



Yamhill Carlton School District

Registration Form

Teacher: _____
 Homeroom: _____

SCHOOL USE ONLY						
School Year	/	Student ID #	Entry Date	/	/	Grad Year
School	Grade	Records Request	Birth Certificate? (KG or from out of state/country)			
			Immunizations:			

Part 1 - Student Information

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

STUDENT INFORMATION							
Legal Last Name:		Legal Middle Name:		Legal First Name:		Preferred Name:	
Grade	Gender M F NB	Birth Date (mm/dd/yyyy)		Birth City:	Birth State:	Birth Country:	
Home Address (Physical, not PO Box):				City:	State:	Zip:	
Mailing Address, if different:				City:	State:	Zip:	
Student Primary Phone Number:				<input type="checkbox"/> Cell	<input type="checkbox"/> Landline	Unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For Students new to Yamhill-Carlton School District:							
Out-of-District School: _____				City: _____		State: _____ Grade: _____	
Last date attended (month/year): _____							

RACE & ETHNICITY			
Please answer both			
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	
Race (Circle all that apply):	White	Asian	Native Hawaiian/Other Pacific Islander
	Black/African American	American Indian/Alaska Native	

LANGUAGE SURVEY	
Birthplace--Was the student born in the US or Puerto Rico?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did parent(s) or guardian(s) move within the last 36 months to work or seek work in agriculture, fishing or related food processing activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, When? _____	
Has the student been attending a school in the US for less than 3 years in a row?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name all the languages spoken at home: _____ % of time for each language? _____	
What language did your child learn when he/she first began to talk? _____	
Please place an (x) by the one that best describes your child:	
<input type="checkbox"/> Does not speak English <input type="checkbox"/> Speaks another language better than English <input type="checkbox"/> Speaks English and another language equally well <input type="checkbox"/> Speaks English better than another language <input type="checkbox"/> Speaks only English	

SPECIAL PROGRAMS

Is student currently on IEP? Yes No
Is student currently on a 504? Yes No
Has student been enrolled in Talented and Gifted Programs? Yes No
Has student been enrolled in an ELL Program? Yes No

Does your child have a physical or mental impairment (504 status) that limits one or more activities? For example, inability to care for one's self; perform manual tasks; participate in daily activities; learn or concentrate on schoolwork? Yes No

Please state the reason your child is enrolling in Yamhill Carlton School District. (Family moved into district, change of parent's job, custodial change, dissatisfied with other district, etc.) _____

Do you have any concerns a counselor needs to know? _____

STUDENT MEDICAL INFORMATION

The school must be notified if your student has a condition/disease which has the potential to present a life threatening emergency or any condition which has in the past presented a life threatening emergency.

Doctor(s) Name: _____ Phone: _____

Does your student have a medical condition? (please place an (x) next to all that apply)

___ Requires Epi-Pen at school ___ Seizure Disorder ___ Severe bee/insect sting reaction ___ Severe Food Allergy: _____
___ Diabetes ___ Severe Asthma ___ Heart Conditions ___ Hemophilia ___ Cancer ___ Dialysis ___ Psychosocial issues
___ Physical disability/Impairment _____ Other _____

If any of the above are checked the student will need to have a medical protocol in place prior to entering school.

Will your child need prescription or over the counter medications administered at school? Yes No

If yes, please ask the school secretary for the additional form(s).

STUDENT DENTAL INFORMATION

Elementary Students Only: State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (HB 2972(2015))

Has your child already had a dental screening? Yes No

If yes, date of screening (MM/YY): _____

TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

My child was not screened due to the following (please check all that apply and initial):

	Check	Initial
We already submitted a certification form at a previous school.	<input type="checkbox"/>	<input type="checkbox"/>
Then dental screening is contrary to student or families religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
The dental screening is a burden (see below for definition).	<input type="checkbox"/>	<input type="checkbox"/>
The dental screening is a burden for the student or the parent or guardian of the student when:		<input type="checkbox"/>
(A) The cost of obtaining the dental screening is too high; or		
(B) The student does not have access to a screener; or		
(C) The student was unable to obtain an appointment with a screener.		

PARENT/GUARDIAN PERMISSIONS

Federal law and school board policies protect the privacy of student's educational records and give parents certain rights or permissions with respect to their child's records. These permissions are defined as:

- Contact Allowed:** This adult can have contact with the child.
 - Educational Rights:** Has legal rights to access educational records (grades, attendance, behavior, ect.) For further information please review student policy.
 - Has Custody:** Adult who has legal custody of the student.
 - Mailings Allowed:** Physical paper mail can be sent to this household, if Educational Rights are allowed, ex. Report Cards. (One per address)
 - Release to:** The District/School can release the child to this adult.
- Pursuant to the provisions of ORS 107.154, either parent may request school records by contacting the school.**

Is there joint custody of this student? Yes No

Who has legal custody? (Circle all that apply) You are responsible to notify the school of changes.

Mother Father Stepmother Stepfather Guardian Other _____

Restraining order, Delegation of Authority, Divorce Decree, Guardianship papers, Other _____ Is Documentation Provided? Yes No

Student Lives With? (Circle all the apply)

Mother Father Stepmother Stepfather Guardian Other _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ **Relationship:** _____

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

Home Phone: _____ Listed ___ Unlisted ___ Cell: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student? Legal Custody? Contact allowed? Release to? Receives Mailings? Educational Rights? Language _____

Parent/Guardian: _____ **Relationship:** _____

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

Home Phone: _____ Listed ___ Unlisted ___ Cell: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student? Legal Custody? Contact allowed? Release to? Receives Mailings? Educational Rights? Language _____

Parent/Guardian: _____ **Relationship:** _____

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

Home Phone: _____ Listed ___ Unlisted ___ Cell: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student? Legal Custody? Contact allowed? Release to? Receives Mailings? Educational Rights? Language _____

Parent/Guardian: _____ **Relationship:** _____

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

Home Phone: _____ Listed ___ Unlisted ___ Cell: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student? Legal Custody? Contact allowed? Release to? Receives Mailings? Educational Rights? Language _____

PARENT/GUARDIAN MILITARY INFORMATION

Is one or more Parent/Guardian currently serving in the U.S. Military? ___ Yes ___ No Enter date: _____ Exit Date: _____
If yes, Status: Active Duty Reserves National Guard Parent Name(s): _____
Branch of Service: Air Force Army Coast Guard Marines Navy

EMERGENCY CONTACT INFORMATION

Please list **individuals** we can contact to pickup and assume temporary care of your child in the event a parent/guardian cannot be reached.

Last Name: _____ First Name: _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Last Name: _____ First Name: _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Last Name: _____ First Name: _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

SIBLING(S) ATTENDING YAMHILL CARLTON SCHOOLS

Last Name: _____ First Name: _____ Grade: _____ OK to release to
Last Name: _____ First Name: _____ Grade: _____ OK to release to
Last Name: _____ First Name: _____ Grade: _____ OK to release to
Last Name: _____ First Name: _____ Grade: _____ OK to release to

TITLE X: MCKINNEY-VENTO PROGRAM

Title X McKinney-Vento Program: This program guarantees that students, not matter their living situations, have access to public education. Program resources may include transportation assistance, school supplies and other services to help ensure success in school.

Please check the box that applies:

- You are staying in a motel, car, RV or campsite until you find affordable housing.
- You are sharing housing with another family due to economic hardship.
- You are moving from place, to place, without permanent housing.
- You are living in a shelter.
- N/A

FEDERAL NOTIFICATIONS

Valid until changed by Parent/Guardian (contact school office) -If left unchecked, assumption is Yes

Photography: My student's photograph may appear in classroom or school news, yearbook, or website: Yes No
(If no, please provide written statement to school)
Student Name: My student's name may appear in school news/website. Yes No

High School only: (By law the District must release to military recruiters the name, address and phone number of high school students, unless your Student, Parent or Guardian notifies the District that they do not want to information released.)

My student's name/contact information may be released to Military Recruiters. Yes No
My student's name/contact information may be released to College/Coach Recruiters. Yes No

ENROLLING RECORD

Name of person enrolling student (Please print name):

Relationship to student:

MEDICAL & CONTACT INFORMATION

There are a few occasions when it becomes necessary to close schools or an individual school without prior notice. This may be done due to loss of electricity or water, snow and ice conditions, major storm threats, flooding or other disasters. Our school district staff has developed plans to reduce the number of times when school closure is necessary.

I, the undersigned, do hereby authorize officials of Yamhill Carlton School District #1 to contact directly the persons named on this form, and do authorize emergency or medical personnel to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event parent/guardians, or other persons named on this form, cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgement, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

I certify that all information provided in this form is, to the best of my knowledge, correct and complete.



Signature of Parent/Guardian/Eligible Student

(Eligible Student indicates any student that is 18 years or older, or emancipated.)

Date

Non-discrimination Statement:

It is the policy of the Yamhill Carlton School District Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Yamhill Carlton School District Office, 120 N. Larch Place, Yamhill, Oregon 97148. (503) 852-6980.

If you would like to be a volunteer at Yamhill Carlton School District, please fill out the attached background form and submit it to the email address below. This process can take up to a week to get our results

You will also be required to send in a copy of your Covid-19 vaccination card along with your background form. If you are needing to request a medical or religious exception, please request from the email provided below.

Due to new laws and regulations, to be a volunteer with our district, it is required for you to take a training on sexual Misconduct. You will need to follow the steps below and email in a copy of your certificate

- Sexual Misconduct Training for Volunteers
- o <https://pacetraining-or.safeschools.com/login>

§ Instructions:

- 1. Go to the training site and click on the Register Link.
- 2 Enter the Code: **dc07938a**
- 3. Fill in a user ID, your name, and then finally your district (Yamhill Carlton SD).
- 4. SB155 Sexual Misconduct Training should show on screen.
- 5. Start the training at your convenience.
- 6. Receive your certificate of completion.
- 7. Send certificate of completion to warnerj@yoschools.org

Once these three steps have been completed, please notify your child's school office and their teacher to let them know you would like to start volunteering





YCSD Volunteer Background Check Form

Which school are you volunteering at?

YC Elementary YC Intermediate YC High Alliance Academy YCTC

Name: _____ Date: _____

Address: _____

Home Phone: _____ Email: _____

In accordance with District Policy No: A8500, the district may conduct background checks on volunteers prior to utilizing their services. This may include, but is not limited to criminal checks and/or calling references. These background checks, once accepted, are good for only two years. You must reapply after that period.

To help provide a safe environment for our students please provide the following information:

1. Have you ever been convicted of a misdemeanor crime? (circle one) Yes No

If yes, what state? _____

2. Have you ever been convicted of a felony crime? (circle one) Yes No

If yes what state? _____

Comments: _____

***Yamhill Carlton School District may deny any volunteers who have a criminal background that includes a Felony or Misdemeanor. Failure to disclose criminal activity will result in an automatic denial. (Refer to the YCSD Risk Management Matrix on the reverse side) ** Any criminal activity involving a minor will result in an automatic denial.**

Please list any other last names you have gone by: (ex: Maiden Name)

REQUIRED: Drivers license number: _____ State: _____

REQUIRED: Social Security Number: _____ - _____ - _____

REQUIRED: Date of birth: _____

I verify that the above information is true and correct, and I hereby grant Yamhill Carlton School District permission to check civil and criminal records to verify the given information.

Signature

Date

Email this form to warner@ycschools.org OR drop off at the YC District office. Address below. This document will be securely shredded for your safety.

SMALL SCHOOLS - BIG ACHIEVEMENTS!



State of Oregon - Language Use Survey

This document is given when a student enters a school district for the first time.

The State of Oregon honors the languages and cultures of its people and respects all languages in our schools. We encourage the revitalization and preservation of indigenous languages and multilingualism.

This document will allow the school to determine if your student qualifies for screening to receive additional instruction to learn the English language.

Student Name: _____ Grade: _____ Date: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Information	Questions
<p>This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.</p>	<ol style="list-style-type: none"> 1. What language(s) are primarily used in the home? _____ 2. What was the first language(s) that your student learned? _____ 3. What language(s) does your student use most frequently at home? _____
<p>This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost.</p> <p><i>This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.</i></p>	<p>In what language(s) would you prefer to receive communication from the school?</p> <p>_____</p>

**MID COLUMBIA BUS CO., Inc.
YAMHILL CARLTON SCHOOL DISTRICT
2022-2023 STUDENT RIDER REGISTRATION FORM**

Complete Separate Form for Each Student

Date ____/____/____

Print Student's Name

Address for Bus Stop- No PO Box

Bus Route # (Completed by Bus Barn)

City, State & Zip Code

SIGNATURE OF STUDENT

PARENT NAME (please print)

Home Phone

Work Phone

School

Grade

Emergency contact name and phone number _____

**MID COLUMBIA BUS CO., Inc.
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SIGNATURE OF STUDENT

PARENT NAME (please print)

Home Phone

Work Phone

School

Grade

Emergency contact name and phone number _____

Yamhill Carlton School District Meal Preference Request Form

Site/Provider Name: _____	Submit this form to: _____
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Part I To be completed by Parent/Guardian, Adult Participant, or Yamhill Carlton School District

Name of Participant: _____	
Parent/Guardian Name: _____	Phone #: _____

Part II To be completed by Parent/Guardian or Adult Participant

Note: This form is for non-medical meal preference requests. If a medical meal accommodation is required, a Medical Statement must be completed instead.

1. Check one or more boxes: Additional instructions are available on the back of this form		
<input type="checkbox"/> A. The participant requests a Nutritionally Equivalent Milk Substitute ⁵		
Nutritionally Equivalent Milk Substitute Available: _____ <small>(List full brand name/flavor)</small>		
<input type="checkbox"/> B. The participant requests other non-medical ⁵ food accommodations, fill out section below		
Food(s) to be Omitted:	Suggested Substitution(s):	
_____	_____	
_____	_____	
_____	_____	
2. Signature and Date of Parent/Guardian or Adult Participant:		
_____	_____	_____
Printed Name	Signature	Date

Part III Yamhill Carlton School District Use Only

Accommodation(s) Made: _____	

Sponsor Signature: _____	Date: _____

Instructions for completing the Meal Preference Request Form:

1. **Organization Name:** Include the name of the Sponsoring Organization that is providing the form
2. **Site/Provider Name:** Print the name of the site where meals will be served (e.g., ABC School, XYZ Child Care Center)
3. **Submit this form to:** Include the name and contact information for the organization staff who will be collecting the completed form
4. **Part I:** This section can be completed by the **Parent/Guardian, Adult Participant, or Organization**
 - a. **Name of Participant:** Print the first and last name of the child or adult participant
 - b. **Parent/Guardian Name:** Print the first and last name(s) of the parent or guardian. This is not required for adult participants.
 - c. **Phone #:** Include a number for the parent/guardian in case of questions
5. **Part II:** This section must be completed by the **Parent/Guardian or Adult Participant** except for the Nutritionally Equivalent Milk Substitute Available section.
 - a. In section 1 – **check one or more boxes:** Check all boxes that apply.
 - i. A **Nutritionally Equivalent Milk Substitute** is defined as a non-dairy substitute that is nutritionally equivalent to cow's milk, as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR 210.10(d)(3). Not all non-dairy substitutes will meet this requirement. For more information and a list of acceptable substitutes, refer to the ODE CNP Meal Accommodations and Modifications page.
 - ii. **Nutritionally Equivalent Milk Substitute Available:** The Sponsoring Organization will include the full name and flavor of the Nutritionally Equivalent Milk Substitute that is available per the Organization's policy. If available, it must be provided at no extra charge for participants.
 - iii. A **non-medical food accommodation** may include any meal accommodations due to religious, cultural, or personal preference (e.g., vegetarian, Kosher, etc.)
 - iv. If the non-medical food accommodation is checked, include both the **food(s) to be omitted and the suggested substitution(s)**. Sponsoring Organizations may omit all food(s) as requested and may also accommodate suggested substitutions according to their organization's policies.
 - b. In section 2 – **Signature and Date of Parent/Guardian or Adult Participant:** Print the full name of the parent/guardian or adult participant who is requesting the accommodation, sign, and date. This form will be considered incomplete if this section is not filled in.
6. **Part III:** This section must be completed by the Sponsoring Organization after Parts I and II are completed.
 - a. **Accommodations Made:** The Sponsoring Organization staff will indicate what accommodations will be made for the requests made in Part II. All non-medical food substitutions served must meet meal pattern in order to be reimbursable.
 - b. **Sponsor Signature and Date:** The Sponsoring Organization staff will sign and date the form. This form will be considered incomplete if this section is not filled in.

This form is only for non-medical meal preference requests and accommodations are subject to policies set by the Sponsoring Organization. Participants requiring a medical meal accommodation should be provided with a Medical Statement to be filled out by a licensed medical professional.

Yamhill Carlton School District

Medical Statement to Request Special Meals and/or Accommodations

Federal law and USDA regulation require Child Nutrition Programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal dietary preferences.

Site/Provider Name: _____	Submit this form to: _____
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Part I To be completed by Parent/Guardian, Adult Participant, or Yamhill Carlton School District

Name of Participant: _____
Parent/Guardian Name: _____ Phone #: _____

Part II To be completed *only* by a State licensed health care professional who is authorized to write medical prescriptions under State law*. Complete questions 1-3.

<p>1. Describe the major life activity or major bodily function(s) affected by the participant's physical or mental impairment that restricts the diet:</p> <p>_____</p> <p>_____</p>
<p>2. Meal Accommodation Plan (Foods to omit or avoid):</p> <p>_____</p> <p>_____</p>
<p>3. Foods to be substituted and recommended alternatives (include modification and accommodation):</p> <p>_____</p> <p>_____</p>
<p>Signature of State Licensed Health Care Professional:</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Printed Name Signature Date</p>

Part III Yamhill Carlton School District Use Only

Accommodation(s) Made: _____
Sponsor Signature: _____ Date: _____

Instructions for completing the Meal Preference Request Form:

1. **Organization Name:** Include the name of the Sponsoring Organization that is providing the form
2. **Site/Provider Name:** Print the name of the site where meals will be served (e.g., ABC School, XYZ Child Care Center)
3. **Submit this form to:** Include the name and contact information for the organization staff who will be collecting the completed form
4. **Part I:** This section can be completed by the **Parent/Guardian, Adult Participant, or Organization**
 - a. **Name of Participant:** Print the first and last name of the child or adult participant
 - b. **Parent/Guardian Name:** Print the first and last name(s) of the parent or guardian. This is not required for adult participants.
 - c. **Phone #:** Include a number for the parent/guardian in case of questions
5. **Part II:** This section must be completed by a **State licensed health care professional*:**
 - a. In section 1 – **Describe:** The major life activity or major bodily function affected by the participant's physical or mental impairment that restricts the diet.
 - b. In section 2 – **Meal Accomodation Plan:** Provide any foods to omit or avoid.
 - c. In section 3 – **Foods to be substituted and recommended alternatives:** Provide the modification and accommodation.
6. **Part III:** This section must be completed by the Sponsoring Organization after Parts I and II are completed.
 - a. **Accommodations Made:** The Sponsoring Organization staff will indicate what accommodations will be made for the requests made in Part II.
 - b. **Sponsor Signature and Date:** The Sponsoring Organization staff will sign and date the form. This form will be considered incomplete if this section is not filled in.

This form is only for participants requiring a medical meal accommodation and should be filled out by a licensed medical professional*. Participants requesting a Non-Medical Meal Accommodation and/or a Milk Substitution will use the Meal Preference Request Form.

***State License Health Care Professions** include: Medical Doctors of Medicine (MD); Doctors of Osteopathy (DO); Doctors of Naturopathy (ND); Physician's Assistant (PA); Certified nurse practitioner or clinical nurse specialist; Doctor of Dental Medicine (DMD); Doctor of Dental Surgery (DDS); Doctor of Optometry (OD).