 916-3585 | Soomaali (503) 916-3586 | Русский (503) 916-3583

INSTRUCTIONS: Please print using a **black ballpoint pen**, complete all pages and sign and date the last page. **Notify your school immediately** if any of your information changes. If you need help filling out this form, please contact your school.

The District uses only your address and student birthdate as criteria for enrollment. Under Oregon law, the school district has a legal responsibility to educate a school-aged child if the child resides in the district with a parent, guardian or person in parental relationship. No other criteria are used for enrollment at a Portland Public School.

STUDENT INFORMATION

1. Legal *Last* Name: _____
2. Legal *First* Name: _____
3. Legal *Middle* Name: _____
4. Grade: _____
5. Gender: ☐Female ☐Male ☐Non-Binary
6. Preferred *Last* Name: _____
7. Preferred *First* Name: _____
8. Birthdate: _____
9. Student Email Address: _____
10. Home Address: _____ Apt# _____
11. City: _____
12. State: _____
13. Zip: _____
14. Mailing Address (If Different From Home): _____ Apt# _____
15. City: _____
16. State: _____
17. Zip: _____
18. Primary Family Phone No: _____ Type: ☐Home ☐Cell ☐Work
19. Student Cell Phone No: _____

ADDITIONAL INFORMATION TO ASSIST US WITH PLACEMENT AND SUPPORT. THE FOLLOWING QUESTIONS WILL NOT BE USED AS A BASIS FOR ENROLLMENT.

LANGUAGE USE SURVEY

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

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.

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20. What language(s) are primarily used in the home? _____
21. What was the first language(s) that your student learned? _____
22. What language(s) does your student use most frequently at home? _____

This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.

This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.

23. In what language(s) would you prefer to receive communication from the school? _____

RACE/ETHNICITY INFORMATION

24. Federal and state regulations require PPS to gather this information for statistical reports. (Both A and B are required.)

- A. Is your child of Hispanic or Latino origin? ☐ Yes ☐ No
- B. What races do you consider your child? Mark the one or more races that apply.
☐ Asian ☐ Black ☐ Native American or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ White

If you mark Yes for "A", your student will be reported as Hispanic.

If you mark no for "A" and select two or more answers to "B", your student will be reported as Multi-Racial.

25. Please provide the following additional information to assist PPS in better representing and responding to our students' racial/ethnic identities: What races/ethnicities do you consider your child? Please mark all that apply.

☐ **AFRICAN AMERICAN**

AFRICAN: ☐ Burundian ☐ Eritrean ☐ Ethiopian ☐ Somali ☐ Other African: _____

OTHER BLACK: ☐ Caribbean Island(s): _____ ☐ Other Black: _____

AMERICAN INDIAN/ALASKA NATIVE: ☐ Alaska Native ☐ Burns Paiute Tribe ☐ Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians ☐ Confederated Tribes of the Grand Ronde Community of Oregon ☐ Confederated Tribes of Siletz Indians ☐ Confederated Tribes of the Umatilla Indian Reservation ☐ Klamath Tribes ☐ Confederated Tribes of Warm Springs ☐ Coquille Indian Tribe ☐ Cow Creek Band of Umpqua Tribe of Indians ☐ Other American Indian Tribe/Nation: _____
☐ Native/Indigenous to Canada (Please describe): _____

ASIAN: ☐ Asian Indian ☐ Burmese ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hmong ☐ Japanese ☐ Karen ☐ Korean ☐ Laotian ☐ Mien ☐ Nepali ☐ Thai ☐ Tibetan ☐ Vietnamese ☐ Other Asian: _____

HISPANIC/LATINO: ☐ Caribbean Island(s): _____
☐ Central American Country(s): _____
☐ Indigenous Mexican, Central American or South American ☐ Mexican ☐ South American Country(s): _____
☐ Other Hispanic/Latino: _____

☐ **MIDDLE EASTERN/NORTH AFRICAN** (please describe): _____

PACIFIC ISLANDER: ☐ Chuukese ☐ Guamanian or Chamorro ☐ Micronesian ☐ Native Hawaiian ☐ Samoan ☐ Tongan ☐ Other Pacific Islander: _____

WHITE: ☐ Romanian ☐ Russian ☐ Ukrainian ☐ European Country(s): _____
☐ Other White: _____

Optional: If you would like to share in your own words how you describe your child's race, origin, ethnicity, ancestry and/or Tribal affiliations, please use this space:

PREVIOUS SCHOOL INFORMATION

26. School (most recent first)	City and State	Years Attended (ex: 2014-25)
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A	_____	_____
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B	_____	_____
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C	_____	_____
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D	_____	_____
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KINDERGARTEN STUDENTS ONLY

27. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)? ☐Yes ☐No
28. Name of Preschool: _____

FAMILY INFORMATION

Contact phone numbers, address and email addresses will be used to distribute important school and district information.

CHILD CUSTODY GUIDANCE: By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the children, unless a signed court order indicates otherwise. School staff cannot choose one parent with joint custody over the other parent. A non-custodial parent may have access to their children and/or school records, unless prohibited by a court order provided to the school. Parents must resolve disputes themselves or seek court resolution, and are asked to make every attempt not to involve schools in custody matters.

29. **PARENT/RESPONSIBLE ADULT #1:** Lives with student ☐Yes ☐No (If no, provide full address #34, ☐Check for mailings)
30. ☐Mother ☐Father ☐Guardian ☐Other: _____
31. Legal Last Name _____ 32. Legal First Name _____
33. Email Address _____
34. Address (If Different From Student) _____ Apt# _____
35. City _____ 36. State _____ 37. Zip _____
38. Mailing Address (If Different From Home) _____ Apt# _____
39. City _____ 40. State _____ 41. Zip _____
42. Primary Phone No. (Required) _____ Type: ☐Home ☐Cell ☐Work
The Primary phone number will be used for attendance and emergency notifications.
43. Secondary Phone No. (Required) _____ Type: ☐Home ☐Cell ☐Work
44. Permission to pick up? ☐Yes ☐No
45. Interested in volunteering? ☐Yes ☐No
46. Live/work on federal property? ☐Yes ☐No
47. Member of the Armed Forces on active duty or full-time National Guard? ☐Yes ☐No
48. PPS supports the five languages with a higher number of speakers across the district. Please select one of these languages if you would like to receive written communications (printed or digital), phone calls with important messages, and text message: ☐English ☐Spanish ☐Vietnamese ☐Chinese ☐Russian ☐Somali
49. **PARENT/RESPONSIBLE ADULT #2:** Lives with student ☐Yes ☐No (If no, provide full address #54, ☐Check for mailings)
50. ☐Mother ☐Father ☐Guardian ☐Other: _____
51. Legal Last Name _____ 52. Legal First Name _____
53. Email Address _____
54. Address (If Different From Student) _____ Apt# _____
55. City _____ 56. State _____ 57. Zip _____
58. Mailing Address (If Different From Home) _____ Apt# _____
59. City _____ 60. State _____ 61. Zip _____
62. Primary Phone No. (Required) _____ Type: ☐Home ☐Cell ☐Work
The Primary phone number will be used for attendance and emergency notifications.
63. Secondary Phone No. (Required) _____ Type: ☐Home ☐Cell ☐Work
64. Permission to pick up? ☐Yes ☐No
65. Interested in volunteering? ☐Yes ☐No
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EMERGENCY CONTACTS

In an emergency, the parent/guardian listed in #29 will be called first, the Parent/guardian listed in #49 will be called second. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

69. Relationship To Student: _____ 70. First & Last Name: _____

71. Primary Phone No. _____ 72. Other Phone No. _____

73. Email Address: _____

74. Relationship To Student: _____ 75. First & Last Name: _____

76. Primary Phone No. _____ 77. Other Phone No. _____

78. Email Address: _____

79. Relationship To Student: _____ 80. First & Last Name: _____

81. Primary Phone No. _____ 82. Other Phone No. _____

83. Email Address: _____

Please also list an emergency contact who lives at least 100 miles away, for use in a natural disaster when local phone lines are not available.

84. First & Last Name: _____ 85. Primary Phone No. _____

86. Choose only **ONE**: If there is an emergency school closure which requires that students are released early, which one of these plans should your student follow? Your student will... ☐ Leave school and go to home, daycare provider or neighbor as usual
☐ Be picked up by parent or other authorized contact ☐ Go to the home of a designated friend or neighbor

SIBLINGS

Please list student's sibling(s) currently attending a Portland Public Schools school.

87. Sibling Last Name _____ 88. Sibling First Name _____

89. Relationship To Student _____ 90. School _____ 91. Grade _____

92. Sibling Last Name _____ 93. Sibling First Name _____

94. Relationship To Student _____ 95. School _____ 96. Grade _____

97. Sibling Last Name _____ 98. Sibling First Name _____

99. Relationship To Student _____ 100. School _____ 101. Grade _____

STUDENT MEDICAL INFORMATION

School staff need to know if your student has a medical condition for which they may require assistance during the school day. Remember to advise the school of any changes in information.

102. Medical Provider's Name _____ 103. Phone No. _____

104. Preferred Hospital _____ Emergency Medical Services (EMS) makes the final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

105. Insurance Carrier _____ For information regarding Oregon Health Coverage, visit OregonHealthCare.gov website: healthcare.oregon.gov. If additional information is needed, contact studentservices@pps.net.

106. Dentist's Name (Optional) _____ 107. Phone No. (Optional) _____

108. Please check any current medical conditions (a Registered Nurse (RN) from Multnomah Education Service District (MESD) may reach out for more information):

☐ Serious Allergies: _____ Life Threatening? ☐ Yes ☐ No

If your child has a medical dietary need, please contact Nutrition Services by phone at 503-916-3399 or email nutritionservices@pps.net.

☐Asthma

☐Heart Disease

☐Seizure Disorder

☐Diabetes: ☐Type I ☐Type II

☐ Other: _____

109. Other special health needs at school: _____

110. Medications to be taken at school (please list and also complete the Medication Authorization form):

TRANSPORTATION

Bus services is determined by eligibility as defined by the Transportation Guidelines (www.pps.net/Page/142). If eligibility is determined, students who answered yes will be assigned to an accessible stop nearest to their home address. Services is not guaranteed by checking the boxes below.

111. If eligible, will your student utilize transportation? ☐ Student needs transportation in AM ☐ Student needs transportation in PM

112. Check the box below if the student has permission to walk to and from school. ☐ Permission to walk

113. Check the box below if the student has permission to ride bike to and from school. ☐ Permission to ride bike

PROGRAM INFORMATION

114. Has your student been identified as Talented and Gifted? ☐ Yes ☐ No

115. Has your student received additional classes or support for learning the English language? ☐ Yes ☐ No

116. Is your student in or has your student been in a Dual Language Immersion program? ☐ Yes ☐ No

117. Is your student pregnant and/or parenting? ☐ Yes ☐ No

ADDITIONAL VOLUNTARY INFORMATION TO ASSIST US WITH PLACEMENT AND SUPPORT. THE FOLLOWING QUESTIONS WILL NOT BE USED AS A BASIS FOR ENROLLMENT.

118. Does your student have a current Individualized Education Plan (IEP) or an Individual Family Service Plan (IFSP)? ☐ Yes ☐ No

119. Does your student have a current Section 504 Plan? ☐ Yes ☐ No

The following information is being requested to determine whether or not a student meets Title III definition of an immigrant child and youth. The information is used to calculate and disperse additional funds to LEAs (Local Education Agencies), and to meet annual reporting requirements. This is helpful to students as the information may provide additional funds to the district for aiding the education of newly arrived/immigrant students. In addition, the information helps the English Language Development program understand the demographics and needs of PPS schools so they can ensure students get the best services matched to their needs.

120. Was your student born outside of the United States or U.S. territories? ☐ Yes ☐ No (If you answered "Yes", please continue to answer questions 121 and 122. If you answered "No", proceed to 123.)

121. When was your student first enrolled in a U.S. school? _____ MM/DD/YYYY

122. Has your child had 2 or more years of interrupted schooling? (interrupted schooling is defined as not attending school, or missing long periods of instruction) ☐ Yes ☐ No

FEDERAL TITLE PROGRAM QUESTIONS

(NOTE TO SCHOOL STAFF: If "Yes" for #123, please send a [506-form](#) home with the family and then send completed [506 form](#) to the Indian Education Department at indianeducation@pps.net. If "Yes" for #124, send student information to fundedprograms@pps.net. If "Yes" for #125 send student information to pps-mckinney-vento@pps.net and submit a McKinney Vento referral form which is available on their website.)

Title VI-A Program, Indian Education — This information establishes the district's eligibility for a federal grant under the Title VI-A of the Every Student Succeeds Act. You will receive more information if you mark "Yes."

123. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized/State recognized American Indian Tribe or Alaskan Native? ☐ Yes ☐ No If "Yes", Name of the Tribe, Nation, or Village: _____

Oregon Title I-C Migrant Education Program — This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

124. A person in your family has work in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. ☐ Yes ☐ No

McKinney-Vento Program — This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from **the school of origin (last PPS school enrolled or last school attended when permanently housed)**.

125. Please place a check in the appropriate box if it applies:

- ☐ You are staying in a motel, car or campsite until you can find affordable housing.
- ☐ Student is not living with or being supported by their parent or guardian. Student living on their own or may be staying temporarily with someone else.
- ☐ You are staying temporarily with another family due to loss of your own housing or economic hardship.
- ☐ You are living in a shelter, transitional housing program or moving from place to place without permanent housing.
- ☐ Your housing is substandard: for example, the utilities are off, there is severe mold, it is extremely overcrowded or it is a space not meant for human habitation.

Foster Care — refers to children placed by the Department of Human Services or a tribal child welfare agency in temporary care away from their parents. This includes placements in foster homes, group homes, shelters, and residential facilities. Students in foster care have the right to education, and stability in their education is essential for their success. For more information on how foster care students are supported, please visit the Oregon Department of Education website.

126. Is your child currently in foster care? ☐ Yes ☐ No

PERMISSIONS/AUTHORIZATIONS

For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District Parent and Student Handbook.

*Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request. This form must be completed each year** [Non-Release of Student Directory Information Form].

*Student photographs are commonly used in yearbooks, newsletters, websites and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request** [Publicity Denial and Non-Release of information to School Directory Form].

*Many schools or PTAs publish school directories that include parent/guardian contact information. **If you do not want your name and contact information released for the school directory, please contact your school to submit a written request** [Publicity Denial and Non-Release of information to School Directory Form].

HIGH SCHOOL ONLY

127. I **do not** want my child's name, address and phone number released to: ☐ Military Recruiters ☐ College Recruiters

The Every Student Succeeds Act requires school districts to provide, upon request, the names, addresses and phone numbers of high school 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 one or both of the categories above.

BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT COULD BE REMOVED FROM THE SCHOOL IMMEDIATELY.

128. Signature of Parent/Responsible Adult (Required): _____ Date _____

129. Signature of Parent/Responsible Adult: _____ Date _____

Portland Public Schools wishes you and your student a successful academic school year!

Portland Public Schools recognizes the diversity and worth of all individuals and groups and their roles in society. It is the policy of the Portland Public Schools Board of Education that there will be no discrimination or harassment of individuals or groups on the grounds of age, color, creed, disability, marital status, national origin, race, religion, sex or sexual orientation in any educational programs, activities or employment.