



# Bend – La Pine Schools

## Student Enrollment

School \_\_\_\_\_ Date \_\_\_\_\_

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

**Enrolling parent/guardian:** Please complete all the pages in this enrollment packet. Be sure to sign where a Parent/Guardian signature is requested. Include the following documents with this enrollment packet:

- Current immunization record
- Birth verification document, such as a birth certificate
- Proof of residential address

### Student Demographic Information

Please print on all pages.

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 <input type="checkbox"/> X non-binary							
Birth Date							
Month Day Year							
<b>Ethnicity / Race</b>							
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			
<b>Address Information</b> <input type="checkbox"/> Mail Address is the same as Residential Address							
<b>Address Information:</b> 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	
<b>Phone Numbers</b> *Please check one phone number that is the primary number for the student.							
Household Phone		<input type="checkbox"/> Unlisted?		Student's Cell Phone (leave blank if the student does not have a cell phone)		Student's Work Phone (leave blank if the student does not have a work phone)	
( )		<input type="checkbox"/> *Primary		( )		<input type="checkbox"/> *Primary	
<b>Enrollment Information</b>							
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 <u>last</u> school attended?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				Name: City, State:			
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							
<b>High school students only:</b> The month / year the student first attended 9 <sup>th</sup> grade.							
Month Year							

Signature required on page 5

## 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 Zip	
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	
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 Zip	
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	
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

### **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			

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

## Transportation Services

Students attending their boundary school and who live further than 1.0 mile for elementary, or 1.5 miles for secondary are automatically assigned a bus route closest to their residential address. There are exceptions. Please review our "What-ifs" posted on our Bend – La Pine Schools Parent webpage, School Buses.

Will this student ride a bus?  <input type="checkbox"/> Yes <input type="checkbox"/> No	When will the student begin riding the bus (effective date of this request)?
<b>For kindergarten students ONLY:</b>	
Can the student be left unattended at the Pick Up and Drop Off locations?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked No (that the student may not be left unattended at the Pick Up and Drop Off locations), the following is needed in the Emergency Contact section:  <ul style="list-style-type: none"> <li>A minimum of one (1) local Emergency Contact name with a phone number and the <b>RELEASE</b> checkbox checked.</li> </ul>

## Sibling Information

List siblings that are attending Bend – La Pine Schools.

Sibling Last Name	Sibling First Name	Grade	School Attending

## Emergency Contact Information

Do not list Parents/Guardians that will be added to the Parent/Guardian section. Complete the emergency contacts (1-3) in the order that you would like the contacts called. Please include a local contact, the AREA CODE with the phone for all contacts and indicate who the student can be released to.

Kindergarten students\*: Please see the Transportation Services section above.

#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

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.

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' in the Parent/Guardian Information section.

<b>A</b>	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>B</b>	Last Name	First Name	Telephone / notification number:	Notification types:
			(       )	<input type="checkbox"/> Attendance <input type="checkbox"/> Announcements

## **Directory Information**

### **Release of Information**

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.**

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.

☐ Directory Information

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.

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.

☐ Military      ☐ College Recruiters

For more information, please visit our Policy and Regulations web page at [www.bend.k12.or.us](http://www.bend.k12.or.us)

## **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

## Important Acknowledgments

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

**PLEASE READ and ANSWER each question/statement.**

Provide your initials as an approval or acknowledgment.

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

8. Both parents will have equal access to their children while they are at school unless such access is otherwise restricted by court order and that court order has been presented to the school office. Court orders and/or judgements must be signed and dated by a judge. **Parents / guardians are responsible for providing the school office with the most current information regarding custody and/or parental rights.**

\_\_\_\_\_  
Initials

### **Parent /Guardian Signature**

I verify that I have read each of the above acknowledgments I understand that it is my responsibility to notify the school office promptly of changes.

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

Telephone: \_\_\_\_\_



# 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.

☐ 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"/> Asperger's	<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.

### 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: \_\_\_\_\_



# 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
This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.	<p>1. What language(s) are primarily used in the home?</p> <p>_____</p> <p>2. What was the first language(s) that your student learned?</p> <p>_____</p> <p>3. What language(s) does your student use most frequently at home?</p> <p>_____</p>
<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>

Last Update November 4, 2022





## BEND-LA PINE SCHOOLS

520 NW Wall Street, Bend, Oregon 97703 | 541-355-1000

Welcome to Bend-La Pine Schools!

We are happy to have your student join our school family. Please take a moment to answer the following questions, so that we can do our best to help your student have a supportive educational experience.

The following questions are to determine if you are eligible for the McKinney-Vento Program. This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. **The answers to these questions are confidential.**

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**Please check all situations that apply:**

- ☐ I am a student living apart from my parents or legal guardians
- ☐ The student is staying temporarily with another family or friends due to loss of housing or economic hardship.
- ☐ The student is staying in a motel or hotel due to loss of housing or economic hardship.
- ☐ The student is staying in a car, RV/trailer/camper or at a campsite.
- ☐ The student is staying in a shelter or transitional housing program.
- ☐ None of the situations listed above apply to my student. (No need to complete the rest of this form.)

Are there any immediate needs or concerns that we can help your student with such as school supplies, school meals, community resources, etc.?

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If you qualify for the McKinney Vento Program and move during the school year, please notify your school of these changes; we may be able to help your student stay at their school of origin for the remainder of the school year.

\_\_\_\_\_  
Student Name / Student Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Name(s)

\_\_\_\_\_  
School

*For Office Use Only – FAX referrals to 541-355-1059*

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intended to be  
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## ParentVue™ Activation Key Request

Return this section to the school office.

Complete the items below for each parent that would like a ParentVue account. We recommend that one parent (at a minimum) request a ParentVue activation key and setup an account. Each parent will have their own activation key.

Your ParentVue account provides access to all your students enrolled in Bend – La Pine Schools.

*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*.

Parents/guardians should review and update their student's information at the beginning of every school year.

Up-to-date and accurate information is essential in an emergency or responding to a medical situation.

### 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 (residential address) ☐ Email

### 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 (residential address) ☐ Email

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## Quick access to your student's school information

Using ParentVue includes access to all your students enrolled at Bend – La Pine Schools. Information you will see in ParentVue:

- Academic information
- Attendance activity
- Class Schedule

## Update your student's information

Parents/guardians should review and update their student's information at the beginning of every school year.

Up-to-date and accurate information is essential in an emergency or responding to a medical situation.

Within ParentVue Enroll/Update you can update your student's information such as:

- Parent/Guardian information
- Emergency contact information

Additionally, you can enroll a new student (never attended a Bend – La Pine School). Updating your student's information or enrolling a new student online should be done on a desktop computer (rather than a mobile device).

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?

- ParentVue™ Activation Key. Request this from your student's school office. Complete the form below.
  - Each parent will have their own activation key.
  - Your ParentVue account provides access to all your students enrolled in Bend – La Pine Schools.
  - *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*.
- Setup your ParentVue™ account. Follow the instructions provided on the *Activation Key* letter.
  - We recommend you setup your account on a desktop computer.
  - We recommend using internet browsers FireFox™ or Chrome™.
- Access to ParentVue™ is available on Bend – La Pine Schools website ([www.bend.k12.or.us](http://www.bend.k12.or.us)) within the Parent Tools.

## ParentVue™ App for Mobile Devices

There is a ParentVue™ App for **iPhone™**, **iPad™** and **Android™**. The App is free. From your device, search for 'ParentVUE'. The setup URL is <https://pv.bend.k12.or.us>

## Can student's login to ParentVue™?

Students use StudentVue™ and login using their Bend – La Pine School's network account. StudentVue™ is accessible from your student's school webpage.

