

RACIAL ETHNIC CATEGORY: FEDERAL LAW REQUIRES THE DISTRICT TO REPORT THIS INFORMATION. IT IS YOUR OPTION WHETHER TO PROVIDE IT. THIS INFORMATION IS ONLY USED FOR FEDERAL REPORTS.

Part A: Is this Student Hispanic/Latino?

_____ no, not Hispanic/Latino _____ yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)

Part B: What is this student's race?

White/Caucasian_____ Black/African American_____ Asian_____ American Indian/ Alaskan Native _____ Native Hawaiian/Other Pacific Islander_____

Does anyone in your household speak a language other than English? Yes____ No____

SPECIAL PROGRAMS: Has your student received any of the following services?

TAG_____ TITLE I_____ Special Education_____ Speech/Hearing_____

STUDENT HEALTH INFORMATION

Is the student covered under any medical insurance? Yes____ No____

If covered by medical insurance, please list name of company_____

Does student have problems with the following: Hearing____ Vision____ Seizures____ Asthma____ Diabetes_____

Bee Sting Reactions: Swelling _____ Breathing Problem_____ Other_____

Is medication required? Yes____ No ____ If yes what type: Injection kit _____

Injection by physician_____ Oral _____

Allergies (Please indicate what the student is allergic to) _____

Any daily medications? Yes____ No____ If yes, name of medication_____

Is student allergic to any medication? If yes what? _____

Any other medical issues? _____

Emergency room personnel to treat student? Yes____ No ____

Transport student in school employee's vehicle? Yes____ No ____

Transport student by ambulance? Yes____ No ____

Physician Name Phone #

Dentist Name Phone #

I give permission for my student to participate in school organized and supervised field trips. Yes____ No ____

I give permission for my student to view movies, Rated G only. Yes____ No ____

I give permission for my students name and picture to be in the newspaper? Yes____ No____

Are there any restraining orders/court orders to protect student: Yes____ No ____ If yes school **must** have a copy for school records.

Non- Custodial Parents Statement: Oregon law requires that progress and behavioral records which relate to this student will be shared with non-custodial parents upon their request, unless the school is presented with a court order to the contrary.

DIRECTORY INFORMATION

Permission is granted for household phone number to be released to staff and/or parent club. Yes____ No ____

Would you like to be listed in school directory? Yes____ No____

Parents/Guardian Signature

Date