



FERN RIDGE SCHOOL DISTRICT 28J
Student Enrollment Form – Required Information

Welcome to the Fern Ridge School District. The information you provide must be accurate and complete. Its contents are protected by the Family Educational Rights and Privacy Act (FERPA). The Fern Ridge School District prohibits discrimination and harassment on any basis protected by law, including but not limited to national or ethnic origin, an individual’s perceived or actual race, color, religion, sex, sexual orientation, gender identity, marital status, age mental or physical disability, pregnancy, familial status, economic status, or veterans’ status of any other of any other persons with whom the individual associates in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issues; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act; the Americans with Disabilities Act Amendments Act of 2008; and House Bill 3041.

Student Information

Legal Last Name: _____

Legal First Name: _____ Legal Middle Name: _____

Preferred Last Name: _____ Preferred First Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different from Home Address)

Birth Date: _____ Age: _____

Special Education Services – 541-935-7733

The district provides special education and related services to children with disabilities.

- Yes No Has the student ever received or participated in special education services?
Yes No Has the student ever been in a special education testing or evaluation process?
Yes No Is the student currently on an IEP from another school/district?
Yes No Is the student currently receiving speech services?

Prior case manager/contact name: _____ Prior IEP date: _____

Please provide the Required Documents to School Secretary to complete the enrollment process.

Immunization Records

- Proof of Age: Birth Certificate Passport
Adoption Papers Court Order
Religious, hospital or physician’s certificate showing date of birth
Proof of Address: Utility Bill Rent/Lease Agreement
Driver’s License Mortgage Statement

Office Use Only:
Student Name: _____ Student ID: _____ School: _____



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Additional Information to Support Your Student

Previous School Information

Previous School Attended: Previous School Phone Number:

Dates Attended:

Has your student ever attended a Fern Ridge School District school? If so, when:

Sibling(s) currently attending other Fern Ridge Schools:

Student Demographic Information: This information is required by the Federal Government and is used for data analysis and reporting purposes only. While this information is optional, if you choose not to respond, the Fern Ridge School District is required to report this information through an observer identification process.

Gender: Male Female Non-Binary

City and State of Birth: Country of Birth:

Ethnicity: Not Hispanic/Latino Hispanic/Latino (Having origins in Cuba, Mexico, Central and South America or other Spanish Culture).

Race: No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.

- American Indian or Alaskan Native: Having origins in any of the original peoples of North and South America (including Central America).
Asian: Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
Black or African American: Having origins in any of the black racial groups of Africa.
Native Hawaiian or Pacific Islander: Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White: Having origins in any of the original peoples of Europe, the Middle East or North Africa.

Language of Origin: English Other

Language Most Used: English Other

Language Spoken at Home: English Other

Office Use Only: Student Name: Student ID: School:



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Additional Information to Support Your Student

Parent/Guardian Information: It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

Are there any current legal restrictions or restraining orders pertaining to this student? Yes No

*If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

Child primarily lives with: Both Parents Mother Father Grandparents Foster Parent Other

Parent/Guardian Contact 1: Mother Father Foster Parent Step-Mother Step-Father Guardian Other

Last Name: First Name:

Mailing Address: City: State: Zip:

Place of Employment: Occupation: Work Phone:

Home Phone: Cell Phone: Email:

Active Duty Armed Forces or full time National Guard member: Yes No

Parent/Guardian Contact 2: Mother Father Foster Parent Step-Mother Step-Father Guardian Other

Last Name: First Name:

Mailing Address: City: State: Zip:

Place of Employment: Occupation: Work Phone:

Home Phone: Cell Phone: Email:

Active Duty Armed Forces or full time National Guard member: Yes No

Emergency Contact Information: In an emergency, parent/guardian will be called 1st and 2nd. Emergency contacts will be called in the order indicated. It is assumed that any person listed as an emergency contact also has permission to transport your student.

1. Contact Last Name: Contact First Name: Phone:

Relationship to Student (indicate before or after school care):

2. Contact Last Name: Contact First Name: Phone:

Relationship to Student (indicate before or after school care):

Office Use Only: Student Name: Student ID: School:



Student Support Program and Services

English Language Development Program (Title III)

Yes **No** Has the student been in an English Language Development Program in the United State?

If yes, when? _____ and where? _____

McKinney-Vento Program (NOT required to answer)

This program supports students in a temporary living situation with resources, which may include transportation assistance, school supplies, and other resources to help ensure success in school.

Check the living situation that applies:

- Yes** **No** Is the student sharing the housing of other persons due to economic hardship or similar reasons?
- Yes** **No** Is the student staying in a motel or hotel due to economic hardship or similar reason?
- Yes** **No** Is the student staying in a car, RV, campsite or substandard housing?
- Yes** **No** Is the student staying in a shelter?

Other Programs and Services

- Yes** **No** Does the student have a current 504 Plan?
- Yes** **No** Has the student been in a Talented and Gifted Program?
- Yes** **No** Is the student pregnant and/or parenting?

Permission Information: *A parent may submit a change to this request by filling out the Directory Information Page (page 6) in the District Student Handbook.*

INTERNET ACCESS/DIRECTORY INFORMATION/PHOTOGRAPH/MILITARY/COLLEGE RECRUITMENT – Please see page 6 of the District Student Handbook. This permission form (on page 6) needs to be filled out only one time during the student’s K-12 career. If you would like to make changes please contact your school secretary to fill out a new form.

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 removed from the school immediately.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only:
Student Name: _____ Student ID: _____ School: _____



FERN RIDGE SCHOOL DISTRICT 28J
Student Medical Information

Student Medical Information: School staff need to know if your student has a medical condition for which they may require assistance during the school day. Remember to advise the school of any changes in information.

Student Name: Student ID: Grade:

Parent/Guardian Contact 1: Mother Father Foster Parent Step-Mother Step-Father Guardian Other

Last Name: First Name:

Home Phone: Cell Phone: Work Phone:

Parent/Guardian Contact 2: Mother Father Foster Parent Step-Mother Step-Father Guardian Other

Last Name: First Name:

Home Phone: Cell Phone: Work Phone:

In an emergency, parent/guardian will be called 1st and 2nd unless stated otherwise. It is assumed that any person listed as an emergency contact also has permission to transport your student.

Emergency Contact 1: Relationship to Student:

Last Name: First Name:

Home Phone: Cell Phone: Work Phone:

Emergency Contact 2: Relationship to Student:

Last Name: First Name:

Home Phone: Cell Phone: Work Phone:

Allergies & Health Concerns: See office staff if student requires medication at school. School Personnel may contact you to obtain more information regarding your child's medical condition.

Condition: Heart Condition Seizures Diabetes/Insulin Diet Controlled Other:

Symptom(s): Life Threatening: Yes No

Required Medication(s) - Name/Dosage taken regularly:

Condition: Heart Condition Seizures Diabetes/Insulin Diet Controlled Other:

Symptom(s): Life Threatening: Yes No

Required Medication(s) - Name/Dosage taken regularly:

Allergies to Medications - Name Medication: Symptom(s):

Allergies Other: Symptom(s):