



Sheridan School District

Registration Form

Updated: 8/8/2023

Teacher: _____

Homeroom: _____

SCHOOL USE ONLY

School Year /		Student ID #		Entry Date / /		Grad Year	
School	Grade	Bus #	Records Request	Birth Certificate: (KG or from out of state/country)			
Immunizations:							

This enrollment form is a legal document. The information you provide must be accurate and complete. This information is protected by the federal Family Educational Rights and Privacy Act (FERPA).

STUDENT INFORMATION

Legal Last Name:		Legal Middle Name:		Legal First Name:		Preferred Name:	
Grade	Gender	Birth Date (mm/dd/yyyy)		Birth City	Birth State	Birth Country	
Home Address (Physical, not PO Box):					City:	State:	Zip:
Mailing Address, if different:					City:	State:	Zip:
Student Primary Phone Number:							
For Students new to Sheridan School District:							
Out-of-District School: _____ City: _____ State: _____ Grade: _____							
Last Date Attended (month/year): _____							

PARENT/GUARDIAN MILITARY INFORMATION

Is one or more Parent/Guardian currently serving in the U.S. Military? ___ Yes ___ No

If yes, Status: Active Duty Reserves National Guard Parent Name: _____

Branch of Service: Air Force Army Coast Guard Marines Navy

RACE & ETHNICITY

Ethnicity: Hispanic Non-Hispanic

Race (Check all that apply): White Asian Native Hawaiian/Other Pacific Islander

Black/African American American Indian/Alaska Native

SPECIAL PROGRAMS

Is student currently on an Individual Education Plan (IEP)? Yes No Not Sure
 Is student currently on a 504? Yes No Not Sure
 Has student been enrolled in Talented and Gifted Programs? Yes No Not Sure
 Has student been enrolled in an ELL Program? Yes No Not Sure

Does your child have a physical or mental impairment that limits one or more activities? For example, inability to care for one's self; perform manual tasks; participate in daily activities; learn or concentrate on school work?

Yes No

Do you have any concerns a counselor needs to know? _____

Birthplace – Was the student born in the US or Puerto Rico? Yes No

Did parent(s) or guardian(s) move within the last 36 months to work or seek work in agriculture, fishing, or related food processing activity?

Yes No

If yes, when? _____

Has the student been attending a school in the US for less than 3 years in a row? Yes No

STUDENT MEDICAL INFORMATION

The school must be notified if your student has a condition/disease which has the potential to present a life-threatening emergency or any condition which has in the past presented a life-threatening emergency. Non-life-threatening medical conditions may also require a health plan.

Doctor(s) Name: _____ Phone: _____

Does your student have a medical condition? (Check all that apply)

___ Requires Epi-Pen at school ___ Seizure Disorder ___ Severe bee/insect sting reaction
 ___ Severe Food Allergy: _____ ___ Diabetes ___ Severe Asthma ___ Heart Condition
 ___ Hemophilia ___ Cancer ___ Dialysis ___ Psychosocial Issues
 ___ Physical disability/Impairment _____
 ___ Other _____

If any of the above are checked the school nurse may contact you to develop a health plan for your student.

Will your child need prescription or over the counter medications administered at school? Yes No
If yes, please ask the school secretary for additional form(s).

Will your child need dietary accommodations while at school? Yes No
If yes, please ask the school secretary for additional form(s).

If yes to any of the above, the school nurse may be in contact with you.

Medical Insurance Company _____

Medical Insurance Policy # _____

PARENT/GUARDIAN PERMISSIONS

Federal law and school board policies protect the privacy of student's educational records and give parents certain rights or permissions with respect to their child's records. These permissions are defined as:

Contact Allowed: This adult can have contact with the child.

Educational Rights: Has legal rights to access educational records (grades, attendance, behavior, etc.) For further information please review student policy

Has Custody: Adult who has legal custody of the student.

Mailings Allowed: Physical paper mail can be sent to this household, if Educational Rights are allowed, ex. Report Cards. (One per address)

Release to: The District/School can release the child to this adult.

Please provide legal documents indicating custody, visitation, parental rights, or any other legal documents that can affect who can and cannot pick up your child.

Is there joint custody of this student? Yes No

Who has legal custody? (Check all that apply) **You are responsible to notify the school of changes.**

Mother Father Stepmother Stepfather Guardian Other _____

Restraining order, Delegation of Authority, Divorce Decree, Guardianship papers, Other _____

Is Documentation Provided? Yes No

Student Lives With? (Check all that apply)

Mother Father Stepmother Stepfather Guardian Other _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ **Relationship:** _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student: **Legal Custody:** **Contact allowed:** **Release to:** **Receives Mailings:**

Educational Rights: **Language** _____

Parent/Guardian: _____ **Relationship:** _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student: **Legal Custody:** **Contact allowed:** **Release to:** **Receives Mailings:**

Educational Rights: **Language** _____

Parent/Guardian: _____ **Relationship:** _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student: **Legal Custody:** **Contact allowed:** **Release to:** **Receives Mailings:**

Educational Rights: **Language** _____

Parent/Guardian: _____ **Relationship:** _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student: **Legal Custody:** **Contact allowed:** **Release to:** **Receives Mailings:**

Educational Rights: **Language** _____

SIBLING(S) ATTENDING SHERIDAN SCHOOLS

Last Name: _____ First Name: _____ Grade: _____ OK to Release to

Last Name: _____ First Name: _____ Grade: _____ OK to Release to

Last Name: _____ First Name: _____ Grade: _____ OK to Release to

Last Name: _____ First Name: _____ Grade: _____ OK to Release to

EMERGENCY CONTACT INFORMATION

Please list individuals we can contact to pick up and assume temporary care of your child in the event a parent/guardian cannot be reached. At least one emergency contact is required to be listed.

Contact #1

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Contact # 2

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Contact # 3

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

TRANSPORTATION

ARRIVAL

How will the student arrive to school? (walk, drive, dropped off, or bus – include bus route number, if known) _____

DEPARTURE

How will the student be picked up from school? (if different from arrival) _____

ENROLLING RECORD

Name of person enrolling student (Please print name):

Relationship to student:

STUDENT CONDUCT

To attend Sheridan School District, both the parent/legal guardian and the student must read through the student handbook as it contains rules of conduct and school policies. The student handbook is available from the office or can be found online at

www.sheridan.k12.or.us/resources/parent-and-student-resources/

Sheridan School District also creates Google and other accounts for students to have access to create and save schoolwork, for testing, and communication in the classroom. All e-mail accounts are managed by Sheridan School District. A complete list of services, including their terms of use and privacy policies, are available from the office or online at www.sheridan.k12.or.us/resources/parent-and-student-resources/

By signing below, you state that you have received or have access to the student handbook, received or have access to the terms of use and privacy policies for Google and other account services, and that you agree to abide by the policies laid out in those documents. This signature also serves as granting permission for your student to access the aforementioned account services.

Student Signature

Parent/Guardian Signature

MEDICAL & CONTACT INFORMATION

There are a few occasions when it becomes necessary to close schools or an individual school without prior notice. This may be done due to loss of electricity or water, snow and ice conditions, major storm threats, flooding or other disasters. Our school district staff has developed plans to reduce the number of times when school closure is necessary

I, the undersigned, do hereby authorize officials of Sheridan School District to contact directly the persons named on this form, and do authorize emergency or medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event parent/guardians or other persons named on this form cannot be contacted the school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

I certify that all information provided in this form is, to the best of my knowledge, correct and complete.

Signature of Parent/Guardian/Eligible Student

(Eligible Student indicates any student that is 18 years or older, or emancipated.)

Date

Non-discrimination Statement:

It is the policy of Sheridan School District Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment.

Persons having questions about equal opportunity and nondiscrimination should contact the Sheridan School District Office, 435 S. Bridge St., Sheridan, Oregon 97378. (971) 261 6959