



# Banks School District

## Student Enrollment Form

This enrollment form is an official record  
*Please print clearly using a black or blue pen*

This Enrollment Form is an official record. Your information helps us provide services for your student. Please contact your school's Main Office if you have any questions or need more information.

### 1. Student Demographic Information.

Legal Name \_\_\_\_\_  
*Last First Middle*

Preferred Name \_\_\_\_\_  
*Last First Middle*

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Gender  Female  Male Home Phone \_\_\_\_\_

Ethnicity  Hispanic/Latino  Not Hispanic/Latino Race  American Indian/Alaskan Native  
*Select one*  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White

### 2. Student Local Residence and Mailing Address.

#### Local Residence Address

*Include Street, Apt., City, State, and ZIP Code*

#### Mailing Address

Same as Residence Address

*Include Street, Apt., P.O. Box, City, State, and ZIP Code*

### 3. Student Citizenship Information.

Birth Country \_\_\_\_\_

Birth City \_\_\_\_\_

Birth State \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Citizenship Status \_\_\_\_\_

Have you attended school in the U.S. for more than 3 years?  Yes  No

Previous District Attended \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Previous School Address \_\_\_\_\_

Previous School Phone Number \_\_\_\_\_

### 4. Student Language Preferences.

Student's first language \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Language used most often \_\_\_\_\_

Is student of American Indian ancestry?  Yes  No

• If yes, Tribal Name \_\_\_\_\_

### 5. Siblings

Enter the names of all siblings from Birth-Grade 12. Use additional paper if necessary to list all siblings

Name	Age	Grade	School

### 6. Court Orders.

Is there a current restraining or court order pertaining to this student?  Yes  No

**Note:** If there is a current court order limiting the parental access of a non-custodial parent, you must provide us with a copy of the order before we can limit that parent's access to the student.

**7. Parent/Guardian Information.**

**First Emergency and Attendance Parent/Guardian Contact**

Last Name	_____	Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	_____	Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	_____	Migrant Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	_____	Materials needed in another language?/What?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Spoken Language	_____
Mailings Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	_____
<input type="checkbox"/> Use Student Address <input type="checkbox"/> Use this Address →	_____	Occupation	_____
		Work Phone	_____
		Email	_____

**Second Emergency and Attendance Parent/Guardian Contact**

Last Name	_____	Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	_____	Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	_____	Migrant Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	_____	Materials needed in another language?/What?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Spoken Language	_____
Mailings Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	_____
<input type="checkbox"/> Use Student Address <input type="checkbox"/> Use this Address →	_____	Occupation	_____
		Work Phone	_____
		Email	_____

**Third Emergency Parent/Guardian Contact**

Last Name	_____	Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	_____	Living with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	_____	Migrant Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	_____	Materials needed in another language?/What?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	Spoken Language	_____
Mailings Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer	_____
<input type="checkbox"/> Use Student Address <input type="checkbox"/> Use this Address →	_____	Occupation	_____
		Work Phone	_____
		Email	_____

**8. Parent/Guardian Military Service Information**

A Parent or Guardian was a member of the Armed Forces on active duty or full-time National Guard  
Please indicate which parent(s)/guardian(s)

Mother: Yes \_\_\_\_\_ No \_\_\_\_\_                      Father: Yes \_\_\_\_\_ No \_\_\_\_\_

Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_

This should be marked Yes if **at any time during the 2017-18 School Year**, the parent/guardian who was a member of the Armed Forces on active duty or full-time National Guard.

- **This includes parent(s) are deployed; full time Army, Navy, Air Force, Marine Corps, or Coast Guard**
- **Full Time National guard members**
- **Active Duty Reserves (called to active duty for at least 180 days)**

**9. Other Student Emergency Contacts. Parents/Guardian listed on previous page will be contacted first.**

***Emergency Contact***

Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

First Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

***Emergency Contact***

Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

First Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**10. Student Medical Information.**

Allergies and Health Conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Life Threatening?

- Yes     No
- Yes     No
- Yes     No
- Yes     No

Do you need a Medication Form?     Yes     No

***Permission for Medical Transport***

I authorized school personnel to arrange for ambulance transportation 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 situation when I cannot be located.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**11. Parent Authorizations and Information Release.**

Banks School District respects and protects the privacy of all student education records and requires your permission and authorization for these student events and resources. Please select the restrictions below if you do not want us to release your student's information in accordance with the Family Educational Rights and Privacy Act (FERPA) and provide access to these events and resources.

**Restrictions:**

- Exclude from Photo Release  Yes
- Exclude from Military Recruitment  Yes
- Exclude from College Recruitment  Yes
- Exclude from Directory  Yes
- Exclude from Displaying Work  Yes
- Exclude from Newspaper  Yes
- Exclude from Television/Radio  Yes
- Exclude from Yearbook  Yes
- Exclude from Website  Yes

**Permissions: Please select if you want your student to have access to these events and resources**

- Field Trip  Yes
- Transport  Yes
- Walk Home  Yes
- Ride Bike  Yes
- Re-Screen Hearing  Yes
- Provide access to Internet and BanksK12 Cloud Services  Yes

**12. Home Language Survey**

Home Language Survey Date \_\_\_\_\_

**13. Student Program Eligibility.**

Please select the programs your student participated in at their previous school district.

- |  |   |
|--|---|
| Special Education (IEP) <input type="checkbox"/> Yes | Title VII-A Indian Education <input type="checkbox"/> Yes |
| 504 Plan <input type="checkbox"/> Yes                | Title I-C Migrant Education <input type="checkbox"/> Yes  |
| Title 1 Reading <input type="checkbox"/> Yes         | Title X McKinney-Vento <input type="checkbox"/> Yes       |
| Talented and Gifted <input type="checkbox"/> Yes     | English Language Learner <input type="checkbox"/> Yes     |

**14. Parent Signature.**

- o My signature affirms that the information I entered on this Student Enrollment Form is true.
- o I understand that my child could be removed from the Banks School District immediately if my residence address or any other information I provide is not accurate.
- o I will update my student's Main Office with changes to this information promptly during the school year.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**

Student ID Number		Teacher Name	
Enrollment Date		Graduation Year	
Entry Code		Grade 9 Entry Date (HS)	
Birth Date Verified		Court Order Received	



# Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. What language(s) does your child **hear or use** regularly in your household (i.e., spoken, media, music, literature, etc.)? Hear \_\_\_\_\_ use (i.e., ASL) \_\_\_\_\_

2. Describe the language(s) your child **understands**.

- , No English
- , Mostly another language and a little English
- , English and another language equally
- , Mostly English and a little of another language
- , Tribal or Native Language
- , Only English

3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Other Adults in the Home: \_\_\_\_\_ Child-care Providers: \_\_\_\_\_

4. What language(s) did your **child speak/express** from 0-4 years of age? \_\_\_\_\_

5. What language(s) does your **child CURRENTLY speak/express** most frequently outside of school?  
\_\_\_\_\_

6. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.).  
\_\_\_\_\_

7. Is there anything else you think the school should know about your child's language use?  
\_\_\_\_\_

**Parent Questions: In what language(s) do you want to receive information from the school (if available)?**

Father/Guardian:

Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Mother/Guardian:

Oral \_\_\_\_\_ Written \_\_\_\_\_ American Sign Language \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_ (i.e., parent, grandparent, etc.)

# Northwest Regional ESD - Seasonal & Temporary Workers Program

## Academic and Enrichment Services for Students who Qualify

Under Title IC as part of The Elementary and Secondary Education Act, the MEP was developed to provide assistance and support to improve the educational opportunities and academic success of agricultural, cannery workers, fishers, and their families. A major goal of this program is to ensure that students reach challenging academic standards and graduate with a high school diploma (or complete a GED) in preparation for a successful future.

To help us determine whether your child may qualify for this program, please answer the following questions:

**Have you or any family member moved in the last three years to work in:**  
**(check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Agriculture</b>  | <input type="checkbox"/> <b>Planting and/or Harvesting</b> |
| <input type="checkbox"/> <b>Commercial fishing</b>                                       | <input type="checkbox"/> <b>Work on Ranch or Farm</b>      |
| <input type="checkbox"/> <b>Ranching</b>   | <input type="checkbox"/> <b>Logging/Sawmill</b>            |
| <input type="checkbox"/> <b>Cannery</b>  | <input type="checkbox"/> <b>Nursery</b>                    |
| <input type="checkbox"/> <b>Other related seasonal or temporary work, please specify</b> |  |
| _____  |  |

If you checked any of the above your children or relatives may qualify for:

- Free 24-hour accident insurance.
- Tutoring, Summer school, Educational field trips, Scholarships.
- Correspondence courses to make up failed or missed credits.
- Other services to help support literacy and academic success designed to meet the educational needs of the individual student.

Your school district may also receive additional funds from the Department of Education to provide these supplementary services through this program.

You will be advised within 5 working days of receipt by Northwest Regional ESD of this form whether you or a family member qualifies under this program.

**Complete this form, sign, and return it to your child's teacher, counselor, or school secretary, as soon as possible. (please, print)**

Name of Student(s)	
Parent's Name	
Current Address	
City/State	
Telephone	
Best time to call	

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information call 971-201-7571**

**School Secretary: please fax this completed form to Northwest Regional ESD  
 Attn: Eredi Pintor at 503-614-1440**

# BANKS SCHOOL DISTRICT PROOF OF RESIDENCY FORM

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last

Student's School: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

The following two questions help determine eligibility for enrollment and possible McKinney-Vento services for students. The questionnaire is confidential and in compliance with the McKinney Vento Education Assistance Improvements Act 42 U.S.C. 11435.

1. Is your current address a temporary living arrangement? \_\_\_yes \_\_\_no

2. If yes, is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_yes \_\_\_no

If you answered YES to both questions, please stop here and submit the form to the school's office.

If you answered NO to either or both questions, please continue.

Banks School District requires that all students attending be bona fide residents of the District. To be a bona fide resident, a student must be living with a parent or a court appointed guardian who is a resident of the District. Parents or guardians are required to provide Proof of Residency. **THE SCHOOL DISTRICT ACTIVELY INVESTIGATES RESIDENCY.**

**RESIDENCY**

Parents\Guardians \_\_\_\_\_

Address: \_\_\_\_\_ Please check: \_\_\_ Parent, \_\_\_ Guardian, or \_\_\_ Foster Parent

City, State, Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_ School(s): \_\_\_\_\_

**Evidence of Proof of Residency Presented:** (from both Category I and Category II) \* (This is NOT an all inclusive list.)

**Category I**

**Category II**

One (1) of the following with current address	One (1) of the following with current address & dates	
<input type="checkbox"/> Real Estate Tax Bill from Current Calendar Year.	<input type="checkbox"/> Gas / Electric Bill	<input type="checkbox"/> Current Public Aid Card
<input type="checkbox"/> Signed Rental or Lease Agreement & Proof of Payment	<input type="checkbox"/> Water Bill / Trash Bill	<input type="checkbox"/> Homeowner/Rental Insurance Policy & Payment Receipt.
<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Phone (No cell phone) Bill	<input type="checkbox"/>
<input type="checkbox"/> Notarized statement from owner/renter indicating:	<input type="checkbox"/> Cable Bill	<input type="checkbox"/>
~ names of those living with the owner/renter	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/>
~ anticipated length of time of residence with owner/renter	<input type="checkbox"/> Voter Registration Card	<input type="checkbox"/>
<b>( NOTE Owner/renter proof must be documented )</b>	<input type="checkbox"/> Drivers License	<input type="checkbox"/>

\*Simply providing items on this list does **not** guarantee enrollment nor does it establish indisputable evidence of residency

**THIS PROOF OF RESIDENCY FORM IS TO ATTEST TO THE FACT THAT THE ABOVE CHILD IS LIVING, ON A PERMANENT BASIS, WITH THE PERSON HAVING COMPLETE LEGAL CUSTODY AND CONTROL, AT THIS ADDRESS. If at any time, a student's residence is in question, the District may ask for additional documents for verification. When documents submitted are falsified and such a violation is found, the child will be sent back to the school where he/she should properly be attending. Registration of a student who is not a resident is a fraudulent act.**

SIGNATURE(S) MUST BE WITNESSED BY THE SCHOOL PRINCIPAL OR A DESIGNEE.

\_\_\_\_\_  
Signature of Parents\Guardians\Foster Parents \_\_\_\_\_ Date

School District Use Only \_\_\_\_\_  
Witnessed by \_\_\_\_\_ Date