STUDENT ENROLLMENT FORM

Academic Year 2026-2027

Shaded area for office use only

Black Butte School District No. 41 | PO Box 150 Camp Sherman, OR 97730 | www.blackbutte.k12.or.us

STUDENT ID#	GRADE

Instructions: This registration form is an official record. Your responses on this form are essential in determining your student's needs. Your responses also help establish District funding levels. Please answer all questions legibly and accurately.

STUDENT INFORMATION

LEGAL LAST NAME: (Name on Birth Certificate/Court Order)	LEGAL FIRST NAME:	MIDDLE NAME:
PREFERRED NAME:		DATE OF BIRTH:
GRADE ENTERING:	GENDER:	AGE:

RACE & ETHNICITY (Please answer BOTH questions)

This information is required by the Federal Government and is used for data analysis and reporting purposes only. If you choose not to respond, BBSD is required to report this information through an Observer Identification Process.
Completion of Part A and Part B is required.

Part A: ETHNICITY (Choose one)

- ☐ Not Hispanic
- ☐ Hispanic (Having origins in Cuba, Mexico, Puerto Rico, Central or South America, or other Spanish culture)

Part B: RACE (Choose all that apply)

- ☐ American Indian/Alaska Native
- ☐ Black/African
- ☐ American Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White/Caucasian
- ☐ Other: _____

Home Address (physical address including City, State, Zip):

Mailing Address (if different from above, including City, State, Zip):

Additional Address (if student lives part time in another household):

If shared custody - send mailings to both households? _____ Y _____ N

STUDENT INFO Continued

Previous School District Attended:

Previous School:	**Dates Attended** From: _____ To: _____

Please mark all that apply:

- ☐ My student has a current Individualized Education Plan (IEP)
- ☐ My student has a current 504 Plan
- ☐ My student been identified as Talented and Gifted (TAG)
- ☐ My student has been expelled from a previous school

HOME LANGUAGE SURVEY

Is a language other than English spoken at home?	Y*	N	If yes, indicate language(s):
Does the student speak a language other than English?	Y*	N	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.*			
Is English the primary language for the parent(s)?	Y*	N	If no, indicate primary language spoken:
Send printed materials in primary language, if available? ____Y ____N			Does the parent require an interpreter for educational conferences? ____Y ____N

PARENT/GUARDIAN

Please provide information about both parents, incl. parents who do not live with the student.
It is assumed BOTH parents/guardians have access to student information unless legal documentation is provided indicating otherwise. BBSD has permission to request documentation of residency.

Who has Legal Custody of the child?

___ Both Parents ___Mother ___Father ___Joint Custody___Grandparent/s __Guardian __Foster Parent __Other *(please explain)*

Child lives with?

___ Both Parents ___Mother ___Father ___Joint Custody___Grandparent/s __Guardian __Foster Parent __Other *(please explain)*

Is there a <u>current</u> restraining/court order 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:** _____

PRIMARY CUSTODY HOUSEHOLD: PARENT/GUARDIAN #1		
FIRST NAME	**LAST NAME**	
Mother / Father / Guardian / Other:	**PRIMARY PHONE** Cell / Home / Work	**ALTERNATE PHONE** Cell / Home / Work
EMAIL		**Willing to Volunteer _____ Y _____ N**
ADDRESS: *Same as the student?* ***Y / N*** *If different, please fill in:		
PARENT/GUARDIAN #2		
FIRST NAME	**LAST NAME**	
Mother / Father / Guardian / Other:	**PRIMARY PHONE** Cell / Home / Work	**ALTERNATE PHONE** Cell / Home / Work
EMAIL		**Willing to Volunteer _____ Y _____ N**
ADDRESS: *Same as the student?* ***Y / N*** *If different, please fill in:		

SECONDARY CUSTODY HOUSEHOLD (IF APPLICABLE): PARENT/GUARDIAN #1		
FIRST NAME	**LAST NAME**	
Mother / Father / Guardian / Other:	**PRIMARY PHONE** Cell / Home / Work	**ALTERNATE PHONE** Cell / Home / Work
EMAIL		**Willing to Volunteer _____ Y _____ N**
ADDRESS: *Same as the student?* ***Y / N*** *If different, please fill in:		
PARENT/GUARDIAN #2		
FIRST NAME	**LAST NAME**	
Mother / Father / Guardian / Other:	**PRIMARY PHONE** Cell / Home / Work	**ALTERNATE PHONE** Cell / Home / Work
EMAIL		**Willing to Volunteer _____ Y _____ N**
ADDRESS: *Same as the student?* ***Y / N*** *If different, please fill in:		

EMERGENCY CONTACTS

Parents will be called first in case of emergency. Contacts added here will be called in the order listed after parents.

NAME	**PHONE**
RELATION TO STUDENT: Parent / Grandparent / Relative / Friend / Neighbor Other:	**LOCAL? _____ Y _____ N*** *Town of Residence:
NAME	**PHONE**
RELATION TO STUDENT: Parent / Grandparent / Relative / Friend / Neighbor Other:	**LOCAL? _____ Y _____ N*** *Town of Residence:

HOUSEHOLD INCOME SURVEY

This information is CONFIDENTIAL and is used to secure funding from the state and various grants. Income data helps BBSD determine eligibility for fee reductions, program support, and student resource allocations.

On the chart below, circle the number of your household size to determine YES/NO for the questions below.

HOUSEHOLD SIZE (Number of family members in your house)	**ESTIMATED ANNUAL INCOME** (As reported to IRS)	**INCOME: Monthly**	**INCOME: If paid twice per month**	**INCOME: If paid every two weeks**	**INCOME: Weekly**
-1-	$29,526	$2,461	$1,231	$1,136	$568
-2-	$40,034	$3,337	$1,669	$1,540	$770
-3-	$50,542	$4,212	$2,106	$1,944	$972
-4-	$61,050	$5,088	$2,544	$2,349	$1,175
-5-	$71,558	$5,964	$2,982	$2,753	$1,377
-6-	$82,066	$6,839	$3,420	$3,157	$1,579
-7-	$92,574	$7,715	$3,858	$3,561	$1,781
-8-	$103,082	$8,591	$4,296	$3,965	$1,983

Is your income equal to, or less than, the amounts listed in the row next to the number you circled for your household size?	YES	NO
Does your family receive Supplemental Nutrition Assistance Program (SNAP) benefits?	YES	NO
Is your family participating in Temporary Aid to Needy Families (TANF)?	YES	NO
Is your family receiving assistance from a Food Distribution Program or Indian Reservations (FDPIR)?	YES	NO
Does your student receive migrant, homeless, or runaway education services?	YES	NO

TITLE X McKINNEY-VENTO PROGRAM

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

You are staying in a motel, car, RV, 5th wheel, or campsite until you can find affordable housing.	YES	NO
You are sharing housing with another family due to economic hardship	YES	NO
Your child is living with a relative, friend, or anyone other than their biological parents	YES	NO
You are living in a shelter, temporary housing, or moving from place to place without permanent housing	YES	NO

MEDICAL INFORMATION

School staff need to know when your child has medical concerns which might require intervention during the school day. Please notify staff if any changes occur, or a new condition is diagnosed during the school year.

DOCTOR NAME	**DENTIST NAME**

Please list any ongoing health concerns that might affect your child during school, such as ADHD, asthma, seizures, diabetes, behavioral, serious allergies (food, insects) etc.	**Life Threatening?**	
	Y	**N**
1.		
2.		
3.		

Do any of the health conditions listed above require intervention at school? ____ Y ____ N Please specify (attach medical form if necessary):

Please specify which medications your student is taking at home:

If your student will need medications during school hours, please specify:

Does your student have dietary restrictions (specify allergy / preference)?

Release of Confidential Information*: For your child's safety and well-being while at school and on field trips, it may be beneficial for school personnel to be informed of medical conditions listed on this authorization form. Please be assured the staff will keep this information confidential. If you do* ***not*** *want medical information shared, please indicate to the school in writing.*

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 nearest hospital, 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 licensed 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

*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

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).

PERMISSIONS/AUTHORIZATIONS Continued	
Initial Here:	**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.
Initial Here:	**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.
Initial Here:	**YEARBOOK**: BBS contracts with TreeRing as its yearbook provider. TreeRing collects personal information from its users that may include name, email, and grade level, in addition to any of the personal content that you or your student uploads to TreeRing's website. For information on TreeRing's use and collection of personal information, please review the Privacy Policy at www.treering.com. I give my consent to the collection, use, and disclosure of my child's personal information as described in the Privacy Policy when I establish an account on TreeRing's website.
Initial Here:	**PARENT DIRECTORY**: I give permission for my contact info to be shared in a directory with other parents/caregivers. Indicate preference for information shared: **Email Y / N** **Phone Y / N** *This is not required by BBSD; optional if you would like to connect with the BBS community.*
Initial Here:	**IMMUNIZATIONS**: I have provided an up-to-date list of vaccinations for my student (use form provided), and/or an exemption form.

PERMISSION SLIP

Black Butte School District requests that a parent or guardian complete one permission slip to cover ALL school field trips for the 2026-27 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 student(s) to attend these trips.

I,_____ **GIVE** _____
(PRINT Parent/Guardian Name) (PRINT Student Name/s)

PERMISSION TO ATTEND ANY AND ALL OUTINGS/FIELD TRIPS SCHEDULED BY BLACK BUTTE SCHOOL DISTRICT FOR THE 2026-27 SCHOOL YEAR.

Parent/Guardian
SIGNATURE_____**Date** _____

RECEIPT AND ACKNOWLEDGEMENT OF BUS POLICY

Both my student and I have read and understand the Bus Policy stated in the Student Handbook on pages 7-8. 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(s) is the primary concern.

STUDENT NAME _____

STUDENT Signature _____Date_____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN Signature _____Date_____

TRANSPORTATION COMMUNICATION POLICY

Black Butte School currently has two bus drivers, Gary Gray and Daniel Petke. Both use this transportation email to monitor any changes to a student's bus routine: transportation@blackbutte.k12.or.us.

When the after-school destination or bus routine of a student is changed from the regular routine (including absences*), ***both the Principal and Bus Driver must have written notification*** from the parent/guardian via email, NOT text.

Any and all changes to a student's bus routine must be submitted by 2:15pm (or 12pm on Wednesdays). Please email BOTH the bus driver transportation@blackbutte.k12.or.us and Principal dsharp@blackbutte.k12.or.us.

In an emergency, parents/guardians may call the school at (541) 595-6203 to notify of a change of destination. You must do so before 2:15 p.m. If your call goes to district voicemail, please do not assume that the Bus Driver received notification of the change. Please call back to ensure that your message has been received. If you do not receive confirmation of the change in writing, please expect your student to follow their typical after-school routine.

*If your child will be absent from school, please email their classroom teacher in addition to the Bus Driver and Principal.

Initial Here:	**BUS CHANGES:** I understand I must communicate transportation changes in writing via email before 2:15pm (12pm on Wednesdays). I acknowledge that if I do not receive confirmation of my request, my student will follow their typical after-school transportation plan.