

Name \_\_\_\_\_  
(Last Name, First Name)

**West Linn Wilsonville School District #3JT Registration Form**

*For Office Use Only:*  
Teacher/Counselor \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Gender M \_\_\_\_\_ F \_\_\_\_\_ X \_\_\_\_\_ Birthplace \_\_\_\_\_  
 Ethnicity Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Race (check all that apply - you must select at least one) \_\_\_\_\_ Native Hawaiian/Pac Islander  
 \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ White

Other Emergency Contacts: The parties (include the Day Care Provider, if appropriate) listed below are authorized to pick up this child from school and to make decisions regarding cases of emergency, serious illness, or accident.

Name	Home Phone	Work Phone	Other Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Cell Phone/Texting: Schools may begin contacting students via cell phone or texting messaging. Please provide the following information if your student has a cell phone or text messaging device.  
 Cell Number \_\_\_\_\_ Service Provider \_\_\_\_\_  
 \_\_\_ I do NOT approve of the school using my child's cell phone/test messaging for communication.

Siblings: Please list the names, ages, grades, and schools of any siblings:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Info: The address provided must be the student's primary residence.  
 Relationship \_\_\_ Mother \_\_\_ Father \_\_\_ Other (Please Specify) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ County \_\_\_\_\_  
 Email \_\_\_\_\_  
 Initial to Confirm the Above Address is the Student's Residence \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Phone Unlisted? Yes \_\_\_ No \_\_\_ Employer \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Additional Parent/Guardian (at same address):  
 Relationship \_\_\_ Mother \_\_\_ Father \_\_\_ Other (Please Specify) \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Employer \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Email \_\_\_\_\_

Previous School(s): Name, Location, Dates:  
 \_\_\_\_\_  
 \_\_\_\_\_

Medical Conditions:  
 Please check all conditions that apply and elaborate below

\_\_\_ Life-Threatening Allergies    \_\_\_ Heart Disease    \_\_\_ Orthopedic Problems  
 \_\_\_ Asthma    \_\_\_ Kidney Disease    \_\_\_ Hearing Problems  
 \_\_\_ Seizure Disorder    \_\_\_ Diabetes    \_\_\_ Vision Problems

Details/Other Health Concerns \_\_\_\_\_  
 \_\_\_\_\_

Medications Taken/Dosage \_\_\_\_\_  
 \_\_\_\_\_

District Nursing Staff will be in touch regarding specifics of these situations.

Extra Mailing Information: Under certain circumstances, the district is willing to send second mailings, for example, to non-custodial parents. If a second mailing is desired, please provide the information below:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Email \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Home Phone Unlisted? Yes \_\_\_ No \_\_\_ Employer \_\_\_\_\_  
 Other Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Describe the circumstances that you believe warrant a second mailing \_\_\_\_\_  
 \_\_\_\_\_

Permission Denials:  
 Initial each item for which you deny permission.

\_\_\_ I **do not** approve of my child being photographed or videotaped for educational purposes, including usage of such on the school or district website.

\_\_\_ I **do not** want any of my family's contact information disclosed by the school district. This means that school directories will not include my family's address, phone number, or email.

\_\_\_ I **do not** want any other information about my child or my family to appear in any school publication. I understand that this means that my child will not be included in yearbooks, sports rosters, playbills, and other activity-related publications.

\_\_\_ (For HS age student) I **do not** approve of my student being included in data sent to the military for recruiting purposes.

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Special Services (please check any areas in which your child has received special services in the last year:  
\_\_\_\_\_ Title I    \_\_\_\_\_ Gifted Education    \_\_\_\_\_ Special Education (IEP)    \_\_\_\_\_ ESL (English as a Second Language)    \_\_\_\_\_ 504 Plan  
Other \_\_\_\_\_  
\_\_\_\_\_

Emergency/Early Closure Plan (For Primary School Children Only). If school should close early, what should your child do? Please choose only two:  
\_\_\_ Take the bus home and can get into the house    \_\_\_ Take the bus and stay with \_\_\_\_\_    Will be picked up by \_\_\_\_\_  
\_\_\_ Is to walk home and can get into the house    \_\_\_ Is to take the bus to \_\_\_\_\_ day care  
Alternate Plan \_\_\_\_\_  
\_\_\_\_\_

Services: Is a parent or guardian of this student on active duty in the Armed Forces or the National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

Language Use Survey:  
What language(s) does your child hear or use regularly in your household? Hear \_\_\_\_\_ Use \_\_\_\_\_  
Describe the language(s) your child understands:  No English     Mostly another language and a little English     English and another language equally  
 Only English     Mostly English and a little of another language     Tribal or Native Language  
What language(s) do adults most frequently use when speaking/conversing to your child?  
Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_ Other Adults in the Home: \_\_\_\_\_ Child-care Providers: \_\_\_\_\_  
What language(s) did your child speak/express from 0 – 4 years of age? \_\_\_\_\_  
What language(s) does your child currently speak/express most frequently outside of school? \_\_\_\_\_  
Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc. \_\_\_\_\_  
Is there anything else you think the school should know about your child's language use? \_\_\_\_\_  
Parent Questions: In what language(s) do you want to receive information from the school (if available)?  
Father/Guardian: Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_  
Mother/Guardian: Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Have you moved during the last three years for the purpose of obtaining seasonal/temporary employment in agriculture, forestry, or fishing?  Yes     No  
Has this student ever missed more than 3 months of school?  Yes     No    If yes, when? \_\_\_\_\_

All information on both sides of this form is accurate to the best of my knowledge.  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
What is your relationship to the student? (i.e., parent, grandparent, etc.) \_\_\_\_\_

For office use only  
 Verified proof of residency    Document provided/examined \_\_\_\_\_ and verified by (initials) \_\_\_\_\_ Date \_\_\_\_\_  
(check box) (type of document)