



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) Student Enrollment, items 1 through 23;
- 3) Student Health Information, pages 5 and 6;
- 3) Oregon Title 1C Migrant form;
- 4) Signature on pages 4 and 6

Please print on all pages.

Demographic Information

1	Legal Last Name		Legal First Name		Middle Name	Grade
	Gender	Student’s nick name (first)		Student’s last name used or goes by		
	<input type="checkbox"/> Male <input type="checkbox"/> Female					
2	Birth Date		Birth City	Birth State	Birth Country	
	Month	Day	Year			
	Home Language Survey					
3	First Language: What language(s) did your student first understand? Language of Origin		Student’s Language: What language does your student most frequently use?		Home Language: What language do you use most frequently to speak to your student?	
	Has your student ever received bilingual/ESL services or instruction?			If yes, please select the type of instruction.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> All		
4	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		
5	Address Information		<input type="checkbox"/> Mail Address is the same as Physical Address			
	Physical Address - Street Address			Mail Address - Street Address or PO Box #		
	City	State	Zip	City	State	Zip
6	Phone Number					
	Student’s Cell Phone			Household Primary Phone		
	() <input type="checkbox"/> N/A			() <input type="checkbox"/> Unlisted?		
7	Enrollment Information					
	Has the student ever attended Bend – La Pine Schools including online schools? If yes, indicate the school name.			What is the name and location of the last school attended?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			Name: _____ City, State: _____		
8	If foreign born, has the student attended school in the United States for three (3) or more years?			If no, indicate the date entered school in the United States:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Month _____ Day _____ Year _____		
	Is the student a member of a tribal community?		If yes, please specify the tribal community:		Tribal enrollment number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No						
9	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

Parent /Guardian Information

Please provide the following information for this student's parents, including parents who do not live with the student.

* It is assumed that parents/guardians listed have access to student information unless legal documentation is provided indicating otherwise.

10	Parent / Guardian – 1 <i>List one parent / guardian below.</i>				
	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 <input type="checkbox"/> Same as student's <small>(List the physical address, if different than the student's)</small>			Mailing Address <small>(if different than the student's)</small>		
City State Zip			City State Zip		
Email address			Place of employment		
Primary language		In what language do you prefer to receive communication from the school district?			
Phone Numbers *Please check one phone that is this parent's primary contact number.*					
Cell Phone * <input type="checkbox"/> Primary ()		Home Phone * <input type="checkbox"/> Primary () <input type="checkbox"/> Unlisted?		Work Phone * <input type="checkbox"/> Primary ()	

12	Parent / Guardian – 2 <i>List one parent / guardian below.</i>				
	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 <input type="checkbox"/> Same as student's <small>(List the physical address, if different than the student's)</small>			Mailing Address <small>(if different than the student's)</small>		
City State Zip			City State Zip		
Email address			Place of employment		
Primary language		In what language do you prefer to receive communication from the school district?			
Phone Numbers *Please check one phone that is this parent's primary contact number.*					
Cell Phone * <input type="checkbox"/> Primary ()		Home Phone * <input type="checkbox"/> Primary () <input type="checkbox"/> Unlisted?		Work Phone * <input type="checkbox"/> Primary ()	

Signature required on page 4

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'.

14	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

Sibling Information

List siblings that are attending Bend – La Pine Schools.

15	Sibling Last Name	Sibling First Name	Grade	School Attending

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.

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

Signature required on page 4

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

Confidential Information and Services

17	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	
18	Is the student currently in a Special Education testing or evaluation process? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the student previously on an IEP or evaluated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional information regarding the student's Special Education program.
19	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.
20	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.	
21	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
22	Has the student ever been referred for a Risk Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Directory Information

Release of Information	
<p>Notice regarding DIRECTORY INFORMATION: 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>Notice regarding RELEASE OF INFORMATION TO MILITARY AND COLLEGE RECRUITERS: 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>	
23	<p>If you <u>do not</u> 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"/> Directory Information <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 information provided within this enrollment package 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: _____



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 _____

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

Reaction looks like? <i>What happens, what does it look like, time of year it may occur, the cause.</i>	Treatment and/or medication.	What detailed steps do you want the school to take to manage the reaction?

<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	<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.	What detailed steps do you want the school to take?

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. Would you prefer to have a confidential discussion about your student's health needs? Yes No
 If yes, please indicate the school's staff role you would like to meet with.

Nurse Counselor Other _____

2. Does the student use an asthma rescue inhaler during the school day? Yes No
 If yes, complete the **Authorization for Medication Administration** located at the school's office.

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

4. It is occasionally necessary to contact a parent 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 will be made. _____ Initials

5. 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

6. 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

7. Parent / guardian agree to notify the school's main office staff and complete an **Authorization for Medication Administration** if the student requires medication at school anytime during the school year. _____ Initials

8. 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. _____ Initials

9. Please list all medications the student takes on a daily basis. N/A

10. 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: _____



Oregon Title 1C Migrant Education Program

Bend – La Pine Schools

PLEASE PRINT

The Title 1C Program offers services to children and families who have moved within the last ***three*** years to look for temporary or seasonal work in ***agriculture, forestry, nurseries, ranch work and dairy work.***

School _____ Date _____

Name of Mother/Father/Guardian: _____

Names of Children: _____

Address: _____

Telephone: _____

Have you or your family moved within the last three years to obtain work in the areas described above?

Yes No

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?

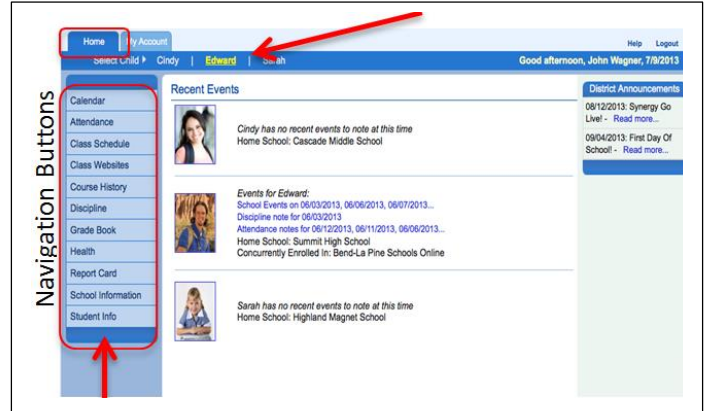
1. ParentVue™ Activation Key. Each parent will have his or her own key.
2. To receive an *Activation Key*, please contact your student's school office.
3. *Activation Key's* expire after 120 days. If you do not create your ParentVue™ account within 120 days, you will need to request a new *Activation 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