

# YAMHILL CARLTON SCHOOL DISTRICT

# REGISTRATION FORM

SCHOOL USE ONLY					
School Year 20	/20	Schoolmaster ID #	Entry Date	Entry Code	School
Home Room/Teacher	Grade	Records Requested	/	/	Nonresident /Transfer Grad Year

Student's Legal First Name		Legal Middle Name	Legal Last	Preferred Name		Grade
Gender	Birthdate (mm/dd/yr)	Birth City & State	Home Phone:	Student Cell Phone:	Student Email Address:	
M	F					
<b>Ethnicity: Is this student (or are you) Hispanic/Latino? (Circle only one)</b> This information is required by the Federal and State Government for statistical reports No not Hispanic/Latino Yes <u>Hispanic/Latino</u> (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.)						
<b>What is the student's (or your) race? (choose one or more)</b> This information is required by the Federal and State Government for statistical reports see last page. American Indian/Alaskan Native (A person having origins in any of the original people of North, Central or South America who maintains tribal affiliation or community attachment.) Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Island, Thailand, and Vietnam.) Pacific Islander/Native Hawaiian (A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Island.) Black/African American (A person having origins in any of the black racial groups of Africa.) White (A person having origins in any of the original people of Europe, the Middle East, or North Africa.)						
Home Address: Street		City	State	Zip	County	
Mailing Address (if different from home address) Street		City	State	Zip		
Previous Y-C School	Previous Out-of-district School or Preschool		Grade while attending:		Date Last Attended	
	School Name	City	State	Month	Year	
<b>Who has legal custody?</b> Circle all that apply <b>You are responsible to notify school of changes</b> Mother Father Stepmother Stepfather Guardian Other _____ Is there joint custody of this student? <b>Y N</b> Is Documentation Provided? <b>Y N</b> Restraining Order, Delegation of Authority, Divorce Decree, Guardianship Papers, Other _____				<b>Student Lives With?</b> Circle all that apply Mother Father Stepmother Stepfather Guardian Other _____		

### Sibling(s) Attending Yamhill Carlton Schools

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

### Family Information

<b>Parent/Guardian</b> _____	<b>Relationship</b> _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Listed ___ Unlisted ___ Cell _____ Email _____
Employer _____	Work Phone _____ Work Email _____
<b>Legal Custody</b> <b>Y N</b>	<b>Receives Mailings</b> <b>Y N</b> <b>Speaks English</b> <b>Y N</b> <b>Other Language</b> _____
<b>Parent/Guardian</b> _____	<b>Relationship</b> _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Listed ___ Unlisted ___ Cell _____ Email _____
Employer _____	Work Phone _____ Work Email _____
<b>Legal Custody</b> <b>Y N</b>	<b>Receives Mailings</b> <b>Y N</b> <b>Speaks English</b> <b>Y N</b> <b>Other Language</b> _____
<b>Parent/Guardian</b> _____	<b>Relationship</b> _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Listed ___ Unlisted ___ Cell _____ Email _____
Employer _____	Work Phone _____ Work Email _____
<b>Legal Custody</b> <b>Y N</b>	<b>Receives Mailings</b> <b>Y N</b> <b>Speaks English</b> <b>Y N</b> <b>Other Language</b> _____

*Pursuant to the provisions of ORS 107.154, either parent may request school records by contacting the school.*

**Additional Emergency Contact Information/Emergency Closure**

Please list **individuals** we can call to pickup and assume temporary care of your child in the event a parent/guardian 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 \_\_\_\_\_

**Before and After School Information**

- AM information: (please circle)**    Bus                      Walker                      Parent                      Car Pool                      Caregiver
- Name of Caregiver \_\_\_\_\_ Phone \_\_\_\_\_ Okay to pickup    Y    N
- PM information: (please circle)**    Bus                      Walker                      Parent                      Car Pool                      Caregiver
- Name of Caregiver \_\_\_\_\_ Phone \_\_\_\_\_ Okay to pickup    Y    N

**Language Survey**

Did parent(s) or guardian(s) move within the last 36 months to work or seek work in agriculture, fishing, or related food processing activity? Y    N  
If yes, When? \_\_\_\_\_

Please name all the languages spoken at home: \_\_\_\_\_

**Please place an (x) by the one that best describes your child:**

- \_\_\_\_\_ Does not speak English    \_\_\_\_\_ Speaks another language better than English    \_\_\_\_\_ Speaks English and another language equally well  
\_\_\_\_\_ Speaks English better than another language    \_\_\_\_\_ Speaks only English

**Special Services/Programs at Previous School**

- Has student been enrolled in Talented and Gifted Programs?    Y    N    If yes, indicate program(s): \_\_\_\_\_
- 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 (504 status) that limits one or more activities? For example, inability to care for one's self; perform manual tasks; participate in daily activities; learn or concentrate on schoolwork?    Y    N

Pregnant/Parenting Student?    Y    N

Please state the reason your child is enrolling in Yamhill Carlton School District. (Family moved into district, change in parent's job, custodial change, dissatisfied with other district, etc)

\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns a counselor needs to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Medical Information**

Doctor(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

My child  does/  does not have health insurance. Name of plan \_\_\_\_\_ Policy # \_\_\_\_\_

My child takes prescription medication at home or school. **Y N** If yes, name of medication(s) \_\_\_\_\_

My child wears:  eye glasses  contact lenses  hearing aids  other \_\_\_\_\_

**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:**

- Requires Epi-Pen at school
- Severe Food Allergy
- Hemophilia
- Physical disability/impairment
- Diabetes
- Severe Asthma (less severe asthma check below)
- Cancer
- Seizure disorder
- Dialysis
- Severe bee/insect sting reaction
- Heart conditions
- Psychosocial issues

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

**Check any health conditions below that school staff should be aware of when your student enters school:**

- Hearing Impairment
- Allergies **Y N** If yes, allergic to \_\_\_\_\_
- Other \_\_\_\_\_
- Visual Impairment
- Bleeding (nosebleeds)

**MEDICAL & CONTACT INFORMATION**

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 Yamhill Carlton School District #1 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**

(Eligible Student indicates any student that is 18 years or older, or emancipated.)

**Non-discrimination Statement:**

It is the policy of the Yamhill Carlton 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 Yamhill Carlton School District Office, 120 N. Larch Place, Yamhill, Oregon 97148. (503) 852-6980.

## **Questions and Answers Regarding Ethnicity and Race**

### **Q: Why do you need this information?**

A: The demographics of our society have changed significantly in the last few decades. These changes will allow our students and staff to more accurately describe who they are. We (school district or state) are required by the Federal government to use the new categories. All states and school districts are required to do the same. There are good reasons in addition to meeting federal requirements, though. We routinely report aggregate information to the federal government for funding and evaluation purposes, as well as civil rights compliance. We also use racial and ethnic data to evaluate our placement and program needs, providing the best services for all students. The U.S. Census in 2000 used the new categories. This is a trend that education and human service agencies will follow.

### **Q: Is the federal government checking my immigration status?**

A: No. This information will be maintained in your student records. It will not be reported to any federal agency in a way that identifies you or your child. No one will check for immigration status from the information you give here.

### **Q: Will the school release my student's race and ethnicity to other parties?**

A: Individual student records are protected by the Federal Education Records and Privacy Act (FERPA). The new race and ethnicity standards have no effect on FERPA's protection of student records. FERPA does not designate race and ethnicity as directory information, and race and ethnicity have the same protection as any other nondirectory information in a student's education record.

### **Q: Haven't we given this information before? Why do you need to ask again?**

A: This is indeed a major effort, but it would be more beneficial to ask everyone again and at the same time with the new format. This way no one will miss the opportunity to identify himself or herself in a more accurate way.

### **Q: I am Hispanic. Why do I have to answer more questions?**

A: One of the major changes is the recognition that members of Hispanic populations can be of different races. The federal government would like to afford Hispanic/Latino populations the opportunity to better describe themselves according to their culture and heritage. So yes, you will be asked to select one or more races, even if you have indicated that you are Hispanic/Latino.

### **Q: How do I know I won't be discriminated against after I've told you I belong to a minority group?**

A: This is exactly why we need to maintain better racial and ethnic data about our students and staff. We are required to maintain this information about each individual in his or her record, in case a civil right investigation surfaces. Again, state and local guidelines are in place to ensure that racial and ethnic data will not be reported elsewhere in a way that you may be identified. The state and districts follow FERPA rules and regulations to safeguard the privacy of student records (see question above). For employment records, none of the equal employment opportunity rules has changed. Your race and ethnicity will not be used to determine your employment status or condition.

### **Q: You can't make me do it, can you?**

A: No, we can't; but providing the information would be beneficial for you or your child. We are required to provide an answer on your behalf, if you choose not to provide such information. The federal government believes that in getting aggregate numbers from states and districts, it would be more preferable to have complete data this way, than having missing data.



## Oregon Certificate of Immunization Status

### Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical 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 Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Religious

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap (not given prior to 10 years of age)					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**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 _____

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

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

**Continued On Reverse Side**



**Oregon Certificate of Immunization Status, Page 2**  
**Oregon Department of Human Services, Immunization Program**

<b>Child's Last Name</b> <i>Apellido</i>	<b>First</b> <i>Primer Nombre</i>	<b>Middle Initial</b> <i>Segundo Nombre</i>	<b>Birthdate</b> <i>Fecha de Nacimiento</i>
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<b>Recommended Vaccines</b>	<b>Recommended Vaccines</b>	<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Dose 4</b>	<b>Dose 5</b>
	Pneumococcal (PCV7) (Only children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (Only girls age 9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

**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 Exemptions (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

**Religious exemption:**

I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease outbreak. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

- |                     |                          |             |                          |
|---------------------|--------------------------|-------------|--------------------------|
| Diphtheria/ Tetanus | <input type="checkbox"/> | Pertussis   | <input type="checkbox"/> |
| Measles             | <input type="checkbox"/> | Polio       | <input type="checkbox"/> |
| Mumps               | <input type="checkbox"/> | Varicella   | <input type="checkbox"/> |
| Rubella             | <input type="checkbox"/> | Hib         | <input type="checkbox"/> |
| Hepatitis B         | <input type="checkbox"/> | Hepatitis A | <input type="checkbox"/> |

Signature of Parent or Guardian

Date

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

**MID COLUMBIA BUS CO., Inc.**  
**YAMHILL-CARLTON SCHOOL DISTRICT**  
**2013-2014 – STUDENT RIDER REGISTRATION FORM**

Complete Separate Form for Each Student

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_  
Address for Bus Stop- No PO Box

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
*ROUTE #    AM time    PM time*

\_\_\_\_\_  
*PARENT NAME (please print)*

\_\_\_\_\_  
Home Phone                  Work Phone  
Clip & Return Top Section ONLY

\_\_\_\_\_  
School                                  Grade

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**STUDENT MANAGEMENT & DISCIPLINE**

**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: 503-662-3300

# YCSD Volunteer Background Check Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

***In accordance with District Policy No: A8500, the district may conduct background checks on volunteers prior to utilizing their services. This may include, but is not limited to criminal checks and/or calling references.***

To help provide a safe environment for our students please provide the following information:

1. Have you **ever** been convicted of a misdemeanor crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what state? \_\_\_\_\_

2. Have you ever been convicted of a felony crime?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what state? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**\*Yamhill Carlton School District may deny any volunteers who have a criminal background that includes a Felony or Misdemeanor. Failure to disclose criminal activity will result in an automatic denial. (Refer to the YCSD Risk Management Matrix on the reverse side)**

**\*\* Any criminal activity involving a minor will result in an automatic denial.**

Please list any other last names you have gone by: (ex: Maiden Name) \_\_\_\_\_

Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of birth: \_\_\_\_\_

I verify that the above information is true and correct, and I hereby grant Yamhill Carlton School District permission to check civil and criminal records to verify the given information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# YAMHILL CARLTON SCHOOL DISTRICT #1

120 N. Larch Place, Yamhill, Oregon 97148  
Phone: (503) 852-6980 / Fax: (503) 662-4931  
*Charan Cline, Superintendent*  
*clinec@ycschools.org*

## Title III Subgrant

### Student Information Form

Beginning in September 2012, new federal regulations require that all U.S. schools gather data on students' place of birth and school attendance history for the last 3 years. All questions below must be answered to complete all student records.

*Please complete one form for each of your students, answering all questions and return the form to the school office. Thank you!*

#### Student Information

Student Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: (circle one) YCES YCIS YCHS Parent Phone(s): \_\_\_\_\_

**Question #1 (required): BIRTHPLACE - Was the student born in the US or Puerto Rico?**  Yes  No

*If Yes, STOP. You do not need to fill out the rest of the form. If No, continue to Question #2 below.*

**Question #2: SCHOOL HISTORY - Has the student been attending a school in the US for less than 3 years in a row?**  Yes  No

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

\_\_\_\_\_  
Date