Student Enrollment Form 2026-2027

Welcome to Klamath County School District. We are excited to have you join our school community. Your student's enrollment form is a required official record and is very important for you and the district. The information you provide must be accurate and complete. Its contents are protected by the Family Educational Rights and Privacy Act (FERPA). If you need assistance or require a translated copy, please reach out to your school's front office.

Student Information

Legal Last Name: _____ **Legal First Name:** _____

Legal Middle Name: _____ **Suffix:** _____**Gender:** ☐ **Female** ☐ **Male** ☐ **Non-Binary**

Preferred Last Name: _____ **Preferred First Name:** _____

Birthdate: ____/____/_____ **Last School Attended:** _____

Home address: _____**Apt #** _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (If different from home): _____**Apt #** _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone Number: _____ **Student Cell Phone:** _____

Verification of Residency: In order to verify residency within Klamath County School District please provide one of the documents listed below dated within the last 30 days, showing parent/guardian name and address.

☐Utility bill
☐Driver's License
☐Mortgage, lease, or rental agreement
☐Other _____

Ethnicity/Race:
Federal and State regulations require KCSD to gather this information for statistical reporting. Your response is not required for enrollment. If you choose not to respond. Klamath County School District is required to report this information through an observer identification process.

Ethnicity choose one: ☐ **Not Hispanic/Latino** ☐ **Hispanic/Latino** (having origins in Cuba, Mexico, Puerto Rico, Central and South America or other Spanish culture)

Race: No matter what you selected above, please continue to answer the following by **marking one or more boxes** to indicate what you consider your child's race to be.

☐**American Indian or Alaska Native**
☐**Asian**
☐**Black or African American**
☐**Native Hawaiian or Other Pacific Islander**
☐**White**

Student Support Programs and Services

Special Education Services

☐**Yes** ☐ **No** Has the student ever received or participated in special education services?
☐**Yes** ☐ **No** Has the student ever been in a special education testing or evaluation process?
☐**Yes** ☐ **No** Is the student currently on an IEP from another school/district?
☐**Yes** ☐ **No** Is the student currently receiving speech services?

Native American Education Program Title VI-A

☐**Yes** ☐ **No** Is the student, a parent, or grandparent, a member of a U.S. Federally recognized tribe, a state recognized tribe, a terminated tribe, Alaska Native or organized Indian Community? If yes please complete the ED 506 form for Native American Students.

Migrant Education Program Title I-C

☐**Yes** ☐ **No** Has your family moved within the last three years (including for a short time only)?
☐**Yes** ☐ **No** Has anyone in your household worked in agriculture, fishing, nursey, forestry (mill), farming, dairies, or canneries in the past three years?

McKinney-Vento Program:
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 hardships.
☐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.

English Language Development Program Title III

☐**Yes** ☐ **No** Has the student been in English Language Development Program in the United States?
If yes when? ____/____/_____ and where? _____

Other programs and services

☐**Yes** ☐ **No** Has the student been in Talented and Gifted Program
☐**Yes** ☐ **No** Does the student have a current 504 Plan?
☐**Yes** ☐ **No** Is the student a foster child?

Family 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.

Parent/Guardian # 1 Contact:

Last Name: _____ **First Name:** _____

Relationship to Student_____ **Lives With? ☐Yes ☐ No ☐ Part- time**

Physical Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Mailing Address (if different from physical): _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____ **Primary Language:** _____

Primary Phone Number: _____**Work Phone:** _____

Active Military or full-time member of the National Guard? ☐Yes ☐ No

Parent/Guardian # 2 Contact:

Last Name: _____ **First Name:** _____

Relationship to Student_____ **Lives With? ☐Yes ☐ No ☐ Part- time**

Physical Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Mailing Address (if different from physical): _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____ **Primary Language:** _____

Primary Phone Number: _____**Work Phone:** _____

Active Military or full-time member of the National Guard? ☐Yes ☐ No

Siblings: Please list student's siblings that attend a KCSD school:

Last Name: _____ **First Name:** _____

Date of Birth: _____ **School Name:** _____ **Grade**: _____

Last Name: _____ **First Name:** _____

Date of Birth: _____ **School Name:** _____ **Grade**: _____

Last Name: _____ **First Name:** _____

Date of Birth: _____ **School Name:** _____ **Grade**: _____

Emergency Contacts:

Please list persons other than the parents/guardians. It is important to list at least one emergency contact who lives in the area. In an emergency, parents/ guardians will be contacted in the order listed on the previous page. By listing other name(s) below as emergency contacts, you are authorizing another person or people to pick up your student at school if the parent/guardian cannot be reached.

1. **Last Name:** _____ **First Name:** _____

   Primary phone: _____ **Alternate Phone:** _____

   Relationship to student: _____ **School Pick up** ☐Yes ☐ No

2. **Last Name:** _____ **First Name:** _____

   Primary phone: _____ **Alternate Phone:** _____

   Relationship to student: _____ **School Pick up** ☐Yes ☐ No

3. **Last Name:** _____ **First Name:** _____

   Primary phone: _____ **Alternate Phone:** _____

   Relationship to student: _____ **School Pick up** ☐Yes ☐ No

Medical Information:

Student's Doctor: _____ **Phone:** _____

Student's Dentist: _____ **Phone:** _____

Please check any current medical conditions:

☐Asthma ☐ Allergies ☐Diabetes

☐Hearing impaired ☐ Vision Impaired ☐Seizure Disorder

☐Life Threating Allergies: _____

☐ Other (Specify): _____

☐Prescription Medications: _____

Notify the school if your student requires **MEDICATIONS** during school hours. Follow school protocols for medication at school. If your student's illness requires antibiotics, the student must have been on antibiotics for at least 24 hours before returning to school, and longer in some cases.

Health Guidelines

Please follow these guidelines to help all students stay healthy and ready to learn.

DO NOT SEND AN ILL STUDENT TO SCHOOL and notify the school if your student is staying home.

See examples below of when your student should not be in school and when they can return. This list is school instructions, not medical advice. Please contact your health care provider with health concerns.

Symptoms of Illness	**The student may return after…** *the list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses
Fever: temperature of 100.4°F or greater	* **Fever free for 24 hours** without taking fever-reducing medication.
New **cough** illness	***Symptoms improving for 24 hours** (no cough or cough is well-controlled)
New **difficulty breathing**	***Symptoms improving for 24 hours** (breathing comfortably) ***Urgent medical care may be needed***
Diarrhea: 3 loose or watery stools in a day **OR** not able to control bowel movements	***Symptoms improving for 24 hours (no more than two bowel movements more than normal and no longer having accidents) OR** with order from doctor to school nurse
Vomiting: two or more episodes that are unexplained	***Symptom free for 24 hours OR** with orders from doctor to school nurse.
Headache with stiff neck and fever	***Symptom free OR** with orders from doctor to school nurse. Follow fever instructions above. ***Urgent medical care may be needed.***
Skin rash or **open sores**	***Symptom free,** which means rash is gone OR sores are dry or can be completely covered by a bandage **OR** with orders from doctor to school nurse.
Red Eyes with colored drainage	***Symptom free,** which means redness and drainage are gone **OR** with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	***After the school has orders** from a doctor or local public health authority to school nurse.
Acting differently without reason: unusually sleepy, grumpy, or confused.	***Symptom free,** which means return to normal behavior, **OR** with orders from a doctor to the school nurse.
Major health event, like illness lasting 2 or more weeks OR a hospital stay, **OR health condition requires more care than school staff can safely provide.**	***After the school has orders** from a doctor to school nurse **AND** after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely.

Permissions/Authorizations:

Photo/Video Opt-out: Student Photos and or videos are commonly used in school publications, including social media, educational projects, and the district website. **If you do not want your students photo used or released for these purposes or for news media please sign below.**

Parents signature: _____ Date: _____

Note: All students will appear in the school yearbook unless the school office is given specific, written instructions to the contrary.

Student Computer/Internet/AI: Students will have access to the 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. Artificial intelligence, including generative AI, is found throughout the internet including in Google search, Microsoft Edge, and Apple products. I understand the district may include artificial intelligence as part of the instructional technology tools used in KCSD classrooms. I am aware of District Policy IKJ on Artificial Intelligence.

Parent Initials: _____

Student Rights and Responsibilities Handbook: I acknowledge that the District publishes a Student Rights and Responsibilities Handbook which describes the expected behavior of students. The handbook can be found on the Klamath County School District website. 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: _____

Cell phone policy: I understand Oregon's executive order bans all **cellular connected devices** for my student during the entire instructional school day. If my student fails to comply with this executive order and district policy, their cell phone or connected device may be confiscated and other disciplinary actions may apply. **Parent Initials: _____**

High School Only: Federal law requires the district to provide names, addresses, and telephone numbers of high school students to military recruiters that request this information, except where the parent notifies the district in writing that he/she does not consent to release this information. When a high school student reaches 18 years of age, the right to opt out transfers from parent/guardian to the student. By checking the box(es) below, I am requesting that my student's name, address and telephone number:

☐ **Not** be shared with military recruiters

By signing this form, I agree that all the information is true.

Parent/Guardian Name (print): **_____ Date: _____**

Parent/Guardian Signature: _____

State of Oregon - Language Use Survey

<u>This document is given when a student enters a school district for the first time.</u>

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. 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.

Student Name: _____ Grade: _____ Date: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Information	**Questions**
This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.	1. What language(s) are primarily used in the home? _____ 2. What was the first language(s) that your student learned? _____ 3. 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.*	In what language(s) would you prefer to receive communication from the school? _____

Recent Arrivers

All students and families must respond to this questionnaire. **Any student born outside of the US or Puerto Rico, including foreign exchange students and students born abroad to military members** must be included in the "Recent Arriver" count if they meet all three criteria.

Student Last Name: _____ Student First Name: _____

Student School: _____

1. Is the student 3-21 years of age? ☐Yes ☐ No
2. Students Date of Birth: _____
3. Was the student born **outside** of the United States or Puerto Rico? ☐Yes ☐ No
4. Has the student attended school in the United States for less than a total of **three full school years**?

   ☐Yes ☐ No
5. Date the student first attended school in the United States: _____
6. Has the student left US schools at anytime since that date? ☐Yes ☐ No
7. If Yes please give dates that the student was not in US Schools: _____
8. What is the student's language of origin? _____
9. Is the student identified as an English language learner? ☐Yes ☐ No
10. Is the Student a foreign exchange student? ☐Yes ☐ No

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Registrars: Please submit forms to Beth Clark, Federal Programs Administrator via Intra-district Mail.

Chromebook User Agreement

Agreement between user and Klamath County School District

Students will have access to a Chromebook to use in the classroom. Students are expected to use District technology responsibly and they must understand the appropriate and responsible uses of the technology and District network resources. The District also expects that students will keep Chromebooks safe, secure, and in good working order. This agreement includes the following specific expectations:

Responsibilities and Restrictions

By using a Chromebook, I acknowledge and agree to the following conditions:

❑ Students are expected to abide by the Internet Use Agreement at all times.

❑ Student use of District equipment is filtered on and off District property.

No filter is perfect and the District cannot guarantee students will not intentionally or unintentionally access content that is inappropriate.

❑ Students are responsible for all content on the Chromebooks they use.

Any inappropriate content, in any form (pictures, text, animation, video, sound, etc.) will be grounds for disciplinary action.

❑ Students may be subject to fines if the device has graffiti or stickers of any kind.

❑ Students will notify their classroom teacher immediately if the device needs repair, is lost or stolen.

Lost Device Forms can be obtained at the front office or library.

Some common-sense actions the user must take to protect the device, software, and confidential data that may be on the device include, but are not limited to the following:

❑ Do not leave unattended in a car, an unlocked home, or in a public place.

❑ Keep information password-protected; log off when you are away from a Chromebook.

❑ Protect from liquids or dampness.

❑ Protect from extreme temperatures (i.e. do not leave in trunk of car for long periods of time, etc.).

❑ Do not load or add software, apps, or extensions without teacher or administrator permission.

Ownership

I understand that I am responsible for any damage to any Chromebook that I use. The District or School may request the device and software be returned at any time. Upon request by the District/School or termination of the Agreement, I must return the device to the District/School, in the same condition it was received, reasonable wear and tear accepted, excluding physical damage. I understand that the District or School may ask to examine the device at any time.

Conditions and Liability

I agree to use the Chromebook and software "as is." In no event shall the District be liable to me for my use of any device. I understand that in the event of theft, misuse, or carelessness, there is no provision for replacement by the District. I understand that if loss or damage occurs while the Chromebook is in my possession, I am responsible for any damage at full cost, and in case of theft, for filing an official police report and informing my school immediately.

REPLACEMENT COSTS:

Charger $20	Screen $50	Keyboard/ Keys $30	Hinge $25	Device Exterior $40
2025 Chromebook $300	2024 Chromebook $250	2023 Chromebook $200	2022 Chromebook $150	2020/21 Chromebook $100

Student Name: _____ **Parent/Guardian Signature***: _____

*As the parent/guardian you understand, if your child damages any Chromebook you are financially responsible for the cost of repair.

Transportation Information

In order for your student to ride a Klamath County School District Bus you must complete registration on our website. If you can not complete the online registration please contact the transportation office at 541-883-5013 for assistance.

School Bus Expectations

These are the Oregon Department of Education bus riding rules. The driver's job is to enforce these rules to ensure the safety and comfort of all students transported to and from school. Your help and understanding will be appreciated when it becomes necessary to issue a student a "Bus Conduct Report" for the infractions of any of the following rules. Please help the driver make this a safe year for the students transported under the care of the bus driver by helping students to understand these safety rules and the necessity of practicing them every day. Your help and cooperation will be greatly appreciated.

1. Students being transported are under the care of the bus driver.
2. Fighting, wrestling, and/or rowdy behavior is not tolerated on the bus.
3. Students shall use the emergency door only in the case of an emergency.
4. Students shall be on time for the bus both morning and afternoon.

   Please have your student to the bus stop 5 minutes early and remain for 5 minutes after scheduled time.
5. Students shall not bring firearms, weapons, or other hazardous material on the bus.
6. Students shall not bring animals, except approved assistance guide animals on the bus.
7. Students shall remain seated while the bus is in motion.
8. The bus driver may assign students a seat.
9. When necessary to cross the road, students shall cross in front of the bus or as instructed by the bus driver.
10. Students shall not extend their hands, arms, or head through bus windows.
11. Students shall have written permission, signed by the office to leave the bus other than their regular stop.
12. Students shall talk in a normal tone; loud and/or vulgar language is not acceptable.
13. Students shall not open or close windows without permission of the bus driver.
14. Students shall keep the bus clean and not damage it in any way.
15. Students shall be courteous to the driver, to fellow students, and passersby.
16. Students who refuse to obey directions of the driver or refuse to obey regulations may forfeit their privilege to ride the bus.

Not following the above regulations will result in contacting the parents/guardians and/or the student not being allowed on the bus for a period of time.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School_____ School District_____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

Membership or enrollment number establishing membership _____ (if readily available) or

other evidence establishing membership in the Tribe listed above _____ (describe and attach).

Attestation Statement
I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature_____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email_____ Date _____

For Parent/Guardians:

Definitions:
Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335