Welcome to the Centennial School District! Below you will find important information needed to register your student(s) for school. You will need the following documents to register your student(s) for school:

Proof of Age: Proof of age for the student includes a birth certificate, baptismal certificate or passport. Your child is eligible for kindergarten if he/she is five year’s old on or before September 1 of the enrolling school year. Your child(s) minimum age for the 2019-20 school year.

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Grade</th>
<th>Approximate Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/2/13-9/1/14</td>
<td>KG</td>
<td>5</td>
</tr>
<tr>
<td>9/2/12-9/1/13</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>9/2/11-9/1/12</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>9/2/10-9/1/11</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>9/2/09-9/1/10</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>9/2/08-9/1/09</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>9/2/07-9/1/08</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>

Quick Reminders For The 2019-20 School Year!

School start times will move approximately 30 minutes later.

Connect to Kindergarten is May 2nd 2019 at all schools from 6pm to 7pm. Come register, meet the staff and tour your school!

Having great attendance will prepare your child to do well academically throughout their school years.

Proof of Residency: Original documents as proof of residency are required for registration. These documents must be dated within the last 30 days and reflect the home address of the parent/guardian and student.

- Utility Bills (phone, electric, natural gas, water)
- Real Estate Documents (mortgage, rental, lease agreement)
- Note: A driver’s license is not an acceptable proof of residency

Immunization Record: Evidence of immunization needs to include proof of diphtheria, tetanus, polio, hepatitis B, chicken pox, Hib, mumps, rubella, and measles. These are required unless parents wish to seek an exemption because of medical or religious reasons.

Transitional Housing/Homeless: if you are experiencing homelessness, the Federal McKinney Vento Act protects the rights of your child to attend school. For information regarding your child’s rights you can talk with the front office staff at your child’s school or contact Centennial’s Homeless Liaison, Lori Palmeter at 503-762-3632.

For more information please visit our district web page at ---- www.CSD28j.org
### Centennial School District

#### School Year 2019-2020

**Elementary Schools (Grades K-6)**

<table>
<thead>
<tr>
<th>4 Contract Days</th>
<th>0 Student Days</th>
</tr>
</thead>
</table>

### August
- Great Expectations - New Hires ONLY
- NS: Staff Development
- NS: In-Service Day
- NS: Non-Work Day

### September
- NS: Holiday
- NS: In-Service Day
- First Day for Grade 1-6, 7, 10-12
- First Day for Grade 8
- First Day for Grade K

### October
- NS: Non-Work Day

### November
- NS: Holiday
- NS: Report Card Prep / Conference Prep
- NS: Conference Days
- NS: Holiday
- NS: Non-Work Day

### December
- NS: Winter Break

### January
- NS: Holiday
- NS: Winter Break
- NS: Non-Work Day

### February
- NS: Holiday

### March
- NS: Report Card Prep / Conference Prep
- NS: Conference Days
- NS: Spring Break

### April
- NS: Staff Development Day
- NS: Conference Days
- Last Day for Grade 12
- Last Day for Grade 8
- Early Release Day / Report Card Prep
- Last Day for Grade K-6, 7, 9-11
- NS: In-Service Day

### May
- NS: Holiday

### June
- NS: Conference Days
- NS: Conference Days
- Last Day for Grade 12
- Last Day for Grade 8
- Early Release Day / Report Card Prep
- Last Day for Grade K-6, 7, 9-11
- NS: In-Service Day

---

**Bell Schedules**

- **Butler Creek / Oliver / Parklane / Pleasant Valley**: 8:20 AM - 2:27 PM
- **Meadows / Powell Butte / Patrick Lynch**: 8:30 AM - 2:57 PM

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**Key Abbreviations**

- C: Conference (No School)
- E: Early Release
- GE: Great Expectations
- H: Holiday (No School)
- IN: In-Service (No School)
- NS: No School
- NW: Non-Work (No School)
- P: Report Card Prep or Conference Prep (NS)
- S: Staff Development (No School)
- SC: School Closure / Inclement Weather
- T: Elementary Trimester Begins
- Q: Quarter Ends
- 1 Hour Late Start Wednesday
- Subject to Add Days Due to School Closure(s)

**Contractual Days**

- 192 Total Contractual Days
- 173 Total Student Days
Centennial School District
Student Registration Form 2019-20

Butler Creek □ Meadows □ Oliver □ Patrick Lynch □ Powell Butte □ Parklane □ Pleasant Valley

The information on this form will help us to meet needs your child may have.

Student Name________________________ Grade________ Date of Birth__________________
Legal Parent/ Guardian Name _______________________ Phone Number________________

Part I: Special Education
Does the student now or have they ever received Special Education Services?

☐ Yes- Complete the following ☐ No- Go to Part 2

Last School Attended________________________________ District_____________________
  □ Regular Public School Or □ Other__________________________________________
Special Education Case Manager_________________________________________________
Do you have a current copy of their Individual Education Plan (IEP)? Yes or No

Student was found eligible for special education in the following areas:
  □ Autism Spectrum Disorder □ Other Health Impairment
  □ Developmental Delay □ Emotional Disturbance
  □ Hearing Impairment/Deaf □ Learning Disabilities
  □ Visual Impairment/Blind □ Orthopedic Impairment
  □ Intellectual Disabilities □ Other_________________________

Part 2: Special Services
Has the student received special services in any of the following areas?

☐ Behavioral Support Plan □ ELL- English Language Learner
☐ Counseling □ 504 Plan
☐ TAG(Talented and Gifted) □ Other

Are any other agencies involved? DHS, Law Enforcement, Etc:     □ _____________

Are there any special living arrangements that the school should be aware of? □ No     □ Yes
Child custody, day care, foster care, relative placement, child custody orders, restraining orders?
___________________________________________________________________________

Part 3- Language Development
Which language did your student learn when they first began to talk?_____________________

What age did your child begin to speak 2-3 word sentences?
□ Before they were 2 ☐ Age 2 ☐ Age 3 ☐ Age 4 or older

What language does your student most frequently use at home?________________________

What language do you use most frequently at home?
Parents: Return This To The School

Mother_____________________________      Father_________________________________

Does any adult in your home speak English? □No   □Yes   Who?____________________________

Can your child recite songs, chants or rhymes that you have taught them in English or their home language?  □No   □Yes

Are there any close family members that have struggled in learning to read, write or spell in their home language? □No □Yes   Who?_______________________________________

Part 4- Emergency Closure
In the event of an emergency school closure which necessitates sending students home during the school day (weather, power failure etc.) your student will be sent to the destination you indicate below. This destination must be in your schools attendance boundaries.

Please mark one option only - the school will follow information on this form unless new information is provided.

<table>
<thead>
<tr>
<th>☐ Home by walking</th>
<th>☐ Parent pick up</th>
<th>☐ Home by bus</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Other than parent Name ___________________ Phone ____________</td>
<td>☐ Daycare Name ___________________ Phone ____________</td>
<td>☐ Other ___________________ Phone ____________</td>
</tr>
</tbody>
</table>

Part 6- Vision and Hearing -Students 7 years of age or younger
□ My child has had a vision screening. Eye exam date_______________
Was a follow-up recommended? □No   □Yes  Name of provider_________________________
□ I have previously submitted certification to the school office at ________________________
□ I am not providing certification of vision screening/exam due to religious beliefs.

Has your child had a hearing screening? □No   □Yes  Name of provider___________________

By signing this form, I agree that all the information is true.

Parent/Guardian_______________________________________________ Date __________________
Student registration forms are very important — for your family and for the school district. The information you provide allows us to:
* Distribute important school or school district information to you, including your student’s academic progress (report cards) and attendance information.
* Respond appropriately in the event of a medical situation involving your student.
* Contact you or others if there is a school emergency.

Information from registration forms also supports students’ academic success by allowing the school district to:
* Help your student receive support such as language services.
* Seek grants to strengthen classroom instruction.
* Evaluate our work on behalf of student groups (racial/ethnic, socioeconomic, etc.).
* Ensure that we are in compliance with civil rights laws regarding students and staff.

INSTRUCTIONS: The registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. Please print using a black pen, complete all pages and sign the last page. If any information should change during the school year, notify your school immediately.

STUDENT INFORMATION
1. LEGAL LAST NAME ____________________________________________ 2. LEGAL FIRST NAME ____________________________________________
3. LEGAL MIDDLE ___________ 4. FIRST NAME “GOES BY” ____________________________________________ 5. LAST NAME “GOES BY” ____________________________________________
6. GRADE ______ 7. GENDER ☐Female ☐Male ☐Non-Binary 8. HOME LANGUAGE ____________________________________________
9. BIRTHDATE (mm/dd/yyyy) ___________ 10. BIRTH STATE ___________ 11. BIRTH COUNTRY _______________________

Federal and State Regulations require schools to gather the information in 12a and 12b for statistical reports. For more information, your school can help.
12a. ETHNICITY - HISPANIC/LATINO? Yes ☐ No ☐ (Note: both Ethnicity & Race must be selected)
12b. RACE select at least one ☐American Indian/Alaska Native ☐Asian ☐Black ☐Native Hawaiian or Other Pacific Islander ☐White

13. HOME ADDRESS ____________________________________________ 14. CITY ______________________ 15. STATE _____ 16. ZIP _________
17. MAILING ADDRESS (if different) _____________________________ 18. CITY ______________________ 19. STATE _____ 20. ZIP _________
21. FAMILY PRIMARY PHONE (cell? Yes ☐ No ☐) ____________________ 22. STUDENT CELL PHONE _______________________

Note: Family primary phone number will be used for attendance and emergency notifications

PREVIOUS SCHOOL INFORMATION

<table>
<thead>
<tr>
<th>23. School (most recent first)</th>
<th>24. City and State</th>
<th>25. Years Attended (ex 2007-09)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Rev 23, March 2018
## PARENT/GUARDIAN INFORMATION
Contact phone numbers and email addresses will be used to distribute important information.

### PARENT/RESPONSIBLE ADULT #1:
26. LIVING WITH STUDENT: Y ☐ N ☐ (If no, provide mailing address on #33; check if you want copy of correspondence ☐)

| 27. ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER: ________________________________ |
| 28. LAST NAME __________________________ | 29. FIRST NAME __________________________ |
| 30. PRIMARY LANGUAGE ____________________ | 31. E-MAIL ADDRESS ______________________ |

| 32. MILITARY STATUS: Active? ☐ Yes ☐ No ☐ Reserve? ☐ Yes ☐ No ☐ Veteran? ☐ Yes ☐ No ☐ |
| 33. MAILING ADDRESS __________________________________________ | 34. CITY __________________ | 35. STATE _____ | 36. ZIP ______ |

| 37. PRIMARY PHONE ___________________________ Cell? Yes ☐ No ☐ | 38. SECONDARY PHONE ___________________________ Cell? Yes ☐ No ☐ |
| 39. WORK PHONE ___________________________ | 40. EMPLOYER ______________________ |

41. Contact allowed with student? Yes ☐ No ☐ 42. Has Custody of student? Yes ☐ No ☐ 43. Permission to pick up? Yes ☐ No ☐

### PARENT/RESPONSIBLE ADULT #2:
46. LIVING WITH STUDENT: Y ☐ N ☐ (If no, provide mailing address on #33; check if you want copy of correspondence ☐)

| 47. ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐ OTHER: ________________________________ |
| 48. LAST NAME __________________________ | 49. FIRST NAME __________________________ |
| 50. PRIMARY LANGUAGE ____________________ | 51. E-MAIL ADDRESS ______________________ |

| 52. MILITARY STATUS: Active? ☐ Yes ☐ No ☐ Reserve? ☐ Yes ☐ No ☐ Veteran? ☐ Yes ☐ No ☐ |
| 53. MAILING ADDRESS __________________________________________ | 54. CITY __________________ | 55. STATE _____ | 56. ZIP ______ |

| 57. PRIMARY PHONE ___________________________ Cell? Yes ☐ No ☐ | 58. SECONDARY PHONE ___________________________ Cell? Yes ☐ No ☐ |
| 59. WORK PHONE ___________________________ | 60. EMPLOYER ______________________ |

61. Contact allowed with student? Yes ☐ No ☐ 62. Has Custody of student? Yes ☐ No ☐ 63. Permission to pick up? Yes ☐ No ☐

### ADDITIONAL EMERGENCY CONTACTS
In an emergency, parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached.

| 66. RELATIONSHIP TO STUDENT __________________ | 67. FIRST AND LAST NAME __________________ |
| 68. HOME PHONE ______________ | 69. WORK PHONE __________________ | 70. CELL PHONE __________________ |

| 71. RELATIONSHIP TO STUDENT __________________ | 72. FIRST AND LAST NAME __________________ |
| 73. HOME PHONE ______________ | 74. WORK PHONE __________________ | 75. CELL PHONE __________________ |

| 76. RELATIONSHIP TO STUDENT __________________ | 77. FIRST AND LAST NAME __________________ |
| 78. HOME PHONE ______________ | 79. WORK PHONE __________________ | 80. CELL PHONE __________________ |

### SIBLINGS
Please list student’s sibling(s) currently attending a district school.

| 81. SIBLING LAST NAME __________________________ | 82. SIBLING FIRST NAME __________________ |
| 83. RELATIONSHIP TO STUDENT __________________ | 84. SCHOOL __________________ | 85. GRADE ______ |

| 86. SIBLING LAST NAME __________________________ | 87. SIBLING FIRST NAME __________________ |
| 88. RELATIONSHIP TO STUDENT __________________ | 89. SCHOOL __________________ | 90. GRADE ______ |

| 91. SIBLING LAST NAME __________________________ | 92. SIBLING FIRST NAME __________________ |
| 93. RELATIONSHIP TO STUDENT __________________ | 94. SCHOOL __________________ | 95. GRADE ______ |

| 96. RELATIONSHIP TO STUDENT __________________ | 97. FIRST AND LAST NAME __________________ |
| 98. HOME PHONE __________________ | 99. WORK PHONE __________________ | 100. CELL PHONE __________________ |

[Continued on the next page]
STUDENT MEDICAL INFORMATION—School staff need to know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

96. PHYSICIAN’S NAME (optional) ____________________________________________ 97. PHONE (optional) ____________________________

98. PREFERRED HOSPITAL ________________________________________ EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

99. CHECK ANY CURRENT MEDICAL CONDITIONS:

| ☐ | ASTHMA | ☐ | HEART DISEASE | ☐ | SEIZURE DISORDER | ☐ | DIABETES - TYPE I | ☐ | DIABETES - TYPE II |
| ☐ | SERIOUS ALLERGIES: ____________________________ LIFE THREATENING? Y ☐ N ☐ |

100. OTHER SPECIAL HEALTH NEEDS AT SCHOOL:

101. MEDICATIONS TO BE TAKEN AT SCHOOL (please list and also complete the Authorization for Medication form):

KINDERTGARTEN STUDENTS ONLY

102. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)? ☐ Yes ☐ No

103. Name of preschool ________________________________________________

STUDENTS AGE 7 AND UNDER ONLY

104. Did this student receive a dental screening or exam by a provider other than at school? ☐ Yes ☐ No

105. If you answered No, what is the reason for no dental screening? (select only one)

| ☐ | Burden to student or parent/guardian | ☐ | Religious reasons | ☐ | Submitted to prior education provider |

PERMISSIONS / AUTHORIZATIONS—For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District Parent and Student Handbook.

* Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. If you do not want this information released, please contact your school to submit a written request. This request must be completed each year.

* Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. If you do not want your student’s photograph used or released for these purposes or for news media, please contact your school to submit a written request.

* Students occasionally have the opportunity to participate in school field trips and health screenings. We will send out detailed information about these events when they arise. If you do not want your student to automatically have permission for these events, please contact your school to submit a written request.

* All students have access to use district-provided email. If you do not want your student to have access to district-provided email, please contact your school to submit a written denial.

I have read and understand the Permissions / Authorizations information above __________________ (Initials of Parent or Responsible Adult)

HIGH SCHOOL STUDENTS ONLY

106. I do not want my child’s name, address and phone number released to: ☐ Military Recruiters ☐ College Recruiters

Federal law requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to “opt out.” In order to do so, you must check one or both of the categories above.
PROGRAM INFORMATION

107. Does your student have a current Individualized Education Plan (IEP)?  Yes ☐  No ☐
108. Does your student have a current Section 504 Plan?  Yes ☐  No ☐
109. Is your student in a Talented and Gifted (TAG) program?  Yes ☐  No ☐

LANGUAGE INFORMATION

110. What language(s) does your child hear or use regularly in your household (i.e. spoken, media, music, literature, etc.)? 
Hear: _______________________________ Use: (i.e., American Sign Language (ASL)) ________________
111. Check the box that describes your child’s understanding of language. NO English ☐ Mostly another language and a little English ☐
   English and another language equally ☐ Mostly English and a little of another language ☐ ONLY English ☐
   Tribal/Heritage/Native Language (i.e. languages spoken by American Indian/Alaskan, Native Hawaiians, or U.S. Territories) ☐
112. What language(s) do adults most frequently use when speaking/conversing to your child? ________________________________
113. What language(s) does your child CURRENTLY speak/express most frequently outside of school? ________________________________
114. Does your child participate in cultural activities that are in a language other than English, 2 or more times a month? Yes ☐ No ☐
115. Is there anything else you would like the school to know about your child’s language use? (i.e., what language did your child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual school, etc.)?

116. Is the student in, or has the student been in, an English as a Second Language Program? Yes ☐ No ☐
117. If Yes to 116, what was the student’s first day in a U.S. school? ________________________________
118. Does your family need an interpreter for school meetings? Yes ☐ No ☐

FEDERAL TITLE PROGRAM QUESTIONS  (note to school staff: if a family checks ‘yes’ for any of these questions, please scan this page to Student Services)

Indian Education Program — This information establishes the district’s eligibility for a federal grant. You may receive more information if you mark “Yes.”
119. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? Yes ☐ No ☐
   If YES, please fill in tribe name: __________________________________

Migrant Education Program — This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.
121. A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Yes ☐ No ☐

McKinney-Vento Program — This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative may be in touch if you check a box.
122. Please place a check in the appropriate box if it applies:
☐ You are staying in a motel, car 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 custodial parents
☐ You are living in a shelter, temporary housing or moving from place to place without permanent housing

BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT COULD BE IMMEDIATELY REMOVED FROM THE SCHOOL.

123. SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) ________________________________ DATE __________
124. SIGNATURE OF PARENT/RESPONSIBLE ADULT ________________________________ DATE __________

WE WISH YOU AND YOUR STUDENT A SUCCESSFUL ACADEMIC SCHOOL YEAR!
Centennial School District

RELEASE AND/OR EXCHANGE OF INFORMATION
www.csd28j.org

As the ____________________________
Parent/Guardian of
(Students Name) _________________________________________________________________________

Student ID #_____________________________ Grade ______________ Birthday _______________________

Address ___________________________________ City __________________________ Zip  _______________

Phone (Home) ___________________________________  (Cell ) _______________________________________

I authorize the release and/or exchange of confidential information (including such things
as DIBELS assessment booklets and any other assessments) between:

CENTENNIAL SCHOOL DISTRICT

Butler Creek Elementary
2789 SW Butler Rd
Gresham, OR 97080-8477
Phone: 503-762-6100
Fax: 503-762-6110

Centennial District Office
18135 SE Brooklyn St
Portland, OR 97236-1049
Phone: 503-760-3631
Fax: 503-762-3689

Centennial High School
3505 SE 182nd St
Gresham, OR 97030-5028
Phone: 503-762-6180
Fax: 503-665-2850

Centennial Middle School
17650 SE Brooklyn St
Portland, OR 97236-1045
Phone: 503-762-3206
Fax: 503-762-3236

Centennial Park School
17630 SE Main St
Portland, OR 97233-5044
Phone: 503-762-3202
Fax: 503-762-3202

Email: sharon_whitten@csd28j.org
For transcripts and IEP

Centennial Transition Center
2632 SE 162nd Ave
Portland, OR 97236-1978
Phone: 503-762-3715 ext. 4820
Fax: 503-761-2138

AND

Meadows Elementary
18009 SE Brooklyn St
Portland, OR 97236-1047
Phone: 503-762-3208
Fax: 503-762-3238

Patrick Lynch Elementary
1546 SE 169 Pl
Portland, OR 97233-4416
Phone: 503-762-3203
Fax: 503-762-3243

Powell Butte Elementary
3615 SE 174 St
Portland, OR 97236-1252
Phone: 503-762-3204
Fax: 503-762-3244

Oliver Elementary
15840 SE Taylor
Portland, OR 97233-3239
Phone: 503-762-3207
Fax: 503-762-3237

Parklane Elementary
15811 SE Main St
Portland, OR 97233-3201
Phone: 503-762-3205
Fax: 503-762-3235

Pleasant Valley Elementary
17625 SE Foster Rd
Gresham, OR 97080-3326
Phone: 503-762-3209
Fax: 503-762-3239

LAST ATTENDED SCHOOL DISTRICT

__________________________________________

School District

__________________________________________

School

__________________________________________

Street Address

__________________________________________

City/Zip

__________________________________________

Telephone

__________________________________________

Fax Number

I hereby authorize and request that all records pertaining to the above named student be transmitted to Centennial School District 28jt. It is understood that this information will be used to develop the most suitable education program for my student. It is further understood that the records will be maintained and used in accordance with the laws of the State of Oregon and the Federal Family Education Rights and Privacy Act of 1974. I understand my right to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student’s right to privacy.

_________________________________________________________________________________________

An explanation of parent rights regarding student records is on the reverse side.

Parent/Guardian/Student (age 18+) ____________________________  Date ____________________________
Parent Rights

A. **Right to Inspect and Review Student Records.** The school district must allow a parent to inspect all student records regarding the student. The parent has the right to obtain copies of the records; the district may charge a fee for copies provided the fee does not affectively prevent the parent from exercising the right to inspect than review records. The parent also has the right to response from the district when making a reasonable request for interpretation of the records. ORS 336.195 requires that Behavioral Records be released to the parent only in the presence of someone who is qualified to interpret the records. Access must be granted without unnecessary delay and in no case more than 45 days after the request has been made. Access must be granted prior to any IEP meeting or hearing related to the identification, evaluation, or placement of the child. The parent of a handicapped student also has the right to have a representative inspect and review the records.

B. **Right to a List of Types and Locations of Information.** On request, the district must provide the parent of a handicapped student with a list of the types and locations of education records collected, maintained, or used by the district.

C. **Right to Request the Amendment of Student Records.** The parent may request that an amendment be made in the student’s educational records if there is reasonable cause to believe that the records are inaccurate, misleading or otherwise in violation of the privacy or other rights of the student. If the district refuses, it must notify the parent within a reasonable length of time, not to exceed 30 days, and advise the parent of the parent’s right to a hearing.

D. **Right to Request a Hearing to Challenge Information in the Student’s Records.** The Parent has the right to request a hearing to challenge information in the student’s records. The hearing is conducted in accordance with 45 CRF Part 99.22.

Should the district decide that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of the student; the district amends the records accordingly and informs the parent in writing. Should the district decide that the information is not inaccurate, misleading or otherwise in violation of the privacy or other rights of the student, the district informs the parent of the right to place a statement in the records regarding information in the records or setting forth reasons for disagreeing with the decision of the district. Any such explanation is maintained as part of the record as long as the record or contested portion is disclosed by the district, then the explanation also is disclosed.

E. **Right to Annual Notification of Rights.** Each year the district must notify the parents of the rights guaranteed by the Buckley Amendment, where copies of the district’s policy on student records may be obtained, and the right to file a complaint with the U.S. Office of Education should the parents believe that the requirements on the records are not being observed. When the parent’s language in other than English, the district must notify the parent in a manner that the parent can understand.

F. **Right to Refuse Consent for the use of Personally Identifiable Information.** The parent of a handicapped student has the right to refuse consent for the disclosure of personally identifiable information to anyone other than school officials or individuals acting in an official capacity for the district.

G. **Right to Refuse Consent for the use of Personally Identifiable Information.** The parent of a handicapped student has the right to refuse consent for the disclosure of personally identifiable information for any purpose other than identification, pre-placement, or annual evaluation, individualized education plan, educational placement or the provision of a free appropriate public education.

H. **Right to Request the Destruction of Student Records.** The parent of a handicapped student has the right to request the destruction of personally identifiable information when it is determined that such information is no longer needed to provide educational services to the student. However, the permanent record must be retained indefinitely. **Note: Check with the State Archivist to determine the latest schedule for the retention and destruction of nonpermanent student records.**
To be completed by parent of students who are eligible for transportation. School to return this form with a copy of the front page of the registration form to the transportation department.

Student Name: _______________________________________ Student ID: _____________

School: _________________ Grade: _____________ Bus Service Start Date: ___________

Will your child be riding the school bus? □ Yes □ No  If yes, please continue.

Indicate days of week you need bus service.
  □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

Will your child ride the bus from home to school? □ Yes □ No

Will your child ride the bus from school to home? □ Yes □ No

Does your child need bus service to a daycare or babysitter? □ Yes □ No  If yes, read the rules below.

RULES FOR TRANSPORTATION TO DAYCARE: The daycare or babysitter must be located within the transportation area of the school your child attends.

If the daycare or babysitter location is eligible under the rule for transportation to daycare, provide the daycare or babysitter name, phone and address.

Daycare/Babysitter Name: ____________________________________ Phone: _____________

Daycare/Babysitter Address: _______________________________________________________________________

FOR SCHOOL USE ONLY

The following transportation information was provided to parent/guardian:

AM Bus Rt #: ____  AM Time: ________  AM Stop Location: _________________________________

PM Bus Rt #: ____  PM Time: ________  PM Stop Location: _________________________________

Revised: 03/2019
SIBLING/FAMILY MEMBER MEETING KINDERGARTNER

All kindergarten students who are eligible for transportation must be met at the bus stop by a parent/guardian or other responsible person. The parent/guardian may grant permission for an older sibling or family member RIDING THE SAME BUS to be the person removing the kindergarten student from the bus. This form must be completed and received by the Transportation Office prior to permission being granted. Complete this form and send, deliver, or FAX to the address/FAX number above. When approved, the older sibling or family member will ride in the same seat as the kindergartner as directed by the bus driver.

Kathy Calkins, Transportation Supervisor

I hereby give permission for, ___________________________, to meet my kindergarten child, __________________________________________, when being let off the bus.

(Name of Older Sibling or Family Member Who Rides The Same Bus, Please Print)

(Kindergartner Name, Please Print)

Older Student’s Relationship to Kindergartner: __________________________________________

School Name: __________________________ Bus Stop: ________________________________________

Home Address: ___________________________________________________________________________

My kindergarten child and the sibling or other family member are both going to the same residence or apartment complex. ☐ Yes ☐ No (Check One)

(Signature of Parent/Guardian) __________________________ (Date) __________________________

For Transportation Use Only

Effective Date: ___________  Signed: _________________________________  Route: _______

NOT VALID UNTIL PROCESSED BY TRANSPORTATION OFFICE