107 NW 10th Street
Pendleton, OR 97801
Ph: 541-276-6711
Fax: 541-278-3208
www.pendleton.k12.or.us

Kindergarten Registration Checklist

WELCOME to the Pendleton School District Kindergarten Registration! Attached you will find forms necessary to register your student for the upcoming school year.

1. **REGISTRATION FORM** – Please make sure your child's LEGAL name (as shown on the birth certificate) is filled out on the first line. If your child goes by a different last name other than their legal last name, we are happy to use that name for classroom purposes. However, all mailings and report cards will be issued under your child's legal name. **Please fill out both sides of this form.**
2. **CERTIFICATE OF IMMUNIZATION STATUS FOLDER** – Please fill out your child's name and then sign and date at the bottom. A copy of the immunization records can be attached without you filling out the dates. Once your student's immunization information is recorded, a letter will follow informing you of any additional shots your child may need.
3. **KINDERGARTEN HEALTH DEVELOPMENTAL AND SOCIAL HISTORY FORM** – If your child has ANY allergies or medication that must be given at school, or custodial concerns, please indicate in the appropriate place and bring this to our attention when returning these forms.
4. **DENTAL Form**
5. **HOME LANGUAGE SURVEY Form**
6. **RACE and ETHNICITY Form**
7. **COMPUTER TECHNOLOGY Form**
8. **SPECIAL NEEDS CHILD FIND Notice**
9. **EARLY EDUCATION QUESTIONNAIRE Form**
10. **PARENT NOTIFICATION Form**
11. **BIRTH CERTIFICATE** - Please provide the school a photocopy of your child's **Certified Birth Certificate or provide proof of birth from another country**. If you need to order a birth certificate and your child was born in Oregon, you may call Oregon Vital Statistics at (971) 673-1190 or go to their website: www.oregon.gov/DHS/ph/chs/order/faqs.shtml

If your child was born out of state, you may call information for that state and ask the Bureau of Vital Statistics. If ordering a birth certificate from another country, please go to http://travel.state.gov Please supply the office with a copy prior to the start of the school.

Although you may not have all the information to fill these forms out now, p**lease return completed forms to the Pendleton Early Learning Center located at 455 SW 13th Street, Pendleton, OR 97801**, so we can start the registration process. If you have any questions, please call Lori Curtis at 541-966-3306.

Pendleton School District 16R
Registration Form

Legal Last Name	First Name	Middle Name

Student Information:

Grade____ Gender (circle) M F Birth Date:________________ Social Security #___________________________

Birth Place________________/_______/____________________ Mother's Maiden Name_______________________
(City) (State) (Country)

Migrant #_____________________

Last School/Preschool Attended:	
Address:	
City & State:	**Phone:** **Fax:**
Services or Programs (Check all that may apply): ❑Title I Support ❑Medical or Medication Supports ❑Military Connected ❑ 504 Accommodations ❑IEP/IFSP/Special Education ❑English Learner Services ❑Homeless Youth Services ❑Behavior Services ❑Counseling ❑Migrant ❑ Other:____	

It is the responsibility of the parent/guardian to provide the school with any legal documentation or court orders that apply to the student and are relevant to the child's educational experience.

The Federal Family Education Rights and Privacy Act of 1974 permits the school district to release certain information, known as "directory information," to certain people or institutions, unless you request **IN WRITING**, that such information not be released. In many cases, requests for this type of information come from the news media, students, or staff creating web pages or the armed forces for recruiting purposes. "Directory information" may include:

- ✔ Student's name, address and telephone number
- ✔ Date and place of birth
- ✔ Participation in officially recognized activities and sports
- ✔ Weight and height if athletic team member
- ✔ Dates of attendance
- ✔ The most recent educational agency or institution attended by the student
- ✔ Photographs of other similar information
- ✔ In the case of student information in web pages, the following will be excluded: last names, telephone numbers, and addresses.

Pictures may occasionally be taken of students and/or student work for use in web pages, news media or school district publications, as well. We will not release any "directory information" for commercial or other purposes not related to school business.

Special Consent: I authorize my child to be photographed, video taped, or audio taped in connection with the educational program and activities of the Pendleton School District. I understand that my child will not be paid for the photographic image. I also consent to public display of such photograph, video tape, or audio tape image in connection with the Pendleton School District programs and activities.

____ / ________________________________ / _______________
Signature Relationship Date

If you do not wish us to release "directory information" and/or have your child appear in a photograph, videotape, film or slide, please let your school know **IN WRITING** within two weeks of receiving this notice. Otherwise, it is not necessary to take any action.

If you have questions on this notification, please call the Pendleton School District at (541)276-6711

OVER ➡

Physical Address____City_____________________Zip __________
Do you live on Trust Land? ❒ YES ❒ NO
Are you living with friends or relatives due to financial hardship? ❒ YES ❒ NO
Is your living situation temporary or due to loss of housing or financial hardship? ❒ YES ❒ NO

Mailing Address
Street / PO
Box____City___________________________Zip___________

Home Phone____

Other Children Living in Household				
Childs Legal Name (last, first, middle)	Gender	Birthdate	School	Grade
1.				
2.				
3.				
4.				
5.				
6.				

Please attach a separate piece of paper to list additional children.

Parent/Guardian Information (list by priority)

	Name	**Relationship**	**Lives with**	**Phone**	**Cell Phone**	**Employer**
1				Home		
	Email			Work		
2				Home		
	Email			Work		
Emergency Contacts - allowed to pick up student from school		**Relationship**				
3			Home Work		Cell	
4			Home Work		Cell	
5			Home Work		Cell	
6			Home Work		Cell	

OFFICIAL USE ONLY:

Enrollment code		**Enrollment date**		**Grade**		**Teacher**	
Records requested		**Records received**		**Immunization status**			
Special Education Teacher Notified		**ELD Teacher Given LUS**		**Homeless Liaison Notified**			

Instructions for completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. If you do not have the specific date, month and year only will be accepted. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Recommended vaccines (Back):

These doses are not required by law, however most children receive them. Fill in the month/day/year that your child received each dose of vaccine. If you do not have the specific date, list month and year only. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

Exemptions:

Oregon allows both religious and medical exemptions. For a religious exemption, indicate which vaccines you are exempting from by checking the boxes. Then sign and date on the indicated line. For a medical exemption, submit a letter from your child's physician to the school or child care.

Oregon Certificate of Immunization Status
Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

Child's Last Name *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*
Mailing Address *Dirección*	City *Ciudad*	State *Estado*	Zip Code *Codigo Postal*
Parents' or Guardians' Names *Nombre de los padres o guardian*		Home Telephone Number *Número de Teléfono*	

Complete for all	Up-to-date	Medical	Religious

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap (not given prior to 10 years of age)					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] ☐ Check here if child has had chickenpox disease ____________ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) *or*					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* ______________________________ Date

Update Signature ______________________________ Date

Update Signature ______________________________ Date

Update Signature ______________________________ Date

*Parent, guardian, child at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

For school/facility use only
School/facility Name
Student ID Number
Grade

Continued On Reverse Side

Oregon Certificate of Immunization Status, Page 2
Oregon Department of Human Services, Immunization Program

Child's Last Name *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*

Recommended Vaccines

Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Pneumococcal (PCV7) (Only children less than 5 years)					
Meningococcal (MCV4, MPSV4)					
Human Papilloma Virus (HPV) (Only girls age 9 years or older)					
Influenza (Flu)					
Other Vaccine Please specify:					
Other Vaccine Please specify:					

For medical exemptions:
Please submit a *letter* signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Exemptions (history of disease or positive titer):
Please submit a *letter* signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Religious exemption:
I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease outbreak. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

Diphtheria/ Tetanus	☐	Pertussis	☐
Measles	☐	Polio	☐
Mumps	☐	Varicella	☐
Rubella	☐	Hib	☐
Hepatitis B	☐	Hepatitis A	☐

Signature of Parent or Guardian ____________________ Date

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature ____________________ Date

Update Signature ____________________ Date

Update Signature ____________________ Date

Update Signature ____________________ Date

Pendleton School District 16R
Health, Developmental, and Social History
CONFIDENTIAL
For Educational Purposes Only

Student's Name: ____

Parents are: _______Married _______Divorced _______Other (Please Explain) __________________________

Is there any custodial concerns/parent plan that we should be aware of? _______________________________

____

____

DEVELOPMENTAL or EARLY HISTORY:

Did your child meet developmental milestones? ______walk? ______talk? ______toilet trained?

MEDICAL HISTORY and ILLNESS OF STUDENT: (Check those that are true for this child; Star (*) those that are a present concern)

______ Allergy Known ______Asthma ______Color Blindness ______Concussion ______Diabetes

______Ear Infections (Tubes in Ears? _____________) ______Eye Problems? (Wears Glasses? _________)

______Hearing Loss (Hearing Aids? ______________)

Does the child have any physical limitation/health problems? ______No ______Yes If yes, please describe:

____

____

____

____

____

____

Does this child need special or continuing medical care? ______ No ______ Yes If yes, please describe:

____

____

____

____

____

____

____

____

CURRENT GENERAL HEALTH STATUS:

Is child taking any medications? ______ No ______ Yes, for ____

Name of medication: ______________________ Dosage: ____________________ Frequency: ______________________

Is medication needed at school? ______No ______Yes

SOCIAL BEHAVIORS:

Favorite Activities:_________________________________ Home Responsibilities_________________________

Child behavior/response to anger:____

Fear/Conflicts: ____

Circle all behaviors that apply to your child: *affectionate; shy, friendly, withdrawn, inactive, curious, hyperactive, impulsive or explosive behavior, cries easily, aggressive, prefers to be alone, easily frustrated*.

Additional comments:____

____

____

____

____

Attended Preschool? _____No _____ Yes If yes, how long? _________ Where? ____________________

Has child been seen by a: _____Psychologist _____ Psychiatrist _____ Counselor

Dates? ____

Comments: ____

____

____

____

____

ENVIRONMENTAL FACTORS INFLUENCING EDUCATION PROCESS:

How many times has this child moved in the last two years? ____

Has this child experienced death/divorce within the immediate family? _____________________________

Agencies working with the family: ____

What are your educational concerns for this child? ____

____

____

____

____

Are there other concerns? ____

____

____

____

____

Parent/Guardian Signature____ Date ________________________

CONSENT FOR DENTAL HYGIENE SERVICES

Advantage Dental wants to help keep your community cavity-free and healthy. Dental hygienists from Advantage Dental will be available on site during the year to provide dental services. These services do not replace regular dental care from a dentist.

Community Location: ______________________ **PLEASE COMPLETE THIS FORM IN INK.**

Please return by: ______________________

PATIENT INFORMATION

Patient's Name: ______________________

Last Name | First Name | Middle Initial | Date of Birth

Best phone number to reach you during the day: ______________________

Friend or family member's phone number to reach you in case you change your phone number: ______________________

Address / City / State / ZIP: ______________________

Grade / Teacher:

Gender: ☐ M ☐ F ☐ Other ☐ Choose Not to Disclose

The following services may be offered to the patient on an as-needed basis. Please mark YES or NO to indicate whether you consent to these services being provided on the patient listed above.

Service		
Screening (Teeth Check-up)	YES	NO
Fluoride Coating	YES	NO
Sealant	YES	NO
Silver Fluoride	YES	NO
Antiseptic for the Teeth (Iodine)	YES	NO
Protective Restoration	YES	NO
Teledentistry	YES	NO
Petroleum Jelly	YES	NO

List medications currently taking: ______________________

☐ Iodine Allergy

☐ Other Allergies (please list): ______________________

History of:

☐ Diabetes

☐ Asthma

☐ Tobacco Use

☐ Behavioral Considerations (please describe): ______________________

Other (please describe): ______________________

If you have questions or would like more information about the services provided, please call 1-866-268-9631 or see attached fact sheet.

Your signature indicates that you have been informed of the risks and benefits of treatment, your questions have been answered, and that you consent to the treatment indicated above.

As the parent/legal guardian, I agree to all of these statements:

- I give consent for dental services initialed/indicated above from Advantage Dental Group, PC (Advantage Dental), and/or one of its representatives.
- The results of the oral hygiene services, including personal health information and scheduling information, may be shared between Advantage Dental, the dental provider (hygienist or patient's dentist), the community site, any listed insurance carriers, the dentist of record, any applicable Coordinated Care Organization, and/or the Dental Care Organization of record for purpose of treatment, payment or healthcare operations.
- I have been given a copy of the "Notice of Privacy Practices" and HIE (Health Information Exchange) Notification.
- This consent will remain active for 24 months unless revoked in writing or by calling an Advantage Dental representative.
- This consent is valid at all sites where Advantage Dental provides services.
- If you have insurance through a Coordinated Care Organization, the hygienist will notify the plan of the services received

Print Parent/Legal Guardian Name: ______________________ **Relationship:** ______________________

Sign Here **Parent/Legal Guardian Signature:** ______________________ **Date:** ______________________

FACT SHEET

Not all patients may qualify for all services; provider will determine which services are clinically appropriate based on the patient's individual needs.

Screening (Teeth Checkup)

A dental care professional will look in the mouth to check for changes in teeth that may indicate cavities or other oral health problems.

Risk(s): Decay or other problems could exist and get worse if not discovered.

Alternative(s): No checkup.

Fluoride Coating

A temporary thin coating (also called varnish) put on the teeth to help protect from cavities. The coating is safe even if it is swallowed. It does not hurt or stain the teeth.

Risk(s): Allergy is not common.

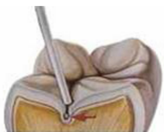
Alternative(s): Daily or weekly fluoride rinses, fluoride foam, or fluoride gels applied at your dentist's office.

Sealant

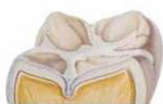
A dental sealant is a white coating put on the chewing surfaces of back teeth where cavities occur most often. Sealants make barriers on teeth that keep bacteria out and prevent cavities. They do not interfere with biting or chewing.

Risk(s): Sealants only protect the chewing surfaces. They can last for several years, but sometimes need to be replaced.

Alternative(s): Silver Fluoride. No sealants. Choosing not to use sealants could increase the chances you will develop decay in the chewing surfaces of the teeth.



Before Sealants



After Sealants

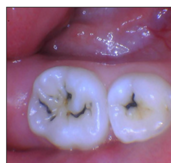
Silver Fluoride

Fluoride with silver looks like water. It is painted on the teeth with a tiny brush and can heal early tooth decay. It goes on quickly, and does not hurt. If there are cavities in the mouth, silver fluoride can stop them from growing, and sometimes even heal them. Cavities that are stopped or healed with Silver Fluoride will turn dark brown or black. Teeth without cavities will not change color. If the color shows a lot, a dental professional can cover it with white filling material. Fillings may not be needed for cavities that are stopped with Silver Fluoride.

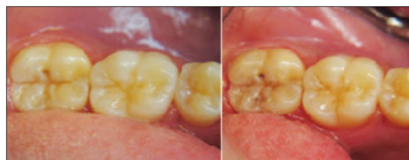
Risk(s): If Silver Fluoride comes in contact with skin it will cause a small dark spot that will go away on its own in 1-2 weeks. If it comes into contact with existing white fillings it might stain.

Alternative(s): No Silver Fluoride applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay. Use fluoride toothpaste regularly and have fluoride varnish and sealants applied at your dental office.

How Silver Fluoride looks on a tooth with a cavity



How Silver Fluoride looks on a tooth with no cavity



Before After

Antiseptic For The Teeth (Iodine)

The antiseptic kills bacteria that cause cavities. When applied before the fluoride coating, it prevents many more cavities than the fluoride coating alone. Iodine is a normal part of our diet from food and is safe. It does not hurt or stain the teeth.

Risk(s): Allergic reactions are not common, but you should not have this treatment if you are allergic to shellfish.

Alternative(s): No iodine applied. This could leave harmful bacteria on your teeth and increase the chance of tooth decay.

Protective Restoration

This is a simple tooth colored filling placed in a cavity to protect the tooth until a permanent filling can be done. It relieves pain and helps healing inside of the tooth. No shots are needed. It does not hurt.

Risk(s): Protective fillings may partially fall out, but what is left still protects the tooth.

Alternative(s): A regular filling or cap. Without care, the cavity may get bigger or become painful.

Petroleum Jelly

Petroleum Jelly may be utilized for dry-chapped lips during treatment, as well as during the placement of sealants.

SUMMARY NOTICE OF PRIVACY POLICY

Our Responsibilities: We are required by law to make sure that your protected health information is kept private and follow the privacy practices that are described in our full Notice of Privacy Practices. We may change our privacy policies any time and notify you. You can also request copy of our full Notice of Privacy Practices at any time. For more information about our privacy policies, contact us at 1-866-268-9631.

Our Uses and Disclosures: We use your health information to treat you, manage the health care treatment you receive, run our organization and to pay or bill for your health services. For example, we can use your health information and share it with other providers who are treating you.

There are other ways we are allowed to share your information. These other reasons are so that we can help the public, like public health and research. We have to follow the law before we can share your information for these reasons. We will not use or share your information other than what the law allows us to do; unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Your Rights: When it comes to your health information, you have rights.

- You can ask to see or get a copy of your health information;
- You can ask us to correct your information;
- You can ask for confidential communications;
- You may ask us to limit what we use or share;
- You can get a list of those with whom we've shared information; and
- You can ask us for a copy of the full Notice of Privacy Practices at any time.

Your Choices: For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care.
- Share information in a disaster relief situation.

- If you can't tell us what you want us to do, for example if you are not conscious, we may share your information if we think it is what is best for you. We may also share your information when needed to lessen a serious threat to health or safety.

Privacy Complaints: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about your health information, you may contact us at 1-866-268-9631 or TTY 711. You also contact the US Department of Health and Human Services at 1-877-696-6775 or TTY 1-866-788-4089.

Summary of Privacy Practices: This is a summary of our Notice of Privacy Practices. You can ask us for the full Notice of Privacy Practices at any time

NON-DISCRIMINATION DISCLOSURE NOTICE

Advantage Dental from DentaQuest and our providers comply with all applicable state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

To report your concern or get more information please contact our Compliance Department one of these ways:

- Web: www.AdvantageDental.com
- Email: compliance@greatdentalplans.com
- Phone: 1-866-737-3559
- By Mail: Compliance Officer - CONFIDENTIAL
  P.O. Box 2906
  Milwaukee, WI 53201-2906

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Forms are available at: http://www.hhs.gov/ocr/office/file/index.html. You can file a complaint electronically through the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

If you would like to request this information in another language or an alternate format such as large print, audio disk, braille, etc. please contact Customer Service at 866-268-9631 or TTY 711.

LANGUAGE	TRANSLATED STATEMENT
English	ATTENTION: If you speak [language], you have services available to you free of charge for language assistance. Call 1-888-468-0022 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-468-0022 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-468-0022 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-468-0022 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-468-0022 (TTY: 711) 번으로 전화해 주십시오.
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-468-0022 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-468-0022 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم- 711(رقم هاتف الصم والبكم: 1-888-468-0022).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-468-0022 (ATS : 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-468-0022 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-468-0022（TTY:711）まで、お電話にてご連絡ください。
Farsi	**وجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-888-468-0022 تماس بگیرید.
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-468-0022 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-468-0022 (መስማት ለተሳናቸው: 711).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-1-888-468-0022 (TTY: 711).
Ukranian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-468-0022 (телетайп: 711).
Lao/Loatian	ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-468-0022 (TTY:
Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-468-0022 (TTY: 711).
Ibo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-468-0022 (TTY: 711).
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-468-0022 (TTY: 711).

State of Oregon - Language Use Survey

<u>This document is given when a student enters a school district for the first time.</u>

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**
This section will allow the school to know if your student qualifies for screening to receive additional instruction to learn the English language.	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? ____
This question will let the school know if you, the parent/guardian, need an interpreter or documents translated. This has no cost. *This section is for informational purposes only and is not used to identify if your student needs supports to learn the English language.*	In what language(s) would you prefer to receive communication from the school? ____

Race & Ethnicity Information Form

Beginning in 2010, new federal regulations require that all U.S. schools gather statistical data on students' race and ethnicity using new categories. In order for the data to best reflect the identities of our communities, it is important that parents and guardians be thoughtful about their families' ethnic and racial identity when choosing the appropriate categories for their children. Both questions below ***must*** be answered to complete all student records.

Please complete one form for each of your students, answering both Question #1 and #2, and return the form(s) to the school office. Thank you.

Student Information

School: ____

Student Name: ____ **Date of Birth:** _______________

Question #1 *(required):* **ETHNICITY — Are you Hispanic or Latino?** □ Yes □ No

All persons of Latino, Hispanic or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican, or other Spanish-speaking country of origin, regardless of race or original language) should answer "Yes." All persons answering "Yes" to this first question will be recorded as Hispanic/Latino. Continue to Question #2.

Question #2 *(required):* **RACE — Please mark all that apply.**

You must mark at least one category. Those who choose more than one category will be reported as multiracial.

➤ **American Indian or Alaskan Native:**

□ **U.S.** *A person having origins in any of the indigenous peoples of the continental U.S. or Alaska.* **Tribal affiliation, if known:** ______________________

□ **Latin America and Canada** *A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the Caribbean.*

□ **Asian** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

□ **Black or African American** *A person having origins in any of the original peoples of the Black racial groups of Africa.*

□ **Native Hawaiian or Other Pacific Islander** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.*

□ **White** *A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

____ __________________

Signature of Parent or Guardian *Date*

If an individual or the parent on behalf of the student does not complete the two-part question, then the educational institution will take steps to collect and document information allowing the reporting of the individual in one of the Federal reporting categories. The US Department of Education will continue its existing policy of ***using observer identification in these cases.***

Pendleton School District – Electronic Communications System Agreement

Your student needs your permission to use the district's electronic communications system. Your student will be able to communicate with other schools, colleges, organizations and individuals around the world through the Internet and other electronic information systems/networks.

With this educational opportunity also comes responsibility. Inappropriate system use may result in discipline, up to and including expulsion from school, suspension or revocation of your student's access to the district's electronic communications system, and/or referral to law enforcement officials.

Although the district is committed to practices that ensure the safety and welfare of system users, including the use of technology protection measures such as Internet filtering, please be aware that there may still be material or communications on the Internet that district staff, parents and students may find objectionable. While the district neither encourages nor condones access to such material, it is not possible for us to eliminate that access completely.

Attached to this letter is an agreement for your student and you to read and sign stating agreement to follow the district's electronic communications system policy and administrative regulation. The district's policy IIBGA – Electronic Communications System and administrative regulation are accessible from the district's website or upon request and include provisions on, but are not limited to, student use under General Use Prohibitions and Guidelines/Etiquette and student-related rules under Violations and Consequences.

Please review the district's Electronic Communications policy and administrative regulation, and the provision therein, carefully with your student and return the attached agreement form to the school office indicating your permission for your student to use the district's electronic communications system.

Policy IIBGA: Electronic Communications System IIBGA-AR

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Student Agreement for an Electronic Communications System Account
*Student agreement must be renewed each academic year.

Student Name:____ Grade:______________________

School:____

I have received notice of and read the district's Electronic Communications System policy and administrative regulation. I give my permission to the district to issue an account for my student and certify that the information contained in this form is correct. I will monitor my student's use of the system and the access to the Internet and will accept responsibility for supervision in that regard if and when my student's use is not in a school setting. In consideration for the privilege of using the district's electronic communications system and in consideration for having access to the public networks, I hereby release the district, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my student's use, or inability to use, the system including, without limitation, the type of damages identified in the district's policy and administrative regulation.

Parent Signature:____ Date:______________

Parent Name: (please print)____

107 NW 10th Street
Pendleton, OR 97801
Ph: 541-276-6711
Fax: 541-278-3208
www.pendleton.k12.or.us
Kevin Headings, Superintendent

SPECIAL EDUCATION CHILD FIND

Pendleton School District actively identifies individuals with disabilities under the age of twenty-one (21). For children under the age of five (5) screening, evaluation, diagnosis and programming is available through the InterMountain Education Service District (541-276-6616).

Pendleton School District provides for evaluation, diagnosis, and specialized educational programming for school age children (ages 5-21). The following special education services are provided:

1. Special education and related services appropriate to their needs for students who are eligible for services under the following disability categories: Specific Learning Disability, Speech and Language Impairment, Developmental Delay (ages 3-9), Deafblindness, Visual Impairment, Deaf or Hard of Hearing, Orthopedic Impairment, Autism, Other Health Impairment, Emotional Behavior Disability, Intellectual Disability, or Traumatic Brain Injury.

2. Evaluations and planning for eligible students under Section 504 of the Rehabilitative Act of 1973.

For more information, contact:

Julie Smith
Special Programs Director
Pendleton School District
107 NW 10th Street
Pendleton, OR 97801
541-966-3262

Blue Mountain Early Learning Hub

Early Education Questionnaire

For School District Use Only:

School District: Pendleton

School: ______________________________

School Year: 2025-2026

In an effort to compile information on early education of students entering kindergarten, we are asking families to answer a few questions.

1. What early learning experience did your child have? Check all that apply.
   - ☐ Preschool 2 to 3 days per week: _____ Years _____ Months
   - ☐ Preschool 4 to 5 days per week: _____ Years _____ Months
   - ☐ Child care in a center or home: _____ Years _____ Months
   - ☐ Child care by a friend or family member: _____ Years _____ Months
   - ☐ Home Visiting Program: _____ Years _____ Months
   - ☐ Preschool at home: _____ Years _____ Months

2. If your child DID NOT attend preschool, please indicate the reason. Check all that apply.
   - ☐ Transportation
   - ☐ Cost of preschool
   - ☐ No preschool available
   - ☐ Preschool options didn't meet my standard of quality
   - ☐ I prefer to have my child at home
   - ☐ Hours of operation didn't meet my needs
   - ☐ On a waitlist
   - ☐ Other: ____

3. Have you participated in any of the following? Check all that apply.
   - ☐ WIC (Women/Infants/Children)
   - ☐ Home Visiting programs- Prenatal through 5 years. (Healthy Families, Family First, CaCoon, etc.)
   - ☐ Early Intervention/Early Childhood Special Education (EI/ECSE), IMESD program
   - ☐ Relief Nursery
   - ☐ SNAP/Food Stamps/TANF

4. Do you think your child is socially ready for school (can share, can wait his/her turn, can follow directions)?

   ☐ Very ready ☐ Somewhat ready ☐ Not ready ☐ Don't know

If you have younger children at home, you can find information regarding early learning options at:

www.BlueMountainKids.org

Thank you for your input!