

For Office Use Only:

Date Received: ____/____/____

Starting Date: ____/____/____

- In School Boundary verified
- In District Transfer verified
- Out of District Exchange verified

4J Pupil number: _____

Teacher Placement: _____

Eugene School District 4J Elementary Enrollment Form



*This enrollment form is a legal document. The information you provide must be accurate and complete.
This information is protected by the Family Educational Rights and Privacy Act (FERPA).*

Student Information

Please print legibly

Student Address Information

Grade	<i>(grade student will be starting)</i>					Street Number							
Gender	<input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Male		Street Name							
Legal Last Name						Apartment #							
Legal First Name						City							
Usual Last Name						Zip Code							
Preferred First						Dwelling Type	<input type="checkbox"/> Apartment	<input type="checkbox"/>	<input type="checkbox"/> Motel/Hotel				
Legal Middle							<input type="checkbox"/> Group Home	<input type="checkbox"/>	<input type="checkbox"/> Shared Housing				
Birth Date							<input type="checkbox"/> House	<input type="checkbox"/>	<input type="checkbox"/> Shelter				
Proof of Age <i>(√ provided document)</i>	<input type="checkbox"/>	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/>	<input type="checkbox"/> Medical Card		Proof of Residency <i>(√ provided document)</i>	<input type="checkbox"/>	<input type="checkbox"/> Motel/Hotel				
	<input type="checkbox"/>	<input type="checkbox"/> Court Order		<input type="checkbox"/>	<input type="checkbox"/> Passport			<input type="checkbox"/> Lease	<input type="checkbox"/>	<input type="checkbox"/> Tax bill			
	<input type="checkbox"/>	<input type="checkbox"/> Hospital Record		<input type="checkbox"/>				<input type="checkbox"/> Mortgage	<input type="checkbox"/>	<input type="checkbox"/> Utility bill			
Home Phone	()					Other							
Student Status <i>(√ all that apply)</i>	<input type="checkbox"/>	<input type="checkbox"/> ELL		<input type="checkbox"/>	<input type="checkbox"/> IEP		Mailing Address <i>(If different)</i> Street						
	<input type="checkbox"/>	<input type="checkbox"/> Special Ed		<input type="checkbox"/>	<input type="checkbox"/> Speech						City/Zip		
	<input type="checkbox"/>	<input type="checkbox"/> This Student has other special needs.					Previous District						
	<i>(Please describe here)</i>					Previous School							
											Prev. Sch. Address		
					City/State/Zip								
					Phone #								
					Fax #								

Parent Information

Custody <i>(√ person/s with legal custody)</i>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Father/Step Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Relatives
	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother only	<input type="checkbox"/> Mother/Step Father	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Other

Lives With <i>(√ person/s student lives with)</i>	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father only	<input type="checkbox"/> Father/Step Mother	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Relatives
	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother only	<input type="checkbox"/> Mother/Step Father	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Other

Parent/Guardian <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other		
Last Name						Work Place:
First Name						Occupation:
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student		<input type="checkbox"/> Emergency Contact			Business Phone:
	<i>Home address is the same as student's address.</i>					Home Phone:
Address						Cell Phone:
City/State/Zip						Email Address:
Spoken Language						Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Language						Send copy of correspondence (Not student's address)

Parent/Guardian <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other		
Last Name						Work Place:
First Name						Occupation:
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student		<input type="checkbox"/> Emergency Contact			Business Phone:
	<i>Home address is the same as student's address.</i>					Home Phone:
Address						Cell Phone:
City/State/Zip						Email Address:
Spoken Language						Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Language						Send copy of correspondence (Not student's address)

Parent/Guardian <i>(Check 1 type)</i>	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Social Services
	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other		
Last Name						Work Place:
First Name						Occupation:
<i>(Fill in address only if different than student's)</i>	<input type="checkbox"/> Living with Student		<input type="checkbox"/> Emergency Contact			Business Phone:
	<i>Home address is the same as student's address.</i>					Home Phone:
Address						Cell Phone:
City/State/Zip						Email Address:
Spoken Language						Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No
Correspondence Language						Send copy of correspondence (Not student's address)

See page 3 for additional Parent/Guardian information.

Parent/Guardian <i>(Check 1 type)</i> Last Name First Name <i>(Fill in address only if different than student's)</i> Address City/State/Zip Spoken Language Correspondence Language	<input type="checkbox"/>	Father	<input type="checkbox"/>	Stepfather	<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Foster Parent	<input type="checkbox"/>	Social Services		
	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Stepmother	<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Other						
								Work Place:						
								Occupation:						
	<input type="checkbox"/>	Living with Student		<input type="checkbox"/>	Emergency Contact		Business Phone:							
	<i>Home address is the same as student address.</i>							Home Phone:						
								Cell Phone:						
								Email Address:						
								Speaks English:		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
								Send copy of correspondence <i>(Not student's address)</i>						

Local Emergency Contact Information *In an emergency, parent/guardians will be called 1st, so you need not repeat Parent information here. All Emergency Contacts you list here will be checked as having your permission to pick up this student.*

Last Name #1							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
Last Name #2							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
Last Name #3							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					
Last Name #4							First Name:					
	Relationship to student:						Language Spoken:					
	Home Phone:			Work #:			Cell #:					

4J Siblings *Please list all brothers, sisters, half and step, CURRENTLY registered in a 4J school.*

Sibling Name							Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	Current 4J School:					
Sibling Name							Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	Current 4J School:					
Sibling Name							Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	Current 4J School:					
Sibling Name							Relationship to student: <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Half <input type="checkbox"/> Step					
	Age:	Gender:	<input type="checkbox"/>	F	<input type="checkbox"/>	M	Current 4J School:					

Permissions						Page 4	
Field Trip Permission: My student has permission to participate in school related field trips.		Yes			No		
Permission to Transport: I give my permission to have my student transported to a medical facility.		Yes			No		
HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times.		Yes			No		
PG Movies: My student may view PG movies.		Yes			No		
Photographs: My student's picture may be used in the school year book, tv, newspaper, website and video taping during class and class assignments.		Yes			No		
School Directory: My student's information may be printed in a school directory.		Yes			No		
Birth Information							
Country of Birth		State of Birth					
City of Birth		Citizen of					
Medical Information <i>(There are separate medical forms for immunizations and health history. Please complete all forms.)</i>							
Doctor Name			Phone				
Dentist Name			Phone				
Allergies & Health Conditions			Life Threatening?		Yes		No
Other							
Signature							
<p><i>I hereby declare that the above statement is true to the best of my knowledge and belief. I understand I commit the crime of false swearing if I make a false statement, knowing it to be false. (ORS 162.065).</i></p> <p><i>Further, I understand that my student could be returned to their neighborhood school upon determination of a false address.</i></p>							
Date:	Signature of Parent or Legal Guardian:						
/ /							