

**KLAMATH COUNTY SCHOOL DISTRICT**  
**SCHOOL:** \_\_\_\_\_  
**GRADE:** \_\_\_\_\_

**REGISTRATION FORM**

**School Year** \_\_\_\_\_  
 \_\_\_\_\_ **Teacher**  
 \_\_\_\_\_ **Bus**

Has this student attended a Klamath County School District school in the past? Yes \_\_\_ No \_\_\_ School Name \_\_\_\_\_

(A). Student Information

<b>Legal First:</b>	<b>Nickname:</b>	<b>Birthdate:</b>
<b>Legal Middle:</b>	<b>Birth City:</b>	<b>Age:</b>
<b>Legal Last:</b>	<b>Birth State:</b>	<b>Gender:</b>

Is this student considered a Foster Child in a Foster Care program? Yes \_\_\_ No \_\_\_

(B). Addresses

<b>Physical:</b>
<b>Mailing:</b>
<b>Student Cell Phone:</b> (    )

(C). Parents/Guardians

Order	Name/e-mail	Relationship	Lives With	Parental Authority	Home Address/Work Place	Phone Type	Phone Number	*
1	Guardian Name:							
	Guardian e-mail:				Work Place:			
2	Guardian Name:							
	Guardian e-mail:				Work Place:			

\* Check to use for automated calls.

(D). Emergency Contacts

Order	Name	Relationship	Home/Primary Phone	Work Phone	Cell/Other Phone
3					
4					
5					

(E). Does your son/daughter have a diagnosed medical condition(s) that we should be aware of? Yes \_\_\_ No \_\_\_ (if yes, please specify)

\_\_\_ Asthma                      \_\_\_ Allergies                      \_\_\_ Life Threatening Allergies: \_\_\_\_\_  
 \_\_\_ Diabetes                    \_\_\_ Hearing Impaired                      \_\_\_ Seizure Disorder  
 \_\_\_ Vision Impaired / Glasses / Contact Lenses                      \_\_\_ Prescription Medication: \_\_\_\_\_  
 \_\_\_ Other (Specify): \_\_\_\_\_

Contact a school nurse with specific medical concerns at 541-883-5000 ext. 8745, 8746 or 8747.

(F). Any person listed as a contact on this form can be called to assume temporary care of my child in the event I cannot be reached. If an injury or health emergency occurs at the school, the staff will contact emergency medical personnel for transportation and treatment if needed. Staff will attempt to notify the student's parents whenever a student has been transported for treatment.

\*\*\*I acknowledge that I have read and understand Sections E and F. PARENT INITIALS \_\_\_\_\_

(G). School Last Attended (including early childhood professional care, i.e. Head Start, OCDC, daycare provider, church, preschool, etc.):

Year/Grade \_\_\_\_\_

(H). Has there ever been a language – OTHER THAN ENGLISH – spoken at home? Yes \_\_\_ No \_\_\_

If yes, please ask to fill out the Language Use Survey.

(I). Have you moved in the last three years? Yes \_\_\_ No \_\_\_

If so, was the move in search of temporary or seasonal agricultural, timber, diary or fishing work? Yes \_\_\_ No \_\_\_

(J). Is your child currently enrolled in any special programs? (TAG, IEP, Title I, ELL, 504 etc.) Yes \_\_\_ No \_\_\_ If so, specify: \_\_\_\_\_

(K). I give permission for my child to attend SCHOOL-SPONSORED FIELD TRIPS. Yes \_\_\_ No \_\_\_

(L). I give permission for my child to participate in afterschool activities. Yes \_\_\_ No \_\_\_

**Race/Ethnicity**

**Both questions 1 and 2 must be answered.**

**Question #1 (required)**

**ETHNICITY – Are you Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_**

All persons of Latino, Hispanic or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican, or other Spanish-speaking country of origin, regardless of race or original language) should answer YES. All persons answering YES to the first question will be reported as a Hispanic student, regardless of their answer to the race question below.

**Question #2 (required)**

**RACE**

Mark all categories that apply.

	<b>American Indian/ Alaskan Native</b> (A person having origins in any of the original peoples of North, Central or South America, including Mexico, who maintain tribal affiliation or community attachment.)
	<b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.)
	<b>Black or African American</b> (A person having origins in any of the original peoples of the Black racial groups of Africa.)
	<b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)
	<b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

**By initialing the three boxes below, I acknowledge that I have read and understand the information.**

**STUDENT INSURANCE:** The District, acting through each school, provides you with the opportunity to purchase a variety of student medical insurance plans through a private carrier. As a parent/guardian you must realize you have sole responsibility for medical expenses, including emergency transportation and/or medical treatment incurred by your youngster. **Parent Initials \_\_\_\_\_**

**STUDENT COMPUTER/INTERNET ACCESS:** Students will have access to school computers and internet during their instructional school day; in accordance with the district's Electronic Communications System and Administrative Regulation. If you do not want your child to have this access you will need to provide a signed and dated written statement to the school. **Parent Initials \_\_\_\_\_**

**STUDENT RIGHTS AND RESPONSIBILITIES HANDBOOK:** I acknowledge that the District publishes a Student Rights and Responsibilities Handbook which describes the expected behavior for students. The handbook can be found on the Klamath County School District website at [www.kcsd.k12.or.us](http://www.kcsd.k12.or.us). The Directory Information section outlines what student information is available for public release. **I understand that I must notify the principal if extra precautions need to be taken to protect my student's privacy. Parent Initials \_\_\_\_\_**

**Title X McKinney-Vento Program: (Optional)**

Guarantees all children and youth the right to an education, regardless of their current living situation. Program resources may include provisions of school supplies, clothing, and other services to help ensure student success.

**PLEASE CHECK A BOX BELOW IF ANY OF THE FOLLOWING APPLY TO YOUR CURRENT LIVING SITUATION:**

\_\_\_\_\_ Temporarily doubled up with friends or relatives due to economic hardship.

\_\_\_\_\_ Living in a motel/hotel or campsite.

\_\_\_\_\_ Living in a shelter.

\_\_\_\_\_ Unsheltered (car, park, on the street, etc.)

\_\_\_\_\_ Moving from place to place without permanent housing.

\_\_\_\_\_ **TITLE X MCKINNEY-VENTO PROGRAM DESCRIPTIONS DO NOT APPLY TO MY CHILD**

**Title VI – Indian Education Program: (Optional)**

Title VI services include school supports for Native American students in the form of cultural heritage opportunities, class work support, parent resources, and college/career readiness planning.

**PLEASE CHECK BELOW IF THE FOLOWING APPLIES TO YOUR FAMILY**

\_\_\_\_\_ My student/family self identifies as American Indian/Alaskan Native, even if not enrolled as a tribal member.

\_\_\_\_\_ I would like to complete a student eligiblity form (provided by the school).

**Military Connected Family: (Required)**

The federal Every Student Succeeds Act (ESSA) requires states to report achievement and graduation data for students of military families.

Is a parent/guardian of this child a member of the Armed Forces on active duty or full-time National Guard?

**ANSWER YES IF ANY OF THE FOLLOWING ARE TRUE:**

Students whose parent(s) or guardian(s) are:

- Deployed (including students placed with a temporary guardian)
- Full-time Army, Navy, Air Force, Marine Corps, Coast Guard active or training duty
- Full-time National Guard members
- Active Duty Reserves who have been called to active duty for at least 180 consecutive days
- Dual Status Military Technicians

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**To the best of my knowledge, I have read and understand all three (3) pages of the KCSD registration form.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_