

# SANTIAM CANYON SCHOOL DISTRICT 129J

School Use  
Assigned Teacher/Counselor \_\_\_\_\_  
Bus Info AM \_\_\_\_\_ PM \_\_\_\_\_ Bus # \_\_\_\_\_  
Household form completed Yes/No School \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_  
Last First Middle

Last School Attended \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_ Unlisted Y / N

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (if different from residence) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Maiden Last Name \_\_\_\_\_ Father Name \_\_\_\_\_

Mother Name \_\_\_\_\_ **Lives with what Parent** \_\_\_\_\_

Primary Language (if other than English) \_\_\_\_\_ Student Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*

**Day Care Provider**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Address \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Destination \_\_\_\_\_

P35 Do we have your permission to take this student to the nearest doctor/hospital? Yes \_\_\_ No \_\_\_

P36 Do we have your permission to contact a doctor? Yes \_\_\_ No \_\_\_

P32 Do we have your permission for this student to attend movies in the classroom? Yes \_\_\_ No \_\_\_

P31 Do we have your permission to take this student on scheduled field trips? Yes \_\_\_ No \_\_\_

P37 Does the Santiam Canyon School District have your permission to videotape your child in the school environment? Yes \_\_\_ No \_\_\_

P38 Do we have your permission to include your student in directory information? Yes \_\_\_ No \_\_\_

P39 Santiam Canyon SD has my permission to request information from Oregon Medical Assistance programs if applicable. Yes \_\_\_ No \_\_\_

**STUDENT INSURANCE** (please initial the appropriate space)

- \_\_\_ We plan to purchase school insurance
- \_\_\_ Our child is covered by our health plan and we do not need to purchase any additional Insurance
- \_\_\_ Our child is covered by the Oregon Health Plan
- \_\_\_ We have no health insurance, we do not plan to purchase any school insurance and understand that Santiam Canyon SD does not provide insurance coverage for students.

Other special medical conditions/problems/dosage instructions \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| Medical                                 |                           |  |           |           |
|---|---------------------------|--|-----------|-----------|
| Please Check if your child has problems |                           |  | Corrected | *Medicine |
| with                                    |                           |  |           |           |
| M31                                     | Hearing                   |  | Yes/No    |           |
| M32                                     | Vision                    |  | Yes/No    |           |
| M33                                     | Seizures                  |  | Yes/No    |           |
| M34                                     | Asthma                    |  | Yes/No    |           |
| M35                                     | Diabetes                  |  | Yes/No    |           |
| M36                                     | Allergy                   |  | Yes/No    |           |
| M37                                     | Daily medication required |  | Yes/No    |           |

**\*\*\*If there are any custody or restraining orders, please provide them to us\*\*\***

**\* Providing your child's social security number (SSN) is voluntary.** If you provide it, the school district will use SSN for recording keeping, research and reporting purposes only. The school district will not use SSN to make any decisions directly affecting you or any other person. Your SSN will not be given to general public. If you chose not to provide your SSN, you will not be denied any rights as a student. Please read the following statement that describes how your SSN is used. Providing your SSN means that you consent to the use of your SSN in the manner described. \*\* Federal law requires the district to report this information. It is your option to provide it. Information is used only for Federal reports.

**\*\* Social Security Disclosure Statement**

OAR 581-21-250(1) (j) authorizes school districts to ask you to provide your social security number (SSN). The SSN will be used by the district for reporting, research and recordkeeping. Your SSN will also be provided to the Oregon Department of Education. The Oregon Department of Education gathers information about students and programs to meet state and federal statistical reporting requirements. It also helps school districts and the state research, plan and develop educational programs and student success in the workplace.

Has your child received any of the following services in school?

|                   |                |        |                |
|-------------------|----------------|--------|----------------|
| Counseling        | Yes ___ No ___ | TAG    | Yes ___ No ___ |
| Special Education | Yes ___ No ___ | Speech | Yes ___ No ___ |
| Title I           | Yes ___ No ___ | ELL    | Yes ___ No ___ |
| Migrant Education | Yes ___ No ___ |        |                |

Our school provides service if available. Do you feel your child would benefit from any of these programs? If so, which ones?

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**Ethnic/Race Information**

Providing your child's ethnic background is voluntary. It will help our testing coordinator as well as assist the district in meeting required documentation for state and federal programs and information reports.

Is this student (or are you) Hispanic or Latino? (Choose only one) No \_\_\_\_\_ Yes \_\_\_\_\_ (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not 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 student's (or your) race to be."

**What is the student's (or your) race? (Choose one or more)**

\_\_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

\_\_\_\_\_ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

\_\_\_\_\_ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**Non-Custodial Parents Statements:** 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.

**\*\*\*If there are any custody or restraining orders, please provide them to us\*\*\***