



# Bend – La Pine Schools

## Student Enrollment

School \_\_\_\_\_ Date \_\_\_\_\_

<b>--School Office Use</b>	Student ID _____
	Start / Enrollment Date _____
	Grad Year _____
	Counselor _____

**Enrolling parent/guardian:** Please complete all the pages in this enrollment packet. Be sure to sign where a Parent/Guardian signature is requested. Include the following documents with this enrollment packet:

- Current immunization record
- Birth verification document, such as a birth certificate
- Proof of residential address

### Student Demographic Information

**Please print on all pages.**

Legal Last Names		Legal First Name		Middle Name	Grade
Gender		Preferred first name		Preferred last name or last name goes by	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X non-binary					
Birth Date		Birth City		Birth State	Birth Country
Month	Day	Year			
<b>Ethnicity / Race</b>					
Ethnicity is based on the student's nationality, religion and language. Do you consider the student Hispanic?			Race is based on your inherited physical characteristics (check one or more).		
<input type="checkbox"/> Yes (Hispanic) <input type="checkbox"/> No (Non-Hispanic)			<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White		
<b>Address Information</b>					
<input type="checkbox"/> Mail Address is the same as Residential Address					
<b>Address Information:</b> Proof of current residential address is required. Examples include a recent utility bill, tax statement and mortgage document. Address changes require a proof of residential address.					
Residential Address - Street Address			Mail Address - Street Address or PO Box #		
City	State	Zip	City	State	Zip
<b>Phone Numbers</b> *Please check one phone number that is the primary number for the student.					
Household Phone		Student's Cell Phone		Student's Work Phone	
<input type="checkbox"/> Unlisted?		<i>(leave blank if the student does not have a cell phone)</i>		<i>(leave blank if the student does not have a work phone)</i>	
(    )	<input type="checkbox"/> *Primary	(    )	<input type="checkbox"/> *Primary	(    )	<input type="checkbox"/> *Primary
<b>Enrollment Information</b>					
Has the student ever attended Bend – La Pine Schools including online schools? If yes, indicate the school name.			What is the name and location of the <u>last</u> school attended?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			Name: _____ City, State: _____		
If foreign born, has the student attended school in the United States for three (3) or more years?			If no, indicate the date entered school in the United States:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Month _____ Day _____ Year _____		
Is the student a member of a tribal community?		If yes, please specify the tribal community:		Tribal enrollment number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>High school students only:</b>			<b>Signature required on page 5</b>		
The month / year the student first attended 9 <sup>th</sup> grade.					
Month	Year				

Student's Legal Last Name	Student's Legal First Name

### Language Use Survey

This questionnaire is required. The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive English Learner (EL) services. If a language other than English is listed, your child's English proficiency will be assessed. English language services will only be provided if student is eligible.

<b>Student's Language:</b> What language(s) does your student currently speak/express most frequently outside of school?	<b>Home Language:</b> What language(s) does your student hear or use regularly in your household (i.e. spoken, media, music, literature, etc.)?	<b>American Sign Language:</b> Does your student use American Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the language(s) your student understands:		
<input type="checkbox"/> No English <input type="checkbox"/> Mostly another language and a little English <input type="checkbox"/> English and another language equally <input type="checkbox"/> Tribal or Native Language <input type="checkbox"/> Mostly English and little of another language <input type="checkbox"/> Only English		
Does your student frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once a week, two times a week, once a month).	Is there anything else you think the school should know about your student's language use?	
<input type="checkbox"/> Yes, please describe the activity: <input type="checkbox"/> NA or No	<input type="checkbox"/> Yes, please describe: <input type="checkbox"/> NA or No	
Has your student ever received bilingual/ESL services or instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please select the type of instruction. <input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> All	

### Confidential Information and Services

Has the student ever received or participated in a Special Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student currently on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever been in a Special Education testing or evaluation process (currently or in the past)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional information regarding the student's Special Education program.	
Has the student ever received or participated in a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student ever received or participated in a Talented and Gifted (TAG) program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate any extra academic assistance the student has received.
Has the student ever received or participated in school counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information.	
Has the student ever been expelled from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter the name of the school.	If yes, enter the expulsion date. Month                      Day                      Year
Has the student ever been referred for a Risk Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Student's Legal Last Name	Student's Legal First Name

### Transportation Services

Students attending their boundary school and who live further than 1.0 mile for elementary, or 1.5 miles for secondary are automatically assigned a bus route closest to their residential address. There are exceptions. Please review our "What-Ifs" posted on our Bend – La Pine Schools Parent webpage, School Buses.

Will this student ride a bus?  <input type="checkbox"/> Yes <input type="checkbox"/> No	When will the student begin riding the bus (effective date of this request)?
<b>For kindergarten students ONLY:</b>	
Can the student be left unattended at the Pick Up and Drop Off locations?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If you checked No (that the student may not be left unattended at the Pick Up and Drop Off locations), the following is needed in the Emergency Contact section:  <ul style="list-style-type: none"> <li>A minimum of one (1) local Emergency Contact name with a phone number and the <b>RELEASE</b> checkbox checked.</li> </ul>

### Sibling Information

List siblings that are attending Bend – La Pine Schools.

Sibling Last Name	Sibling First Name	Grade	School Attending

### Emergency Contact Information

Do not list Parents/Guardians that will be added to the Parent/Guardian section. Complete the emergency contacts (1-3) in the order that you would like the contacts called. Please include a local contact, the AREA CODE with the phone for all contacts and indicate who the student can be released to.

Kindergarten students\*: Please see the Transportation Services section above.

<b>#1</b>	First Name	Last Name	Relationship to student	Release student to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cell Phone (   )	Home Phone (   )	Other Phone (   )	City	State
<b>#2</b>	First Name	Last Name	Relationship to student	Release student to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cell Phone (   )	Home Phone (   )	Other Phone (   )	City	State
<b>#3</b>	First Name	Last Name	Relationship to student	Release student to this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cell Phone (   )	Home Phone (   )	Other Phone (   )	City	State

Student's Legal Last Name	Student's Legal First Name

## Parent /Guardian Information

**IMPORTANT:** It is assumed that parents/guardians listed have access to student information unless legal documentation is provided indicating otherwise. Please provide the following information for this student's parents, including parents who do not live with the student.

Parent / Guardian – #1					<i>List one parent / guardian below.</i>						
Last Name		First Name		Nick Name		Middle Initial		Relationship to student			
Does the student live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this person allowed contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person have custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person want to receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can the student be released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address (residential address) <input type="checkbox"/> Same as student's				Mailing Address (if different than the student's)							
City		State		Zip		City		State		Zip	
Email address						Place of employment					
Primary language				Language for written correspondence				Use American Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Member of the Armed Forces on active duty OR full-time National Guard?</b>											
<input type="checkbox"/> Yes- Army, Navy, Air Force, Marine Corps or Coast Guard, full time National Guard, Active Duty Reserve, Dual Status Military Tech											
<input type="checkbox"/> No- Includes retired or discharged member, part-time National Guard not deployed, inactive reserve, civilian employee of Dept. of Defense											
<b>Phone Numbers</b> *Please check one phone that is this parent's primary contact number.*											
Cell Phone ( ) * <input type="checkbox"/> Primary			Household Phone ( ) * <input type="checkbox"/> Primary			Unlisted? <input type="checkbox"/>			Work Phone ( ) * <input type="checkbox"/> Primary		
<b>Oregon Title 1C Migrant Education Program – Student(s) may qualify for free services such as tutoring, lunch and academic support.</b>											
Have you moved by yourself or with your children in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No						Did you or another person in your home work in agriculture, forest, nurseries, fishing/processing or dairy in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Guardian – #2					<i>List one parent/guardian below.</i>						
Last Name		First Name		Nick Name		Middle Initial		Relationship to student			
Does the student live with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this person allowed contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person have custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person want to receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can the student be released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address (residential address) <input type="checkbox"/> Same as student's				Mailing Address (if different than the student's)							
City		State		Zip		City		State		Zip	
Email address						Place of employment					
Primary language				Language for written correspondence				Use American Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Member of the Armed Forces on active duty OR full-time National Guard?</b>											
<input type="checkbox"/> Yes- Army, Navy, Air Force, Marine Corps or Coast Guard, full time National Guard, Active Duty Reserve, Dual Status Military Tech											
<input type="checkbox"/> No- Includes retired or discharged member, part-time National Guard not deployed, inactive reserve, civilian employee of Dept. of Defense											
<b>Phone Numbers</b> *Please check one phone that is this parent's primary contact number.*											
Cell Phone ( ) * <input type="checkbox"/> Primary			Household Phone ( ) * <input type="checkbox"/> Primary			Unlisted? <input type="checkbox"/>			Work Phone ( ) * <input type="checkbox"/> Primary		
<b>Oregon Title 1C Migrant Education Program – Student(s) may qualify for free services such as tutoring, lunch and academic support.</b>											
Have you or your family moved within the last three (3) years to seek or obtain work? <input type="checkbox"/> Yes <input type="checkbox"/> No						Did you or another person in your home work in agriculture, forest, nurseries, fishing/processing or dairy in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Student's Legal Last Name	Student's Legal First Name

**School Absences and School Announcements**

Oregon law requires schools to notify a parent/guardian by the end of the day when a student has an unexcused or unverified absence.

A minimum of **ONE (A)** parent/guardian is required to receive notifications by telephone. **'A' is REQUIRED.**

If a parent/guardian is not listed below, Bend – La Pine Schools will notify the parent listed as 'Parent/Guardian – #1' in the Parent/Guardian Information section.

<b>A</b>	Last Name	First Name	Telephone / notification number: (       )	Notification types: <input checked="" type="checkbox"/> Attendance <input checked="" type="checkbox"/> Announcements
	Optional.....Specify an additional parent / guardian to receive notifications.			
<b>B</b>	Last Name	First Name	Telephone / notification number: (       )	Notification types: <input type="checkbox"/> Attendance <input type="checkbox"/> Announcements
	Optional.....Specify an additional parent / guardian to receive notifications.			

**Directory Information**

Release of Information
<p>Notice regarding <u>DIRECTORY INFORMATION</u>: Bend-La Pine Schools, in compliance with FERPA, has a policy that may allow for the release of student directory information as outlined in Board Policy JOA. Student directory information is regularly included in <b>school publications, class pictures, yearbooks, event programs, vendor solicitations and external/internal communications.</b></p> <p>If you <b>do not</b> want Bend-La Pine Schools to release and/or include your student's directory information as described above, please check the below box stating you would like to opt-out of releasing Directory Information.</p> <p style="text-align: center;"><input type="checkbox"/> Directory Information</p> <p>Notice regarding <u>RELEASE OF INFORMATION TO MILITARY AND COLLEGE RECRUITERS</u>: The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses, and phone numbers of secondary school students to military recruiters, colleges and universities.</p> <p>If you <b>do not</b> want Bend-La Pine Schools to release your student's information and/or provide information about your student to either the military, colleges and university please indicate by checking the below box or boxes of what you would like to opt-out of.</p> <p style="text-align: center;"><input type="checkbox"/> Military      <input type="checkbox"/> College Recruiters</p> <p>For more information, please visit our Policy and Regulations web page at <a href="http://www.bend.k12.or.us">www.bend.k12.or.us</a></p>

**Parent /Guardian Signature**

I verify that the above information is accurate and complete, and I understand that it is my responsibility to notify the school office promptly of changes to this information.

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

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Bend – La Pine Schools

## Important Acknowledgments

Student's Legal Last Name	Student's Legal First Name

**PLEASE READ and ANSWER each question/statement.**

Provide your initials as an approval or acknowledgment.

- Does the student have any physical limitations?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
- It is occasionally necessary to contact a parent/guardian regarding a student emergency such as an accident or sudden illness. If a medical emergency occurs at school, or at a school sponsored activity, efforts will be made to contact the parent/guardian. If the parent/guardian cannot be reached, an attempt to contact the identified emergency person(s) will be made. \_\_\_\_\_  
Initials
- In the event that an injury or illness is so severe that immediate medical treatment is necessary, school officials will exercise good judgment by calling 911 or transport the student to the nearest medical facility. The parent/guardian will be contacted as soon as possible. \_\_\_\_\_  
Initials
- The parent/guardian accepts responsibility of notifying the school nurse or the school's main office staff of any changes to the student's health status during the school year and after the date shown on this document. \_\_\_\_\_  
Initials
- If you have questions or would like to discuss this student's health with the school nurse contact the school office. \_\_\_\_\_  
Initials
- All medications that your student will take at school must be taken to and from the school office by the parent/guardian. An **Authorization for Medication Administration** form is required for each medication. This includes prescriptions, over the counter medications, essential oils and cough drops. Emergency medication may be exempt, contact the school office. \_\_\_\_\_  
Initials
- Schools do not stock medications. Parent/guardian must provide medications. \_\_\_\_\_  
Initials
- Both parents will have equal access to their children while they are at school unless such access is otherwise restricted by court order and that court order has been presented to the school office. Court orders and/or judgements must be signed and dated by a judge. **Parents / guardians are responsible for providing the school office with the most current information regarding custody and/or parental rights.** \_\_\_\_\_  
Initials

**Parent /Guardian Signature**

I verify that I have read each of the above acknowledgments I understand that it is my responsibility to notify the school office promptly of changes.

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

Parent/Guardian Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_



# Bend – La Pine Schools

## Student Health Information

School \_\_\_\_\_ Date \_\_\_\_\_

**--School Office Use**  
 Student ID \_\_\_\_\_  
 Homeroom: \_\_\_\_\_  
 Nurse Notified:   
 Date: \_\_\_\_\_

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name	Student's Birth Date
			Month _____ Day _____ Year _____

**IMPORTANT:** If the student has a life threatening condition, please contact the school's nurse prior to the student's first day of school.

**This information must be updated each school year. Please check any of the following conditions that apply to this student. Provide the condition details for each item selected. Please contact your student's school if the student's health status changes.**

**Health Conditions**  None - *Student does not have any Health Conditions.*

- Life threatening allergy to \_\_\_\_\_
- Non-life threatening allergy / sensitivity to \_\_\_\_\_
- Medication allergy to \_\_\_\_\_

<input type="checkbox"/> Diabetes ○ Type 1 ** ○ Type 2 ** See the nurse	<input type="checkbox"/> Asthma ○ Mild ○ Moderate ○ Severe	<input type="checkbox"/> Seizures ○ Life Threatening ○ Grand Mal ○ Absence ○ Other	<input type="checkbox"/> Mental Health ○ Anxiety ○ Bipolar ○ Other	<input type="checkbox"/> Heart Condition _____ ○ Life Threatening ○ Stable
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Autism	<input type="checkbox"/> Asperger's	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Headaches
<input type="checkbox"/> Migraines	<input type="checkbox"/> Muscular	<input type="checkbox"/> Neurological	<input type="checkbox"/> Concussion Date: _____	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	○ Glasses   ○ Contacts   Last exam date: _____	
<input type="checkbox"/> Other: _____				

A note from a health care provider may be required.

*If you checked any of the above conditions, please complete the following:*

Health Condition	How does this condition present itself? <i>What happens, what does it look like, time of year it may occur, the cause.</i>	Treatment and/or medication.

**Parent /Guardian Signature**

I verify that the above health information is accurate and complete, and I understand that it is my responsibility to notify the school office promptly of changes to this information.

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

Parent/Guardian Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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# ParentVue™ Activation Key Request

Return this section to the school office.

Complete the items below for each parent that would like a ParentVue account. We recommend that one parent (at a minimum) request a ParentVue activation key and setup an account. Each parent will have their own activation key.

Your ParentVue account provides access to all your students enrolled in Bend – La Pine Schools.

Activation Key's expire after 120 days. If you do not create your ParentVue™ account within 120 days, you will need to request a new Activation Key.

Parents/guardians should review and update their student's information at the beginning of every school year.

Up-to-date and accurate information is essential in an emergency or responding to a medical situation.

## ParentVue™ Activation Key Request

NOTE: If you already have a ParentVue™ account, you do not need to request another activation key.

*Please print.*

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

List the students attending a Bend – La Pine School that the above parent/guardian may have access to:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ School: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ School: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ School: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ School: \_\_\_\_\_

How would you like to receive your ParentVue Activation Key:  Mail (residential address)  Email

## ParentVue™ Activation Key Request

NOTE: If you already have a ParentVue™ account, you do not need to request another activation key.

*Please print.*

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

List the students attending a Bend – La Pine School that the above parent/guardian may have access to:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ School: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ School: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ School: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ School: \_\_\_\_\_

How would you like to receive your ParentVue Activation Key:  Mail (residential address)  Email

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## Quick access to your student's school information

Using ParentVue includes access to all your students enrolled at Bend – La Pine Schools. Information you will see in ParentVue:

- Academic information
- Attendance activity
- Class Schedule

## Update your student's information

Parents/guardians should review and update their student's information at the beginning of every school year.

Up-to-date and accurate information is essential in an emergency or responding to a medical situation.

Within ParentVue Enroll/Update you can update your student's information such as:

- Parent/Guardian information
- Emergency contact information

Additionally, you can enroll a new student (never attended a Bend – La Pine School). Updating your student's information or enrolling a new student online should be done on a desktop computer (rather than a mobile device).

For more information and on how to use the system, please visit our webpage: <http://www.bend.k12.or.us>. Select the **Parents** tab, and then click on the ParentVue™ icon.

## What do you need?

- ParentVue™ Activation Key. Request this from your student's school office. Complete the form below.
  - Each parent will have their own activation key.
  - Your ParentVue account provides access to all your students enrolled in Bend – La Pine Schools.
  - *Activation Key's* expire after 120 days. If you do not create your ParentVue™ account within 120 days, you will need to request a new *Activation Key*.
- Setup your ParentVue™ account. Follow the instructions provided on the *Activation Key* letter.
  - We recommend you setup your account on a desktop computer.
  - We recommend using internet browsers FireFox™ or Chrome™.
- Access to ParentVue™ is available on Bend – La Pine Schools website ([www.bend.k12.or.us](http://www.bend.k12.or.us)) within the Parent Tools.

## ParentVue™ App for Mobile Devices

There is a ParentVue™ App for **iPhone™**, **iPad™** and **Android™**. The App is free. From your device, search for 'ParentVUE'. The setup URL is <https://pv.bend.k12.or.us>

## Can student's login to ParentVue™?

Students use StudentVue™ and login using their Bend – La Pine School's network account. StudentVue™ is accessible from your student's school webpage.

