



657 SW Glacier Ave
Redmond, Oregon 97756
541-526-0882

STUDENT REGISTRATION FORM

SHADED AREA FOR OFFICE USE ONLY

ENTRY DATE	GRADE	COHORT YEAR	ADVISOR NAME	<input type="checkbox"/> P/P	<input type="checkbox"/> SPEC ED	<input type="checkbox"/> TAG	<input type="checkbox"/> 504	<input type="checkbox"/> ELL	STUDENT ID NUMBER
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This registration form is a required official record. The questions on this form ask for important information that may help provide services for your student. Please print, completing both pages and sign the back. IF ANY INFORMATION YOU PROVIDE SHOULD CHANGE IN THE FUTURE, PLEASE NOTIFY US IMMEDIATELY.

STUDENT INFORMATION

1. LEGAL LAST NAME		2. LEGAL FIRST NAME		3. MIDDLE NAME		4. PREFERRED LAST NAME (if different)		5. PREFERRED FIRST NAME		6. GENDER <input type="checkbox"/> F <input type="checkbox"/> M	
7. BIRTHDATE / /		8. CITY & STATE OF BIRTH		9a. ETHNICITY Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		9b. RACE <i>Select at least one</i> <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian	
10. HOME ADDRESS				11. CITY		12. STATE	13. ZIP CODE	14. HOME PHONE NUMBER			
15. MAILING ADDRESS (if different from home address)				16. CITY		17. STATE	18. ZIP CODE	19. REDMOND SCHOOL DISTRICT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
20. WHICH COUNTY DO YOU RESIDE IN? <input type="checkbox"/> DESCHUTES <input type="checkbox"/> CROOK <input type="checkbox"/> JEFFERSON <input type="checkbox"/> OTHER				21. PREVIOUS SCHOOL ATTENDED		22. DATES ATTENDED	23. IS THIS STUDENT CURRENTLY EXPELLED OR SUSPENDED FROM ANOTHER SCHOOL OR SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. LANGUAGES SPOKEN (Check all that apply) Student's First Language - English <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Other <input type="checkbox"/> Spoken by Family at Home - English <input type="checkbox"/> Spanish <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Other <input type="checkbox"/>											

PARENT/GUARDIAN INFORMATION

25. CHILD LIVES WITH (check one) <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OTHER:											
26. PARENT/RESPONSIBLE ADULT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:				27. LAST NAME		28. FIRST NAME		29. CONTACT IN EVENT OF EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
30. ADDRESS (If NO, please provide address information to receive a copy of report card) Same as student address? <input type="checkbox"/> Yes <input type="checkbox"/> No Different Address:						CITY		STATE	ZIP CODE		
31. HOME PHONE # ()		32. CELL PHONE # ()		33. WORK PHONE # ()		34. EMAIL ADDRESS					
35. PARENT/RESPONSIBLE ADULT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:				36. LAST NAME		37. FIRST NAME		29. CONTACT IN EVENT OF EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
38. ADDRESS (If NO, please provide address information to receive a copy of report card) Same as student address? <input type="checkbox"/> Yes <input type="checkbox"/> No Different Address:						CITY		STATE	ZIP CODE		
39. HOME PHONE # ()		40. CELL PHONE # ()		41. WORK PHONE # ()		42. EMAIL ADDRESS					

ADDITIONAL EMERGENCY CONTACTS			
43. EMERGENCY CONTACT LAST NAME		44. FIRST NAME	45. RELATIONSHIP
46. HOME PHONE # ()	47. CELL PHONE # ()	48. WORK PHONE # ()	
49. EMERGENCY CONTACT LAST NAME		50. FIRST NAME	51. RELATIONSHIP
52. HOME PHONE # ()	53. CELL PHONE # ()	54. WORK PHONE # ()	
MEDICAL INFORMATION			
55. DOCTOR'S NAME		56. PHONE #	57. DENTIST'S NAME
58. PHONE #			
59. PLEASE CHECK ANY CURRENT MEDICAL CONDITIONS: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Serious Allergies (please specify: _____) <input type="checkbox"/> Other: _____			
INDIVIDUALIZED EDUCATION PLAN (IEP) or 504 PLAN or TAG			
60. Does the student have a current: Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		61. Section 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	62. Has Been Identified as TAG? <input type="checkbox"/> Yes <input type="checkbox"/> No
SIBLINGS (Currently attending Redmond Proficiency Academy)			
63. SIBLING LAST NAME		64. FIRST NAME	65. GRADE
66. SIBLING LAST NAME		67. FIRST NAME	68. GRADE
69. SIBLING LAST NAME		70. FIRST NAME	71. GRADE
PERMISSIONS / AUTHORIZATIONS			
For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the Parent & Student Handbook.			
71. Under federal law and school policy, the school may release the following information without prior parental consent: student name, participation in officially recognized activities, clubs and sports, degrees, honors and awards received, major field of study, dates of attendance, and the most recent school attended. Student photographs are commonly used in yearbooks, newsletters, websites, and other school related publications. If you do not want the above information released, please contact the school to submit a written request. This form must be completed each year (Non-Release of Student Directory Information Form).			
72. The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school 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 next to one or both of the categories below.			
I DO NOT want my student's name, address and phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College Recruiters			
By signing this form, I agree that all the above information is true.			
73. SIGNATURE OF PARENT / RESPONSIBLE ADULT (REQUIRED)		74. DATE	75. SIGNATURE OF PARENT / RESPONSIBLE ADULT
			76. DATE



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