Sheridan School District
435 South Bridget Street Sheridan, OR 97378
Phone | 971-261-6959

Registration Form

Updated: October 2026

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

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

STUDENT INFORMATION

Legal Last Name:		Legal First Name:	Legal Middle Name:		Preferred Name:	
Grade	Gender	Birth Date (mm/dd/yyyy)	Birth City	Birth State	Birth Country	
Home Address (Physical, not PO Box):				City:	State:	Zip:
Mailing Address, if different:				City:	State:	Zip:

For Students new to Sheridan School District:

Out-of-District School: _____City: _____State: _____Grade: ____

Last Date Attended (month/year): _____

PARENT/GUARDIAN MILITARY INFORMATION

Is one or more Parent/Guardian currently serving in the U.S. Military? ☐ Yes ☐ No

If yes, Status: ☐ Active Duty ☐ Reserves ☐ National Guard Parent Name: _____

Branch of Service: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

RACE & ETHNICITY

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race (Check all that apply): ☐ White ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Black/African American ☐ American Indian/Alaska Native

(Optional) Does the student have a Tribal Affiliation through their own, their parent's, or grandparent's enrollment in a federally recognized Tribe?

☐ Yes ☐ No If yes, please list the Tribe: _____

SPECIAL PROGRAMS

Is student currently on an Individual Education Plan (IEP)? ☐ Yes ☐ No ☐ Not Sure
Is student currently on a 504? ☐ Yes ☐ No ☐ Not Sure
Has student been enrolled in Talented and Gifted Programs? ☐ Yes ☐ No ☐ Not Sure
Has student been enrolled in an ELL Program? ☐ Yes ☐ No ☐ Not Sure

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

Do you have any concerns a counselor needs to know?

Birthplace – Was the student born in the US or Puerto Rico? ☐ Yes ☐ No
Did parent(s) or guardian(s) move within the last 36 months to work or seek work in agriculture, fishing, or related food processing activity?
☐ Yes ☐ No
If yes, when? _____

Has the student been attending a school in the US for less than 3 years in a row? ☐ Yes ☐ No

STUDENT MEDICAL INFORMATION

The school must be notified if your student has a condition/disease which has the potential to present a life-threatening emergency or any condition which has in the past presented a life-threatening emergency. Non-life-threatening medical conditions may also require a health plan.
Doctor(s) Name: _____ Phone: _____
Does your student have a medical condition? (Check all that apply)
☐ Requires Epi-Pen at school ☐ Seizure Disorder ☐ Severe bee/insect sting reaction
☐ Severe Food Allergy: _____ ☐ Diabetes ☐ Severe Asthma ☐ Heart Condition
☐ Hemophilia ☐ Cancer ☐ Dialysis ☐ Psychosocial Issues
☐ Physical disability/Impairment _____
☐ Other _____

If any of the above are checked the school nurse may contact you to develop a health plan for your student.

Will your child need prescription or over the counter medications administered at school? ☐ Yes ☐ No
If yes, please ask the school secretary for additional form(s).

Will your child need dietary accommodations while at school? ☐ Yes ☐ No
If yes, please ask the school secretary for additional form(s).

If yes to any of the above, the school nurse may be in contact with you.

Medical Insurance Company _____
Medical Insurance Policy # _____

PARENT/GUARDIAN PERMISSIONS

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

Contact Allowed: This adult can have contact with the child.

Educational Rights: Has legal rights to access educational records (grades, attendance, behavior, etc.) For further information please review student policy

Has Custody: Adult who has legal custody of the student.

Mailings Allowed: Physical paper mail can be sent to this household, if Educational Rights are allowed, ex. Report Cards. (One per address)

Release to: The District/School can release the child to this adult.

Please provide legal documents indicating custody, visitation, parental rights, or any other legal documents that can affect who can and cannot pick up your child.

Is there joint custody of this student? Yes ☐ No ☐

Who has legal custody? (Check all that apply) **<u>You are responsible to notify the school of changes.</u>**

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian Other _____

Restraining order, Delegation of Authority, Divorce Decree, Guardianship papers, Other _____

Is Documentation Provided? ☐ Yes ☐ No

Student Lives With? (Check all that apply)

☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian Other _____

PARENT/GUARDIAN INFORMATION

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

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

Primary Phone: _____ Secondary Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student: ☐ **Legal Custody**: ☐ **Contact allowed**: ☐ **Release to**: ☐ **Receives Mailings**: ☐

Educational Rights: ☐ **Language** _____

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

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

Primary Phone: _____ Secondary Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student: ☐ **Legal Custody**: ☐ **Contact allowed**: ☐ **Release to**: ☐ **Receives Mailings**: ☐

Educational Rights: ☐ **Language** _____

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

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

Primary Phone: _____ Secondary Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student: ☐ **Legal Custody**: ☐ **Contact allowed**: ☐ **Release to**: ☐ **Receives Mailings**: ☐

Educational Rights: ☐ **Language** _____

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

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

Primary Phone: _____ Secondary Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Work Email: _____

Lives with Student: ☐ **Legal Custody**: ☐ **Contact allowed**: ☐ **Release to**: ☐ **Receives Mailings**: ☐

Educational Rights: ☐ **Language** _____

SIBLING(S) ATTENDING SHERIDAN SCHOOLS

Last Name: _____ First Name: _____ Grade: _____ ☐ OK to Release to

Last Name: _____ First Name: _____ Grade: _____ ☐ OK to Release to

Last Name: _____ First Name: _____ Grade: _____ ☐ OK to Release to

Last Name: _____ First Name: _____ Grade: _____ ☐ OK to Release to

EMERGENCY CONTACT INFORMATION

Please list individuals we can contact to pick up and assume temporary care of your child in the event a parent/guardian cannot be reached. At least one emergency contact is required to be listed.

Contact #1

Last Name: _____ First Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Contact # 2

Last Name: _____ First Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Contact # 3

Last Name: _____ First Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

TRANSPORTATION

ARRIVAL

How will the student arrive to school? (walk, drive, dropped off, or bus – include bus route number, if known) _____

DEPARTURE

How will the student be picked up from school? (if different from arrival) _____

ENROLLING RECORD

Name of person enrolling student (Please print name):	Relationship to student:

STUDENT CONDUCT

To attend Sheridan School District, both the parent/legal guardian and the student must read through the student handbook as it contains rules of conduct and school policies. The student handbook is available from the office or can be found online at www.sheridan.k12.or.us/resources/parent-and-student-resources/

Sheridan School District also creates Google and other accounts for students to have access to create and save schoolwork, for testing, and communication in the classroom. All e-mail accounts are managed by Sheridan School District. A complete list of services, including their terms of use and privacy policies, are available from the office or online at www.sheridan.k12.or.us/resources/parent-and-student-resources/

By signing below, you state that you have received or have access to the student handbook, received or have access to the terms of use and privacy policies for Google and other account services, and that you agree to abide by the policies laid out in those documents. This signature also serves as granting permission for your student to access the aforementioned account services.

_____ _____

Student Signature Parent/Guardian Signature

MEDICAL & CONTACT INFORMATION

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

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

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

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

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

_____ _____

Signature of Parent/Guardian/Eligible Student **Date**

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

<u>Non-discrimination Statement:</u>

It is the policy of Sheridan School District Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment.

Persons having questions about equal opportunity and nondiscrimination should contact the Sheridan School District Office, 435 S. Bridge St., Sheridan, Oregon 97378. (971) 261 6959

Sheridan School District 48J
435 South Bridge Street
Sheridan, Oregon 97378

SHERIDAN SCHOOL DISTRICT

Phone: (971) 261-6959
Fax: (503) 843-3505
www.sheridan.k12.or.us

Request for Student Records

	Student(s) Name	Date of Birth	Grade Level (current)
1.	_____	_____	_____
2.	_____	_____	_____

To: _____

(Name of former school)

PARENTAL RIGHTS

I understand that my child's records will be sent to Sheridan School District #48J within the next (10) days. I understand that I also have the right to review the education records of my child at any time after they have been transferred to Sheridan School District #48J (ORS 326.565) and that I may request an amendment of specified contents pursuant to OAR 581-021-0300 if I believe that the contents are inaccurate, misleading, or in violation of the privacy or other rights of the student.

Please email before mailing:

√ 504

Please mail all <u>Education Records</u> including:

√ Cumulative File - Report Cards, Testing, 504 & Behavior
√ Health Folder including Immunization Records, Sports Physical & etc.

Please email the following to <u>Special Programs</u> before mailing:

√ IEP & eligibility documents
√ ELL
√ TAG

Please mail all <u>Special Education Records</u> to Special Programs, including:

√ ORIGINAL Special Education Records (including eligibility)
√ IEP eligibility documents

Mail all <u>Special Program Records</u> to:

Sheridan School District
Special Programs - Records
435 S Bridge St
Sheridan, OR 97378

<u>Fax:</u> 503-843-1515

<u>Email:</u> leighanne.michaelson@sheridan.k12.or.us

_____ Parent/Guardian Signature

_____ Relationship

_____ Date

OFFICE USE ONLY

Please mail to: (check one)

❑ **Faulconer Chapman School**
332 SW Cornwall St., Sheridan OR 97378
Phone: 971-261-6960 Fax: 503-843-3738
Email: krysten.pomeroy@sheridan.k12.or.us

❑ **Sheridan High School**
433 S. Bridge St., Sheridan OR 97378
Phone: 971-261-6970 Fax: 503-843-3466
Email: becky.hasel@sheridan.k12.or.us

_____ Registrar Signature

_____ Date

Revised June 2026

SHERIDAN
SCHOOL DISTRICT

Kindergarten & 1st Grades only

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 entering school for the first time. For information about vision requirements *see 2013 Oregon HB3000 Section 1: (2)(a) through (3)(b)* For information about dental requirements *see 2015 Oregon HB2972 Section 1: (2)(a) through (3)(c)*
Parents/Guardians please complete and sign both Vision and Dental Screening Certifications.

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 at _____

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

_____ _____
Parent/Guardian Signature Date

DENTAL SCREENING CERTIFICATION (Please check the appropriate box)

☐ My Child has received a dental screening within the last 12 months.

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 at _____

☐ I am not providing certification of vision screening/exam 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 screener or;
(C) The student was unable to obtain an appointment with a screener

_____ _____
Parent/Guardian Signature Date

SHERIDAN
SCHOOL DISTRICT

Important Information Concerning Student Privacy Rights

During the school year your child may make headlines as a hero of the big game, or he or she might win an academic honor. Often, stories about what is happening at school will feature students. We also might want to use your child's name or may get a great photograph or videotape of your child that we'd like to use in a school district publication or presentation.

The Family Education Rights and Privacy Act (FERPA) permits school districts to release "Directory Information" to certain people or institutions, such as the news media, unless the child's parent or guardian requests that such information not be released. "Directory Information" includes the following:

- Student name, address and phone number
- Date and place of birth
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of athletic team members
- Dates of attendance
- Degrees and awards received
- The most recent previous educational agency or institution attended by the student
- Publishing student names in the school newsletters or other publications

Sheridan School District will not release student information for commercial or other purposes. The purpose of a release will always be related to the conduct of school business.

If you do NOT want us to release "Directory Information" and/or publish your child's photograph, and/or release videotape of your child, please complete and return the form below as soon as possible. OTHERWISE, IT IS NOT NECESSARY TO TAKE ANY ACTION. If you have any questions, please call 971-261-6959.

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

My student's photograph may appear in classroom or school news, yearbook, or website: Yes ☐ No ☐
My student's name may appear in school news/website: Yes ☐ No ☐
My student's address may be released to the below authorized parties: Yes ☐ No ☐
My student's phone number and contact information may be released to the below authorized parties: Yes ☐ No ☐

(By law, the District must release to military recruiters the name, address and phone number of high school students, unless the student, parent or guardian notifies the District that they do not want information released.)

My student's authorized information may be released to Military Recruiters: Yes ☐ No ☐
My student's authorized information may be released to College/Coach Recruiters: Yes ☐ No ☐
My student's authorized information may be released to companies/bus transportation: Yes ☐ No ☐
My student's authorized information may be released to organizations: Yes ☐ No ☐
My student's authorized information may be released to individuals: Yes ☐ No ☐

Child's Name: _____ School/Grade: _____

Parent/Guardian Printed Name: _____ Phone Number: _____

Signature: _____ Date: _____

Sheridan School District 48J
435 South Bridge Street Sheridan, OR 97378 | (971) 261-6959

Google Workspace for Education Notice to Parents & Guardians

To parents and guardians,

At Sheridan School District we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gemini for Education, NotebookLM, Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Sheridan School District, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

PLEASE VISIT THIS LINK TO READ THE FULL NOTICE:
https://www.sheridan.k12.or.us/technology-help-desk/

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the Google Workspace for Education account?

Important Note about Generative AI: Generative AI features could make things up or misunderstand questions, so you may want to remind students to verify information with reliable sources. Even with administrative and safety controls on, students may still access content you don't want them to see.

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent.

I give permission for Sheridan School District to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

_____
Full name of student

_____
Printed name of parent/guardian

_____ _____
Signature of parent/guardian Date

Revised: July 2026

Student Name _____

Sheridan School District 48J
Responsible Technology Use Agreement

Students and Parents/Guardians: Please read this together, sign and return to the main office.

State of Purpose

Sheridan School District Staff and students use technology and internet-based tools (e.g. Google Workspace, Online Curriculum, online multimedia, etc.) in their classrooms on a regular basis to meet the district's standards and prepare students to live and work in the digital age. These technologies improve student communication and collaboration skills, provide a real audience, and extend learning beyond the classroom walls while building digital citizenship skills. Student access to technology will require responsible, courteous, efficient and legal use. Our goal in providing access to these resources is to enhance the education of our students and to educate them in responsible and appropriate use. It is important that students and parents recognize that information posted on the internet is public and permanent and needs to be appropriate.

Terms of Agreement

1. I agree to follow teacher/building/district instructions when using technology and will use technology carefully, productively, appropriately, and primarily for school-related purposes.
2. I agree to be polite, considerate, and to use appropriate language, I agree to never use technology to bully, abuse, harm or frighten others.
3. I agree to not search or view obscene or offensive materials, access inappropriate websites or engage in hacking or vandalism.
4. I agree to tell an adult if I read, see, or, access something inappropriate, or I witness inappropriate use of technology. I agree to not interfere with any filter or security measure.
5. I agree to use technology responsibly and to conserve school, district resources, such as server space, bandwidth, and printing capacity.
6. I agree to not share passwords, except with my teacher or parent/guardian. (FERPA). I agree that I will use complex passwords.
7. I agree to only use my own files and folders I will not access another individual's files and folders without their permission.
8. I agree that I will not reveal or post personal information belonging to myself or another person (i.e. passwords, address, telephone number, photos).
9. I agree to adhere to copyright laws and license and terms of use agreements.

Violations of Responsible Technology Use Agreement

- Suspension of computer privileges
- Notification of parent/guardian
- Detention, suspension, expulsions from school and school-related activities
- Legal action and/or prosecution

I understand that my use of any district technology (computer, network, internet, resources, etc.) will be monitored. I understand that if I violate this agreement, the district's policies and procedures, or student handbook, I may not be able to use technology or may experience other appropriate consequences. I acknowledge that my communications while using district technology (i.e. Google Apps) is neither private nor confidential.

Students and parent/guardian: By signing my name below I agree to these terms and I have read and discussed this Responsible Technology Use Agreement.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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? _____

Last Update November 4, 2022

MID-COLUMBIA BUS CO., Inc.
SHERIDAN SCHOOL DISTRICT
2026/2027 STUDENT RIDER REGISTRATION FORM

☐ **FCS** ☐ **SHS** **DATE _____/_____/______**

____ ____________________
PRINT STUDENT'S NAME **GRADE**

☐ **AM BUS ROUTE #** ☐ **PM BUS ROUTE #**

____________________________ ____________________________
AM BUS STOP (Listed on Bus Schedule) **PM BUS STOP (Listed on Bus Schedule)**

____________________________ ____________________________
PARENT/GUARDIAN NAME (Please Print) ***PARENT/GUARDIAN NAME (Please Print)***

______________ ______________ ______________ ______________
HOME/CELL PHONE *WORK PHONE* *HOME/CELL PHONE* *WORK PHONE*

Clip & Return Top Section ONLY

- -

Dear Parent:

Transportation is provided for students who are registered, designated as "transported students" by the School District's Busing Plan and who obey the rules and regulations established by the State of Oregon, the School District & Mid-Columbia Bus, Co. Failure to follow the rules and regulations listed below could result in loss of bus riding privileges.

State of Oregon's Department of Education

Rules Governing Pupils Riding School Buses

1. PUPILS BEING TRANSPORTED ARE UNDER THE AUTHORITY OF THE BUS DRIVER.
2. FIGHTING AND WRESTLING, OR BOISTEROUS ACTIVITY IS PROHIBITED ON THE BUS.
3. PUPILS SHALL USE THE EMERGENCY DOOR ONLY IN CASE OF EMERGENCY.
4. PUPILS SHALL BE ON TIME FOR THE BUS BOTH MORNING AND EVENING.
5. PUPILS SHALL NOT BRING ANIMALS, FIREARMS, WEAPONS, OR OTHER POTENTIALLY HAZARDOUS MATERIALS ON THE BUS.
6. PUPILS SHALL REMAIN SEATED WHILE THE BUS IS IN MOTION.
7. PUPILS MAY BE ASSIGNED SEATS BY THE BUS DRIVER.
8. WHEN NECESSARY TO CROSS THE ROAD, PUPILS SHALL CROSS IN FRONT OF THE BUS OR AS INSTRUCTED BY THE BUS DRIVER.
9. PUPILS SHALL NOT EXTEND THEIR HANDS, ARMS OR HEADS THROUGH THE BUS WINDOW.
10. PUPILS MUST PROVIDE THE BUS DRIVER WITH A TRANSPORTATION CHANGE FORM IF REQUESTING TO DEPART THE BUS AT A STOP DIFFERENT FROM THEIR REGISTERED STOP.
11. PUPILS SHALL CONVERSE IN NORMAL TONES; LOUD OR VULGAR LANGUAGE IS PROHIBITED.
12. PUPILS SHALL NOT OPEN OR CLOSE WINDOWS WITHOUT PERMISSION OF THE DRIVER.
13. PUPILS SHALL KEEP THE BUS CLEAN, AND MUST REFRAIN FROM DAMAGING IT.
14. PUPILS SHALL BE COURTEOUS TO THE DRIVER, TO FELLOW PUPILS AND PASSERS-BY.
15. PUPILS WHO REFUSE TO OBEY PROMPTLY THE DIRECTIONS OF THE DRIVER OR REFUSE TO OBEY REGULATIONS MAY FORFEIT THEIR PRIVILEGE TO RIDE THE BUS.

For the safety and protection of your student(s), they will be allowed to get off the bus only at their assigned stop(s) or at the school they regularly attend. While your students are riding our school buses, you may need to connect with them.

Our dispatch phone numbers are: 541-797-4154 or 503-623-7245