

# Welcome to Portland Public Schools

Register Your Child in Three Steps



# Step 1:

## Find your school assignment by address

- Students residing in Portland Public Schools have the right to enroll at the school assigned to their home address.
- Enter your home address in [School Finder](#). If the address is not found in School Finder, contact the Enrollment and Transfer Center at [enrollment-office@pps.net](mailto:enrollment-office@pps.net) or call (503) 916-3205.
  - ◆ *Proof of your home address is required to start the registration process.*
- Please call 503-916-5770 or visit the [McKinney-Vento](#) website if you are living in unstable housing and would like help enrolling your child in school.





# Step 2: Collect information to complete registration

## 2 address verification documents

- Examples: Mortgage, rental agreement, utility bill, property tax, insurance or governmental assistance statement
- Must be dated within the last 30 days with parent name, home address, and date visible.
- If you are not able to present proof of address, contact the school or the Enrollment and Transfer Center.

The image shows a sample utility bill from PGE. It includes the following information:

- Customer Information:** Name: SAMPLE CUSTOMER, Account Number: 02338-56789, Meter Number: 800-400-4000, Service Address: 2300 Market St, Philadelphia, PA 19104.
- Emergency and Hours:** 24-hour service, 800-400-4000.
- Reading Summary:** Meter ID: 800-400-4000, Reading Date: 08/18/2017, Reading Value: 12345.67.
- Current Period Charges:** Current Period: 07/15/17 - 08/15/17, Total New Charges: \$148.49.
- Total Amount Due:** \$148.49, Due on: 09/11/2017.
- Payment Information:** Payment by this amount by 09/11/2017, Payment Amount: \$148.49.

Sample utility bill

The image shows a sample rental agreement form. It includes the following information:

- Parties:** Landlord: \_\_\_\_\_, Tenant(s): \_\_\_\_\_.
- Premises:** The premises leased is an  apartment,  house,  condominium,  room,  duplex,  semi-detached,  \_\_\_\_\_ with:
  - (a) \_\_\_\_\_ bedroom(s)
  - (b) \_\_\_\_\_ bathroom(s)
  - (c) \_\_\_\_\_ parking space(s) Parking is not included with the Premises.
- Location:** Located at \_\_\_\_\_ City of \_\_\_\_\_ State of \_\_\_\_\_.
- Storage:**  The Premises includes the following storage: \_\_\_\_\_.
- Furnishings:**  The Premises includes the following furnishings: \_\_\_\_\_.
- Address:** Address of description of premises: \_\_\_\_\_.
- Agreement:** I, the Landlord, agree to lease to Tenant and Tenant agrees to lease from Landlord according to the terms and conditions set forth herein, the Premises.
- Term:** This Agreement shall be considered a  month-to-month tenancy and ending on \_\_\_\_\_ 20\_\_\_\_ (the "Term"). At the end of the Term,  month-to-month holdover tenancy will be created if Landlord accepts a rent payment from \_\_\_\_\_.

Sample rental agreement



# Step 2: Collect information to complete registration

→ Immunization Record  
(returning students--check with your school)

→ Vision and Dental Screening  
(children age 7 and under only)

**Oregon Certificate of Immunization Status**  
Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's enrollment in school (public, private, child care or home day care). This information is being collected on behalf of the Oregon Health Authority Immunization Program and may be released to the Authority or other state health care departments by the school or childcare facility upon request of the Authority. Please list immunizations in the other key form received.

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 District: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_

Vaccine	Year 1	Year 2	Year 3	Year 4	Year 5
Diphtheria-Tetanus-Pertussis (DTaP) Type 1a					
Polio (IPV or OPV)					
Hepatitis B (HepB) (1, 2, 3, 4, 5, 6)					
Measles-Mumps-Rubella (MMR)					
MMR II (MMR2)					
Varicella (Chickenpox)					
MMRV (Measles, Mumps, Rubella, Varicella)					
MMRV II (MMRV2)					

Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
 Update Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Update Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Update Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parent, guardian, resident at least 15 years of age, medical provider or county health department staff persons may sign to verify vaccination received.

Continued On Reverse Side

**PORTLAND PUBLIC SCHOOLS**

**Vision and Dental Screening Certification Form**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Please print Last Name, First Name)  
 Student ID: \_\_\_\_\_

Oregon Law now requires a child who is 7 years of age or younger to have dental and vision screenings before enrolling in school for the first time. For information about vision requirements see 2012 Oregon OHS 0090 and 2012 Oregon OHS 0100. For information about dental requirements see 2012 Oregon OHS 0112. Section 4. For information about vision, dental and hearing screening requirements see 2012 Oregon OHS 0112. Section 4.

**VISION SCREENING CERTIFICATION (Please check the appropriate box)**

My child has received a vision screening.

Most recent screening or eye exam date: \_\_\_\_\_ Was a follow-up recommended? (circle) Yes or No

Name of provider: \_\_\_\_\_

I have previously submitted certification to the school office as \_\_\_\_\_

I am not providing certification of vision screening/screen due to my religious beliefs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DENTAL SCREENING CERTIFICATION (Please check the appropriate box)**

My child has received a dental screening.

Most recent screening or dental exam date: \_\_\_\_\_ Was a follow-up recommended? (circle) Yes or No

Name of provider: \_\_\_\_\_

I have previously submitted certification to the school office as \_\_\_\_\_

I am not providing certification of vision screening/screen due to my religious beliefs.

The dental screening is a burden because:  
 (A) The cost of obtaining the dental screening is too high.  
 (B) The student does not have access to a screeners or  
 (C) The student was unable to obtain an appointment with a screener.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office File # Student Cumulative Record and Other Item Sample PHS Vision and Dental Certification 03/2016



# Step 2:

## Collect information to complete registration

Additionally...

- Emergency contact information
- Previous school's contact information  
(not required at the start of kindergarten)



# Step 3: Register

## If your student is *NEW* to PPS:

- **Enroll Online** -- Estimated time to complete is 20-30 minutes
    - ◆ Proof of home address can be uploaded during the online process. Other forms will be collected separately by the school admin assistant
  - **Complete a fillable form** and turn in to your school admin assistant, along with all supporting documents
- **OR** ←————

## If your student is *RETURNING* to PPS:

- **Complete a fillable form** and turn in to your school admin assistant, along with all supporting documents



# What To Expect Next

- The school admin assistant will follow up to request any missing information or documentation.
- A records request will be sent to the previous school, if applicable.
- You will begin receiving enrollment information, such as a class schedule, and times to meet your new teacher and staff.
- If you are registering during the summer, please note that schools are closed until mid-August, so you may not hear from them until 1-2 weeks before the start of the school year.

