

PERRYDALE SCHOOL DISTRICT #21

REGISTRATION FORM

7445 Perrydale Rd
Amity OR 97101

Student's Legal First Name		Legal Middle Name		Legal Last	Preferred First	Preferred Last
Gender M F X	Grade	Birthday (mm / dd / yy)	Birth Place City State Country		Home Phone	
Racial Group (circle all that apply) White African American Asian American Indian/Alaskan Native Native Hawaiian or Pacific Islander						
Home Address Street City State Zip County						
Mailing Address (if different from home address) Street City State Zip						
Hispanic or Latino Ethnicity Please circle YES NO		Previous Out-of-district School or Preschool Grade School Name City State			Date Last Attended Month Year	
Who has legal custody? Circle all that apply Mother Father Stepmother Stepfather Guardian Other _____				Student Lives With? Circle all that apply Mother Father Stepmother Stepfather Guardian Other _____		
Is there joint custody of this student? Y N						

Sibling(s) Attending Perrydale Schools

Name _____ Name _____ Name _____
Name _____ Name _____ Name _____

Family Information

Parent/Guardian _____ **Relationship** _____
Address _____ City _____ State _____ Zip _____
Employer _____ Home Phone _____ Work _____
Cell _____ Pager _____ Email _____ eSchool News Y N
Legal Custody Y N **Receives Mailings** Y N **Speaks English** Y N **Language Spoken** _____

Parent/Guardian _____ **Relationship** _____
Address _____ City _____ State _____ Zip _____
Employer _____ Home Phone _____ Work _____
Cell _____ Pager _____ Email _____ eSchool News Y N
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Parent/Guardian _____ **Relationship** _____
Address _____ City _____ State _____ Zip _____
Employer _____ Home Phone _____ Work _____
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Legal Custody Y N **Receives Mailings** Y N **Speaks English** Y N **Language Spoken** _____

Perrydale School District #21

EMERGENCY CONTACT/ CLOSURE

Child/Children Name _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Additional Emergency Contact Information/Emergency Closure

Please list three persons or individuals we can call to pickup and assume temporary care of your child in the event you cannot be reached.

1. Last Name _____	First Name _____	Speaks English Y N	Language Spoken _____
Relationship _____	Home Phone _____	Work _____	Cell _____
2. Last Name _____	First Name _____	Speaks English Y N	Language Spoken _____
Relationship _____	Home Phone _____	Work _____	Cell _____
3. Last Name _____	First Name _____	Speaks English Y N	Language Spoken _____
Relationship _____	Home Phone _____	Work _____	Cell _____

Unforeseen Early School Closure Family Plan

We will attempt to notify Parents first

In case of unforeseen Early School Closure my child should:

___ Ride bus home

___ Take bus to _____ Phone _____

___ Ride home with a licensed sibling

___ Notify me to pick up my child/ren at school Phone _____

___ Walk home (notify me) Phone _____

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. Your 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 PERRYDALE SCHOOL DISTRICT #21 to contact the persons named on this form and do authorize the named physician(s) to render such treatment as may be deemed necessary in a health or medical emergency.

In the event physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the aforesaid child.

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

Signature of Parent/Guardian/Eligible Student

Date

Perrydale School District #21

Student Medical Information

Student Name _____ Grade _____

Student's Physical Address _____

Sex: M or F _____ Birth Date _____ Preferred Hospital _____

Doctor(s) Name _____ Phone _____

My child does/ does not have health insurance, vision insurance, dental insurance.

Insurance Company _____ Policy # _____ Group # _____

Does your child have any allergies to: Food _____, Medication _____, Bees _____, Pollen _____, Dust _____; Other _____

Please list any specific allergies _____

My child takes prescription medication at home. Y N please name medication taken _____

My child takes prescription medication at school Y N please name medication taken _____

My child wears: eye glasses contact lenses hearing aids other _____

Check any 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.

<input type="checkbox"/> Requires epi-pen at school	<input type="checkbox"/> Emotional/Behavioral problems	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Severe bee/insect sting reaction	<input type="checkbox"/> Inhaler/Nebulizer at school	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Severe food allergy	<input type="checkbox"/> Gastrostomy	<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Requires catheritization	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Colostomy/Ileostomy	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Cancer
<input type="checkbox"/> Physical disability/impairment	<input type="checkbox"/> Tracheotomy	

If any of the above are checked, the student may need to have a medical protocol in place prior to entering school.

Check any of the following that your child has now or has had in the past.

<input type="checkbox"/> Migraines	<input type="checkbox"/> Skin Disorders	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Neck Injuries	<input type="checkbox"/> Gastritis	<input type="checkbox"/> Operations
<input type="checkbox"/> Back Injuries	<input type="checkbox"/> Bowel/toileting problems	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Muscle, Joints or Bone disease	<input type="checkbox"/> Urinary Tract disorder	

Please explain any checked health concerns/ or list any additional health concerns you may have about you child _____

Is there any reason your child should not be able to participate in regular school activities including sports, physical education, field trips, and other activities? Yes _____ No _____

If so, please explain _____

I hereby give my permission for my child to receive emergency medical treatment, and information on this document may be available to school and health personnel especially in the event of an emergency

Parent Signature _____

Date _____

SPECIAL SERVICES / ETHNICITY SURVEY

Child/ren Name(s) _____

Grade _____
Grade _____
Grade _____
Grade _____
Grade _____

Special Services/Programs

Has student been enrolled in Talented and Gifted Programs? Y N If yes, indicate program: _____

Has student been enrolled in any special program(s)? Y N If yes, indicate program(s): _____

Is student currently on an IEP? (speech, LRC etc.) Y N

Does your child have a physical or mental impairment (Section 504 status) that limits one or more activities? Y N
(For example, inability to care for one's self; perform manual tasks; participate in daily activities; learn or concentrate on schoolwork)

Pregnant/Parenting Student? Y N

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

Ethnicity Survey

It is very important that parents and guardians complete this information for their student. All students are required to be identified by these entries, and therefore school staff must complete the entry if left unidentified by parents or guardians.

1) Ethnicity: Hispanic/Latino YES / NO (please circle one)
(having origins in Cuba, Mexico, Puerto Rico, Central or South America or other Spanish culture or origin)

2) What racial group(s) do you belong? Please mark each race that applies.

- ____ American Indian/Alaskan native (this group includes all native people from North, Central or South America)
- ____ Asian
- ____ African American
- ____ White
- ____ Native Hawaiian or Other Pacific Islander

MEDIA PERMISSION

Child/Children Name _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

I give permission for my child's name and/or photograph to be printed in the following publications or releases during the 2023-2024 school year. This release applies to grades K-12.

YES	NO	
_____	_____	Yearbook/Annual
_____	_____	School Newspaper or School Programs
_____	_____	Local Newspaper
_____	_____	Perrydale social media
_____	_____	<u>(Juniors & Seniors Only)</u> Access to Student Information by Military or College Recruiters

Signature of Parent/Guardian/Eligible Student

Date

Non-discrimination Statement:

It is the policy of the Perrydale 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 Superintendent/Title IX Coordinator and persons having questions about special needs should contact the Director of Special Programs/Section 504 Coordinator at the Perrydale School District Office, 7445 Perrydale Rd Amity OR 97101 (503) 623-2040 or (503) 835-3184

Volunteering For Perrydale School

Perrydale School District welcomes parent/guardian involvement. Please designate any of the following areas you can help with and complete the requested information below.

My child's classroom

Library

Other Classrooms

Fundraising

Sports

Other: _____

NAME: _____ DAYTIME PHONE NUMBER: _____

If you would like to receive our newsletter via E-mail please provide your E-mail address:



Perrydale
 SCHOOL DISTRICT
 7445 Perrydale Rd
 Amity, OR 97101

503-623-4186 / 503-835-7575
 Fax: 503-835-0631

Internet Acceptable Use Policy (AUP)

2023-24

We are pleased to offer the students of Perrydale School, access to the Internet. This access to the Internet is provided for students to conduct research. Access to the Internet is given to students who agree to act in a considerate and responsible manner. Access to the Internet will enable students to explore thousands of libraries, databases and bulletin boards.

While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. We do have a filtering system on our network that blocks out many inappropriate sites, but ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, Perrydale School supports and respects each family's right to decide whether or not to grant permission. Families should be warned that some material accessible via the Internet may contain items that are illegal, inaccurate or potentially offensive to some people. Violations may result in a loss of access as well as other disciplinary or legal action.

Parent permission is required. Access is a privilege-not a right. Access entails responsibility. Within reason, freedom of speech and access to information will be honored. During school, teachers of younger students will guide them toward appropriate materials.

User Agreement and Parent Permission Forms:

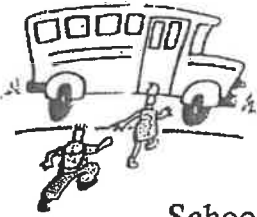
As a user of Perrydale School computers, I hereby agree to take the necessary training to utilize the Internet at Perrydale School. I will communicate over the network in a reliable fashion while honoring all relevant laws and restrictions. Students will be made aware of relevant laws and restrictions during training.

Student Signature _____ Date _____

Student's Name _____ Grade _____

As a parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked Internet computer services. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use, setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

Parent Signature _____ Date _____



**Student Rider Registration Form
MID COLUMBIA BUS CO., Inc.
Perrydale School
District**

School: _____ Date _____

Student Name: _____ Grade: _____

Students address _____

Parents Name _____ Phone # _____ Alt Phone # _____

Day Care Name _____ Phone # _____ Alt Phone # _____

Date you would like transportation to begin _____ End _____

Transportation Department Only:

Pick up: Bus # _____ Time _____ M TU W TH FR

Drop off: Bus # _____ Time _____ M TU W TH FR

Bus Stop Address: _____

Dear Parent:

Transportation is provided for students who are designated as "transported students" by the School District's Busing Plan and who obey the rules and regulations established by the State of Oregon, the School District & Mid Columbia Bus, Co. Failure to follow the rules and regulations listed below could result in loss of bus riding privileges.

State of Oregon's Department of Education - Rules Governing Pupils Riding School Buses

1. PUPILS BEING TRANSPORTED ARE UNDER THE AUTHORITY OF THE BUS DRIVER.
2. FIGHTING AND WRESTLING, OR BOISTEROUS ACTIVITY IS PROHIBITED ON THE BUS.
3. PUPILS SHALL USE THE EMERGENCY DOOR ONLY IN CASE OF EMERGENCY.
4. PUPILS SHALL BE ON TIME FOR THE BUS BOTH MORNING AND EVENING.
5. PUPILS SHALL NOT BRING ANIMALS, FIREARMS, WEAPONS, OR OTHER POTENTIALLY HAZARDOUS MATERIALS ON THE BUS.
6. PUPILS SHALL REMAIN SEATED WHILE THE BUS IS IN MOTION.
7. PUPILS MAY BE ASSIGNED SEATS BY THE BUS DRIVER.
8. WHEN NECESSARY TO CROSS THE ROAD, PUPILS SHALL CROSS IN FRONT OF THE BUS OR AS INSTRUCTED BY THE BUS DRIVER.
9. PUPILS SHALL NOT EXTEND THEIR HANDS, ARMS OR HEADS THROUGH THE BUS WINDOW.
10. PUPILS SHALL HAVE WRITTEN PERMISSION TO LEAVE THE BUS OTHER THAN AT HOME OR SCHOOL.
11. PUPILS SHALL CONVERSE IN NORMAL TONES; LOUD OR VULGAR LANGUAGE IS PROHIBITED.
12. PUPILS SHALL NOT OPEN OR CLOSE WINDOWS WITHOUT PERMISSION OF THE DRIVER.
13. PUPILS SHALL KEEP THE BUS CLEAN, AND MUST REFRAIN FROM DAMAGING IT.
14. PUPILS SHALL BE COURTEOUS TO THE DRIVER, TO FELLOW PUPILS AND PASSERS-BY.
15. PUPILS WHO REFUSE TO OBEY PROMPTLY THE DIRECTIONS OF THE DRIVER OR REFUSE TO OBEY REGULATIONS MAY FORFEIT THEIR PRIVILEGE TO RIDE THE BUS.

For the safety and protection of your student(s), they will be allowed to get off the bus only at their assigned stop or at the school they regularly attend. (This rule can be waived with a signed written request by the parent and approved by the principal or his/her designee.)

While your students are riding our school buses, you may need to connect with them.

Our dispatch phone number is: 503-623-7245

For School District Office Use
Only

Date Received _____



Perrydale SCHOOL DISTRICT

7445 Perrydale Rd.
Amity, OR 97101

503-623-2040 / 503-835-3184
Fax: 503-835-0631

**Please mail, fax, or email completed form to the
Perrydale District Office**

**Perrydale Student Enrollment Form – Verification of Address
To be completed by Parent/Guardian – Please Print**

Date: _____ School Year: _____

Name of
Parent/Guardian _____

Address: _____
Street City State Zip

Student Name: _____
Please Print DOB Grade

Student Name: _____
Please Print DOB Grade

Student Name: _____
Please Print DOB Grade

*Grade the student will be in for the school year requested.

PLEASE ATTACH THE FOLLOWING. REQUEST WILL NOT BE PROCESSED UNTIL INFORMATION RECEIVED

Verification of current address (utility/phone bills, and/or driver's license) Yes No

Parents are reminded that enrollment at Perrydale School does not guarantee eligibility to participate in competitive interscholastic activities. Competitive eligibility is determined by the Oregon School Activities Association (OSAA) rules. If you have any questions about OSAA eligibility, contact the Perrydale athletic director or administration for further assistance.

Parent/Guardian Signature

Date



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">1. What language(s) are primarily used in the home? _____2. What was the first language(s) that your student learned? _____3. What language(s) does your student use most frequently at home? _____
<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>



Estado de Oregón - Encuesta De Idiomas En Casa

Este documento se da cuando un estudiante entra al distrito escolar por primera vez.

El estado de Oregón respeta todos los idiomas y culturas de nuestros habitantes, y respeta todos los idiomas/ en nuestras escuelas. Fomentamos la revitalización de las lenguas indígenas y el multilingüismo.

Este documento es para entender si su estudiante califica para recibir apoyos adicionales para aprender el idioma inglés.

Nombre de su estudiante: _____ Grado: _____ Fecha: _____

Nombre de padre, madre, o guardián: _____

Firma de padre, madre, o guardián: _____

Información	Preguntas
La información en esta sección ayudará a la escuela a determinar si su estudiante necesita instrucción adicional en el idioma inglés.	<ol style="list-style-type: none"><li data-bbox="743 785 1382 919">1. ¿Qué idioma(s) se usa principalmente en su casa? _____<li data-bbox="743 953 1474 1058">2. ¿Cuál fue el primer idioma(s) que aprendió su estudiante? _____<li data-bbox="743 1092 1455 1268">3. ¿Qué idioma(s) usa con más frecuencia su estudiante en casa? _____
Su respuesta a esta pregunta informará a la escuela si usted necesita un intérprete o documentos traducidos. Esto no tiene costo. <i>Esta sección es informativa y no se utiliza para identificar si su estudiante necesita apoyo para aprender el idioma inglés.</i>	¿En qué idioma(s) prefiere que la escuela se comuniqué con usted? _____