

Required Registration Documents

WELCOME to RMS~Incoming families are required to submit current proof of residency documents. Please provide the following information for your student.

Student's Legal Name:

Legal Last Name

Legal First Name

Legal Middle

Grade

Last School _____

Current Address _____

Please check box if this address is different from the one on file with previous school.

Please check box if your student was on a transfer last year and/or if any parent has moved to a new address.

Please submit the following required items/docs on/or before Registration to complete the enrollment process:

- Copy of Student's Birth Certificate or Passport
- Proof of Residency: Bring in originals of home mortgage **or** current lease agreements.
*Month-to-Month rental agreements require a rent receipt and utility bill every month
- Proof of Residency: Bring one of the following: Mailed documents that are current (within the last 60 days) from: Utility companies, Homeowners/Renters Ins., Oregon State Gov. agencies & Social Security Admin.
- Copy of Parent's Drivers License or Passport (for ID purposes only)

Parental Rights to the Student and to Educational Records

OAR 581-021-0230 and School Board Policy, Education Records –JO

By law, if parents are legally separated or divorced, each parent continues to have equal rights to the child and to his/her records information. The only way to limit or revoke a parent's access to the student or records is to provide the school with a court order or legal document that specifically revokes these rights.

If the custody of a student has been granted to only one parent, it is important for him/her to know that the non-custodial parent will continue to have access to the student and all educational records until the school has been given a copy of the current court order to the contrary.

Note: If a parent states he/she has sole custody, the "Custody" field will remain "Joint" until the school is provided a copy of the court order or legal document showing proof of custody.

Copy of Custody Court Documents for families who are divorced or separated.

Parent's name _____

Address _____

Phone number _____

Email _____

Please remember Enrollment forms & the information provided are legal documents. The information provided must be accurate and complete.

Signature _____

Date _____



Roosevelt Middle School

500 E. 24th Avenue
Eugene, OR 97405
541-790-8500 (Phone)
541-790-8505 (Fax)

Eugene School District 4J Student Enrollment



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

Check this box if you need assistance completing this form. Name: _____ Phone: _____

Student Demographic Information Enter Date: ___/___/___ 4J Perm ID: _____

Student's Legal Name:

Legal Last Name _____ Legal First _____ Legal Middle _____ Suffix _____

Grade (starting at this school): _____ **Gender:** Female Male

Birth Date: ___/___/___

Birth Verification:
(Bring 1)

- Birth Certificate
- Passport
- Adoption papers
- Court Order
- Individual Tax ID Number (ITIN) card
- Matricula Consular card

Birth City: _____

Birth State: _____

Birth Country: _____

Ethnicity: Hispanic Non-Hispanic

Race: (Mark all that apply)

White (ancestors from Europe) Native Hawaiian or Pacific Islander Asian

Black or African American American Indian or Alaska Native

Non-US Native American (ancestors from Mexico, Central America, South America or Canada)

Educational History:

1. Has this student attended school in any other country? No Yes _____
(Country)

 - a. If yes, when did this student begin school in the US? ___/___/___
Month Day Year
 - b. If yes, what grade level did he/she complete? _____
 - c. If yes, has this student been in an English Learner program in the US? Yes No
 - d. If yes, when? ___/___/___ and where? _____

2. Has your student been out of school for two years or more? Yes No
 - a. If yes, are you concerned that your student is not at grade level in reading or math? Yes No

Previous School: _____ **Phone:** (____) _____

Address _____ City _____ State _____ Zip _____

Student's Home Address: _____ **Mailing Address:** Same as home address

Address _____ # _____ Address (If different than home address) _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

County by address: _____

Student's Home Phone: _____ **Student's Cell Phone:** _____

Address Verification: Bring 1 current document or correspondence from each column (post marked within the last 60 days).

Column A Docs

- Property Tax Statement
- Lease or Rental Agreement
- Documents related to purchase of residence

Column B Correspondence Documents

- Social Security Administration
- Oregon Gov. Agencies
- Utility companies
- Credit card bill
- Financial Institutions (checking/savings)
- Insurance company
- State and Federal Revenue Document
- Paycheck information

Parent/Guardian Information

Enrolling Parent Photo ID **required**

ODL OR Id Card Passport/Consular

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact Allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ ASL (American Sign Language) Email: _____

Interpreter Needed: Yes No Employer: _____

This parent/guardian is an active member of the military. Uniformed Military branch of service: Army ___ Navy ___ Air Force ___ Marine Corps ___
Coast Guard ___ National Guard (full-time member) ___ Active Duty Reserves(at least 180 consecutive days) ___ Start Date of service: ___/___/___

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact Allowed View Records Has Custody Enrolling Parent Release To

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Coast Guard ___ National Guard (full-time member) ___ Active Duty Reserves(at least 180 consecutive days) ___ Start Date of service: ___/___/___

Student Lives With (check box if Yes) Relationship: Father Mother Guardian Other: _____
(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Primary Phone (preferred contact): Home Work Cell

Check all that apply for this parent: Contact Allowed View Records Has Custody Enrolling Parent Release To

Primary Language: _____ ASL (American Sign Language) Email: _____

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(Specify)

Parent Legal Last Name _____ Legal First Name _____

Address (if different from student's) _____ City _____ State _____ Zip Code _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

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Coast Guard ___ National Guard (full-time member) ___ Active Duty Reserves(at least 180 consecutive days) ___ Start Date of service: ___/___/___

Emergency Contacts *(Do not re-list parents please.)*

List only those authorized to pick up your student when parent/guardian cannot be reached. Only list Primary Language if other than English.

1st _____ (_____) _____ Home
 Name Relationship to Student Phone Cell

Primary Language: _____ ASL (American Sign Language)

2nd _____ (_____) _____ Home
 Name Relationship to Student Phone Cell

Primary Language: _____ ASL (American Sign Language)

3rd _____ (_____) _____ Home
 Name Relationship to Student Phone Cell

Primary Language: _____ ASL (American Sign Language)

4th _____ (_____) _____ Home
 Name Relationship to Student Phone Cell

Primary Language: _____ ASL (American Sign Language)

(Services contacts, if applicable)

_____ (_____) _____
 Case Worker Supervisor Phone

_____ (_____) _____
 Parole Officer Court Phone

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

Has Insurance: Yes No

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

Siblings *(List all school age brothers, sisters, step and half brothers and sisters of this student living in 4J.)*

Student Name Relationship to Student Grade School Enrolled

Student Name Relationship to Student Grade School Enrolled

Student Name Relationship to Student Grade School Enrolled

Student Name Relationship to Student Grade School Enrolled

Other Information

Permissions: *(Valid at this school until changed by Parent/Guardian – If left unchecked, assumption is YES)*

Field Trips: My student may participate in all school field trips. Yes No

School Directory: My student's information may be printed in a school directory. Yes No

School Website: My student may be mentioned or pictured on the school website. Yes No

News Media: My student may be seen, interviewed or quoted on television, radio or newsprint. Yes No

Photographs: My student's picture may be taken during class or for class activities. Yes No

Video: My student may be video taped during class or class assignments. Yes No

HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times. Yes No

Email: My student has permission to use a 4J email account for school work. Yes No

Google Apps: My student has permission to use Google Applications for school work. Yes No

Note: Email will automatically be enabled if Google Apps permission is given.

Middle and High Schools only:

School Year Book: My student may be mentioned or pictured in the School Year Book. Yes No

PG-13 Movies: My student may watch movies rated PG-13. Yes No

Student Name: _____ 4J Perm ID: _____
 (Please Print) (For Office only)

School Name: _____
 (Please Print)

Special Services

Special Services: Please check all services needed by this student.

- EL/LEP Services
- IEP/Special Education Plan
- Teen & Pregnant Parenting Program
- Section 504 Plan
- Talented and Gifted Program
- Title VII Indian Ed (Natives Program)
- Speech Services

IDEA: Special Education Eligibility/Individualized Education Plan (IEP)

Individuals with Disabilities Education Act (IDEA): This is a law ensuring services to children with disabilities. IDEA governs how states and public agencies provide early intervention, special education and related services.

Does the student have an Individualized Education Plan (IEP) from another school/district? Yes No
 * If yes, enter all known data: Prior case manager/contact name: _____

Prior IEP Date: _____ Prior Eligibility Date: _____

Eligibility Category: _____

Title VII: Indian Education Program

Office: Fax Yes forms to: 541-790-5905

Title VII - Indian Education Program: This program serves students who are members of a US federally recognized American Indian Tribe. Through this program students are able to participate in multiple learning activities at no charge. Is this student, parent or grandparent a member of a US federally recognized American Indian Tribe?

*If Yes, please fill in the tribe name: _____ Yes No

Title I-C: Migrant Education Program

Office: Fax Yes forms to: 541-461-8297 (or courier to LESD)

Title I-C - Migrant Education Program: This program provides assistance to youth ages 0-21 who move in order for them or their parents/guardians to seek or obtain temporary or seasonal work in agriculture, forestry or fishing. Free services may include summer school, prekindergarten support, accident insurance, and referrals to community resources.

Has your family moved within the last three years? (including short duration moves) Yes No

Has a person in your family ever worked or planned to work in agriculture? forestry? fishing? Yes No

McKinney-Vento Program

Office: Fax checked form to: 541-790-4960

McKinney-Vento Program: This program guarantees that students, no matter their living situations, have access to public education. Program resources may include transportation assistance, school supplies and other services to help ensure success in school.

Please check the box that applies:

- You are sharing the housing of other persons due to economic hardship or other similar reason.
- You are staying in a motel or hotel due to economic hardship or similar reason.
- You are staying in a car, RV, campsite, or substandard housing.
- You are staying in a shelter.

Special Circumstances

Is this student currently suspended? No Yes _____
 School and Address

Is this student currently expelled? No Yes _____
 School and Address

Signature: I declare that the above information is true to the best of my knowledge and belief. I understand that I commit the crime of false swearing if I make a false statement, knowing it to be false. (ORS 162.075). Furthermore, I understand that my student could be returned to their neighborhood school upon determination of a false address.

Parent/Guardian Name: _____ Date: _____