Important Enrollment Information – At Roosevelt Middle School we want every student to succeed. In order to be sure new students experience a smooth and successful transition, there is a typical waiting period of approximately 48-72 hours to process enrollment paperwork. Our registrar needs time to gather information, request student records, and communicate with the prior school. This critical information allows the administration and counselor to place the student in the appropriate academic classes as well as determine if there is a need for social/behavioral supports. Thank you for your understanding and patience while we complete this process. – Eric Anderson, Principal
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 ___________________

"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). I understand that my student could be returned to their neighborhood school upon determination of a false address."
Welcome to Eugene School District 4J. We are excited that you are joining our family. Your student’s enrollment form is a required official student 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).

The information in this form allows our schools to:
- Communicate important information to you, including report cards and attendance notifications.
- Offer appropriate services to your student, such as language learner or special education services.
- Respond appropriately in the event of an emergency.
- Ensure compliance with civil rights laws.
- Better respond to students’ racial and ethnic identities.

If you need assistance completing this form, please let a school staff member know.

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Enter Date: <strong>/</strong>/____</th>
<th>4J Perm ID: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Completed by school)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you a student (unaccompanied youth) enrolling yourself?  Q Yes  Q No

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
<th>Legal Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Female (F)</td>
<td>☐ Male (M)</td>
<td>☐ Non-Binary (X)</td>
<td></td>
</tr>
<tr>
<td>(To have student’s record reflect gender identity that differs from legal gender and name, complete Gender/Name Change form)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date: <strong>/</strong>/____</th>
<th>Proof of Age (Bring 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Birth certificate</td>
<td>☐ Matricula consular card</td>
</tr>
<tr>
<td>☐ Passport</td>
<td>☐ Tribal ID card</td>
</tr>
<tr>
<td>☐ Adoption papers</td>
<td>☐ Declaration form</td>
</tr>
<tr>
<td>☐ Court order</td>
<td>☐ State-issued ID in student’s name</td>
</tr>
</tbody>
</table>

Grade (starting at this school): ________________

Place of Birth:
☐ US & Territories (Puerto Rico, Guam, Northern Mariana Islands, US Virgin Islands & American Samoa)
☐ Outside of US

Race and Ethnicity: The district is required by law to gather ethnicity and race information for statistical reports. Please answer both questions. If this information is not provided, your child will be reported as non-Hispanic and multi-racial.

Is your child of Hispanic or Latino origin?  Q Yes  Q No

– and –
What race(s) do you consider your child? Mark all that apply.
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ Non-US Native American (including a person having origins in any of the indigenous peoples of Mexico, Central America, South America, the Caribbean or Canada).
☐ White

Student’s Home Address:
Street address
City  State  Zip
County

Mailing Address:  ☐ Same as home address
Street address (if different from home address)
City  State  Zip

Student’s Home Phone:  Student’s Cell Phone:

Pg. 1
Address Verification: Bring 1 current document from each category at enrollment.

Category A Documents
- Property tax statement
- Lease or rental agreement
- Documents related to purchase of residence

Category B Correspondence Documents – postmarked in last 30 days
- Social Security Administration
- Oregon government agencies
- Utility companies
- Paycheck information
- Bank/credit union (checking/savings)
- Insurance company
- State or federal revenue document

If you cannot provide two proofs of residency, contact the School Choice and Student Assignment Coordinator at 541-790-7553.

Student Support Programs and Services

Special Education Services – 541-790-7800
The district provides special education and related services to children with disabilities.

☐ 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?

If yes, enter all known information:
Prior case manager/contact name: ________________________________

Prior IEP Date: __________________________ Prior Eligibility Date: ______________________

Eligibility Category(ies): ________________________________

***********************************************

Native American Education Program (Title VI-A) 541-790-5900
☐ Yes ☐ No Is the student, a parent, or a 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, name of tribes, bands, villages or nations: ________________________________

***********************************************

Migrant Education Program (Title I-C) 541-461-8382
☐ Yes ☐ No In the last three (3) years, has a person in the student’s family worked in, planned to work in, or moved/traveled to work in, agriculture, forestry and/or fishing? This can include work on farms, ranches, canneries, nurseries, trees or fisheries.

***********************************************

McKinney-Vento Program 541-790-4932
This program supports students in a temporary living situation with resources, which may include transportation assistance, school supplies, and other resources to help ensure success in school.

Check the living situation that applies:
☐ Yes ☐ No Is the student sharing the housing of other persons due to economic hardship or other similar reasons?
☐ Yes ☐ No Is the student staying in a motel or hotel due to economic hardship or for a similar reason?
☐ Yes ☐ No Is the student staying in a car, RV, campsite or substandard housing?
☐ Yes ☐ No Is the student staying in a shelter?

***********************************************

English Language Development Program (Title III) 541-790-6514
☐ Yes ☐ No Has the student been in an English Language Development Program in the US?
If yes, when? ___/___/_____ and where? ________________________________

***********************************************

Other Programs and Services
☐ Yes ☐ No Has the student been in a Talented and Gifted Program?
☐ Yes ☐ No Is the student pregnant and/or parenting?
☐ Yes ☐ No Does the student have a current 504 Plan?

Office Use Only:
Student Name ___________________________ Student ID ___________________________
School Name ___________________________

Pg. 2
## Educational History

Previous School: ____________________________  Phone: ____________________________

Address  ____________________________  City: ____________________________  State: ____________________________  Zip: ____________________________

1. Has this student attended school in any other country?  □ Yes □ No
   a. If yes, when did this student begin school in the US? ____________________________ / ____________________________ / ____________________________ Country
   b. If yes, how many years of school (formal education) did your child complete? ____________________________

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

3. Is student currently suspended or expelled?  □ Yes □ No

## Parent/Legal Guardian Information

Please provide the following information on the student’s parents and legal guardians, including parents who do not live with student. Only parents with legal custody or legal guardians may enroll a student, except as provided by law. You will need to present a court order or power of attorney issued pursuant to ORS 109.056 if you are not a parent with legal custody.

### Enrolling Parent/Legal Guardian - 1

- Photo ID **required**  
- □ Driver’s License  
- □ State ID Card  
- □ Passport/Consular  
- □ Tribal ID  
- □ Military ID

Legal Last Name: ____________________________  Legal First Name: ____________________________

Relationship to student:  □ Father  □ Mother  □ Legal Guardian  □ Other (explain): ____________________________

Address (if different from student’s)  ____________________________  City, State: ____________________________  Zip: ____________________________

Cell: ____________________________  Home Phone: ____________________________  Work: ____________________________

Primary Phone (preferred contact):  □ Cell  □ Home  □ Work

Email: ____________________________  Employer: ____________________________

Does student live with you?  □ Yes □ No

Are you the custodial parent or legal guardian of the student?  □ Yes □ No

Is there a current court order regarding custody (sole or joint) or restricted contact with the student?  □ Yes □ No

If yes, you must provide a copy of the court order before the school can limit a noncustodial parent’s rights regarding the student.

Primary Language: ____________________________  □ ASL (American Sign Language)

Do you need an interpreter?  □ Yes □ No

Are you an active member of the military or full-time member of the National Guard?  □ Yes □ No
### Other Parent/ Legal Guardian - 2

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Relationship to student:**
- ☐ Father
- ☐ Mother
- ☐ Legal Guardian
- ☐ Other (explain): ________________

**Address (if different from student's)**
- City, State
- Zip Code

**Cell:** ________________  **Home Phone:** ________________  **Work:** ________________

**Primary Phone (preferred contact):**
- ☐ Cell
- ☐ Home
- ☐ Work

**Email:** ________________  **Employer:** ________________

- Check all that apply to this parent:
  - ☐ Has Legal Custody
  - ☐ Lives with Student
  - ☐ Contact Allowed
  - ☐ View Records
  - ☐ Release Student To

**Primary Language:** ________________  ☐ ASL (American Sign Language)

- Does this person need an interpreter?: ☐ Yes  ☐ No

- Is this person an active member of the military or full-time member of the National Guard?: ☐ Yes  ☐ No

---

### Other Parent/ Legal Guardian - 3

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Relationship to student:**
- ☐ Father
- ☐ Mother
- ☐ Legal Guardian
- ☐ Other (explain): ________________

**Address (if different from student's)**
- City, State
- Zip Code

**Cell:** ________________  **Home Phone:** ________________  **Work:** ________________

**Primary Phone (preferred contact):**
- ☐ Cell
- ☐ Home
- ☐ Work

**Email:** ________________  **Employer:** ________________

- Check all that apply to this parent:
  - ☐ Has Legal Custody
  - ☐ Lives with Student
  - ☐ Contact Allowed
  - ☐ View Records
  - ☐ Release Student To

**Primary Language:** ________________  ☐ ASL (American Sign Language)

- Does this person need an interpreter?: ☐ Yes  ☐ No

- Is this person an active member of the military or full-time member of the National Guard?: ☐ Yes  ☐ No
Other Parent/Legal Guardian - 4

Legal Last Name __________________________________________ Legal First Name ________________________________

Relationship to student:  □ Father  □ Mother  □ Legal Guardian  □ Other (explain): ________________________________

Address (if different from student’s) ____________________________ City, State __________________ Zip Code __________

Cell: __________________________ Work: ____________________________

Primary Phone (preferred contact):  □ Cell  □ Home  □ Work

Email: __________________________ Employer: ____________________________

Check all that apply to this parent:

□ Has Legal Custody  □ Lives with Student  □ Contact Allowed  □ View Records  □ Release Student To

Primary Language: __________________________ □ ASL (American Sign Language)

Does this person need an interpreter?:  □ Yes  □ No

Is this person an active member of the military or full-time member of the National Guard?  □ Yes  □ No

Emergency Contacts  Please list persons other than the parents/guardians listed above. 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 they appear above. By listing other name(s) below as emergency contacts, you are authorizing another person or people to pick up your student at school if a parent/guardian cannot be reached.

1st Name __________________________ Relationship to Student __________________________ Primary Phone (____) ____________

Primary Language: __________________________ □ ASL (American Sign Language) Alternate Phone (____) ____________

2nd Name __________________________ Relationship to Student __________________________ Primary Phone (____) ____________

Primary Language: __________________________ □ ASL (American Sign Language) Alternate Phone (____) ____________

3rd Name __________________________ Relationship to Student __________________________ Primary Phone (____) ____________

Primary Language: __________________________ □ ASL (American Sign Language) Alternate Phone (____) ____________

Services Contacts, if applicable

Case Worker __________________________ Supervisor __________________________ Phone (____) ____________

Parole Officer __________________________ Court __________________________ Phone (____) ____________
# Student Medical Information

<table>
<thead>
<tr>
<th>Student's Doctor:</th>
<th>Phone: (_______)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Insurance:</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Student's Dentist:</td>
<td>Phone: (_______)</td>
</tr>
</tbody>
</table>

## Siblings
List all school age siblings and step-siblings of the student

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Relationship to Student</th>
<th>Grade</th>
<th>School Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>Relationship to Student</td>
<td>Grade</td>
<td>School Enrolled</td>
</tr>
<tr>
<td>Student Name</td>
<td>Relationship to Student</td>
<td>Grade</td>
<td>School Enrolled</td>
</tr>
</tbody>
</table>

## Permissions and Notices

For annual notices on Directory Information, Student Records, Military Recruiting, and Protection of Pupil Rights, please see the annual District Handbook or www.4j.lane.edu/enrollment.

**Directory Information:** District policy JOA, in compliance with state and federal law, provides for the release of directory information without prior parental consent. Student directory information is information from a student education record which would not generally be considered harmful or an invasion of privacy if released, and includes information such as student names and photographs. Student directory information is regularly included in yearbooks, class pictures, and event programs. For a detailed description, please refer to the annual Handbook or school board policy JOA, available online or at your school. If you do not want directory information about your student released, you must submit the Objection to Release of Directory Information Form by September 20 of each school year or upon enrollment. The form is available in school offices and may be found online.

**Google Apps:** The district uses Google Apps for Education, which is an online collaboration suite used to increase collaboration between students and teachers for teaching and learning. Email will automatically be enabled if Google Apps permission is given. Parents must submit a permission form in order for their student to access to their Google education account. You may revoke permission for use of Google Apps at any time.

**High School Only:** Federal law requires the district to provide names, addresses, and telephone numbers of high school students to military recruiters and colleges 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 has reached 18 years of age, the right to opt out transfers from the 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
- ☐ Not be shared with colleges

**Signature:** I declare that the information on this enrollment form is true to the best of my knowledge and belief. I understand that my student could be returned to their neighborhood school upon determination of a false address.

Parent/Guardian Name: ___________________________ Date: ___________________________  
(Signature please)

Parent/Guardian Name: ___________________________ (Print please)
# Request for Student Records Form

## Student(s) Information

<table>
<thead>
<tr>
<th>Student(s) Name:</th>
<th>Birth Date</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Last School Attended Information

<table>
<thead>
<tr>
<th>Name of Last School Attended:</th>
<th>Street Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please send complete information about student(s) by forwarding the following records to the address indicated below on this form within ten (10) days of receipt of this request.

- ✔ Cumulative folder (attendance records, grade level, classroom test results, grades)
- ✔ Health record folder (hearing, vision, immunizations, etc.)
- ✔ All special education records
  
  Please fax the following immediately to ______________________:
  
  - ✔ Current IEP
  - ✔ Current eligibility statement(s)
  - ✔ Most recent evaluation report/assessment results
  - ✔ Psychological testing (educational, social, developmental information)
  - ✔ Behavioral records
  - ✔ Other special program records (TAG, McKinney-Vento, Title 1, 504, etc.)

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon state law, I hereby authorize the release of all records on the student(s) listed above to the below referenced school.

Please note: federal law 34 CFR 99.31(a)(2) does not require a parent signature for educational records to be sent to another school district for purposes of enrollment or transfer.

---

Signature of secretary/school designee                        Signature of parent or guardian     Date

Date of enrollment at new school: ____________________________

Send Records to:

**Roosevelt Middle School**

500 E. 24th Ave.

Eugene, OR 97405

Phone: 541.790.8500

Fax: 541.790.8505

Rev 12/2018
Please complete and return this form to the school office. *This form is valid for the present school year only.*

**ALL GRADES:**

**Walking Field Trips** — A walking field trip is a school sponsored activity in which teachers or other school staff take a group of students off-campus to a community location within 10 blocks of the school by foot and return to the school during the same day. Examples of destinations may include parks, nature trails, libraries, running tracks, businesses or community centers within walking distance of the school. The principal is responsible for approving a teacher’s request to take a walking field trip. To allow flexibility, the school asks parents each year if they are willing to give permission for their child to participate in walking field trips under the supervision of the classroom teacher or other school staff. Your permission for walking field trips, if given, will apply for the entire school year.

For all other types of field trips, the school will provide parents notice and a permission form in advance of the activity, and will require prior written approval by a parent for the student to participate.

☐ **YES** — I give my permission for my child to participate in walking field trips.  ☐ **NO** — I do not give permission

**GRADES 4–8 ONLY:**

*(Skip this section if your student is in grade K–3 or high school)*

**PG & PG-13 Movies** — On occasion, PG and PG-13 rated films connected to learning outcomes may be shown in classrooms. Students will be responsible for bringing home a note identifying the movie at least two days in advance of the showing. Students who are excluded from viewing the movie will be provided an alternate activity. Parents may request to preview the PG or PG-13 rated films prior to their showing.

☐ **YES**: PG — I give my permission for my child to view PG rated movies.  ☐ **NO**: PG — I do not give permission

☐ **YES**: PG-13 — I give my permission for my child to view PG-13 rated movies.  ☐ **NO**: PG-13 — I do not give permission

---

Print Student Name: ____________________________  Date of Birth: ____________
Print Parent Name: ____________________________  School: ____________________________
Parent Signature: ____________________________  Date: ____________________________

**RETURN TO SCHOOL OFFICE**

Office: Record in Synergy and file in student’s cumulative file  Rev.1/2019
<table>
<thead>
<tr>
<th>Student Needs at School</th>
<th>For</th>
<th>Times Taken</th>
<th>Doses</th>
</tr>
</thead>
</table>

**Current Medications**

- **Has Insurance?**
  - [ ] Yes
  - [ ] No

- **Health Alerts/Conditions**
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening

- **Frequent Ear Infections**
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening

- **ADD/ADHD**
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening
  - [ ] Check if life threatening

- **Speech Therapy/Interventions**
  - [ ] Speech Condition
  - [ ] Therapy/Interventions
  - [ ] Behavioral Condition
  - [ ] Therapy/Interventions
  - [ ] Physical Condition

**Other Conditions**

- [ ] Speech Disorder
  - [ ] Behavior Disorder
  - [ ] Speech Disorder
  - [ ] Behavior Disorder
  - [ ] Speech Disorder
  - [ ] Behavior Disorder
  - [ ] Speech Disorder
  - [ ] Behavior Disorder

**Other Conditions**

- [ ] Speech Disorder
  - [ ] Behavior Disorder
  - [ ] Speech Disorder
  - [ ] Behavior Disorder
  - [ ] Speech Disorder
  - [ ] Behavior Disorder
  - [ ] Speech Disorder
  - [ ] Behavior Disorder

**History of Injury/Severe Injury/Concussion**

- [ ] Medical Condition
  - [ ] Primary Caregiver
  - [ ] Doctor/Phone
  - [ ] Student Name
  - [ ] Grade
  - [ ] Birthdate
  - [ ] Phone #
  - [ ] Date

---

*Complete for Health Stalk and Health Folder*
Oregon Certificate of Immunization Status
Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)</td>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
<td>(mm/dd/yy)</td>
</tr>
<tr>
<td>Booster Dose Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (IPV or OPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) [VZV or VAR]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Check here if child has had chickenpox disease</td>
<td>(mm/dd/yy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles/Mumps/Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or Measles vaccine only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps vaccine only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella vaccine only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (Hep B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (Hep A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenzae Type B (Hib)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Only children less than 5 years)</td>
<td></td>
<td></td>
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</tbody>
</table>

I certify that the above information is an accurate record of this child's immunization history.

Signature* ____________________________________________ Date

Update Signature ____________________________________ Date

Update Signature ____________________________________ Date

Update Signature ____________________________________ Date

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

For school/facility use only

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School/facility Name</td>
</tr>
<tr>
<td>Student ID Number</td>
</tr>
<tr>
<td>Grade</td>
</tr>
</tbody>
</table>

Continued On Reverse Side
# Oregon Certificate of Immunization Status

**State of Oregon**

**Oregon Health Authority, Immunization Program**

<table>
<thead>
<tr>
<th>Child's Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apellido</strong></td>
<td><strong>Primer Nombre</strong></td>
<td><strong>Segundo Nombre</strong></td>
<td><strong>Fecha de Nacimiento</strong></td>
</tr>
</tbody>
</table>

## Recommended Vaccines

<table>
<thead>
<tr>
<th>Vaccine Description</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal (PCV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Only in children less than 5 years)</td>
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<tr>
<td>Meningococcal (MCV4, MPSV4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Human Papilloma Virus (HPV)</td>
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<td></td>
<td></td>
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<tr>
<td>(9 years or older)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (Flu)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Vaccine</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify:</td>
<td></td>
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</tr>
<tr>
<td>Other Vaccine</td>
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</tr>
<tr>
<td>Please specify:</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### For medical exemptions:

**Please submit a letter signed by a licensed physician stating:**
- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**
- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

### Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- A health care practitioner
- The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- Diphtheria/ Tetanus/Pertussis
- Polio
- Varicella
- Measles/Mumps/Rubella

**Signature of Parent or Guardian**

**Date**

### Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- Religious belief
- Philosophical belief
- Other

**Signature**

**Date**

### Update Signature:

- **Date**
- **Date**
- **Date**

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53-05A (01/2014)
Documentation for Nonmedical Exemptions to Immunization Requirements

VACCINE EDUCATION CERTIFICATE
Health Care Practitioner's Documentation

Directions for Health Care Practitioners:
1. Write parent's name below.
2. Mark the boxes below indicating the vaccine-preventable diseases discussed.
3. Sign and initial form.
4. Indicate the type of health care provider.
5. Fill in child's name below.
6. If a parent is requesting this form for multiple children, please provide one copy per child.

I have reviewed information about the benefits and risks of vaccination with:

Parent's name (printed):

Parent's date of birth:

Parent's signature:

Health care provider's name:

Health care provider's signature:

Date of completion:

OR

Vaccine Education Certificate of Completion

Parent's name: Blueberry Muffin

has completed the vaccine education module approved by the Oregon Health Authority pursuant to rules adopted under ORS 433.273, for the following checked vaccine-preventable diseases:

- Tetanus, Diphtheria, and Pertussis: Hepatitis B
- Polio
- Meningitis: Hib
- Measles, Mumps, and Rubella

Date of completion: 2/20/2014

Child's name:

Child's date of birth:

Directions for claiming a nonmedical exemption with this certificate:

1. Write your child's name and date of birth on the line above.
2. Turn this certificate to your child's school or child care facility.
3. Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child care facility. You may decline one or more of the vaccinations listed above. On the CIS, be sure to check each vaccine for which you are exempting your child.

Optional:
ORS 433.267 states that this document may include the reason for declining the immunization.

Reason for declining the immunization:

- Religious belief
- Philosophical belief
- Other

AND

Remember, parents have to complete and turn in two documents to the school or childcare to claim a nonmedical exemption:
1. Vaccine Education Certificate
2. Certificate of Immunization Status

For more information, go to www.healthoregon.org/vaccineexemption
The purpose of this survey is to determine if your child’s current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: ___________________________ Grade Level: __________

School: ___________________________ Date of Birth: __________

Student Perm ID: __________ (completed by office staff only)

1. What language(s) does your child hear or use regularly in your household (i.e. spoken, media, music, literature, etc.)? Hear __________ Use (i.e., American Sign Language (ASL)) __________

2. Describe the language(s) your child understands.

☐ No English
☐ Mostly another language and a little English
☐ English and another language equally
☐ Mostly English and a little of another language
☐ Tribal/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
☐ Only English

3. What language(s) do adults most frequently use when speaking/conversing to your child?

Parent/Guardian: ___________________________

Parent/Guardian: ___________________________

Other Adults in the Home: ___________________ Child-care Providers: ___________________

4. What language(s) does your child currently speak/express most frequently outside of school?

________________________________________________________________________

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (e.g., once/week, 2 times/week, once a month, etc.).

________________________________________________________________________

6. Is there anything else you think the school should know about your child’s language use (e.g., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

________________________________________________________________________

Parent Questions: In what language(s) do you want to receive information from the school (if available)?

Parent/Guardian:

Oral _______ Written _______ American Sign Language __________

Parent/Guardian:

Oral _______ Written _______ American Sign Language __________

Parent or Guardian Signature ___________________________ Date __________

What is your relationship to the student? __________________________ (e.g., parent, grandparent, etc.)