

Eugene School District 4J
Student Enrollment
Eugene Education Options
 4000 East 30th Ave. Bldg. #10 Office 118
 Eugene, Oregon 97405
 Phone: 541-463-3934 Fax: 541-463-3937



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).

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

Home Language:

- Which language did this student learn first? English _____
(Other)
- Which language does this student most often use at home? English _____
(Other)
- Which language do parents most often use at home? English _____
(Other)
- Has this student attended school in any other country? No Yes: _____
(Country)
 - If yes, when did this student begin school in the US? ___/___/___
Month Day Year
 - If yes, what grade level did he/she complete? _____
 - If yes, has this student been in an English Learner program in the US? Yes No
 - If yes, when? ___/___/___ and where? _____
- Has your student been out of school for two years or more? Yes No
 - If yes, are you concerned that your student is not at grade level in reading or math? Yes No

Birth Date: ___/___/___ **Birth Verification:** Birth Certificate
(Bring 1) 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: White (ancestors from Europe) Asian Native Hawaiian or Pacific Islander
(Mark all that apply) Black or African American American Indian or Alaska Native
 Non-US Native American (ancestors from Mexico, Central America, South America or Canada)

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: _____ Cell Phone: _____

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

Column A Docs	Column B Correspondence Documents
<input type="checkbox"/> Property Tax Statement	<input type="checkbox"/> Social Security Administration <input type="checkbox"/> Financial Institutions (checking/savings)
<input type="checkbox"/> Lease or Rental Agreement	<input type="checkbox"/> Oregon Gov. Agencies <input type="checkbox"/> Insurance company
<input type="checkbox"/> Documents related to purchase of residence	<input type="checkbox"/> Utility companies <input type="checkbox"/> State and Federal Revenue Document
	<input type="checkbox"/> Credit card bill <input type="checkbox"/> 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: _____ 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

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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: _____ Email: _____

Interpreter Needed: Yes No Employer: _____

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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.

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

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

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

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

(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

Previous School: _____ Phone: (_____) _____

Address City State Zip

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

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

High School only: *(By law the district must release to military recruiters the name, address and phone number of high school students, unless your Student, Parent or Guardian notifies the district that they do not want the information released.)*

I request my student's name/contact information be released to Military Recruiters. Yes No

I request my student's name/contact information be released to College/Coach Recruiters. Yes No

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, prekinder 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: 541-790-7217

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: _____

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

School Name: _____
(Please Print)