



Bend – La Pine Schools

Student Enrollment

School _____ Date _____

--School Office Use Student ID _____
Start / Enrollment Date _____
Grad Year _____
Counselor _____

Enrolling parent/guardian: Please complete the following in this Student Enrollment packet.

- 1) Student's legal last and first name at the top of pages 1 -6;
- 2) All questions, pages 1-4. Sign the bottom of page 4;
- 3) Student Health Information, pages 5 and 6; Sign the bottom of page 6

Please print on all pages.

Student Demographic Information

Legal Last Names		Legal First Name		Middle Name	Grade
Gender	Preferred first name		Preferred last name or last name goes by		
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Birth Date		Birth City	Birth State	Birth Country	
Month _____ Day _____ Year _____					
Ethnicity / Race					
Ethnicity is based on the student's nationality, religion and language. Do you consider the student Hispanic?		Race is based on your inherited physical characteristics (check one or more).			
<input type="checkbox"/> Yes (Hispanic) <input type="checkbox"/> No (Non-Hispanic)		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White			
Address Information <input type="checkbox"/> Mail Address is the same as Residential Address					
Address Information: Proof of current residential address is required. Examples include a recent utility bill, tax statement and mortgage document. Address changes require a proof of residential address.					
Residential Address - Street Address			Mail Address - Street Address or PO Box #		
City	State	Zip	City	State	Zip
Phone Numbers *Please check one phone number that is the primary number for the student.					
Household Phone	<input type="checkbox"/> Unlisted?	Student's Cell Phone <i>(leave blank if the student does not have a cell phone)</i>	Student's Work Phone <i>(leave blank if the student does not have a work phone)</i>		
()	<input type="checkbox"/> *Primary	()	() <input type="checkbox"/> *Primary		

Enrollment Information					
Has the student ever attended Bend – La Pine Schools including online schools? If yes, indicate the school name. <input type="checkbox"/> Yes <input type="checkbox"/> No			What is the name and location of the <u>last</u> school attended? Name: _____ City, State: _____		
If foreign born, has the student attended school in the United States for three (3) or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			If no, indicate the date entered school in the United States: Month _____ Day _____ Year _____		
Is the student a member of a tribal community? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify the tribal community:		Tribal enrollment number:	
High school students only: The month / year the student first attended 9 th grade. Month _____ Year _____					

Signature required on page 4

Student's Legal Last Name	Student's Legal First Name

Language Use Survey

Student's Language: What language(s) does your student currently speak/express most frequently outside of school?	Home Language: What language(s) does your student hear or use regularly in your household (i.e. spoken, media, music, literature, etc.)?	American Sign Language: Does your student use American Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the language(s) your student understands:		
<input type="checkbox"/> No English <input type="checkbox"/> Mostly another language and a little English <input type="checkbox"/> English and another language equally <input type="checkbox"/> Tribal or Native Language <input type="checkbox"/> Mostly English and little of another language <input type="checkbox"/> Only English		
Does your student frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once a week, two times a week, once a month).	Is there anything else you think the school should know about your student's language use?	
<input type="checkbox"/> Yes, please describe the activity: <input type="checkbox"/> NA or No	<input type="checkbox"/> Yes, please describe: <input type="checkbox"/> NA or No	
Has your student ever received bilingual/ESL services or instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please select the type of instruction. <input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> All	

Confidential Information and Services

Has the student ever received or participated in a Special Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student currently on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever been in a Special Education testing or evaluation process (currently or in the past)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional information regarding the student's Special Education program.	
Has the student ever received or participated in a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student ever received or participated in a Talented and Gifted (TAG) program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate any extra academic assistance the student has received.	
Has the student ever received or participated in school counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information.		
Has the student ever been expelled from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter the name of the school.	If yes, enter the expulsion date. Month Day Year	
Has the student ever been referred for a Risk Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Sibling Information

List siblings that are attending Bend – La Pine Schools.

Sibling Last Name	Sibling First Name	Grade	School Attending

Signature required on page 4

Student's Legal Last Name	Student's Legal First Name

Parent /Guardian Information

IMPORTANT: It is assumed that parents/guardians listed have access to student information unless legal documentation is provided indicating otherwise. Please provide the following information for this student's parents, including parents who do not live with the student.

Parent / Guardian – #1					List one parent / guardian below.				
Last Name		First Name		Nick Name		Middle Initial		Relationship to student	
Does the student live with this person?		Is this person allowed contact with the student?		Does this person have custody of the student?		Does this person want to receive school mailings?		Can the student be released to this person?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (residential address)				<input type="checkbox"/> Same as student's					
				Mailing Address (if different than the student's)					
City		State		Zip		City		State	
Email address				Place of employment					
Primary language				Language for written correspondence				Use American Sign Language?	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Member of the Armed Forces on active duty OR full-time National Guard?									
<input type="checkbox"/> Yes- Army, Navy, Air Force, Marine Corps or Coast Guard, full time National Guard, Active Duty Reserve, Dual Status Military Tech									
<input type="checkbox"/> No- Includes retired or discharged member, part-time National Guard not deployed, inactive reserve, civilian employee of Dept. of Defense									
Phone Numbers *Please check one phone that is this parent's primary contact number.*									
Cell Phone		Household Phone		<input type="checkbox"/> Unlisted?		Work Phone			
() * <input type="checkbox"/> Primary		() * <input type="checkbox"/> Primary		() * <input type="checkbox"/> Primary		() * <input type="checkbox"/> Primary			
Oregon Title 1C Migrant Education Program – Student(s) may qualify for free services such as tutoring, lunch and academic support.									
Have you moved by yourself or with your children in the last three (3) years?				Did you or another person in your home work in agriculture, forest, nurseries, fishing/processing or dairy in the past three (3) years?					
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No					

Parent/Guardian – #2					List one parent/guardian below.				
Last Name		First Name		Nick Name		Middle Initial		Relationship to student	
Does the student live with this person?		Is this person allowed contact with the student?		Does this person have custody of the student?		Does this person want to receive school mailings?		Can the student be released to this person?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (residential address)				<input type="checkbox"/> Same as student's					
				Mailing Address (if different than the student's)					
City		State		Zip		City		State	
Email address				Place of employment					
Primary language				Language for written correspondence				Use American Sign Language?	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Member of the Armed Forces on active duty OR full-time National Guard?									
<input type="checkbox"/> Yes- Army, Navy, Air Force, Marine Corps or Coast Guard, full time National Guard, Active Duty Reserve, Dual Status Military Tech									
<input type="checkbox"/> No- Includes retired or discharged member, part-time National Guard not deployed, inactive reserve, civilian employee of Dept. of Defense									
Phone Numbers *Please check one phone that is this parent's primary contact number.*									
Cell Phone		Household Phone		<input type="checkbox"/> Unlisted?		Work Phone			
() * <input type="checkbox"/> Primary		() * <input type="checkbox"/> Primary		() * <input type="checkbox"/> Primary		() * <input type="checkbox"/> Primary			
Oregon Title 1C Migrant Education Program – Student(s) may qualify for free services such as tutoring, lunch and academic support.									
Have you or your family moved within the last three (3) years to seek or obtain work?				Did you or another person in your home work in agriculture, forest, nurseries, fishing/processing or dairy in the past three (3) years?					
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No					

Student's Legal Last Name	Student's Legal First Name

School Absences and School Announcements

Oregon law requires schools to notify a parent/guardian by the end of the day when a student has an unexcused or unverified absence. If this student is enrolling in a Bend – La Pine Schools Program, such as STRIVE, Tamarack or Transition Co-op, absences are reported from the student's attendance area boundary school.

A minimum of **ONE (A)** parent/guardian is required to receive notifications by telephone. **'A' is REQUIRED.**

If a parent/guardian is not listed below, Bend – La Pine Schools will notify the parent listed as 'Parent/Guardian – #1' above.

A	Last Name	First Name	Telephone / notification number: ()	Notification types: <input checked="" type="checkbox"/> Attendance <input checked="" type="checkbox"/> Announcements
	Optional.....Specify an additional parent / guardian to receive notifications.			
B	Last Name	First Name	Telephone / notification number: ()	Notification types: <input type="checkbox"/> Attendance <input type="checkbox"/> Announcements

Emergency Information

Do not list the Parent/Guardians from above. Complete the emergency contacts (1-3) in the order that you would like the contacts called. Please include the AREA CODE.

#1	First Name	Last Name	Relationship to student	Release student to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cell Phone ()	Home Phone ()	Other Phone ()	City	State
#2	First Name	Last Name	Relationship to student	Release student to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cell Phone ()	Home Phone ()	Other Phone ()	City	State
#3	First Name	Last Name	Relationship to student	Release student to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cell Phone ()	Home Phone ()	Other Phone ()	City	State

Directory Information

<p>Release of Information</p> <p>Notice regarding <u>DIRECTORY INFORMATION</u>: Bend-La Pine Schools, in compliance with FERPA, has a policy that may allow for the release of student directory information as outlined in Board Policy JOA. Student directory information is regularly included in school publications, class pictures, yearbooks, event programs, vendor solicitations and external/internal communications.</p> <p>If you do not want Bend-La Pine Schools to release and/or include your student's directory information as described above, please check the below box stating you would like to opt-out of releasing Directory Information.</p> <p><input type="checkbox"/> Directory Information</p> <p>Notice regarding <u>RELEASE OF INFORMATION TO MILITARY AND COLLEGE RECRUITERS</u>: The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses, and phone numbers of secondary school students to military recruiters, colleges and universities.</p> <p>If you do not want Bend-La Pine Schools to release your student's information and/or provide information about your student to either the military, colleges and university please indicate by checking the below box or boxes of what you would like to opt-out of.</p> <p><input type="checkbox"/> Military <input type="checkbox"/> College Recruiters</p> <p>For more information, please visit our Policy and Regulations web page at www.bend.k12.or.us</p>

Parent /Guardian Signature

I verify that the above information is accurate and complete, and I understand that it is my responsibility to notify the school office promptly of changes to this information.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____



Bend – La Pine Schools

Student Health Information

School _____ Date _____

--School Office Use

Student ID _____

Homeroom: _____

Nurse Notified: ☐

Date: _____

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name	Student's Birth Date
			Month _____ Day _____ Year _____

IMPORTANT: If the student has a life threatening condition, please contact the school's nurse prior to the student's first day of school.

This information must be updated each school year. Please check any of the following conditions that apply to this student. Provide the condition details for each item selected. Please contact your student's school if the student's health status changes.

Health Conditions ☐ None - Student does not have any Health Conditions. Go to page 2. Complete each question and sign this form.

- ☐ Life threatening allergy to _____
- ☐ Non-life threatening allergy / sensitivity to _____
- ☐ Medication allergy to _____

<input type="checkbox"/> Diabetes ○ Type 1 ** ○ Type 2 ** See the nurse	<input type="checkbox"/> Asthma ○ Mild ○ Moderate ○ Severe	<input type="checkbox"/> Seizures ○ Life Threatening ○ Grand Mal ○ Absence ○ Other	<input type="checkbox"/> Mental Health ○ Anxiety ○ Bipolar ○ Other	<input type="checkbox"/> Heart Condition _____ ○ Life Threatening ○ Stable
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Autism	<input type="checkbox"/> Aspergers	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Headaches
<input type="checkbox"/> Migraines	<input type="checkbox"/> Muscular	<input type="checkbox"/> Neurological	<input type="checkbox"/> Concussion Date: _____	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision ○ Glasses ○ Contacts Last exam date: _____		
<input type="checkbox"/> Other: _____ A note from a health care provider may be required.				

If you checked any of the above conditions, please complete the following:

Health Condition	How does this condition present itself? <i>What happens, what does it look like, time of year it may occur, the cause.</i>	Treatment and/or medication.

Continued on next page



Bend – La Pine Schools

Student Health Information

Student's Legal Last Name	Student's Legal First Name

PLEASE READ and ANSWER each question/statement regarding emergencies, health status and medications.

Provide your initials as an approval or acknowledgment where applicable.

1. Does the student have any physical limitations? ☐ Yes ☐ No
If yes, please describe: _____

2. It is occasionally necessary to contact a parent/guardian regarding a student emergency such as an accident or sudden illness. If a medical emergency occurs at school, or at a school sponsored activity, efforts will be made to contact the parent/guardian. If the parent/guardian cannot be reached, an attempt to contact the identified emergency person(s) will be made. _____
Initials
3. In the event that an injury or illness is so severe that immediate medical treatment is necessary, school officials will exercise good judgment by calling 911 or transport the student to the nearest medical facility. The parent/guardian will be contacted as soon as possible. _____
Initials
4. The parent/guardian accepts responsibility of notifying the school nurse or the school's main office staff of any changes to the student's health status during the school year and after the date shown on this document. _____
Initials
5. If you have questions or would like to discuss this student's health with the school nurse contact the school office. _____
Initials
6. All medications that your student will take at school must be taken to and from the school office by the parent/guardian. An **Authorization for Medication Administration** form is required for each medication. This includes prescriptions, over the counter medications, essential oils and cough drops. Emergency medication may be exempt, contact the school office. _____
Initials
7. Schools do not stock medications. Parent/guardian must provide medications. _____
Initials

Parent /Guardian Signature

I verify that the above health information is accurate and complete, and I understand that it is my responsibility to notify the school office promptly of changes to this information.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Telephone: _____

What is ParentVue™?

ParentVue™ is Bend - La Pine Schools' online information tool for parents.

Your ParentVue™ account includes access to all your students at all Bend – La Pine Schools. ParentVue™ provides up-to-date information regarding:

- Academic information
- Attendance activity
- Class Schedule

For more information and on how to use the system, please visit our webpage: [http:// www.bend.k12.or.us](http://www.bend.k12.or.us). Select the **Parents** tab, and then click on the ParentVue™ icon.

What do you need?

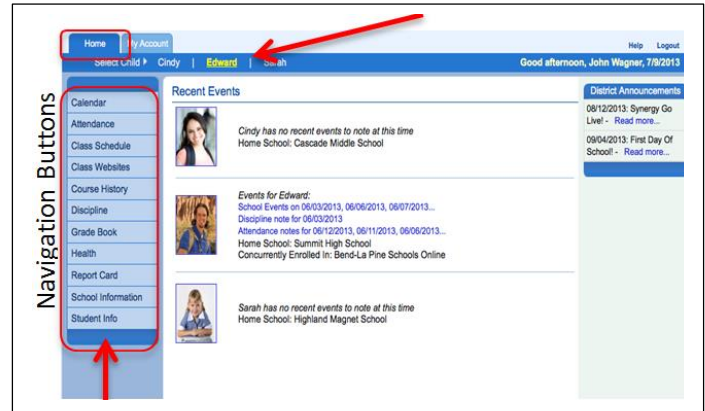
1. ParentVue™ Activation Key. Each parent will have his or her own key.
2. To receive an *Activation Key*, please contact your student's school office.
3. *Activation Key's* expire after 120 days. If you do not create your ParentVue™ account within 120 days, you will need to request a new *Activation Key*.
4. Setting up your ParentVue™ account is easy; just follow the instructions provided on the *Activation Key* letter.
5. You will need a computer with high-speed Internet connection.
6. Compatible internet browsers are Internet Explorer™, FireFox™ and Chrome™.
7. To access ParentVue™, go to www.bend.k12.or.us. Select the **Parent** tab then click on the ParentVue™ icon.

ParentVue™ App for SmartPhones

There is a ParentVue™ App for **iPhone™**, **iPad™** and **Android™**. The App is free. From your device, search for 'ParentVUE'. For setup instructions, please visit, www.bend.k12.or.us. Select the **Parents** tab.

Navigating ParentVue™

On the **HOME** screen, you will see all of your children enrolled at Bend-La Pine Schools'. To view information for each child, click on the child's name. (*Name will turn yellow*)



Can a parent or guardian update information using ParentVue™?

- Parents may be able to request changes to student demographic information on the **Student Info** page.
- Address changes cannot be made in ParentVue™. Please contact the school's office to request address changes.
- **MY Account** tab is where parents can change their password, update an e-mail address, and phone numbers. You may also "opt in" for e-mail notifications for unexcused absences, unexcused tardies, current grade(s) and school announcement phone calls and emails.

Can students login to ParentVue™?

Students can access much of the same information on StudentVue™. Students login to StudentVue™ using their Bend – La Pine School's network account. Information can be found on www.bend.k12.or.us. Select the **Students** tab.

Tear here
Return this section to the school office.

ParentVue™ Activation Key Request

NOTE: If you already have a ParentVue™ account, you do not need to request another activation key.

Please print.

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____

List the students attending a Bend – La Pine School that the above parent/guardian may have access to:

Last name: _____ First name: _____ School: _____

Last name: _____ First name: _____ School: _____

Last name: _____ First name: _____ School: _____

Last name: _____ First name: _____ School: _____

How would you like to receive your ParentVue Activation Key: ☐ Mail (home address) ☐ Email