

ASTORIA SCHOOL DISTRICT STUDENT REGISTRATION FORM

Please print using a pen, complete all pages and sign the last page. This Registration form is an official record. The questions on the form ask for important information that will help provide services for your child. If any information should change during the school year, please notify your school immediately.

STUDENT INFORMATION

LEGAL LAST NAME _____ LEGAL FIRST NAME _____ LEGAL MIDDLE _____

“GOES BY” FIRST AND LAST NAME (if different): _____ (official name changes cannot be made without legal documentation)

GRADE: _____ GENDER Female Male BIRTHDATE: _____ HOME LANGUAGE _____

Federal and State Regulations require schools to gather the information below for statistical reports. For more information, your school can help.

ETHNICITY - HISPANIC/LATINO? Yes No (Note: both Ethnicity & Race must be selected)

RACE (select at least one): American Indian/Alaska Native Asian Black Native Hawaiian or Other Pacific Islander White

HOME ADDRESS _____ MAILING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (cell? Yes No) _____ CELL PHONE _____

PARENT/GUARDIAN INFORMATION—Contact phone numbers and email addresses will be used to distribute important information.

PARENT/RESPONSIBLE ADULT #1: MOTHER FATHER GUARDIAN OTHER: _____

LIVING WITH STUDENT? Y N TRANSLATION/INTERPRETATION NEEDED? Y N

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ Cell phone? Yes No

CELL PHONE _____ WORK PHONE _____ INTERESTED IN VOLUNTEERING Yes No

EMPLOYER _____ JOB TITLE _____

Contact allowed with student? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Education Rights? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Custody of student? Yes <input type="checkbox"/> No <input type="checkbox"/> Receive school mailings? Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolling Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> Release student to? Yes <input type="checkbox"/> No <input type="checkbox"/>	MILITARY SERVICE: (please check, if applicable) <input type="checkbox"/> Veteran/Retired Military <input type="checkbox"/> Active Military <input type="checkbox"/> Military Reserve
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PARENT/GUARDIAN INFORMATION—Contact phone numbers and email addresses will be used to distribute important information.

PARENT/RESPONSIBLE ADULT #2: MOTHER FATHER GUARDIAN OTHER: _____

LIVING WITH STUDENT? Y N TRANSLATION/INTERPRETATION NEEDED? Y N

LAST NAME _____ FIRST NAME _____

PRIMARY LANGUAGE _____ E-MAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ Cell phone? Yes No

CELL PHONE _____ WORK PHONE _____ INTERESTED IN VOLUNTEERING Yes No

EMPLOYER _____ JOB TITLE _____

Contact allowed with student? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Education Rights? Yes <input type="checkbox"/> No <input type="checkbox"/> Has Custody of student? Yes <input type="checkbox"/> No <input type="checkbox"/> Receive school mailings? Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolling Parent? Yes <input type="checkbox"/> No <input type="checkbox"/> Release student to? Yes <input type="checkbox"/> No <input type="checkbox"/>	MILITARY SERVICE: (please check, if applicable) <input type="checkbox"/> Veteran/Retired Military <input type="checkbox"/> Active Military <input type="checkbox"/> Military Reserve
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ADDITIONAL EMERGENCY CONTACTS - In an emergency, parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached.

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

RELATIONSHIP TO STUDENT _____ FIRST AND LAST NAME _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

SIBLINGS - Please list student's sibling(s) currently attending a district school.

SIBLING LAST NAME _____ SIBLING FIRST NAME _____

RELATIONSHIP TO STUDENT _____ SCHOOL _____ GRADE _____

SIBLING LAST NAME _____ SIBLING FIRST NAME _____

RELATIONSHIP TO STUDENT _____ SCHOOL _____ GRADE _____

SIBLING LAST NAME _____ SIBLING FIRST NAME _____

RELATIONSHIP TO STUDENT _____ SCHOOL _____ GRADE _____

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 IMMEDIATELY REMOVED FROM THE SCHOOL.

SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) _____ DATE _____

SIGNATURE OF PARENT/RESPONSIBLE ADULT _____ DATE _____

STUDENT LAST NAME: _____ STUDENT FIRST NAME: _____

SCHOOL: Astor LCE AMS AHS

GRADE: _____

ASTORIA SCHOOL DISTRICT

STUDENT REGISTRATION FORM-Student and Family Program Questionnaire

<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other: _____	How can we best communicate with your family about school events and closures? (Mark all that apply)
<input type="checkbox"/> English <input type="checkbox"/> Spanish	Which language would you prefer be the primary language to receive correspondence from the school?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your student have or has previously had an Individualized Education Plan (IEP)?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your student have or has previously had a Section 504 Plan?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your student been officially identified as Talented and Gifted in our school district or a previous school district?
Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>Title VII-A Program, Indian Education: Is the student, or a parent or grandparent, a member of a U.S. federally recognized American Indian Tribe (including Alaska native)?</p> <p>If YES, please fill in tribe name: _____</p> <p style="padding-left: 100px;">Membership # _____</p>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>Seasonal and Temporary Workers Program: Under Title IC as part of The Elementary and Secondary Education Act, the MEP was developed to provide assistance and support to improve the educational opportunities and academic success of agricultural, cannery workers, fishers, and their families.</p> <p>Have you or any family member moved in the last three years with the intent to work in: (check all that apply)</p> <p style="text-align: center;"> <input type="checkbox"/> agriculture <input type="checkbox"/> harvesting <input type="checkbox"/> commercial fishing <input type="checkbox"/> ranching <input type="checkbox"/> timber <input type="checkbox"/> logging <input type="checkbox"/> cannery <input type="checkbox"/> none of the above <input type="checkbox"/> other related seasonal or temporary work, please specify _____ </p>
Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>Title X McKinney-Vento Program: Do any of the following apply to your family? (check boxes that are true for you)</p> <p><input type="checkbox"/> You are staying in a motel, car or campsite until you can find affordable housing</p> <p><input type="checkbox"/> You are sharing housing with another family due to economic hardship</p> <p><input type="checkbox"/> Your child is living with a relative/friend/or anyone other than his/her custodial parents</p> <p><input type="checkbox"/> You are living in a shelter, temporary housing or moving from place to place without permanent housing</p>

Astoria School District 1C, Clatsop County, Astoria, Oregon, does not discriminate on the basis of race, religion, color, national origin, disability, marital status, sex, sexual orientation or age in providing education or access to benefits of education services, activities, and programs in accordance with Title VI, Title VII, Title IX, and other civil rights or discrimination issues; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act; and the Americans with Disabilities Amendment Acts of 2008.

STUDENT LAST NAME: _____ STUDENT FIRST NAME: _____

SCHOOL: Astor LCE AMS AHS

GRADE: _____

ASTORIA SCHOOL DISTRICT

STUDENT REGISTRATION FORM-Permissions and Authorizations

I have read, understand, and authorize/give permission to Astoria School District to (please check each):

Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>In accordance with federal law and district policy, release the following limited directory information through the appropriate procedures and not without administrative direction:</p> <ul style="list-style-type: none"> • Student's name; • Student's photograph • Participation in officially recognized sports and activities; • Weight and height of athletic team members; • Awards received; • Most recent previous school or program attended; • Grade Level
Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact you via email, cell phone, work phone, and/or home phone through our district's automated communication system to notify you of student attendance, school events, and/or school-related emergencies/updates.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Use student photographs or student work in district/school yearbooks, newsletters, websites, and other school-related publications (including school bulletin boards or displays). I understand that confidential and personal information will not be released or published.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Allow outside media agencies (local newspaper or radio stations) that have been allowed to cover a school event or take photos in the school or district to use my child's photo and name.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Allow my student to participate in and be transported for local field trips within Clatsop County either by walking or bus. A detailed 'Field Trip Permission Request' form will always be sent home for parent authorization prior to any trip that extends outside of Clatsop County.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide my student with internet/computer access for school projects and assignments and to create an Astoria School District Google User ID and email that will allow my child to access Google Apps for Education.
<i>(High School Only)</i>	<p>The 'Every Student Succeeds Act of 2016' requires school districts to provide, upon request, the names, addresses, and phone numbers of juniors and seniors to military recruiters, colleges, and universities.</p> <p>I give permission to Astoria School District to release my child's name, address and phone number to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College Recruiters
_____ (Initial)	I understand that in the event of emergency in when parents or authorized emergency contacts cannot be reached, school authorities will exercise professional judgement to seek medical transport/attention for my student if they determine that immediate medical observation or treatment is needed.

SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) _____ DATE _____

For annual notices and additional information on directory information, student records, military recruiting and protection of student rights, please see the District *Student Rights and Responsibilities Guide*.

**If you checked "no" to any of the permissions/authorizations above, please submit your detailed request in writing to your student's school office. Failure to check the box on any given item, will be interpreted as consent.*