



Instructions: Please print using a **black ballpoint pen**, complete all pages and **sign and date** the last page. **Notify your school immediately** if any of your information changes. If you need help filling out this form, please contact your school.

STUDENT INFORMATION

1. Legal *Last* Name: _____ 2. Legal *First* Name: _____
3. Legal Middle Name: _____ 4. Grade: _____
5. Gender: Female Male Non-Binary
6. Preferred Last Name: _____ 7. Preferred First Name: _____
8. Birthdate: _____
9. Place of Birth:
- US and territories (Puerto Rico, Guam, Northern Mariana Islands, United States Virgin Islands, American Samoa)
 - Outside of US

LANGUAGE USE SURVEY

<p>The purpose of the Language Use Survey is to help the school determine if your child qualifies for additional Title III supports in language instruction for English learners.</p> <p>Title III provides support for English learners as defined by USED.</p>	<p>The State of Oregon honors the language and culture of its people and respects the over 166 languages in our schools, and recognizes that:</p> <ul style="list-style-type: none">● Language is a key component of each person’s cultural identity,● Heritage and primary languages are instrumental in student academic and cultural success, and● Students who are multilingual/multicultural may have an advantage over students with a single language and are valued in career placements.
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Student Name _____ School _____
 Student ID # _____ Grade _____ Homeroom _____

Descriptions	Questions
<p>Communication Preferences This question helps the school provide an interpreter or translated documents, free of charge, should you want them.</p> <p><i>This section is for informational purposes only. It is not used to identify your child for English language proficiency placement testing.</i></p>	<p>1. What language(s) would you prefer the school use to communicate with you?</p> <p>_____</p> <p>_____</p>
<p>Eligibility for Language Development Support This section helps the school identify if your child should be assessed to receive support in academic English instruction.</p> <p><i>This section is used to identify your child for English Language Proficiency placement testing. A response other than English to questions #2, #3, and/or #4 may qualify your child for English language proficiency placement testing.</i></p>	<p>2. What is the primary language(s) used to communicate in your home?</p> <p>_____</p> <p>_____</p> <p>3. What language(s) did your child learn first?</p> <p>_____</p> <p>_____</p> <p>4. What language(s) is most often used by your child at home?</p> <p>_____</p> <p>_____</p>

Student Name _____ School _____
 Student ID # _____ Grade _____ Homeroom _____

The term "English learner," when used with respect to an individual, means an individual —

- (A) who is aged 3 through 21;
 (B) who is enrolled or preparing to enroll in an elementary school or secondary school;
 (C) (i) who was not born in the United States or whose native language is a language other than English;
 (ii) (I) who is a Native American or Alaska Native, or a native resident of the outlying areas; and
 (II) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
 (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
 (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual —
 (i) the ability to meet the challenging State academic standards;
 (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or (iii) the opportunity to participate fully in society.

STUDENT INFORMATION (CONTINUED)

If your child's country of birth is **not** the US:

10. When did the student first begin school in the US? _____

11. Did your child attend school before coming to the US? Yes No

If yes, how many years of school (formal education) did your child complete? _____

12. Can your child read and/or write in their native language? Yes No

13. Student email address: _____

14. Home Address _____ Apt. # _____

15. City: _____ 16. State: _____ 17. Zip: _____

18. Mailing Address (If Different From Home) _____ Apt. # _____

19. City _____ 20. State: _____ 21. Zip: _____

22. Family Home Phone No. _____

23. Student Cell Phone No. _____

RACE/ETHNICITY INFORMATION

24. **Federal and state regulations require PPS to gather this information for statistical reports.** (Both A and B are required)

A. Is your child of Hispanic or Latino origin? Yes No

B. What races do you consider your child? Mark the one or more races that apply.

Asian Black Native American or Alaska Native White

Native Hawaiian or Other Pacific Islander

If you mark "Yes" for A. your student will be reported as Hispanic.

If you mark "No" for A. and select two or more answers to B. your student will be reported as Multi-Racial.

RACE/ETHNICITY INFORMATION (continued)

25. Please provide the following additional information to assist PPS in better representing and responding to our students' racial/ethnic identities:

What races/ethnicities do you consider your child? Please mark all that apply.

AFRICAN AMERICAN

AFRICAN: Burundian Eritrean Ethiopian Somali Other African: _____

OTHER BLACK: Caribbean Island(s): _____ Other Black: _____

AMERICAN INDIAN/ALASKA NATIVE: Alaska Native Burns Paiute Tribe

Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians

Confederated Tribes of the Grand Ronde Community of Oregon Confederated Tribes of Siletz Indians

Confederated Tribes of the Umatilla Indian Reservation

Klamath Tribes Confederated Tribes of Warm Springs Coquille Indian Tribe

Cow Creek Band of Umpqua Tribe of Indians

Other American Indian Tribe/Nation: _____

Native/Indigenous to Canada (**Please describe**): _____

ASIAN: Asian Indian Burmese Cambodian Chinese Filipino Hmong Japanese Karen

Korean Laotian Mien Nepali Thai Tibetan Vietnamese

Other Asian: _____

HISPANIC/LATINO: Caribbean Island(s): _____

Central American Country(s) _____

Indigenous Mexican, Central American or South American Mexican

South American Country(s): _____

Other Hispanic/Latino: _____

MIDDLE EASTERN/NORTH AFRICAN (Please describe): _____

PACIFIC ISLANDER: Chuukese Guamanian or Chamorro Micronesian Native Hawaiian Samoan

Tongan Other Pacific Islander: _____

WHITE: Romanian Russian Ukrainian

European Country(s): _____

Other White: _____

Optional: If you would like to share in your own words how you describe your child's race, origin, ethnicity, ancestry and/or Tribal affiliations, please use this space:

Student Name _____ School _____
 Student ID # _____ Grade _____ Homeroom _____

PREVIOUS SCHOOL INFORMATION

26. School (most recent first) _____ 27. City and State _____ 28. Years Attended (ex.: 2014–15) _____

1. _____
 2. _____
 3. _____
 4. _____

KINDERGARTEN STUDENTS ONLY

29. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)? Yes No

30. Name of preschool: _____

FAMILY INFORMATION

Contact phone numbers, address and email addresses will be used to distribute important school and district information. Online access to student records will be provided to each Parent/Responsible Adult listed below.

31. **PARENT/RESPONSIBLE ADULT #1:** Lives with student Yes No (If no, provide full address #36, Check for mailings)

32. Mother Father Guardian Other _____

33. Legal Last Name _____ 34. Legal First Name _____

35. Email Address _____

36. Address (if different from student) _____ Apt. # _____

37. City _____ 38. State _____ 39. Zip _____

40. Mailing Address (if different from home address) _____ Apt. # _____

41. City _____ 42. State _____ 43. Zip _____

44. Primary Phone No. (Required) _____ Type: Home Cell Work

The primary phone number will be used for attendance and emergency notifications.

45. Secondary Phone No. (Required) _____ Type: Home Cell Work

46. Permission to pick up? Yes No 47. Interested in volunteering? Yes No

48. Live/work on federal property? Yes No

49. Member of the Armed Forces on active duty or full-time National Guard? Yes No

Student Name _____ School _____
 Student ID # _____ Grade _____ Homeroom _____

FAMILY INFORMATION (Continued)

Would you like to have an interpreter for your family (free of cost) to attend school meetings? Yes No

Language needed for an interpreter:

PPS supports the five languages with a higher number of speakers across the district. Please select one of these languages if you would like to receive:

- Written communications (printed or digital)
- Phone calls with important messages
- Text messages

English Spanish Vietnamese Chinese Russian Somali

50. **PARENT/RESPONSIBLE ADULT #2:** Lives with student Yes No (If no, provide full address #55, Check for mailings)

51. **Mother** **Father** **Guardian** **Other** _____

52. Legal Last Name _____ 53. Legal First Name. _____

54. Email Address _____

55. Address (if different from student) _____ Apt. # _____

56. City _____ 57. State _____ 58. Zip _____

59. Mailing Address (if different from home address) _____ Apt. # _____

60. City _____ 61. State _____ 62. Zip _____

63. Primary Phone No. (Required) _____ Type: Home Cell Work

The primary phone number will be used for attendance and emergency notifications.

64. Secondary Phone No. (Required) _____ Type: Home Cell Work

65. Permission to pick up? Yes No 66. Interested in volunteering? Yes No

67. Live/work on federal property? Yes No

68. Member of the Armed Forces on active duty or full-time National Guard? Yes No

Would you like to have an interpreter for your family (free of cost) to attend school meetings? Yes No

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English Spanish Vietnamese Chinese Russian Somali

Student Name _____ School _____
 Student ID # _____ Grade _____ Homeroom _____

EMERGENCY CONTACTS

In an emergency, the parent/guardian listed in #31 will be called first, the Parent/guardian listed in #50 will be called second. By listing a name or names in this section as an emergency contact, you are authorizing another person or people to pick up your student at school if you cannot be reached.

69. Relationship To Student _____ 70. First & Last Name _____

71. Primary Phone No. _____ 72. Other Phone No. _____

73. Email: _____

74. Relationship To Student _____ 75. First & Last Name _____

76. Primary Phone No. _____ 77. Other Phone No. _____

78. Email: _____

79. Relationship To Student _____ 80. First & Last Name _____

81. Primary Phone No. _____ 82. Other Phone No. _____

83. Email: _____

Please also list an emergency contact who lives at least 100 miles away, for use in a natural disaster when local phone lines are not available.

84. First & Last Name _____ 85. Primary Phone No. _____

Choose only **ONE**: If there is an emergency school closure which requires that students are released early, which one of these plans should your student follow? *Your student will...*

- Leave school and go to home, daycare provider or neighbor as usual
 Be picked up by parent or other authorized contact
 Go to the home of a designated friend or neighbor

SIBLINGS

Please list student's sibling(s) currently attending a Portland Public Schools school.

86. Sibling Last Name _____ 87. Sibling First Name _____

88. Relationship to student _____ 89. School _____ 90. Grade _____

91. Sibling Last Name _____ 92. Sibling First Name _____

93. Relationship to student _____ 94. School _____ 95. Grade _____

96. Sibling Last Name _____ 97. Sibling First Name _____

98. Relationship to student _____ 99. School _____ 100. Grade _____

Student Name _____ School _____
 Student ID # _____ Grade _____ Homeroom _____

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.

101. Doctor's Name (optional) _____ 102. Phone No. (optional) _____

103. Preferred Hospital _____ County-operated Emergency Medical Services (EMS) makes the final decision for site of best available care when serious illness, accident or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

104. Insurance Carrier (optional) _____ Health Care Reform creates access to medical insurance for everyone at no cost or tax credits to help pay for health care coverage. If you would like help accessing health coverage, please check the box so we can contact you.

105. Dentist's Name (optional) _____ 106. Phone No. (optional) _____

107. Please check any current medical conditions: Serious Allergies _____

Life Threatening? Yes No

Asthma

Heart Disease

Seizure Disorder

Diabetes: Type I Type II

108. Other special health needs at school _____

109. Medications to be taken at school (please list and also complete the Authorization for Medication form)

PROGRAM INFORMATION

110. Does your student have a current Individualized Education Plan (IEP)? Yes No

111. Does your student have a current Section 504 Plan? Yes No

112. Is your student in a Talented and Gifted (TAG) program? Yes No

113. Is your student in or has your student been in an English as a Second Language program? Yes No

114. Is your student in or has your student been in a Dual Language Immersion program? Yes No

115. Is your student pregnant and/or parenting? Yes No

FEDERAL TITLE PROGRAM QUESTIONS

(NOTE TO SCHOOL STAFF: If a family checks "Yes" for #116 please fax this page to (503) 916-2728; if "Yes" for #117 and #118 please fax this page to (503) 916-3111.)

Title VI-A Program, Indian Education — This information establishes the district's eligibility for a federal grant under the Title VI-A of the Every Student Succeeds Act. You will receive more information if you mark "Yes."

116. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized/State recognized American Indian Tribe or Alaskan Native? Yes No If Yes, Name of the Tribe, Nation or Village: _____

Oregon Title I-C Migrant Education Program — This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

Student Name _____ School _____
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117. A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Yes No

McKinney-Vento Program — This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative will be in touch if you check a box.

118. Please place a check in the appropriate box if it applies:

- You are staying in a motel, car or campsite until you can find affordable housing.
- Student is not living with or being supported by their parent or guardian. Student living on their own or may be staying temporarily with someone else.
- You are staying temporarily with another family due to loss of your own housing or economic hardship.
- You are living in a shelter, transitional housing program or moving from place to place without permanent housing.
- Your housing is substandard: for example the utilities are off, there is severe mold, it is extremely overcrowded or it is a space not meant for human habitation.

PERMISSIONS/AUTHORIZATIONS

For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District Parent and Student Handbook.

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*Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request. This form must be completed each year** [Non-Release of Student Directory Information Form].

*Student photographs are commonly used in yearbooks, newsletters, websites and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request** [Publicity Denial and Non-Release of information to School Directory Form].

*Many schools or PTAs publish school directories that include parent/guardian contact information. **If you do not want your name and contact information released for the school directory, please contact your school to submit a written request** [Publicity Denial and Non-Release of information to School Directory Form].

Student Name _____ School _____ OFFICIAL USE ONLY
Student ID # _____ Grade _____ Homeroom _____

HIGH SCHOOL ONLY

I **do not** want my child's name, address and phone number released to: Military Recruiters College Recruiters

The Every Student Succeeds Act requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check one or both of the categories above.

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.

119. Signature of Parent/Responsible Adult (Required) _____ Date _____

120. Signature of Parent/Responsible Adult _____ Date _____

Portland Public Schools wishes you and your student a successful academic school year!

Portland Public Schools recognizes the diversity and worth of all individuals and groups and their roles in society. It is the policy of the Portland Public Schools Board of Education that there will be no discrimination or harassment of individuals or groups on the grounds of age, color, creed, disability, marital status, national origin, race, religion, sex or sexual orientation in any educational programs, activities or employment.