

LEGAL LAST NAME:	FIRST NAME:	GRADE:
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In accordance with ORS 339.250, please answer these questions:

Has your child ever been expelled from school?	<u>Y</u>	<u>N</u>	If 'Yes', reason: Dates: School:
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HOME LANGUAGE SURVEY

Is a language other than English spoken at home?	<u>Y*</u>	<u>N</u>	If yes, indicate language(s):
Does the student speak a language other than English?	<u>Y*</u>	<u>N</u>	If yes, indicate language(s):

**If the answer to either question is 'yes', the law requires the school to assess your child's English language proficiency.*

TITLE X MCKINNEY-VENTO PROGRAM

This program guarantees that students, no matter their living situation, have access to public education. Program resources may include transportation assistance, school supplies, and other services to help ensure success in school.

	<u>Y</u>	<u>N</u>
You are staying in a motel, car, RV, 5 th wheel, or campsite until you can find affordable housing		
You are sharing housing with another family due to economic hardship		
Your child is living with a relative, friend, or anyone other than his/her biological parents		
You are living in a shelter, temporary housing, or moving from place to place without permanent housing		
You currently are receiving government assistance for housing, food, or disability		
You believe that you may qualify for free or reduced lunch		

HOUSEHOLD INCOME SURVEY This information is CONFIDENTIAL, helps determine district funding levels, and will determine eligibility for financial assistance for school activities

Does the student have a current 504 Plan?	<u>Y</u>	<u>N</u>
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Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per month	If Paid Every Two Weeks	Weekly Income
-1-	23,828	1,986	993	917	459
-2-	32,227	2,686	1,343	1,240	620
-3-	40,626	3,386	1,693	1,563	782
-4-	46,435	4,086	2,043	1,886	943
-5-	57,424	4,786	2,393	2,209	1,105
-6-	65,823	5,486	2,743	2,532	1,266
-7-	74,222	6,186	3,093	2,855	1,428
-8-	82,621	6,886	3,443	3,178	1,589
For each additional family member add	8,399	700	350	324	162

	<u>Yes</u>	<u>No</u>
Is your income equal to or less than any of the amounts listed next to the number you circled?		
Is your family participating in the Supplemental Nutrition Assistance Program (SNAP) – Oregon		
Is your family participating in Temporary Aid to Needy Families (TANF)?		
Is your family receiving Food Distribution Program or Indian Reservations (FDPIR)?		
Does your student receive migrant, homeless, or runaway education services?		
Please list all students in your household and grade level:	<u>SCHOOL</u>	<u>GRADE</u>

I certify that the above information is true and correct.

Parent signature: _____ Date: _____

LEGAL LAST NAME:				FIRST NAME:				GRADE:	
PARENT/GUARDIAN									
Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents). It is assumed BOTH parents/guardians have access to student information unless legal documentation is provided indicating otherwise.									
Who has Legal Custody of Child? Both Parents Mother Father Joint Custody									
Grandparent Guardian Foster Parent Other (please explain)									
Child Lives With? Both Parents Mother Father Grandparent Guardian Foster Parent									
Other (please explain)									
Is there a <u>current restraining/court order</u> pertaining to this student? Y* N									
*If there is a current court order limiting parental access of a non-custodial parent, you must submit a copy of such order before the school can limit that parent's access to the student. I have submitted a current court order: Signature: _____ Date: _____									
FIRST PARENT/GUARDIAN									
Call order in case of Emergency: 1 2 3				EMERGENCY CONTACT PHONE ()					
Mother Father Guardian			LAST NAME			FIRST NAME			
Other (please explain)									
ADDRESS		Different Address Check box to receive copy of report card and/or correspondence				CITY		STATE	ZIP
Same as student? Y N*									
*If "No", please complete Different Address									
EMAIL is used to communicate important information about the school and your student.				HOME PHONE			CELL PHONE NO.		
EMAIL ADDRESS (PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES)				()			()		
EMPLOYER			OCCUPATION			WORK PHONE			
						() EXT			
Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked) Y N				LIVE/WORK ON FEDERAL PROPERTY? Y N		WILLING TO VOLUNTEER? Y N			
Speaks English? Y N		Primary Language Spoken:							
Send printed materials in primary language, if available? Y N				Does this parent require an interpreter for educational conferences? Y N					
SECOND PARENT/GUARDIAN									
Call order in case of Emergency: 1 2 3				EMERGENCY CONTACT PHONE ()					
Mother Father Guardian			LAST NAME			FIRST NAME			
Other (please explain)									
ADDRESS		Different Address Check box to receive copy of report card and/or correspondence				CITY		STATE	ZIP
Same as student? Y N*									
*If "No", please complete Different Address									
EMAIL is used to communicate important information about the school and your student.				HOME PHONE			CELL PHONE/PAGER NO.		
EMAIL ADDRESS (PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES)				()			()		
EMPLOYER			OCCUPATION			WORK PHONE			
						() EXT			
Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked) Y N				LIVE/WORK ON FEDERAL PROPERTY? Y N		WILLING TO VOLUNTEER? Y N			
Speaks English? Y N		Primary Language Spoken:							
Send printed materials in primary language, if available? Y N				Does this parent require an interpreter for educational conferences? Y N					
THIRD PARENT/GUARDIAN									
Call order in case of Emergency: 1 2 3				EMERGENCY CONTACT PHONE ()					
Mother Father Guardian			LAST NAME			FIRST NAME			
Other (please explain)									
ADDRESS		Different Address Check box to receive copy of report card and/or correspondence				CITY		STATE	ZIP
Same as student? Y N*									
*If "No", please complete Different Address									
EMAIL is used to communicate important information about the school and your student.				HOME PHONE			CELL PHONE/PAGER NO.		
EMAIL ADDRESS (PLEASE NOTIFY THE SCHOOL IF YOUR EMAIL ADDRESS CHANGES)				()			()		
EMPLOYER			OCCUPATION			WORK PHONE			
						() EXT			
Are you now engaged in migrant work, or have you been engaged in migrant work (moved and worked) Y N				LIVE/WORK ON FEDERAL PROPERTY? Y N		WILLING TO VOLUNTEER? Y N			
Speaks English? Y N		Primary Language Spoken:							
Send printed materials in primary language, if available? Y N				Does this parent require an interpreter for educational conferences? Y N					

LEGAL LAST NAME:	FIRST NAME:	GRADE:
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Sibling First and Last Name	Does this sibling live in your household? Y N	AGE	GENDER F M	School	Grade
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Sibling First and Last Name	Does this sibling live in your household? Y N	AGE	GENDER F M	School	Grade

EMERGENCY CONTACTS

➤ Emergency contacts listed have permission to pick student up at school.
Parent signature (indicating permission):

EMERGENCY #1 CONTACT LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE
EMERGENCY #2 CONTACT LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE
EMERGENCY #3 CONTACT LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE
EMERGENCY #4 CONTACT LAST NAME	FIRST NAME	HOME PHONE	CELL PHONE

EMERGENCY CLOSURE PLAN

PICK UP BY PARENT/FRIEND/RELATIVE Y N	SCHOOL BUS TO HOME/CHILDCARE/NEIGHBOR Y N	WALK/BIKE TO HOME/NEIGHBOR Y N
EMERGENCY CLOSURE PLAN PARENT SIGNATURE:		

BEFORE AND AFTER SCHOOL CARE AND TRANSPORTATION

CAREGIVER NAME	RELATIONSHIP TO STUDENT	PHONE
ADDRESS (STREET, CITY, STATE, ZIP)		ALTERNATE PHONE
MORNING TRANSPORTATION (CIRCLE ONE): BUS WALK PICK UP		AFTERNOON TRANSPORTATION: BUS WALK PICK UP

MEDICAL INFORMATION

School staff members need to know when your child has medical concerns which might require intervention during the school day. Please remember to notify school staff of any changes to this information.

DOCTOR'S NAME	PHONE	DENTIST'S NAME	PHONE
INSURANCE CARRIER NAME	HEALTH INS/MEDICAID NO.	PREFERRED HOSPITAL	

In case of serious illness or injury, the school will send the student to the preferred hospital identified above, or to the nearest hospital. Please list any ongoing health concerns that might affect your child during school. Please include health concerns such as asthma, seizures, diabetes, and serious allergies (including bee stings).	LIFE THREATENING?	
	<u>Y</u>	<u>N</u>
1.		
2.		
3.		
4.		
5.		
Please note: Any allergy or other health condition requiring medication intervention at school requires a medication form. Do you need a medication form?		

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PERMISSIONS/AUTHORIZATIONS

DIRECTORY INFORMATION: The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as "Directory Information", which schools may release for school purposes without parent consent: student's name, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous school attended. Within 30 days of enrollment, a parent may request, in writing to the school, that directory information not be released while the student is enrolled.

NON-DISCRIMINATION NOTICE: Black Butte School District recognizes the diversity and worth of all individuals and groups in our society. It is the policy of the BBSD Board of Directors that all educational programs, activities, and employment will be free of discrimination or harassment on the grounds of race, color, religion, gender, gender identity, sexual orientation, national origin, disability, parental or marital status, or age.

STUDENT RECORDS: Annual Parent Notification for Family Education Rights and Privacy Act. Parent rights: 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Education concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from the School. (BBSD Board Policy JO/IGBAB – Education Records/Records of Students with Disabilities can be found on the District's website.

<i>Initial Here:</i> _____	INTERNET: My student has permission to use the internet in accordance with Board policy and the Technology and Electronic Communication regulation outlined in the Student Handbook.
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<i>Initial Here:</i> _____	STUDENT IMAGES: Black Butte School uses images of students in its public communications (website, school social media, community newsletters, newspaper articles, etc.) I give permission for my child's image to be used.
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MEDICAL EMERGENCY TRANSPORT / CONSENT TO TREAT:

I, we, the undersigned, parent(s)/legal guardian(s) of _____ a minor, do hereby authorize any employee of Black Butte School District, as an agent for the undersigned, to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital of my choice, under the supervision of the attending physician, to treat my child in an emergency when I cannot be located, and consent to X-ray treatment, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed necessary and advisable by, and is rendered under the general or specific supervision of a physician and or surgeon licensed under the Medical Practices Act whether such diagnosis or treatment is rendered at the office or at a hospital and or dental treatment by a licenses dentist, if needed.

It is understood that this authorization, in advance of any specific diagnosis, treatment, or hospital care being required is given to provide authority and power on the aforementioned agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable.

This authorization is given for the protection and preservation of my child and the Black Butte School District employees under and pursuant to the laws of the State of Oregon governing such cases. It is understood that the School District is not responsible for any medical expenses incurred for any medical or dental treatment.

Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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*I **do not** want to sign this Medical Emergency Transport/Consent to Treat authorization and I understand this information will be on file with the School District and will be available during any field trips.*

Parent/Guardian Name	Signature	Date
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PERMISSION SLIP

Black Butte School District requests that a parent or guardian complete one permission slip to cover ALL school field trips for the 2021-22 school year.

On occasion, circumstances will arise for spontaneous field trips, such as a trip to the public library to follow up on a special study or event, or a trip to the Metolius River for a field science project.

Parents will be provided with advance notice of all pre-planned field trips. Field Science projects are considered part of our regular schedule and as such will take place throughout the school year. For these trips we will not be providing advanced notice.

Please fill out the form below to allow your child to attend these trips.

I, _____ GIVE _____
 (Parent/Guardian-Please Print) (Student Name)

PERMISSION TO ATTEND ANY AND ALL OUTINGS/FIELD TRIPS SCHEDULED BY BLACK BUTTE SCHOOL DISTRICT FOR THE 2021-22 SCHOOL YEAR.

Parent/Guardian Name	Signature	Date

RECEIPT AND ACKNOWLEDGEMENT OF BUS POLICY

I have read and I understand the Bus Policy included in the Student Handbook. I acknowledge that this policy states bus discipline procedures, safety instructions, code of conduct rules, disciplinary procedures for violations, appeal procedures, considerations for special education students, and incident reporting. I understand that transportation is an important service, and that the safety of my student is the primary concern.

	Student Name
	Student Signature _____ Date
	Parent Name
	Parent Signature _____ Date