

KINDERGARTEN REGISTRATION PACKET

Jefferson County 509J

We are so excited about having your child enroll in Kindergarten in a Jefferson County school. Your child is your most prized possession, and we take that responsibility very seriously. With the COVID-19 pandemic we are not able to host students and families for the typical welcome event, which includes meeting the Kindergarten teachers and school staff. This spring we do not have the opportunity to host families, but we still have the opportunity to collect registration forms and for you to ask questions of school staff. Our school secretaries will be the best resource.

Buff Elementary Contact

Secretary: Wendy Hernandez

Principal: Billie White

Madras Elementary Contact

Secretary: Maritsa Salgado

Principal: Chris Wyland

Metolius Elementary Contact

Secretary: Lark Earnest

Principal: Adam Dietrich

Warm Springs K-8 Academy Contact

Secretary: Heilan Gonzalez

Principal: Bambi Van Dyke

To: Parents of Kindergarten Students Fall 2020

In order for our school to have a good idea of the number of Kindergarten children to expect in September we would like to completely register as many children as possible.

To enter Kindergarten your child must:

- 1) Be 5 years old on or before September 1, 2020
- 2) Have proof of immunization
- 3) Have a birth certificate or hospital record

Which school will my child be attending in Fall 2020 (Put an x next to the school you plan to attend)

_____ Buff Elementary
_____ Madras Elementary
_____ Metolius Elementary
_____ Warm Springs K-8 Academy

Please fill out the following forms, regardless of your school boundary. The school board has adopted boundary lines which are followed when enrolling students. If you have any questions, please call the school.

Registration form

Please fill out both sides of the registration form. The people you list as emergency contacts will be the only ones besides the parents who will be allowed to pick up your child. If your child is hurt or becomes sick during the day, we will call an emergency contact if we cannot reach you.

Field Trip form

This form gives you child permission to go on field trips. Teachers will notify you of each field trip but you have to sign only once.

Language Survey

This form is required by the *Every Student Succeeds Act* and allows us to provide the best instruction for your child.

Oregon Title 1-C Migrant Survey

This form may or may not apply to you. It is helpful if you fill it out anyways as it could provide some services to your family.

Student Residency Questionnaire

This form may help your child to be eligible for additional educational services through the Title 1 part A, Title 1 Part C- migrant and or Federal McKinney-Vento Assistance Act.

Certificate of Dental Screening

State law requires a child who is 7 years or younger to have a dental screening before entering school for the first time.

Authorization to Share Information Between Jefferson County School District 509j and Preschool Program

We also need the following to complete your child's registration:

Birth Certificate.

Birth certificate or proof of age is required before starting kindergarten.

Immunization Record

Please bring a copy of your child's immunization record to the office. Children cannot start school until immunizations are complete or at least up to date (meaning they still need shots but not enough time has elapsed to get the next one).

Metolius Elementary 541-546-3104

Madras Elementary 541-475-3520

Buff Elementary 541-475-2457

Warm Springs Elementary 541-553-1128

JEFFERSON COUNTY SCHOOL DISTRICT 509J STUDENT REGISTRATION

FOR OFFICE USE ONLY

ENTRY DATE _____ CODE _____ BUS # _____ GRAD YR _____ GRADE _____

STUDENT INFORMATION

LEGAL LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ PREFERRED NAME _____

☐ Female
☐ Male
☐ Non-Binary

STREET ADDRESS _____ CITY _____ ZIP CODE _____ HOME PHONE _____

MAILING ADDRESS (if different) _____ CITY _____ ZIP CODE _____ STUDENT CELL PHONE _____

DOB: MONTH _____ DAY _____ YEAR _____ Grade Level _____ Country of Birth _____ Date of Entry into USA _____

PROOF OF AGE ☐ Birth Certificate ☐ Baptismal Certificate ☐ Passport ☐ Other: _____

FEDERAL RACE & ETHNICITY

ETHNICITY - Federal & State reporting requires one ethnicity be selected

☐ Not Hispanic/Latino
☐ Hispanic/Latino

RACE - Federal & State reporting requires at least one race be selected. If Hispanic ethnicity is checked, you must also check at least one race. You may check more than one race.

☐ White ☐ African American ☐ Native Hawaiian/Pacific Islander ☐ Asian
☐ American Indian/Alaskan Native (You will be asked to complete a 506 Form for Title VII funding)

Note: If Ethnicity/Race are not selected, Jefferson County School District staff by law will complete the information and registration process based on observation. The selected race & ethnic data will be completed based on information such as the student's birthplace, family, customs, or language spoken.

PREVIOUS SCHOOL INFORMATION

Has This Student Previously Been Enrolled In ANY 509J School? ☐ YES ☐ NO If yes, school name _____

Most Recent School (Including Pre-School): _____ Phone: _____

School Address: _____

Has your child ever been expelled from school: ☐ YES ☐ NO _____ School Name _____ Month _____ Year _____

SPECIAL SERVICES: Does This Child Receive Special Services Such As:

☐ IEP (Individual Education Plan) ☐ Speech ☐ 504 Plan ☐ ESL (English Language Development)

PARENT/GUARDIAN INFORMATION

LEGAL CUSTODY OF: ☐ Both Parents ☐ Mother ☐ Father ☐ Foster ☐ Grandparent ☐ Other: _____ Relationship _____

Lives With: _____

FATHER'S NAME: _____ Last _____ First _____ Lives With Student? ☐ YES ☐ NO

Is This Person An Emergency Contact? ☐ YES ☐ NO Home Phone: _____ Cell Phone: _____

Email: _____ Preference for Alerts/Announcements: ☐ Call and/or ☐ Text

Place Of Employment: _____ Work Phone: _____

MOTHER'S NAME: _____ Last _____ First _____ Lives With Student? ☐ YES ☐ NO

Is This Person An Emergency Contact? ☐ YES ☐ NO Home Phone: _____ Cell Phone: _____

Email: _____ Preference for Alerts/Announcements: ☐ Call and/or ☐ Text

Place Of Employment: _____ Work Phone: _____

GUARDIAN'S NAME: _____ Relationship: _____
Last First
Home Phone: _____ Cell Phone: _____
Place Of Employment: _____ Work Phone: _____
Email: _____ Preference for Alerts/Announcements: ☐ Call and/or ☐ Text

EMERGENCY CONTACTS (OTHER THAN PARENT OR GUARDIAN ALREADY WRITTEN ON REGISTRATION)

Contact 1 _____ Relationship _____
Last Name First Name
Phone # _____ ☐ Cell ☐ Work ☐ Home Phone # _____ ☐ Cell ☐ Work ☐ Home
May pick up student from school: ☐ YES ☐ NO

Contact 2 _____ Relationship _____
Last Name First Name
Phone # _____ ☐ Cell ☐ Work ☐ Home Phone # _____ ☐ Cell ☐ Work ☐ Home
May pick up student from school: ☐ YES ☐ NO

Contact 3 _____ Relationship _____
Last Name First Name
Phone # _____ ☐ Cell ☐ Work ☐ Home Phone # _____ ☐ Cell ☐ Work ☐ Home
May pick up student from school: ☐ YES ☐ NO

This student has permission to walk home (*Elementary & Middle School students only*): ☐ YES ☐ NO

EMERGENCY MEDICAL INFORMATION

Doctor's Name _____ Phone Number _____
Allergies & Health Conditions _____
Life Threatening? ☐ YES ☐ NO Does this student take any medications? ☐ YES ☐ NO If yes, please fill out medication forms.
Jefferson County School District 509J has my permission to transport this student to a medical facility in case of an emergency: ☐ YES ☐ NO

SIBLING INFORMATION ☐ No other siblings attending Jefferson County School District 509J schools

Last _____ First _____ School _____
Last _____ First _____ School _____
Last _____ First _____ School _____

Does either parent or guardian have an active connection with the military? Name _____

RELEASE OF STUDENT DIRECTORY INFORMATION

Directory Information: Jefferson County School District 509J, in compliance with ORS 326.565, has a policy that allows for the release of student's name, address, telephone number and photo as directory information. Student directory information is regularly included in publications such as yearbooks, student directories, playbills, sports programs, honor roll and recognition lists, class photographs and media release information. If you do not want this student's directory information released, please indicate your choice on the release of directory information form included with the registration packet.

Parent/Guardian Signature

Date

Revised 10/2/2018

State of Oregon Language Use Survey

The 2020-21 Language Use Survey (LUS) is under development. Until the 2020-21 version is finalized, districts may choose to use either of the Language Use Surveys available on the ODE website.

This form is given to all students entering into a school district for the first time.

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.

Title III provides support for English learners as defined by USED.

The State of Oregon honors the language and culture of its people and respects the over 166 languages in our schools, and recognizes that:

- 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.

Student Name: _____ **Grade:** _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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>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>3. What language(s) did your child learn first?</p> <p>_____</p> <p>4. What language(s) is most often used by your child at home?</p> <p>_____</p>

Encuesta sobre el uso del lenguaje en el estado de Oregon

La encuesta sobre el uso de lenguaje (LUS) correspondiente a 2020 a 2021 se está desarrollando. Hasta que concluya la versión de 2020 a 2021, los distritos pueden optar por utilizar las encuestas sobre el uso del lenguaje que tienen disponibles en el sitio de Internet de ODE.

Se da este formulario a todos los alumnos que entran por primera vez en el distrito escolar.

El propósito de la **encuesta sobre el uso del lenguaje** es ayudar a la escuela a determinar si su hijo o hija califica para recibir apoyos adicionales de **título tercero** en la instrucción lingüística para los alumnos que están aprendiendo el idioma inglés.

El **título tercero** proporciona apoyo a los estudiantes del idioma inglés, según la definición de USED.

El estado de Oregon honra el lenguaje y cultura de sus pueblos, respetando las más de 166 lenguas de nuestras escuelas, y reconociendo que:

- El idioma es un componente básico de la identidad cultural de cada persona,
- La herencia y los idiomas principales son un instrumento fundamental en el éxito cultural y académico de los alumnos y
- Los alumnos con diversas culturas y diversos idiomas quizás tengan ventaja sobre los demás alumnos que únicamente usan un lenguaje, y son muy valorados en las carreras profesionales.

Nombre del alumno: _____ Grado: _____ Fecha: _____

Nombre del padre o tutor: _____

Firma del padre o tutor: _____

Descripciones	Preguntas
<p>Preferencias de comunicación Esta pregunta ayuda a la escuela a proporcionar un intérprete o documentos traducidos sin costo alguno, en caso de que usted lo desee.</p> <p><i>Esta sección tiene propósitos informativos únicamente. No se utiliza para identificar a su hijo en las pruebas de colocación de competencia lingüística en el idioma inglés.</i></p>	<p>1. ¿En qué idiomas preferiría usted que la escuela se comunicara con usted?</p> <p>_____</p>
<p>Elegibilidad para apoyo de desarrollo lingüístico Esta sección ayuda a la escuela a identificar si su hijo debe recibir una evaluación para que se le preste apoyo en la instrucción educativa en el idioma inglés.</p> <p><i>Esta sección no se utiliza para identificar a su hijo en las pruebas de colocación de competencia lingüística en el idioma inglés. Una respuesta que no sea el idioma inglés a las preguntas número dos, número tres o número cuatro quizás hagan que su hijo califique para recibir una prueba de colocación de competencia lingüística en el idioma inglés.</i></p>	<p>2. ¿Qué idioma principal utilizan para comunicarse en casa?</p> <p>_____</p> <p>3. ¿Qué idioma empezó a aprender primero su hijo o hija?</p> <p>_____</p> <p>4. ¿Qué idioma usa más frecuentemente con sus hijos en su hogar?</p> <p>_____</p>

Jefferson County School District

445 SE BUFF ST
MADRAS, OR. 97741
(541) 475-6192

NAME OF STUDENT _____ GRADE _____

TEACHER _____

Dear Parents:

Field trips often arise out of class activities requiring the need for direct community experience. During the year, the school will be taking various trips and would like to have your permissions to take your child on these field trips. It is understood that the children will be under proper supervision. Your signature below will authorize the school to allow your child to participate in trips during the school year.

You will always receive notice before your child goes on a field trip.

PARENT SIGNATURE _____ DATE _____

Please sign below if you would be able to accompany us on any field trips.

PARENT SIGNATURE _____



Jefferson County School District

445 SE BUFF ST
MADRAS, OR. 97741
(541) 475-6192

NOMBRE DEL ESTUDIANTE _____ GRADO _____

MAESTRO (A) _____

Estimados padres de familia:

De vez en cuando durante el año escolar, se realizan excursiones como una parte íntegra de ciertos estudios. Hay ciertas actividades que requieren una experiencia comunitaria. Por lo tanto quisiéramos tener su permiso para que su hijo (a) participe en estas salidas supervisadas. Su firma a continuación autoriza a la escuela, permitir a su hijo (a) participar en las salidas para este año escolar.

Ud(s) recibirán avisos oportunos correspondientes a las salidas.

FIRMA DEL PADRE/MADRE _____ FECHA _____

Favor de indicar si es que usted podrá acompañarnos. **No se permitirá traer niños pequeños pre-escolares.**

FIRMA DEL PADRE/MADRE _____



OREGON TITLE 1C MIGRANT EDUCATION PROGRAM

The Title 1C Program offers services to children and families who have moved within the last **three** years to look for temporary or seasonal work in **agriculture, forestry, nurseries, ranch work and dairy work.**

Date: _____ Name of School(s): _____

Name of Mother/Father: _____

Names of Children: _____

Address: _____ Telephone: _____

Have you or your family moved within the past three years with the purpose of obtaining work in the activities listed above? **YES/NO**

PROGRAMA DE EDUCACIÓN MIGRANTE TÍTULO 1C OREGON

El Programa de Título 1C ofrece servicios a los niños y familias que se han mudado durante los últimos **tres** años para buscar trabajo temporal o estacional en **agricultura, trabajo forestal, viveros, ranchos y lecherías.**

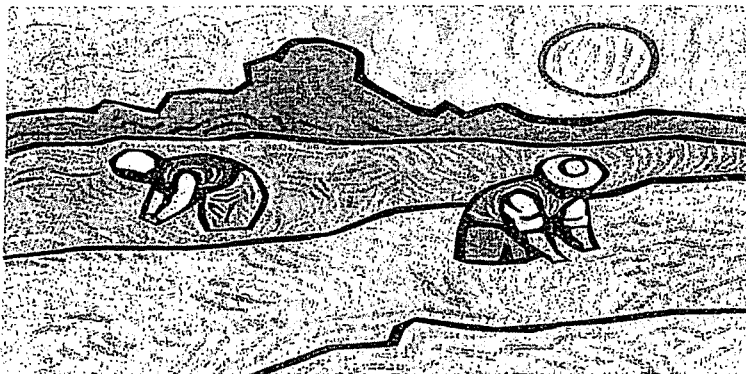
Fecha de hoy: _____ Nombre de escuela(s): _____

Nombre de madre/padre: _____

Nombre de niños(as): _____

Domicilio: _____ Teléfono: _____

¿Se ha mudado usted o sus hijos durante los últimos tres años con el propósito de trabajar en las actividades nombradas arriba? **SÍ/NO**



TITLE 1C STAFF WILL PICK UP ALL COMPLETED SURVEYS
PLEASE DO NOT PLACE SURVEYS IN CUM FILES



Student/ Family Residence Questionnaire

2020-2021

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Are you currently living in any of the following situations? Check *all* that apply. If none apply it is not necessary to complete this form.

- ☐ Sharing housing with a friend, relative, or other **due to loss of housing, economic hardship or similar reason.**
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter)
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodation
- ☐ Temporarily living in a motel or hotel **due to loss of housing, economic hardship or similar reason.**
- ☐ If you are a student living with anyone other than a parent **due to loss of housing, economic hardship or similar reason** (couch surfing)

2. Have you or your family moved with the purpose of obtaining temporary or seasonal work in the following fields:

- ☐ Agriculture
- ☐ Forestry/Nurseries
- ☐ Ranch/Dairy Work

3. Are there children in the home ages 0-5?

- ☐ Yes
- ☐ No

4. If you answered "Yes" to question 3, are any attending Head Start?

- ☐ Yes
- ☐ No

Please list **ALL** children currently living with you.

First, Last Name	DOB	Grade	School

The undersigned parent, guardian, or unaccompanied youth certifies that the information provided above is accurate.

Print Name

Signature

Date

Phone Number

Street Address

City

State

Zip



Cuestionario de Residencia de Estudiante/Familia

2020-2021

Su hijo puede ser elegible para servicios a través del Título I parte A, Título I parte C-Migrantes, y/o la Ley Federal de Asistencia McKinney-Vento. Elegibilidad puede determinarse a través de completar este cuestionario.

1. ¿Actualmente vive su familia en algunas de las siguientes situaciones? Marque *todos* los que aplican. Si ningunas de las situaciones le aplica, no es necesario llenar ni entregar esta forma.

- ☐ Viviendo con otra familia o amigos debido a perdida de hogar, dificultades económicas o razones similares
- ☐ Hospedado en un refugio (refugio familiar, refugio de violencia doméstica, refugio de jóvenes)
- ☐ Viviendo en un coche, parque, sitio de campamento, edificio abandonado, u otro alojamiento inadecuado
- ☐ Viviendo en un hotel o motel debido a perdida de hogar, dificultades económicas o razones similares.
- ☐ Si eres un estudiante/ menor de edad viviendo separado de tu padre o guardián legal debido a perdida de hogar, dificultades económicas o razones similares

2. Usted y su familia se han mudado con el propósito de buscar trabajo temporal o estacional en algunos de los siguientes tipos de trabajo:

- ☐ Agricultura
- ☐ Trabajo foresta/Vivieras
- ☐ Ranchos/Lecherías

3. ¿Tiene hijos en el hogar de edades 0-5?

- ☐ Si
- ☐ No

4. ¿Si respondió "si" a la pregunta 3, están atendiendo el Preescolar?

- ☐ Yes
- ☐ No

Por favor provea la información de todos los niños que viven con usted.

Nombre y Apellido	FDN	Grado	Escuela

La firma del padre, guardián, o joven no acompañado certifica que la información es correcta.

Nombre

Firma

Fecha

Numero de teléfono

Domicilio

Cuidad

Estado

Código Postal

Dental Screening Certification Form

State law now requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. *HB 2972 (2015)*

IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

Parent/Guardian:

- If you know your child has already had a dental screening, please check the box below, fill out this section, and sign it.
- If you do not know if your child has had a dental screening, please have a dental provider fill out this section and sign it.
- Please return this form to the school office.

☐ My child _____ has received a dental screening.
(First name) (Middle initial) (Last name)

Parent/Guardian or Dental Provider

Print Name: ✍ _____

Signature ✍ _____ Date ✍ _____

TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

Parent/Guardian: You may choose to have your child opt-out of a dental screening due to a reason listed below. Please fill out this section and sign it. Then return this form to the school office.

My child _____ was not screened due to the following:
(First name) (Middle initial) (Last name)

Please check all that apply:

- ☐ We already submitted a certification form at a previous school.
- ☐ The dental screening is contrary to student or families religious beliefs.
- ☐ The dental screening is a burden.

The dental screening is a burden for the student or the parent or guardian of the student when:

(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

Print Name ✍: _____

Signature ✍ _____ Date ✍ _____

**AUTHORIZATION TO SHARE INFORMATION
BETWEEN JEFFERSON COUNTY SCHOOL DISTRICT 509J AND PRE-SCHOOL PROGRAM**

I give permission for the Jefferson County School District 509J to share my child's educational and discipline records with the pre-school listed below, and for the pre-school to share my child's educational and discipline records with the Jefferson County School District 509J. I understand that this information will be treated confidentially by both parties under the provision of the Family Education Rights and Privacy Act (FERPA). This authorization will only be in effect for one year and I can withdraw my consent at any time.

Child's Name: _____ Child's DOB: _____

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____

Pre-School Name: _____ Pre-School Phone: _____

Pre-School Address: _____
Street City State Zip

**AUTORIZACIÓN PARA COMPARTIR INFORMACIÓN
ENTRE EL DISTRITO ESCOLAR DEL CONDADO JEFFERSON 509J Y EL PROGRAMA PRE-ESCOLAR**

Doy permiso para que el Distrito Escolar del Condado Jefferson 509J comparta los archivos educativos y de disciplina abajo mencionados con el Pre-Escolar, y para que el Pre-Escolar comparta los archivos educativos y de disciplina con el Distrito Escolar del Condado Jefferson 509J. Entiendo que esta información será tratada de forma confidencial por ambas partes de conformidad con la disposición de los Derechos de la Familia de Educación y la Ley de Privacidad (FERPA). Esta autorización sólo tendrá vigencia por un año y puedo retirar mi consentimiento en cualquier momento.

Nombre del Niño (a) _____ Fecha de Nacimiento del Niño (a) _____

Nombre del Padre/Guardián: _____
Por favor escriba

Firma del Padre/Guardián: _____

Nombre del Pre-Escolar: _____ Teléfono del Pre-Escolar _____

Domicilio del Pre-Escolar: _____
Calle Ciudad Estado Código Postal

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____child ____child's parent ____child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Parents, don't let your child get left behind!

School Year 2020-2021



Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering
**Child Care or
Early Education** needs*

Check with your child's program or
healthcare provider for required vaccines

A child 18 months or older entering
**Preschool, Child Care, or
Head Start** needs*

4 Diphtheria/Tetanus/Pertussis (DTaP)
3 Polio
1 Varicella (chickenpox)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B
2 Hepatitis A
3 or 4 Hib

A student entering
**Kindergarten or
Grades 1-6** needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 7-12 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.*



PUBLIC HEALTH DIVISION)
Maternal and Child Health

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon St.
Portland, OR 97232
971-673-0339

Regarding: Information required by House Bill 2972

Access to Dental Care: Further Examinations and Necessary Treatments

Dear parents and school staff,

Most Oregonians can enroll in either private health insurance through HealthCare.gov or free or low-cost coverage through the Oregon Health Plan (Medicaid). All Oregonians can apply for coverage, and no one can be denied coverage because of a pre-existing health condition.

Do you need dental insurance?

- You may apply for the Oregon Health Plan (Medicaid) at any time.
<http://www.oregonhealthcare.gov/apply-for-medicaid-now.html>
- If you need to buy health insurance, visit Healthcare.gov to see if you qualify.
<https://www.healthcare.gov/>

Do you need to find a dentist?

- For a listing of dentists in your area:
<http://www.oregondental.org/for-the-public/find-a-dentist>

Do you need low-cost dental care?

- For low-cost dental care:
<http://www.oregondental.org/for-the-public/low-cost-dental-care>
- If your child does not qualify for Oregon Health Plan or Qualified Health Plans, contact an I'm Healthy! ¡Soy Sano! partner near you to see if dental services are provided:
<http://www.oregon.gov/oha/hsd/ohp/pages/safety-net-capacity-grant.aspx>

Sincerely,

Bruce Austin, DMD

Statewide Dental Director

Health Policy Administration

BRUCE.W.AUSTIN@dhsosha.state.or.us

503-551-5905

Toothbrush tips

- Choose the right toothbrush for your child's age.
- Choose a toothbrush with soft bristles.
- Replace a toothbrush when bristles wear out (two to three months).



Time for a new toothbrush!

Toothpaste tips

Baby to age 3

- Clean your baby's mouth with a cloth or soft toothbrush during the first year.
- As teeth begin to break through the gums, use a smear of fluoride toothpaste twice a day.
- It is best to clean the teeth after breakfast and before bedtime.



Age 3 and older

- Increase the amount of fluoride toothpaste to a pea-sized amount.
- Brush twice a day for at least two minutes.



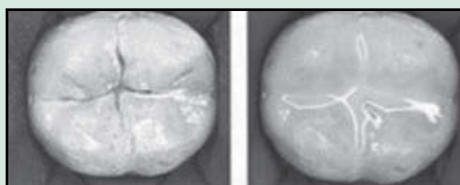
All ages

- You need to help your child brush their teeth until they are at least 7 or 8 years old.
- Teach your child to spit out toothpaste and not swallow it after brushing.

Dental sealants

Your child will usually have their first set of permanent molar teeth (back teeth) in first and second grades (two on the top and two on the bottom). The second set of permanent back teeth usually comes in around sixth and seventh grades.

Dental sealants are a coating that flows into the deep pits and grooves of the back teeth. Sealants "seal out" bacteria and food that cause cavities. Sealants help protect the back teeth from cavities. Your child should get dental sealants from your dentist or a school dental sealant program.



Before:
Pits and grooves

After:
with sealant

Dental sealants only protect the back teeth. It is very important your child keeps brushing twice a day, flossing each day and using fluoride either at home or at school.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Oral Health Unit at 971-673-0348, or email oral.health@state.or.us. We accept all relay calls or you can dial 711.

OHA 8770 (11/2017)

Keeping Your Child's Mouth Healthy



A healthy mouth is an important part of overall health. Good oral health starts with keeping your child's teeth cavity-free.

Oregon Health
Authority
PUBLIC HEALTH DIVISION
Oral Health Unit

What is a cavity?

A cavity is a hole in the tooth. When bacteria (germs) mix with sugar left on a tooth, it creates acid. This acid weakens the tooth and eventually causes a hole in the tooth — a cavity. Cavities can be very painful if not treated.

Tips for a healthy smile

- See a dentist regularly
- Brush teeth for at least two minutes, two times a day
- Floss teeth daily
- Use fluoride
 - » Toothpaste
 - » Fluoride varnish
 - » Fluoridated water
- Have dental sealants applied
- Choose healthy snacks like fruits, vegetables and cheese
- Drink water, low-fat milk and milk products (soy milk)
- Wear a mouth guard while playing sports

See the dentist regularly

Take your child to the dentist by age one. Continue to take your child for regular visits. Most dentists will want to see your child twice a year. An oral health screening at school does not replace the need for regular visits to the dentist.

Fluoride

Fluoride is a mineral that helps make teeth stronger so teeth do not get cavities. There are many ways your child can get the right amount of fluoride to protect their teeth.

You can find out if your tap water has fluoride in it by calling your water service. If your child does not get fluoride that way, your doctor or dentist may want your child to get fluoride another way:

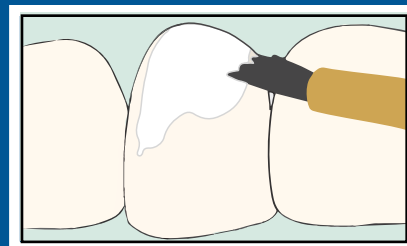
- Drinking bottled water with fluoride
- Fluoride toothpaste
- Fluoride varnish (see below)
- Fluoride tablets, drops or mouth rinse
- Fluoride foams or gels

Fluoride varnish

Fluoride varnish helps protect against cavities. It is a safe coating of fluoride painted onto the teeth. The fluoride soaks into the teeth. The coating on the outside is off by the next day.

Your child can get fluoride varnish from your dentist, doctor or school oral health program. It works best if your child has two to four treatments per year.

Fluoride
varnish
coating



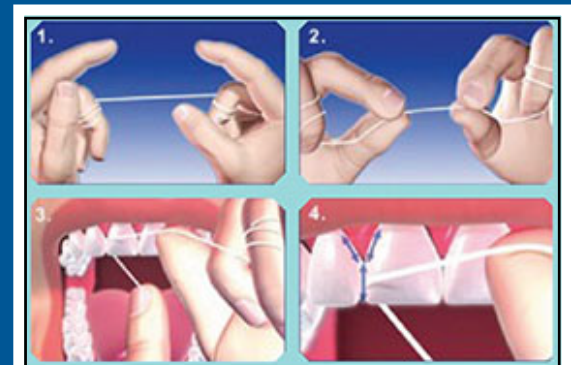
Floss once a day

It is important to floss at least once a day. Food and germs stick between the teeth where the toothbrush cannot reach. This leads to cavities.

How to floss

1. Take out about 18 inches of dental floss from a floss dispenser.
2. Wrap the ends of the floss around your middle fingers.
3. Guide the floss with your index finger around each tooth in a “C” shape.
4. Gently scrape the floss up and down against the side of each tooth. Be sure to floss under the gum line to remove food and bacteria.
5. Unroll a new section of floss as you move from tooth to tooth.
6. Floss all teeth, even the back teeth.

Flossing steps



How to claim a new nonmedical exemption to school/children's facility immunization requirements in Oregon

1. Complete the required education from a health care practitioner or online vaccine education module at www.healthoregon.org/vaccineexemption.
2. Get a Vaccine Education Certificate from the health care practitioner or print a certificate from the online vaccine education module. Turn the completed Vaccine Education Certificate into your child's school or childcare with a completed Certificate of Immunization Status form.
3. Get a Certificate of Immunization Status from your child's school or childcare, or at www.1.usa.gov/OregonSchool. Fill out the nonmedical exemption portion of the Certificate of Immunization Status, marking the vaccines for which you would like a nonmedical exemption for your child. Turn the completed Certificate of Immunization Status into your child's school or childcare with the completed Vaccine Education Certificate.

Helpful hints for claiming a nonmedical exemption:

- Some health care practitioners may not provide the Vaccine Education Certificate. Check with your health care practitioner first.
- If you have multiple children for whom you'd like a nonmedical exemption, you need to make a copy of the Vaccine Education Certificate for each child.
- Keep a copy of the Vaccine Education Certificate for your own records.
- The date on the Vaccine Education Certificate and Certificate of Immunization Status must be within 12 months of the date you enroll your child in school or childcare.
- Listing a vaccination history for your child does not affect your right to a nonmedical exemption. We encourage you to document any vaccinations your child has received so that their medical history is as complete as possible.

All of us have a stake in making sure that children stay healthy and avoid illness. In Oregon, all children attending school or childcare are required to have certain immunizations or an appropriate medical or nonmedical exemption.

Some people cannot be vaccinated because of medical conditions—and exposure to a vaccine-preventable disease could be fatal to them. If your child has been exposed to a disease, intentionally or not, keep them home at the first sign of illness.

Responsibilities: Actively choosing not to immunize your child is a parent's right; however, it carries with it a significant responsibility: not exposing others to communicable disease.

Rights: No one can deny a parent the right to claim a nonmedical exemption. If you were told that you cannot claim a nonmedical exemption, please report it to the Oregon Immunization Program at 971-673-0300.

VACCINE EDUCATION CERTIFICATE

Health Care Practitioner Documentation

Directions for Health Care Practitioners:

1. Fill out this form for each child.
2. Mark the boxes below indicating the vaccine(s) and the dose administered.
3. Fill out the date(s).
4. Sign and date this form.
5. Give the parent/caregiver this form and the vaccine(s) you gave, with the date(s).

Always include the name(s) of the vaccine(s) and the dose(s) given.

Parent's name (printed): _____

Refer to the rules adopted under GRS 433-073 for the following vaccine presentation options.

Mark "Yes" or "No" for each of these:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diphtheria-Tetanus-Pertussis
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Polio
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hemophilus
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis A
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis B
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis A & B
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hib vaccine(s) required for children younger than 5 years of age

Health Care Practitioner's Signature: _____

Date: _____

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ 13th ☐ 14th ☐ 15th ☐ 16th ☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ 22nd ☐ 23rd ☐ 24th ☐ 25th ☐ 26th ☐ 27th ☐ 28th ☐ 29th ☐ 30th ☐ 31st

Clinic name (printed): _____

Directions for parents for claiming a nonmedical exemption with this certificate:

- 1) Write your child's name and date of birth on the line below.
- 2) Fill in this certificate to your child's school or child care facility.
- 3) Fill out and sign the Nonmedical Exemption section of the Certificate of Immunization Status form number 32-0504 at your child's school or child care facility. You may divide one or more above marked exemptions for your child.


Child's name (printed): _____

Optional: GRS 433-057 states that this document may include the reason for declining the immunization.

Immunization is being declined because of:

☐ Religious belief ☐ Philosophical belief ☐ Other

Printed name
Health
Care Practitioner
Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Fax: _____

Vaccine Education Certificate of Completion	
Parent's name: <u>Blueberry Huffin</u>	
has completed the vaccine education module approved by the Oregon Health Authority pursuant to rules adopted under ORS 433.273, for the following checked vaccine-preventable diseases:	
<u>Tetanus, Diphtheria, and Pertussis</u>	<u>Hepatitis B</u>
<u>Polio</u>	<input checked="" type="checkbox"/> Hepatitis A
<u>Varicella</u>	<u>MM</u>
<u>Measles, Mumps and Rubella</u>	
Date of completion: <u>2/20/2014</u>	
Child's name	Child's date of birth
Directions for claiming a nonmedical exemption with this certificate:	
1. Write your child's name and date of birth on the line above. 2. Turn in this certificate to your child's school or child care facility. 3. Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child care facility. You may decline one or more of the vaccinations listed above. On the CIS, be sure to check each vaccine for which you are exempting your child.	
Optional: ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of: <ul style="list-style-type: none"> <input type="checkbox"/> Religious belief <input type="checkbox"/> Philosophical belief <input type="checkbox"/> Other 	
	

Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

	Child's Full Name <i>(Print)</i>	First Primer Number	Middle Initial Second Number	Birthdate <i>(MM/DD/YYYY)</i>		
Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Diphtheria (DT) (Only in children less than 5 years)					
	Expanded tetanus (MCV, APV, T)					
	Human Papilloma Virus (HPV) (9-26 years old)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
Medical Exemptions	Medical Exemptions:					
	<input type="checkbox"/> Allergic reaction to any vaccine or vaccine component <input type="checkbox"/> Immune deficiency or immunosuppression <input type="checkbox"/> Pregnancy					
	<input type="checkbox"/> Religious or sincerely held religious beliefs <input type="checkbox"/> Personal or medical beliefs					
	<input type="checkbox"/> Other (Specify): _____					
	<input type="checkbox"/> Exemption for medical condition (Specify): _____ <input type="checkbox"/> Exemption for religious beliefs (Specify): _____ <input type="checkbox"/> Exemption for personal or medical beliefs (Specify): _____					
	<input type="checkbox"/> Other (Specify): _____					

I hereby certify that the above information is accurate and that this child's immunization history is complete and true.

Signature: _____ Date: _____

Update Signature: _____ Date: _____

Update Signature: _____ Date: _____

Update Signature: _____ Date: _____

OHA 501-1-0104

Oregon
Health
Authority

10/2016