



OROVILLE SCHOOL DISTRICT

816 Juniper Street Oroville, WA 98844 Phone: 509.476.2281 Fax: 509.476.2190
www.oroille.wednet.edu

Welcome to the Oroville School District “Pride of the Valley”

Registration Packet

- General Registration Form
- Emergency and Health Information
- Immunization Form
- Free or Reduced Lunch Form
- Record Request from Previous School
- Home Language Survey

Please fill out all forms completely and return to the appropriate school

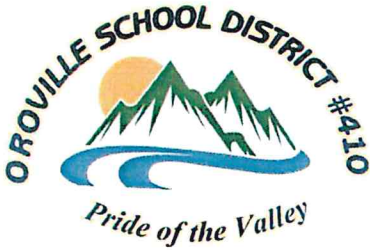
Please include verification of students age, which may include, but is not limited to: a religious, hospital, or physician’s certificate showing date of birth: an entry in a family bible: an adoption record; an affidavit from a parent; a birth certificate; previously verified school records; or any other documents permitted by law. Immunization Records, and any Legal Guardianship, Custody, or Protection Papers.

Oroville Elementary School Grades
PK-6
(509) 476-3332
(509) 476-3832 Fax
Bonny Theis, Principal

Oroville Jr/Sr High School
Grades 7-12
(509) 476-3612
(509) 476-3224 Fax
Linda Achondo, Principal

District Office
816 Juniper Street
Oroville, WA 98844
(509) 476-2281
Website: www.oroille.wednet.edu Jeff
Hardesty, Superintendent

* State Law requires that your child be born on or before August 31, 2018 to start Kindergarten.



Oroville High School
 1008 Ironwood
 509-476-3612

___ Junior High 7 & 8
 ___ Senior High 9-12

Oroville Elementary School
 808 Main Street
 509-476-3332

___ Preschool
 ___ K-6

Oroville Outreach
 10th & Ironwood
 509-476-2281

___ Elementary K-6
 ___ Jr-Sr. High School

Student Name: _____ Grade _____
LAST FIRST MIDDLE

BIRTHDATE BIRTH PLACE GENDER: ___M___F

Mailing Address: _____ Phone #: _____

Physical Address: _____ Cell Phone: _____

Lives with: Father Mother Both Other: _____ Walker/Bus _____

FATHER/STEPFATHER/GUARDIAN OCCUPATION WORK NUMBER

Email Address: _____ Cell number: _____

MOTHER/STEPMOTHER/GUARDIAN OCCUPATION WORK NUMBER

Email Address: _____ Cell number: _____

Siblings Name Birthdate Siblings Name Birthdate

Siblings Name Birthdate Siblings Name Birthdate

Last School Attended: _____

Special Services: Special Education Speech Other: _____

Alternate – Emergency Contacts:

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

Anyone not to have contact with your student:

Court Documents: Y N



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? _____ Yes _____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? _____ Yes _____ No Language _____</p>		
	<p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p> <p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes _____ No _____ Don't Know _____</p>		
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) _____ Yes _____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.





Oroville School District

816 Juniper St.
Oroville, Wa 98844
ph. 509-476-2281 fax 509-476-2190
www.oroille.wednet.edu

Jeff Hardesty, Superintendent
Linda Achondo – High School Principal
Bonny Theis – Elementary Principal

Mike Egerton – Board Chairman
Travis Loudon – Vice Chairman
Dwayne Birmingham – Board Member
Kolo Moser – Board Member
Justine Salazar – Board Member

Military Family Information

Washington State Legislature has mandated that data on students from military families must be collected as stated in
RCW 28A.300.507.

Please check any of the boxes below that apply to your family:

- Parent or guardian **currently** serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard
- Yes a parent/guardian is a current member of the active duty U.S. Armed Forces
- Yes a parent/guardian is a current member of the reserves of the U.S. Armed Forces
- Yes a parent/guardian is a current member of the Washington National Guard
- Yes more than one parent/guardian is currently either a member on active duty in the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- No parent/guardian currently serving in any branch of the military
- No response/refused to state

Student Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian: _____ Date: _____

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION

Please select both ethnicity and race. Hispanic Yes or No, if yes, select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Hispanic Yes <input type="checkbox"/> No <input type="checkbox"/>		Asian <input type="checkbox"/>		Black/African-American Continued		
E T H N I C I T Y	<input type="checkbox"/> Argentine <input type="checkbox"/> Honduran <input type="checkbox"/> Belizean <input type="checkbox"/> Jamaican <input type="checkbox"/> Bolivian <input type="checkbox"/> Mexican <input type="checkbox"/> Brazilian <input type="checkbox"/> Mestizo <input type="checkbox"/> Chicano <input type="checkbox"/> Native <input type="checkbox"/> Chilean <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Colombian <input type="checkbox"/> Panamanian <input type="checkbox"/> Costa Rican <input type="checkbox"/> Paraguayan <input type="checkbox"/> Cuban <input type="checkbox"/> Peruvian <input type="checkbox"/> Dominican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Salvadoran <input type="checkbox"/> El Salvador <input type="checkbox"/> So. Georgia Sandwich Islands <input type="checkbox"/> Falkland Isl <input type="checkbox"/> Spaniard <input type="checkbox"/> French Guian <input type="checkbox"/> Surinamese <input type="checkbox"/> Guatemalan <input type="checkbox"/> Uruguayan <input type="checkbox"/> Hispanic Wr <input type="checkbox"/> Venezuelan		<input type="checkbox"/> Asian Indian <input type="checkbox"/> Lao <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Malaysian <input type="checkbox"/> Bhutanese <input type="checkbox"/> Mien <input type="checkbox"/> Burmese/Myanmar <input type="checkbox"/> Mongolian <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Nepali <input type="checkbox"/> Cham <input type="checkbox"/> Okinawan <input type="checkbox"/> Chinese <input type="checkbox"/> Pakistani <input type="checkbox"/> Filipino <input type="checkbox"/> Punjabi <input type="checkbox"/> Hmong <input type="checkbox"/> Singaporean <input type="checkbox"/> Indonesian <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Japanese <input type="checkbox"/> Taiwanese <input type="checkbox"/> Korean <input type="checkbox"/> Thai <input type="checkbox"/> Asian Write in <input type="checkbox"/> Tibetan <input type="checkbox"/> Vietnamese		South African <input type="checkbox"/> Botswanan <input type="checkbox"/> South African <input type="checkbox"/> Mosotho (Lesotho) <input type="checkbox"/> Swazi <input type="checkbox"/> Namibian <input type="checkbox"/> South African Write in <input type="checkbox"/> Black (Write in)	
	American Indian/Alaskan Native <input type="checkbox"/> Chinook Tribe <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation <input type="checkbox"/> Confederated Tribes of the Colville Reservation <input type="checkbox"/> Cowlitz Indian Tribe <input type="checkbox"/> Duwamish Tribe <input type="checkbox"/> Hoh Indian Tribe <input type="checkbox"/> Jamestown S'Klallam Tribe <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation <input type="checkbox"/> Kikiallus Indian Nation <input type="checkbox"/> Lower Elwha Tribal Community <input type="checkbox"/> Lummi Tribe of the Lummi Reservation <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation <input type="checkbox"/> Marietta Band of Nooksack Tribe <input type="checkbox"/> Muckleshoot Indian Tribe <input type="checkbox"/> Nisqually Indian Tribe <input type="checkbox"/> Nooksack Indian Tribe of Washington <input type="checkbox"/> Port Gamble S'Klallam Tribe <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation <input type="checkbox"/> Quileute Tribe of the Quileute Reservation <input type="checkbox"/> Quinault Indian Nation <input type="checkbox"/> Samish Indian Nation <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation <input type="checkbox"/> Skokomish Indian Tribe <input type="checkbox"/> Snohomish Tribe <input type="checkbox"/> Snoqualmie Indian Tribe <input type="checkbox"/> snoqualmoo Tribe <input type="checkbox"/> Spokane Tribe of the Spokane Reservation <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation <input type="checkbox"/> Steilacoom Tribe <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation <input type="checkbox"/> Sinomish Indian Tribal Community <input type="checkbox"/> Tulalip Tribes of Washington <input type="checkbox"/> Alaskan Native Write in <input type="checkbox"/> American Indian Write in		Black/African American <input type="checkbox"/> African American <input type="checkbox"/> African Canadian <input type="checkbox"/> Caribbean <input type="checkbox"/> <input type="checkbox"/> Anguillian <input type="checkbox"/> Dominican <input type="checkbox"/> Antiguan <input type="checkbox"/> Dutch Antillean <input type="checkbox"/> Bahamian <input type="checkbox"/> Grenadian <input type="checkbox"/> Barbadian <input type="checkbox"/> Guadeloupean <input type="checkbox"/> Barthelemois/Barthel <input type="checkbox"/> Haitian <input type="checkbox"/> British Virgin Islander <input type="checkbox"/> Jamaican <input type="checkbox"/> Caymanian <input type="checkbox"/> Martiniquas/Martiniquaise <input type="checkbox"/> Cuba Dominican <input type="checkbox"/> Montserratian <input type="checkbox"/> Write In <input type="checkbox"/> Puerto Rican		Latin American <input type="checkbox"/> Argentine <input type="checkbox"/> Guatemalan <input type="checkbox"/> Belizean <input type="checkbox"/> Guyanese <input type="checkbox"/> Bolivian <input type="checkbox"/> Honduran <input type="checkbox"/> Brazilian <input type="checkbox"/> Mexican <input type="checkbox"/> Chilean <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Colombian <input type="checkbox"/> Panamanian <input type="checkbox"/> Costa Rican <input type="checkbox"/> Paraguayan <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Peruvian <input type="checkbox"/> El Salvadoran <input type="checkbox"/> So. Georgia/So. Sandwich Islands <input type="checkbox"/> Falkland Islander <input type="checkbox"/> Surinamese <input type="checkbox"/> French Guianese <input type="checkbox"/> Uruguayan <input type="checkbox"/> Latin American Write in <input type="checkbox"/> Venezuelan	
	R A C E	Central African <input type="checkbox"/> Angolan <input type="checkbox"/> Congolese (Dem. RC of the Congo) <input type="checkbox"/> Cameroonian <input type="checkbox"/> Equatorial Guinean <input type="checkbox"/> Central African(Cen.Afric) <input type="checkbox"/> Gabonese <input type="checkbox"/> Chadian <input type="checkbox"/> Sao tomean <input type="checkbox"/> Congolese (RC of the C) <input type="checkbox"/> Principe <input type="checkbox"/> Write In		Native Hawaiiin/Other Pacific Islander <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Palauan <input type="checkbox"/> Carolinian <input type="checkbox"/> Papuan <input type="checkbox"/> Chamorro <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Chuukese <input type="checkbox"/> Samoan <input type="checkbox"/> Fijian <input type="checkbox"/> Solomon Islander <input type="checkbox"/> i-Kiribati/Gilbertese <input type="checkbox"/> Tahitian <input type="checkbox"/> Kosraean <input type="checkbox"/> Tokelauan <input type="checkbox"/> Maori <input type="checkbox"/> Tongan <input type="checkbox"/> Marshallese <input type="checkbox"/> Tuvaluan <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Yapese <input type="checkbox"/> Ni-Vanuatu <input type="checkbox"/> Native Hawaiian(write in) <input type="checkbox"/> Other Pac. Islander (write in)		
		East African <input type="checkbox"/> Burundian <input type="checkbox"/> Reunionese <input type="checkbox"/> Comoran <input type="checkbox"/> Rwandan <input type="checkbox"/> Djiboutian <input type="checkbox"/> Seychellois/Sechelloise <input type="checkbox"/> Eritrean <input type="checkbox"/> Somali <input type="checkbox"/> Ethiopian <input type="checkbox"/> South sudanese <input type="checkbox"/> Kenyan <input type="checkbox"/> Sudanese <input type="checkbox"/> Malagasy (Madagascar) <input type="checkbox"/> Ugandan <input type="checkbox"/> Malawian <input type="checkbox"/> Tanzanian <input type="checkbox"/> Mauritian (Mauritius) <input type="checkbox"/> (United RC of Tanzania) <input type="checkbox"/> Mahoran (Mayotte) <input type="checkbox"/> Zambian <input type="checkbox"/> Mozambican <input type="checkbox"/> Zimbabwean <input type="checkbox"/> East African(write in)		White <input type="checkbox"/> White Eastern European <input type="checkbox"/> Bosnian <input type="checkbox"/> Romanian <input type="checkbox"/> Herzegovinian <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Ukrainian		
		West African <input type="checkbox"/> Beninese <input type="checkbox"/> Liberian <input type="checkbox"/> Bissau-Guinean <input type="checkbox"/> Malian <input type="checkbox"/> Burkinabe <input type="checkbox"/> Mauritanian <input type="checkbox"/> (Burkina Faso) <input type="checkbox"/> Nigerian (Niger) <input type="checkbox"/> Cao Verdean <input type="checkbox"/> Nigerian (Nigeria) <input type="checkbox"/> Ivorian (Cote d'Ivoire) <input type="checkbox"/> Saint Helenian <input type="checkbox"/> Gambian <input type="checkbox"/> Senegalese <input type="checkbox"/> Ghanaian <input type="checkbox"/> Sierra Leonean <input type="checkbox"/> West African (Write in) <input type="checkbox"/> Togolese		Middle Eastern and North African <input type="checkbox"/> Algerian <input type="checkbox"/> Israeli <input type="checkbox"/> Amazigh or Berber <input type="checkbox"/> Jordanian <input type="checkbox"/> Arab or Arabic <input type="checkbox"/> Kurdish Kuwaiti <input type="checkbox"/> Assyrian <input type="checkbox"/> Lebanese <input type="checkbox"/> Bahraini <input type="checkbox"/> Libyan <input type="checkbox"/> Bedouin <input type="checkbox"/> Moroccan <input type="checkbox"/> chaldean <input type="checkbox"/> Omani <input type="checkbox"/> Copt <input type="checkbox"/> Paestinian <input type="checkbox"/> Druze <input type="checkbox"/> Qatari <input type="checkbox"/> Egyptian <input type="checkbox"/> Saudi Arabian <input type="checkbox"/> Emirati <input type="checkbox"/> Syrian <input type="checkbox"/> Iranian <input type="checkbox"/> Tunisian <input type="checkbox"/> Iraqi <input type="checkbox"/> Yemeni Middle Eastern(write in) North African(Write In) <input type="checkbox"/> <input type="checkbox"/>		

OROVILLE STUDENT HEALTH INFORMATION

2023/2024

Student's Name: _____
Last First Gender Birth Date Grade

Parent/Guardian Name(s): _____

Mailing Address: _____ City: _____

Physical Address: _____ City: _____

Daytime Phone: Mom: _____ Dad: _____

Emergency Contact: Name: _____ Phone # _____ Relationship: _____

Emergency Contact: Name: _____ Phone # _____ Relationship: _____

MEDICAL HISTORY

Please mark if your child has any of the following health conditions:

- Asthma Will need inhaler at school Seen in hospital/Emergency Room in last five years for asthma?
- Severe allergy requiring Epi-pen? Allergy to: Food Bees/insects Plants Animals Drugs
- Diabetes requires insulin injection
- Seizure disorder
- Heart condition
- Frequent or severe headache
- Behavior or emotional concerns
- ADD/ADHD
- Other - please explain any health concerns you think we should know about at school:

Does your child wear hearing aides? Yes No Does your child wear glasses/contacts? Yes No

Do any of the above condition(s) limit/affect your child at school? No Yes, explain:

My child has NO HEALTH PROBLEMS

LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? No Yes * Describe:

*** If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan be in place prior to starting school.**

MEDICATION

Does your child take any medication? No Yes, name of medication:

Reason for taking medication:

Will medication be needed at school? No Yes*

*** If your child needs medication at school, please contact the school for the "Medication Authorization" form. This form must be completed every year before any medication may be administered at school.**

Medical Care

Name of child's health care provider _____ phone number _____

Name of child's dentist _____ phone number _____

Does your child have medical insurance coverage? Yes No Don't know

EMERGENCY MEDICAL RELEASE

In the event of a medical emergency, we will attempt to notify you. If we are unable to reach you, do we have permission to take the above named student to a hospital or doctor for emergency treatment?

YES - Parent/Guardian Signature _____ Date _____

NO - Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR SHARING HEALTH INFORMATION I understand that the information given above may be shared with some school staff to provide for the health and safety of my child.

Parent/Guardian Print then Sign _____ Date _____



Oroville School District requests that all new students entering the district provide the following information.

Has the enrolling student ever had:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Any history of placement in special education programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any past, current, or pending disciplinary actions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any history of violent behavior? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any history of sex offenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any history of inhaling toxic fumes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any history of controlled substance violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any history of alcohol/liquor violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other criminal offense? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any unpaid fines or fees imposed by any other school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any health conditions affecting the student's educational needs? |

If you have answered "yes" to any of these questions, please describe the incident briefly below:

I certify that the above information is correct:

Parent/Guardian Signature

Student Signature

2022-23 Family Income Survey

Dear Parent/Guardian:

Schools receive certain federal and state funding (Learning Assistance Program, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child’s school a way to collect household income information. This information makes sure your child’s school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

Part 1. ELIGIBILITY: Figure out your total household income. Then look at the income chart below. Find your household size. **If your total household income is equal to or less than the amount listed for your household size, check the box.**

Income Chart
Effective from July 1, 2022 through June 30, 2023

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$25,142	\$2,096	\$1,048	\$967	\$484
<input type="checkbox"/>	2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
<input type="checkbox"/>	3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
<input type="checkbox"/>	4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
<input type="checkbox"/>	5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
<input type="checkbox"/>	6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
<input type="checkbox"/>	7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
<input type="checkbox"/>	8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
<input type="checkbox"/>	For each additional household member	\$8,732	\$728	\$364	\$336	\$168
<input type="checkbox"/>	Household does not qualify					

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you’re applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child’s personal income. Do not count foster payments as income.

