

**ENROLLMENT FORM**  
Sisters School District Enrollment Form



**Student Information:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Grade \_\_\_\_\_

Student's Address & Phone \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Any Medical Concerns? \_\_\_\_\_

Birth City/State \_\_\_\_\_ Last School Attended \_\_\_\_\_

Has student ever attended school in the Sisters School District? YES/NO If so, when? \_\_\_\_\_

**Ethnicity** - (please circle one) Hispanic/Latino Not Hispanic/Latino

**Race** - (please circle all that apply)  
Black or African American Asian  
American Indian/Alaskan Native White  
Native Hawaiian or Other Pacific Islander

**Mother/Guardian of Student:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Physical Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Please check all that apply to the above person regarding their relationship with the student:  
 Okay to Pick Up  Has Legal Custody  Lives With This Parent  Parent Receives Mailings

**Father/Guardian of Student:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Physical Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Please check all that apply to the above person regarding their relationship with the student:  
 Okay to Pick Up  Has Legal Custody  Lives With This Parent  Parent Receives Mailings

**Emergency Contact Information (other than parents listed above):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ OK To Pick Up? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ OK To Pick Up? \_\_\_\_\_

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_

**For District Use Only**

Enrollment Date _____	Enrollment Code _____	Student Number _____
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# Sisters School District Student/Family Information



Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Nickname: \_\_\_\_\_

Lives With: Parents Mother Father Guardian Other

Parent/Guardian Status: Single Married Divorced Separated Widow Widower

Please list names and ages of other people living in the home:

NAME	AGE	RELATIONSHIP

**Working Parent Information:**

I am a working parent. My child(ren) will be cared for by:

Sitter's Name	Address	Phone #

My child(ren) will get to and from school via:

- Dropped off & picked up by parent/sitter (circle one)
- Rides bus     Walks    **\*\*Please notify the school office immediately if this situation changes\*\***

**Legal Information**

- Restraining Order (Please provide copy)       Special Circumstances (Detail Below)

Are there any illnesses, accidents, fears or other circumstances in his/her life that we should know about?

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**Medical Information**

Does your child have any physical disabilities that limit participation in physical activities or Physical Education (P.E.)? If so, please explain:

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# Please Tell Us A Little About Your Son/Daughter



Student's Name \_\_\_\_\_ Age \_\_\_\_\_

My child really enjoys: (activities, sports, hobbies, interests)

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What particular strengths, talents, abilities does your child have? (academic, athletic, music, other) \_\_\_\_\_

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Are there unique learning or physical challenges your child has? \_\_\_\_\_

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Is there any other information about your child which you would like to share?

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## Sisters School District Special Services Survey



Date \_\_\_/\_\_\_/\_\_\_

I, the parent, guardian, or surrogate of \_\_\_\_\_, grade \_\_\_\_\_, understand that in order to plan the most appropriate educational program for my child, an awareness of any special services is essential *(please feel free to write information on the back of this form if there is not enough space provided)*.

To the best of my knowledge, my son/daughter has received in the past and/or is in need of the following services:

	Yes	No
1. Special Education:		
a. IEP – Individualized Education Plan	_____	_____
2. 504 Plan	_____	_____
3. English Language Services	_____	_____
4. Title I and/or Chapter 1	_____	_____
5. TAG – Identified Talented and Gifted	_____	_____
6. Extra Academic Assistance	_____	_____
7. Counseling/Behavior Support	_____	_____
8. Special Health Problems and/or Concerns	_____	_____

Has your child received any other special support services at school during the past two years?  
If so, please explain \_\_\_\_\_

Has your child ever had a psychological evaluation done? Are there any emotional issues we should be aware of? \_\_\_\_\_

If so, please explain \_\_\_\_\_

*(Continued on next page)*

Is your child currently on expulsion or suspension from his/her former school? \_\_\_\_\_

Is your child on probation or are there current legal issues that involve your child? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Do you have any safety concerns unique to your son/daughter that we need to be aware of? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Would you like one of our specialists/counselors/principals to contact you at this time to discuss any of the above concerns?

If so, please provide contact information \_\_\_\_\_

***In order to insure your child's and their classmate's safety, we may request a release to share information with appropriate safety and mental health providers who are not part of our school district staff.***

***To the best of my knowledge, the information provided on this form is complete, accurate and contains no omissions.***

\_\_\_\_\_  
Signature of Parent, Legal Guardian or Surrogate

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

Additional Information (if needed):



# State of Oregon - Language Use Survey

**This document is given when a student enters a school district for the first time.**

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Information	Questions
<p>This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.</p>	<ol style="list-style-type: none"><li data-bbox="625 640 1266 787">1. What language(s) are primarily used in the home? _____</li><li data-bbox="625 819 1356 966">2. What was the first language(s) that your student learned? _____</li><li data-bbox="625 997 1469 1144">3. What language(s) does your student use most frequently at home? _____</li></ol>
<p>This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.</p> <p><i>This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.</i></p>	<p>In what language(s) would you prefer to receive communication from the school?</p> <p>_____</p>

## Student Residency Questionnaire

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The answers to this residency information help determine the services the student may be eligible to receive. This questionnaire is in compliance with the McKinney-Vento Act 42 U.S.C. 11435.

1. Is your current address a temporary living arrangement?      Yes      No
2. Is this temporary living arrangement due to loss of housing or economic hardship?      Yes      No

If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- In a transitional housing program
- In an RV/Trailer/Camper

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student(s) need assistance with:

- |  |  |   |
|--|--|---|
| <input type="radio"/> Student Transportation | <input type="radio"/> Clothing         | <input type="radio"/> Medical/Dental        |
| <input type="radio"/> School Supplies        | <input type="radio"/> Hygiene Products | <input type="radio"/> After School Programs |
| <input type="radio"/> Homework Assistance    |  |   |

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please send a copy to the McKinney-Vento Liaison at the Central Office.

School Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

SISTERS SCHOOL DISTRICT STUDENT HEALTH CONCERNS



Re: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 (student name/grade) (birthdate)

Parent/Guardian: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
 PRINT

My child ***does not*** have any current medical concerns \_\_\_\_\_  
 (signature)

My child has the following medical concern(s) (please check all that apply)

- ADD/ADHD
- Asthma
- Bleeding Disorder (specify) \_\_\_\_\_
- Cardiac Condition (specify) \_\_\_\_\_
- Diabetes Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_
- Eating Disorder (specify) \_\_\_\_\_
- Eye/Ear Problem (specify) \_\_\_\_\_
- Food Allergies (specify) \_\_\_\_\_
- Insect Allergy (specify) \_\_\_\_\_
- Medication Allergy (specify) \_\_\_\_\_
- Muscle/Bone/Joint Problem (specify) \_\_\_\_\_
- Recurrent Headaches \_\_\_\_\_
- Seasonal/Environmental Allergies \_\_\_\_\_
- Seizures (specify what kind) \_\_\_\_\_
- Surgery (specify and indicate date) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- My child is taking medication at home (prescription, over-the-counter, daily or as needed) (specify): \_\_\_\_\_

Nurse's Notes

My child will need medication during school hours: Inhaler/Epi-Pen/Other (specify): \_\_\_\_\_

**(Students who require an Epi-Pen will bring dose to office and have an emergency protocol on file)**

If your child ***does*** have a medical concern, the nurse will contact you to obtain more information and to plan for the upcoming school year.  
**+++If any changes occur or a new condition is diagnosed during the school year, I, the parent/guardian, will notify the school nurse of the new status by providing a new student health concern form. Overnight trips might require additional forms.**

Insurance Provider \_\_\_\_\_

In the case of an emergency, I ***give / do not give*** permission for my child to be transported to the nearest facility and for their staff to provide the necessary treatment until I arrive.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Release of Confidential Information: For your child's safety and well-being while at school and on field trips, it may be beneficial for appropriate school personnel to be informed of any medical conditions included on this medical authorization form. Please be assured that staff will keep this information confidential. If you do not want medical information shared, please indicate to the school in writing on this form.



**Sisters School District**



**Parent Notification**

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children.

**THE SCHOOL MUST HAVE A COPY OF THE COURT ORDER ON FILE.** Otherwise, either parent may check the child out of the school with proper identification.

If a parent comes in with a court order stating current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read the above statement of the law.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
DATE

**OREGON TITLE 1C MIGRANT EDUCATION PROGRAM**

The Title 1C Program offers services to children and families who have moved within the last **three** years to look for temporary or seasonal work in **agriculture, forestry, nurseries, ranch work and dairy work.** .

**Have you or your family moved within the past three years with the purpose of obtaining work in the activities listed above? YES/NO**

If you responded "**YES**" please complete the following form and we will provide you with information on the 1C Program:

Date: \_\_\_\_\_ Name of School(s): \_\_\_\_\_

Name of Mother/Father: \_\_\_\_\_

Names of Children: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**PROGRAMA DE EDUCACION MIGRANTE TITULO 1C OREGON**

El Programa de Trtulo 1C ofrece servicios a los nifios y familias que se han mudado durante los ultimas **tres** afios para buscar trabajo temporal o estacional en **agricultura, trabajo forestal, viveros, ranchos y lecherias.**

**¿Se ha mudado usted o sus hijos durante los ultimos tres aaios con el propósito de trabajar en las actividades nombradas arriba? Si/NO**

Si ha contestado "**SI**" por favor complete el siguiente formulario y nosotros le proporcionaremos información del Programa 1C:

Fecha de hoy: \_\_\_\_\_ Nombre de escuela(s): \_\_\_\_\_

Nombre de madre/padre: \_\_\_\_\_

Nombre de nifios(as): \_\_\_\_\_

Domicilio: \_\_\_\_\_ Telefono: \_\_\_\_\_

**TITLE 1C STAFF WILL VISIT SCHOOLS FREQUENTLY TO PICK UP ALL COMPLETED SURVEYS. PLEASE DO NOT PLACE SURVEYS IN CUM FILES**

**Sisters School District  
Parental Permission Form**



\_\_\_\_\_  
Student's Name (last, first)

\_\_\_\_\_  
Grade

**Internet Use Agreement**

My son/daughter understands that he/she must have staff permission to use the Internet. Further, he/she understands that ALL of the following actions on the Internet are prohibited.

- Checking personal email
- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting or verbally attacking others online
- Damaging computers, computer systems, or computer networks
- Using another's password to access sites or to email
- Trespassing into another person's folders, work, or files
- Visiting or participating in chat rooms
- Downloading files of any kind without direct staff supervision
- Playing computer games without permission
- Printing for personal use

A student who engages in any of the actions listed above will be subject to disciplinary action, which may include prohibition from the use of school computers.

**Handbook Review**

By signing, WE signify, as a student AND as parents/guardians, that we have read the Handbook and understand the information it contains and understand the school district's acceptable use policy for technology.

**Technology Equipment**

I understand that if my child uses any technology equipment for school usage, I will be responsible for any damages incurred during such use.

**Use of Student Images**

I give my permission for my student's photograph or video to be used for school purposes (such as the Yearbook) or for publicity features.

**\_\_\_\_\_ *If initialed here I DO NOT give permission to Sisters School District and its agents to use sound, video, or photographic images of my child for news release, promotional brochures, or other school-related productions, sporting events or activities.***

**School Communications**

I understand that all school communications will be broadcast electronically via internet. However, I also understand that ***if I do not have internet access capabilities*** to obtain such information, then publications will be available to me at my request. I give permission for Sisters School District to utilize my current email address for school notifications. My email address is (please print clearly) \_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

## Sisters School District Request for Student Records



**Student Start Date: \_\_\_/\_\_\_/\_\_\_**  
**PLEASE FAX or EMAIL TRANSCRIPTS & IMMUNIZATIONS ASAP SO WE CAN BEGIN ENROLLMENT**

Name of Previous School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**The following student(s) have enrolled in the Sisters School District:**

Student's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Please forward the following student education records to:

- |   |  |  |
|---|--|--|
| _____ <b>Sisters High</b><br>Ph. (541) 549-4045       | Attn: <b>Susie Seaney</b><br>Fax: (541) 549-4051   | 1700 W. McKinney Butte, Sisters, OR 97759<br>Email: <a href="mailto:susie.seaney@ssd6.org">susie.seaney@ssd6.org</a>   |
| _____ <b>Sisters Middle</b><br>Ph. (541) 549-2099     | Attn: <b>Jessica Porter</b><br>Fax: (541) 549-2098 | 15200 McKenzie Hwy., Sisters, OR 97759<br>Email: <a href="mailto:jessica.porter@ssd6.org">jessica.porter@ssd6.org</a>  |
| _____ <b>Sisters Elementary</b><br>Ph. (541) 549-8981 | Attn: <b>Carlene Turpen</b><br>Fax: (541) 549-2093 | 2155 W McKinney Butte Sisters, OR 97759<br>Email: <a href="mailto:carlene.turpen@ssd6.org">carlene.turpen@ssd6.org</a> |

*Subject to ORS 326.575 (2), the former educational agency shall transfer all student education records relating to the particular student to the new educational agency no later than ten (10) days after receipt of the request.*

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Cumulative Folder                        | <input checked="" type="checkbox"/> TAG Records                   |
| <input checked="" type="checkbox"/> Immunization, Physical & Medical Records | <input checked="" type="checkbox"/> Discipline & Behavior Records |
| <input checked="" type="checkbox"/> Current, Official Transcripts            | <input checked="" type="checkbox"/> Special Education Records     |
| <input checked="" type="checkbox"/> Report Cards/Grades @ Withdrawal         | <input checked="" type="checkbox"/> Any and all IEP's/504 Plans   |

I hereby authorize and request that all records pertaining to the above named student(s) be transmitted to the Sisters School District. It is understood that this information will be used to develop the most suitable education program for my child. It is further understood that the records will be maintained and used in accordance with the laws of the State of Oregon and the Federal Family Education Rights and Privacy Act of 1974. I have been notified of my right to receive a copy of the records, to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading or otherwise violates the student's right to privacy or other rights.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

# QUICK RESPONSE FORM



Date \_\_\_/\_\_\_/\_\_\_

The student named below is enrolling at Sisters \_\_\_\_\_ School. We are sending a request for school records to your school, but before we allow the student to begin attending classes, we would like you to please answer the following questions. If you would prefer that our school contact you by phone, please fill out the bottom portion of this sheet and an administrator will call.

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_      Transferring from: \_\_\_\_\_

Please answer the following questions:

- 1) Date of Withdraw \_\_\_/\_\_\_/\_\_\_
  
- 2) Has this student ever been recommended for or actually been expelled from school? If yes, please provide dates of expulsion and reasons or please attach an expulsion report.
  
  
  
  
  
  
  
  
  
  
- 3) Has this student ever been suspended for anything other than minor behavior problems? If yes, please explain reasons for suspension & length of suspension or please attach a suspension report.
  
  
  
  
  
  
  
  
  
  
- 4) How would you characterize this student's attendance? If problematic, please include number of days absent by quarter, trimester or semester or attach an attendance report.

Name/Title of person filling out this form: \_\_\_\_\_

Contact Phone Number: \_\_\_/\_\_\_/\_\_\_      Contact Email Address: \_\_\_\_\_

**Please Fax or scan & Email your responses back to either –**

**Sisters High School**  
**Susie Seaney, Registrar**  
**Fax Number: 541.549.4051** Email: [susie.seaney@ssd6.org](mailto:susie.seaney@ssd6.org)

**Sisters Middle School**  
**Jessica Porter, Registrar**  
**Fax Number: 541.549.2098**  
Email: [jessica.porter@ssd6.org](mailto:jessica.porter@ssd6.org)

**Sisters Elementary School**  
**Carlene Turpen, Registrar**  
**Fax Number: 541.549.2093**  
Email: [carlene.turpen@ssd6.org](mailto:carlene.turpen@ssd6.org)