

For Office Use Only:

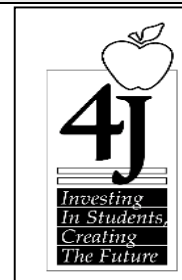
Date Received: ____/____/____

Starting Date: ____/____/____

- In School Boundary verified
- In District Transfer verified
- Out of District Exchange verified

4J Pupil number: _____

Eugene School District 4J Middle/High Enrollment Form



*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 Information

Please print legibly

Student Address

Grade	(grade student is starting at this school)					Street Number							
	Gender	Female		Male			Street Name						
Legal Last Name						Apartment #							
Legal First Name						City							
Preferred First						Zip Code							
Legal Middle						Dwelling Type	<input type="checkbox"/> Apartment	<input type="checkbox"/>	<input type="checkbox"/> Motel/Hotel				
Birth Date							<input type="checkbox"/> Group Home	<input type="checkbox"/>	<input type="checkbox"/> Shared Housing				
Proof of Age <small>(√ provided document)</small>	<input type="checkbox"/>	Birth Certificate		<input type="checkbox"/>	Medical Card		<input type="checkbox"/>	<input type="checkbox"/> House					
	<input type="checkbox"/>	Court Order		<input type="checkbox"/>	Passport		<input type="checkbox"/>	<input type="checkbox"/> Shelter					
	<input type="checkbox"/>	Hospital Record		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> Mobile home					
Home Phone	()					Proof of Residency	<input type="checkbox"/>	<input type="checkbox"/> Lease		<input type="checkbox"/>	<input type="checkbox"/> Tax bill		
							<input type="checkbox"/>	<input type="checkbox"/> Mortgage		<input type="checkbox"/>	<input type="checkbox"/> Utility bill		
Student Status <small>(√ all that apply)</small>	<input type="checkbox"/>	ELL		<input type="checkbox"/>	IEP		<input type="checkbox"/>	504		Mailing Address <small>(If different)</small>	Street		
	<input type="checkbox"/>	Special Ed		<input type="checkbox"/>	Speech		<input type="checkbox"/>	TAG			City/Zip		
	<input type="checkbox"/>	This Student has special needs listed below.											
	<input type="checkbox"/>												
	<input type="checkbox"/>												
											Previous District		
											Previous School		
											Prev. Sch. Address		
											City/State/Zip		
											Phone #		

If currently expelled/suspended, student and parent/guardian will need to. with administrators to determine if registration is possible at this time.

Is student currently suspended?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, from:
Is student currently expelled?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes, from:
Name of Parole Officer:				Phone #

Parent Information

Custody <i>(√ person/s with legal custody)</i>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Father/Step Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Relatives
	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother only	<input type="checkbox"/> Mother/Step Father	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Other

Lives With <i>(√ person/s student lives with)</i>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Father/Step Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Relatives
	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother only	<input type="checkbox"/> Mother/Step Father	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Other

Parent/Guardian <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other		
Last Name					Work Place:	
First Name					Occupation:	
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student		<input type="checkbox"/> Emergency Contact		Business Phone:	
	<i>Home address is the same as student's address.</i>				Home Phone:	
Address					Cell Phone:	
City/State/Zip					Email Address:	
Spoken Language					Speaks English:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Language					Send copy of correspondence (Not student's address)	

Parent/Guardian <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other		
Last Name					Work Place:	
First Name					Occupation:	
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student		<input type="checkbox"/> Emergency Contact		Business Phone:	
	<i>Home address is the same as student's address.</i>				Home Phone:	
Address					Cell Phone:	
City/State/Zip					Email Address:	
Spoken Language					Speaks English:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Language					Send copy of correspondence (Not student's address)	

Parent/Guardian <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other		
Last Name					Work Place:	
First Name					Occupation:	
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student		<input type="checkbox"/> Emergency Contact		Business Phone:	
	<i>Home address is the same as student's address.</i>				Home Phone:	
Address					Cell Phone:	
City/State/Zip					Email Address:	
Spoken Language					Speaks English:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Language					Send copy of correspondence (Not student's address)	

See page 3 for additional Parent/Guardian information.

Parent/Guardian <small>(Check 1 type)</small> Last Name First Name <small>(Fill in address only if different than student's)</small> Address City/State/Zip Spoken Language Correspondence Language	<input type="checkbox"/>	Father	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Social Services		
	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Stepmother	<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Other						
								Work Place:						
								Occupation:						
	<input type="checkbox"/>	Living with Student		<input type="checkbox"/>	Emergency Contact		Business Phone:							
	<i>Home address is the same as student address.</i>							Home Phone:						
								Cell Phone:						
								Email Address:						
								Speaks English:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
								Send copy of correspondence (Not student's address)						

Local Emergency Contact Information *In an emergency, parent/guardians will be called 1st, so you need not repeat Parent information here. All Emergency Contacts you list here will be checked as having your permission to pick up this student.*

Last Name #1	Relationship to student:						First Name:					
	Home Phone:						Work #:			Cell #:		
	Language Spoken:											
Last Name #2	Relationship to student:						First Name:					
	Home Phone:						Work #:			Cell #:		
	Language Spoken:											
Last Name #3	Relationship to student:						First Name:					
	Home Phone:						Work #:			Cell #:		
	Language Spoken:											
Last Name #4	Relationship to student:						First Name:					
	Home Phone:						Work #:			Cell #:		
	Language Spoken:											

4J Siblings *Please list all brothers, sisters, half and step, CURRENTLY registered in a 4J school.*

Sibling Name	Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	Current 4J School:	
Sibling Name	Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	Current 4J School:	
Sibling Name	Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	Current 4J School:	
Sibling Name	Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	Current 4J School:	

Permissions					Page 4
	Field Trip Permission: My student has permission to participate in school related field trips.		Yes		No
	Permission to Transport: I give my permission to have my student transported to a medical facility.		Yes		No
Restrictions					
	HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times.		Yes		No
	News Media: My student may be seen, interviewed or quoted on television, radio or newsprint.		Yes		No
	PG Movies: My student may view PG movies.		Yes		No
	PG 13 Movies: My student may view PG 13 movies.		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
	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
	School Year Book: My student may be mentioned or pictured in the School Year Book.		Yes		No
<i>High School only</i>		I request my student's name and/or contact information not be given to Military Recruiters.			
		I request my student's name and/or contact information not be given to College Recruiters.			
Birth Information					
Country of Birth		State of Birth			
City of Birth		Citizen of			
Medical Information <small>(There are separate medical forms for immunizations and health history. Please complete all forms.)</small>					
Doctor Name		Phone			
Dentist Name		Phone			
Allergies And Health Conditions			Life Threatening?		Yes
					No
Other					
Signature					
<p><i>I hereby declare that the above statement is true to the best of my knowledge and belief. I understand I commit the crime of false swearing if I make a false statement, knowing it to be false. (ORS 162.065).</i></p> <p><i>Further, I understand that my student could be returned to their neighborhood school upon determination of a false address.</i></p>					
Date:	Signature of Parent or Legal Guardian:				
/ /					