Pendleton School District 16R
Registration Form

Legal Last Name	First Name	Middle Name

Student Information:

Grade____ Gender (circle) M F Birth Date:_____ Social Security #_____

Birth Place_____/_____/_____ Mother's Maiden Name_____
(City) (State) (Country)

Migrant #_____

Last School/Preschool Attended:
Address:
City & State: **Phone:** **Fax:**
Services or Programs (Check all that may apply): ❑Title I Support ❑Medical or Medication Supports ❑ 504 Accommodations ❑IEP/IFSP/Special Education ❑English Learner Services ❑Homeless Youth Services ❑Behavior Services ❑Counseling ❑Migrant ❑ Other:_____

It is the responsibility of the parent/guardian to provide the school with any legal documentation or court orders that apply to the student and are relevant to the child's educational experience.

The Federal Family Education Rights and Privacy Act of 1974 permits the school district to release certain information, known as "directory information," to certain people or institutions, unless you request **IN WRITING**, that such information not be released. In many cases, requests for this type of information come from the news media, students, or staff creating web pages or the armed forces for recruiting purposes. "Directory information" may include:

- ✔ Student's name, address and telephone number
- ✔ Date and place of birth
- ✔ Participation in officially recognized activities and sports
- ✔ Weight and height if athletic team member
- ✔ Dates of attendance
- ✔ The most recent educational agency or institution attended by the student
- ✔ Photographs of other similar information
- ✔ In the case of student information in web pages, the following will be excluded: last names, telephone numbers, and addresses.

Pictures may occasionally be taken of students and/or student work for use in web pages, news media or school district publications, as well. We will not release any "directory information" for commercial or other purposes not related to school business.

Special Consent: I authorize my child to be photographed, video taped, or audio taped in connection with the educational program and activities of the Pendleton School District. I understand that my child will not be paid for the photographic image. I also consent to public display of such photograph, video tape, or audio tape image in connection with the Pendleton School District programs and activities.

_____ / _____ / _____
Signature Relationship Date

If you do not wish us to release "directory information" and/or have your child appear in a photograph, videotape, film or slide, please let your school know **IN WRITING** within two weeks of receiving this notice. Otherwise, it is not necessary to take any action.

If you have questions on this notification, please call the Pendleton School District at (541)276-6711

OVER ➡

Physical Address_____City_____Zip _____
Do you live on Trust Land? ❒ YES ❒ NO
Are you living with friends or relatives due to financial hardship? ❒ YES ❒ NO
Is this living situation temporary or due to loss of housing or financial hardship? ❒ YES ❒ NO

Mailing Address
Street / PO
Box_____City_____Zip_____

Home Phone_____

Other Children Living in Household				
Childs Legal Name (last, first, middle)	Gender	Birthdate	School	Grade
1.				
2.				
3.				
4.				
5.				
6.				

Please attach a separate piece of paper to list additional children.

Parent/Guardian Information (list by priority)

	Name	Relationship	Lives with	Phone	Cell Phone	Employer
1				Home		
	Email			Work		
2				Home		
	Email			Work		

Emergency Contacts - allowed to pick up student from school

		Relationship				
3			Home Work		Cell	
4			Home Work		Cell	
5			Home Work		Cell	
6			Home Work		Cell	

OFFICIAL USE ONLY:

Enrollment code		**Enrollment date**		**Grade**		**Teacher**	
Records requested		**Records received**		**Immunization status**			
Special Education Teacher Notified		**ELD Teacher Given LUS**		**Homeless Liaison Notified**			

Sherwood Heights Elementary

3235 SW Nye Avenue
Pendleton, Oregon 97801
(541) 276-2241 Fax (541) 966-3597

Student_____ Student #_____

Birthdate_____ Grade this year_____ Date _____

School last attended_____

Address of School_____

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

In accordance with Federal Law PL 93-380 and Oregon law 336.185 to 336.215 a request is made that the above student's records be forwarded to Sherwood Heights Elementary, Pendleton, Oregon. Federal Law 99.31 states that there is no parent signature required for educational records sent to another educational agency.

PLEASE FORWARD:

_____ 1. **PROGRESS RECORDS:**	Permanent Record (parent name, etc.), achievement test scores, academic work completed, level of achievement (grades, marks, reading competency, grade level, etc.), attendance.
_____ 2. **HEALTH RECORDS:**	Immunization records, other health records (vision, audio, etc.)
_____ 3. **SPECIAL ED:**	IEP information, psychological test information, Title I records, TAG information, any other information that would be helpful in place the student in proper classes.
_____ 4. **BEHAVIORIAL RECORDS:**	Family background information, anecdotal records, records of conversations and verified reports of serious or recurrent behavior patterns.

PARENT/LEGAL GUARDIAN AUTHORIZATION

I make this authorization in order to transfer records to the location where this student will be attending school. **I have been notified of my rights to review my student's records before their release** and - - (please check one response):

☐ I waive my right at this time, consenting to the release and transfer of the foregoing records **without any further notice to me.** I will inform you in writing should I desire a personal copy of the records.

☐ I will contact you within seven (7) school days from the date on this request form to review my student's records in the presence of a person qualified to interpret them.

Signature_____ Relationship to student_____

Address_____

Phone # _____ Date_____

SEND RECORDS TO: Sherwood Heights Elementary
3235 SW Nye Avenue
Pendleton, OR 97801

Race and Ethnicity Form

Legal Name: _____
Last *First* *Middle*

Preferred Name: _____
Last *First* *Middle*

Date of Birth:_____/_____/_____ Student Number: _____

If an individual or the parent on behalf of the student does not complete the two-part question, then the educational institution will take steps to collect and document information allowing the reporting of the individual in one of the Federal reporting categories. The US Department of Education will continue its existing policy of ***using observer identification in these cases.***

Ethnicity: *(Choose one)*

☐ **Hispanic/Latino**
(A Hispanic or Latino person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ **Not Hispanic/Latino**

Race: *(Choose one or more, regardless of Ethnicity)*

☐ **American Indian or Alaskan Native** *(An American Indian or Alaska Native person has origins in any of the original peoples of North and South America (including Central America)*

☐ **Asian** *(An Asian person has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)*

☐ **Native Hawaiian or Other Pacific Islander** *(A Native Hawaiian or Other Pacific Islander person has origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)*

☐ **Black or African American** *(A Black or African American person has origins in any of the black racial groups of Africa.)*

☐ **White** *(A White person has origins in any of the original peoples of Europe, the Middle East, or North Africa.)*

OMB, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, 62 FR 58782–58790

Signature: _____
Parent/Guardian *Date*

Formulario de Etnicidad y Raza

Nombre legal: _____
Apellido *Primero* *Segundo*

Nombre Preferido: _____
Apellido *Primero* *Segundo*

Fecha de Nacimiento:_____/_____/_____ Número Estudiantil: _____

Si un individual o el padre departe del estudiante no llena el cuestionario de dos partes, entonces le institución de educación tomará los pasos y documentará la información permitiendo el informe del individuo en unas de las categorías del informe federal. El Departamento de Educación continuará su póliza existente ***de usar observadores identificadores en estos casos****.*

Etnicidad: *(escoja uno)*

☐ **Hispano/Latino**
(Una persona Hispana o Latina es Cubano, Mexicano, Puertorriqueño, Sur o Centroamericano, o otra cultura o origen Español, a pesar de raza)

☐ **No Hispano/Latino**

Raza: (*Escoja uno o más a pesar de la Etnicidad)*

☐ **Nativo Americanos o Nativo de Alaska** *(Una persona Nativo Americano o Nativo de Alaska tiene orígenes de cualquier habitante original del Norte y Sur de América (incluyendo Centroamérica)*

☐ **Asiático** *(Una persona Asiático tiene orígenes de cualquier habitante original del Extremo Oriente, Sudeste Asiático de indígenas subcontinente, incluyendo, por ejemplo, Camboya, China, Indio, Japón, Corea, Malasia, Pakistán, Las islas Filipinas, Tailandia y Vietnam.)*

☐ **Nativo Hawaiano o Otro Isleño del Pacifico** *(Una persona Nativo Hawaiano o Otro Isleño del Pacifico tiene origines de cualquier habitante original de Hawái, Guam, Samoa, u otro Isleño Pacifico.)*

☐ **Negro o Africano Americano** *(Una persona Negra o Africano Americano tiene orígenes en cualquier grupo racial negro de África.)*

☐ **Raza blanca** *(Una persona blanca tiene origines de cualquier habitante original de Europa, el Medio Oriente, o África del Norte.)*

OMB, Revisiones al Estándar para la Clasificación de Datos Federal en Raza y Etnicidad, 62 FR 58782–58790

Firma: _____
Padre/Tutor *Fecha*

State of Oregon - Language Use Survey

<u>This document is given when a student enters a school district for the first time.</u>

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.	1. What language(s) are primarily used in the home? _____ 2. What was the first language(s) that your student learned? _____ 3. What language(s) does your student use most frequently at home? _____
This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost. *This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.*	In what language(s) would you prefer to receive communication from the school? _____

Last Update November 4, 2022

Estado de Oregón - Encuesta De Idiomas En Casa

<u>Este documento se da cuando un estudiante entra al distrito escolar por primera vez.</u>

El estado de Oregón respeta todos los idiomas y culturas de nuestros habitantes, y respeta todos los idiomas/ en nuestras escuelas. Fomentamos la revitalización de las lenguas indígenas y el multilingüismo.

Este documento es para entender si su estudiante califica para recibir apoyos adicionales para aprender el idioma inglés.

Nombre de su estudiante: _____ Grado: _____ Fecha: _____

Nombre de padre, madre, o guardián: _____

Firma de padre, madre, o guardián: _____

Información	**Preguntas**
La información en esta sección ayudará a la escuela a determinar si su estudiante necesita instrucción adicional en el idioma inglés.	1. ¿Qué idioma(s) se usa principalmente en su casa? _____ 2. ¿Cuál fue el primer idioma(s) que aprendió su estudiante? _____ 3. ¿Qué idioma(s) usa con más frecuencia su estudiante en casa? _____
Su respuesta a esta pregunta informará a la escuela si usted necesita un intérprete o documentos traducidos. Esto no tiene costo. *Esta sección es informativa y no se utiliza para identificar si su estudiante necesita apoyo para aprender el idioma inglés.*	¿En qué idioma(s) prefiere que la escuela se comunique con usted? _____

Pendleton School District 16R
Health, Developmental, and Social History
CONFIDENTIAL
For Educational Purposes Only

Student's Name: _____

Parents are: _____Married _____Divorced _____Other (Please Explain) _____

Is there any custodial concerns/parent plan that we should be aware of? _____

_____

_____

DEVELOPMENTAL or EARLY HISTORY:

Did your child meet developmental milestones? _____walk? _____talk? _____toilet trained?

MEDICAL HISTORY and ILLNESS OF STUDENT: (Check those that are true for this child; Star (*) those that are a present concern)

_____ Allergy Known _____Asthma _____Color Blindness _____Concussion _____Diabetes

_____Ear Infections (Tubes in Ears? _____) _____Eye Problems? (Wears Glasses? _____)

_____Hearing Loss (Hearing Aids? _____)

Does the child have any physical limitation/health problems? _____No _____Yes If yes, please describe:

_____

_____

_____

_____

_____

_____

Does this child need special or continuing medical care? _____ No _____ Yes If yes, please describe:

_____

_____

_____

_____

_____

_____

_____

_____

CURRENT GENERAL HEALTH STATUS:

Is child taking any medications? _____ No _____ Yes, for _____

Name of medication: _____ Dosage: _____ Frequency: _____

Is medication needed at school? _____No _____Yes

SOCIAL BEHAVIORS:

Favorite Activities:_____ Home Responsibilities_____

Child behavior/response to anger:_____

Fear/Conflicts: _____

Circle all behaviors that apply to your child: *affectionate; shy, friendly, withdrawn, inactive, curious, hyperactive, impulsive or explosive behavior, cries easily, aggressive, prefers to be alone, easily frustrated.*

Additional comments:_____

_____

_____

_____

_____

Attended Preschool? _____No _____ Yes If yes, how long? _____ Where? _____

Has child been seen by a: _____Psychologist _____ Psychiatrist _____ Counselor

Dates? _____

Comments: _____

_____

_____

_____

_____

ENVIRONMENTAL FACTORS INFLUENCING EDUCATION PROCESS:

How many times has this child moved in the last two years? _____

Has this child experienced death/divorce within the immediate family? _____

Agencies working with the family: _____

What are your educational concerns for this child? _____

_____

_____

_____

_____

Are there other concerns? _____

_____

_____

_____

_____

Parent/Guardian Signature_____ Date _____

Pendleton School District 16R
Computer Technology
Student Acceptable Use Policy for PSD Net

Computers and access to the internet are used to support learning and to enhance instruction. With parental permission, your student will have an email account and internet access through the Pendleton School District's computer system (PSDnet).

While utilizing the internet it is possible to gain access to information which may not be appropriate. It is a general policy that all computers used through PSDnet are to be used in a responsible, appropriate, efficient, ethical and legal manner. Failure to adhere to the policy and the guidelines for the use of PSDnet, as described below, will result in the immediate revocation of access privileges as well as possible disciplinary action, and/or referral to law enforcement. Reinstatement will be at the discretion of the school administration.

GENERAL USE PROHIBITIONS

1. Prohibitions
    a. Attempts to degrade, disrupt or vandalize the district equipment, software, materials or data or those of any other system or user
    b. Attempts to send, intentionally access or download any text file or image or engage in communication that includes material which may be interpreted as:
        i. Harmful to minors
        ii. Obscene, indecent, profane or lewd as determined by the district
        iii. A product or service not permitted to minors by law
        iv. Harassment, bullying, intimidation, menacing, threatening or insulting and/or inflammatory language
        v. A likelihood that, either because of its content or the manner of distribution, it will cause a material or substantial disruption of the school operation
    c. Attempts to use another individual's account, failure to provide the district with individual passwords or to access restricted information, resources or networks to which the user has not been given access.
2. Violations/Consequences
    a. Students who violate general system user prohibitions shall be subject to discipline up to and including expulsion and/or revocation of district system access up to and including permanent loss of privileges
    b. Violations of law will be reported to law enforcement immediately

I have read the district's acceptable use policy pertaining to student internet usage. I give permission for my student to participate and utilize the Pendleton School District's computer system.

Student Name _____

Name of Parent/Guardian _____

Parent/Guardian Signature _____

Pendleton School District Policies
http://policy.osba.org/pendletn/search.asp?target=electronic+use
http://policy.osba.org/pendletn/j/jfcfa_gbnaa%20g1.pdf
http://policy.osba.org/pendletn/i/iibga%20d1.pdf
http://policy.osba.org/pendletn/i/iibga%20r%20d1.pdf

Student Handbook Sign-Off

After reading the Student Handbook on our school website, please sign below, detach at dotted line and return the bottom portion of this page to school with your child. If you need a paper copy of the student handbook, please let your child's teacher know and they will send one home with your student.

Thank you!

\- -

Please review and <u>initial</u> that you understand the following essential items:

______ Students may **NOT** be dropped off at school **<u>prior to 7:30 am</u>**, and I will follow the school's arrival and dismissal procedures to ensure student safety.

_____ Students will ONLY be released to adults listed on their child's emergency contact list. The parent must notify the school in person or by phone if an adult not listed on the emergency contacts will be picking up your child.

_____ It is the responsibility of the parent/guardian to provide the school with any legal documentation or court orders that apply to the student and are relevant to the child's educational experience.

_____ If a child is absent, parents MUST <u>call the school before 8:30 am</u>.

_____ Parents/legal guardians (NOT students) MUST transport prescription or over-the-counter medications to the main office and complete required paperwork.

I have reviewed the Student Handbook with my child:

____

(Student's Name)

____

(Parent Signature/Date)

****Return this form to the classroom teacher****

PENDLETON SCHOOL DISTRICT 16R
REGISTRATION / STUDENT INFORMATION QUESTIONNAIRE

I, the parent, guardian, or surrogate of _____, realize that in order to plan the most appropriate educational program for my child, an awareness of any special services is important. To the best of my knowledge, my child is or is not in need of the following services:

		Yes	No
1.	Educational Support Services		
	a. Special Services		
	b. Title I		
	c. Counseling		
	d. Behavior Plan		
	e. ESL Services		

			Yes	No
2.	Health Support Services			
	Medication	At Home		
		At School		

Description: _____

_____

		Yes	No
3.	Special health problems or concerns. Any Condition that might affect Physical Education Class		

Description: _____

_____

		Yes	No
4.	To the best of my knowledge, my child needs Special services at this time.		
5.	Has your child received any special services at school During the last two years?		
6.	Would you like one of our administrators to contact you At this time to discuss any special problems?		

If Yes, What specific services? _____

_____

7. What is your family's primary language? _____

Grade my child attended last year _____ Please contact me at _____
Phone

_____ _____
Parent/Guardian/Surrogate Name Printed Address

_____ _____
Parent/Guardian/Surrogate Signature Date

White – Student File Yellow – Specialist Pink – Classroom Teacher

Parent Notification

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file,otherwise either parent may check the child out of the school with proper identification.

If a parent comes in with a court order stating the current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read the above statement.

Student's Name:_____

Signature of Parent/Guardian: _____

Notificación de Padres

Por ley, si los padres están separados legalmente o divorciados, cada padres tiene derechos iguales sobre la custodia/documentos del hijo (a)/ hijos A MENOS QUE uno de los padres tenga una orden de la corte que indique cual padre es el que tiene custodia del hijo (a) hijos.

La escuela **DEBE DE TENER UNA COPIA DE LA ORDEN** en sus archivos estudiantiles, de lo contrario, cualquier padre puede sacar al estudiante de la escuela o pedir documentación con la identificación apropiada.

Si uno de los padres viene con una orden de la corte que indique la custodia sobre el estudiante registrado, entonces se pueden llevar al niño (a)/hijos después de que los documentos hayan sido verificados, conforme sea necesario y después de haber hecho todo intento de comunicarnos por teléfono con el otro padre registrado.

He leído la declaración proveída.

Nombre del estudiante:_____

Firma del padre/tutor:_____

Military Connected Student Form

School districts in the United States are required to identify 'Students of Military Families' beginning with the 2022-23 school year. The purpose of collecting this data is to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents.

Student Name_____

Is this student dependent on an active duty member of any of the following?

Yes ___ No____

- □ The United States Military (Army, Navy, Air Force, Marines or Coast Guard)
- □ Active Duty National Guard
- □ Active Duty Reserve Force of the US Military
- □ Transitioning out of Active Duty to National Guard or Reserve

Enlistment Date(s):_____ Branch of Military:_____Rank:_____

End Date of Service (if applicable):_____

Formulario de Estudiante Militar Conectado

Los distritos escolares en los Estados Unidos están obligados a identificar "Estudiantes de Familias Militares" comenzando con el año escolar 2021-2022. El propósito de recopilar estos datos es eliminar los obstáculos al éxito educativo que se imponen a los hijos de familias de militares debido a movimientos frecuentes y el despliegue de sus padres.

Nombre del estudiante_____

¿Es este estudiante un dependiente de un miembro de servicio activo de cualquiera de los siguientes?

Si ____ No____

□ Los militares de los Estados Unidos (Ejército, Marina, Fuerza Aérea, Infantería de Marina o Guardacostas)

□ Guardia Nacional de Servicio Activo

□ Fuerza de Reserva de Servicio Activo de las Fuerzas Armadas de los Estados Unidos

□ Transición fuera del servicio activo a la Guardia Nacional o Reserva

Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the School receives a request for access.

   Parents or eligible students who wish to inspect their child's or their education records should submit to the school principal a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

   Parents or eligible students who wish to ask the School to amend their child's or their education record should write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

   One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. The criteria for determining who constitutes a school official and what constitutes a legitimate educational interest must be set forth in the school's or school district's annual notification for FERPA rights. A school official typically includes a person employed by the school or school district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer, contractor, or consultant who, while not employed by the school, performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official typically has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

   Upon request, the school discloses education records without consent to officials of another school or school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

   Student Privacy Policy Office
   U.S. Department of Education
   400 Maryland Avenue, SW
   Washington, DC 20202

Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the school to the contrary. This notice serves as your annual notice of Rights under FERPA and District determined "directory information". If you would like to request the district to not disclose directory information for your child, you must request in writing to the school principal which information you do not want disclosed within 15 days of this notice. The primary purpose of directory information is to allow the school to include information from your child's education records in certain school publications.

Directory information may include information such as a student's name, address, telephone number, email, photograph, date and place of birth, field of study, athletics and activities participation, weight and height of athletic team members, degrees, honors, awards, and dates of attendance.

Notificación de Derechos bajo FERPA

La Ley de Privacidad y Derechos Educativos de la Familia (FERPA) otorga a los padres y estudiantes mayores de 18 años ("estudiantes elegibles") ciertos derechos con respecto a los registros educativos del estudiante. Estos derechos son:

El derecho a inspeccionar y revisar los registros educativos del estudiante dentro de los 45 días posteriores al día en que la Escuela recibe una solicitud de acceso.

Los padres o los estudiantes elegibles que deseen inspeccionar los registros educativos o de sus hijos deben enviar al director de la escuela una solicitud por escrito que identifique los registros que desean inspeccionar. El oficial de la escuela hará los arreglos para el acceso y notificará al padre o estudiante elegible de la hora y el lugar donde se pueden inspeccionar los registros.

El derecho a solicitar la modificación de los registros educativos del estudiante que el padre o el estudiante elegible crea que son inexactos, engañosos o que violan los derechos de privacidad del estudiante bajo FERPA.

Los padres o los estudiantes elegibles que deseen solicitar a la escuela que modifique el registro educativo o de su hijo deben escribir al director de la escuela, identificar claramente la parte del registro que desean modificar y especificar por qué debe modificarse. Si la escuela decide no enmendar el registro según lo solicitado por el padre o estudiante elegible, la escuela notificará al padre o estudiante elegible sobre la decisión y su derecho a una audiencia con respecto a la solicitud de enmienda. Se proporcionará información adicional sobre los procedimientos de la audiencia al padre o estudiante elegible cuando se le notifique el derecho a una audiencia.

El derecho a proporcionar consentimiento por escrito antes de que la escuela divulgue información de identificación personal (PII) de los registros educativos del estudiante, excepto en la medida en que FERPA autorice la divulgación sin consentimiento.

Una excepción, que permite la divulgación sin consentimiento, es la divulgación a funcionarios escolares con intereses educativos legítimos. Los criterios para determinar quién constituye un funcionario escolar y qué constituye un interés educativo legítimo deben establecerse en la notificación anual de la escuela o distrito escolar para los derechos de FERPA. Un funcionario escolar generalmente incluye a una persona empleada por la escuela o el distrito escolar como administrador, supervisor, instructor o miembro del personal de apoyo (incluido el personal médico o de salud y el personal de la unidad policial) o una persona que forma parte de la junta escolar. Un funcionario escolar también puede incluir a un voluntario, contratista o consultor que, aunque no sea empleado de la escuela, realice un servicio o función institucional para el cual la escuela usaría a sus propios empleados y que esté bajo el control directo de la escuela con respecto a al uso y mantenimiento de PII de registros educativos, como un abogado, auditor, consultor médico o terapeuta; un padre o estudiante que se ofrece como voluntario para servir en un comité oficial, como un comité disciplinario o de quejas; o un padre, estudiante u otro voluntario que ayuda a otro funcionario escolar a realizar sus tareas. Un funcionario escolar generalmente tiene un interés educativo legítimo si el funcionario necesita revisar un registro educativo para cumplir con su responsabilidad profesional.

Previa solicitud, la escuela divulga registros educativos sin consentimiento a los funcionarios de otra escuela o distrito escolar en el que un estudiante busca o tiene la intención de inscribirse, o ya está inscrito si la divulgación es para fines de inscripción o transferencia del estudiante.

El derecho a presentar una queja ante el Departamento de Educación de los EE. UU. sobre supuestos incumplimientos por parte de la Escuela de cumplir con los requisitos de FERPA. El nombre y dirección de la Oficina que administra FERPA son:

Oficina de Política de Privacidad del Estudiante
Departamento de Educación de EE. UU.
400 Maryland Avenue, SW
Washington, DC 20202
Las escuelas pueden divulgar "información de directorio" apropiadamente designada sin consentimiento por escrito, a menos que usted haya informado a la escuela de lo contrario. Este aviso sirve como su aviso anual de Derechos bajo FERPA y la "información de directorio" determinada por el Distrito. Si desea solicitar al distrito que no divulgue la información del directorio de su hijo, debe solicitar por escrito al director de la escuela qué información no desea que se divulgue dentro de los 15 días posteriores a este aviso. El objetivo principal de la información del directorio es permitir que la escuela incluya información de los registros educativos de su hijo en ciertas publicaciones escolares.

La información del directorio puede incluir información como el nombre del estudiante, dirección, número de teléfono, correo electrónico, fotografía, fecha y lugar de nacimiento, campo de estudio, participación en actividades y deportes, peso y altura de los miembros del equipo deportivo, títulos, honores, premios y fechas de asistencia.

PENDLETON SCHOOL DISTRICT 16R

STUDENT RESIDENCY QUESTIONNAIRE

Name of School: _____ Grade: _____

Name of Student: _____ Birthdate: ____/____/_____

Current Address: _____

Do any of the following situations apply to you:

Living with friends or relatives ❒ YES ❒ NO

Living in a hotel or campground ❒ YES ❒ NO

Living in a vehicle ❒ YES ❒ NO

Is this living situation temporary or due to loss of housing because of financial hardship? ❒ YES ❒ NO

Note: This question is asked to help determine the services a student may be eligible to receive in accordance to the McKinney-Vento Act 42 U.S.C. 11435. If you marked yes, you will be contacted for further information in an effort to better serve your student.

DISTRITO ESCOLAR DE PENDLETON 16R

CUESTIONARIO DE RESIDENCIA ESTUDIANTES

Nombre de la escuela: _____Grado: _____

Nombre del estudiante: _____ Fecha de nacimiento: ____ / ____ / ____

Dirección actual: _____

¿Alguna de las siguientes situaciones se aplica a usted:

Vive con amigos o familiares ❒ SÍ ❒ NO

Vive en un hotel o campamento ❒ SÍ ❒ NO

Vive en un vehículo ❒ SÍ ❒ NO

¿Esta situación de vivienda es temporal o se debe a la pérdida de vivienda debido a dificultades económicas? ❒ SÍ ❒ NO

Nota: Esta pregunta se hace para ayudar a determinar los servicios que un estudiante puede ser elegible para recibir de acuerdo con la Ley McKinney-Vento 42 USC 11435. Si marcó sí, lo contactaremos para obtener más información en un esfuerzo para servir mejor a su estudiante.

107 NW 10th Street
Pendleton, OR 97801
Ph: 541-276-6711
Fax: 541-278-3208
www.pendleton.k12.or.us
Kevin Headings, Superintendent

SPECIAL EDUCATION CHILD FIND

Pendleton School District actively identifies individuals with disabilities under the age of twenty-one (21). For children under the age of five (5) screening, evaluation, diagnosis and programming is available through the InterMountain Education Service District (541-276-6616).

Pendleton School District provides for evaluation, diagnosis, and specialized educational programming for school age children (ages 5-21). The following special education services are provided:

1. Special education and related services appropriate to their needs for students who are eligible for services under the following disability categories: Specific Learning Disability, Speech and Language Impairment, Developmental Delay (ages 3-9), Deafblindness, Visual Impairment, Deaf or Hard of Hearing, Orthopedic Impairment, Autism, Other Health Impairment, Emotional Behavior Disability, Intellectual Disability, or Traumatic Brain Injury.
2. Evaluations and planning for eligible students under Section 504 of the Rehabilitative Act of 1973.

For more information contact:
Julie Smith
Special Programs Director
Pendleton School District
107 NW 10th St.
Pendleton, OR 97801
541-966-3262

107 NW 10th Street
Pendleton, OR 97801
Ph: 541-276-6711
Fax: 541-278-3208
www.pendleton.k12.or.us
Kevin Headings, Superintendent

ENCUENTRO DE NIÑOS DE EDUCACIÓN ESPECIAL

El Distrito Escolar de Pendleton identifica activamente a las personas con discapacidades menores de veintiún (21) años. Para los niños menores de cinco (5) años, la detección, la evaluación, el diagnóstico y la programación están disponibles a través del Distrito de Servicios Educativos de InterMountain (541-276-6616).

El Distrito Escolar de Pendleton brinda evaluación, diagnóstico y programación educativa especializada para niños en edad escolar (de 5 a 21 años). Se brindan los siguientes servicios de educación especial:

1. Educación especial y servicios relacionados apropiados a sus necesidades para estudiantes que son elegibles para servicios bajo las siguientes categorías de discapacidad: Discapacidad de aprendizaje específica, impedimento del habla y lenguaje, retraso en el desarrollo (de 3 a 9 años), sordoceguera, impedimento visual, sordera o problemas de audición , impedimento ortopédico, autismo, otro impedimento de salud, discapacidad de comportamiento emocional, discapacidad intelectual o lesión cerebral traumática.
2. Evaluaciones y planificación para estudiantes elegibles bajo la Sección 504 de la Ley de Rehabilitación de 1973.

Para más información contacte:
Julie Smith
Directora de Programas Especiales
Distrito Escolar de Pendleton
107 NW Calle 10
Pendleton, OR 97801
541-966-3262

Oregon Certificate of Immunization Status
Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an 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 Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Complete for all | Up-to-date | Medical | Non medical

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

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					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] ☐ Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) *or* 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

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

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

Continued On Reverse Side

Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

Child's Last Name *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*

Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Pneumococcal (PCV) (Only in children less than 5 years)					
Meningococcal (MCV4, MPSV4)					
Human Papilloma Virus (HPV) (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 Documentation (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

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ A health care practitioner
- ☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- ☐ Diphtheria/ Tetanus/Pertussis
- ☐ Polio
- ☐ Varicella
- ☐ Measles/Mumps/Rubella
- ☐ Hepatitis B
- ☐ Hepatitis A
- ☐ Hib

Signature of Parent or Guardian _____ Date _____

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

☐ Religious belief ☐ Philosophical belief ☐ Other

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 _____

Instructions for completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Recommended vaccines (Back):

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

Instrucciones para llenar el Certificado de Estado de Vacunación

Información de contacto:

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo.

Vacunas requeridas (adelante):

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado. Averiguar con la escuela o guardería cuales son las vacunas requeridas para la edad y grado escolar de su niño.

Vacunas recomendadas (atrás):

Estas dosis no son obligatorias por ley, pero son recomendadas y la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embaro, si su hijo las recibió, escriba la fecha en el casillero sombreado.

Firma:

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño esta correcta. La firma del médico o del departamento de salud local no son requieridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO

Excepciones:

Oregon permite excepciones médicas y no médicas.

Para una excepción no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y feche la línea indicada.

Para una excepción médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.