



REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

Phone (541) 432-7311

Fax (541) 432-1100

STUDENT NAME: _____ GRADE: _____ D.O.B _____

STUDENT HOME ADDRESS: _____

SCHOOL LAST ATTENDED: _____ FAX NUMBER: _____

IS THE STUDENT CURRENTLY ON AN IEP/504 PLAN? NO IEP 504 OTHER _____

PLEASE IMMEDIATELY EMAIL OR FAX THE FOLLOWING INFORMATION TO
sabrina.janzen@staff.josephcharter.org or Fax: (541) 432-1100

- **Unofficial Transcript – copy for enrollment purposes**
- **Copy of most recent IEP/504 records**
- **Immunization Records**

Please mail the following information:

X Official Cumulative Records: Official Transcript, Report Cards, Attendance, Standardized Achievements, Class Schedules, Transfer Grades

X Health Records: Birth Certificate, Sports Physicals, all other health records required by ORS 433.275 to 443.263.

X Special Services: IEP Records, 504, Speech, Psychological Evaluations and any other Special Education Files.

X Behavioral Records: Records of conversation and verified reports of serious or recurrent behavior patterns.

X Any other information pertaining to this student's Educational records

Please mail Education Records at your earliest convenience to:

Joseph Charter School
P.O. Box 787
Joseph, OR 97846
Attention: Sabrina Janzen

Thank you for your assistance. Please contact Jennifer Littlepage with any questions at (541) 432-7311

Office Use Only –

Request 1 Date: _____

Request 2 Date: _____

Request 3 Date: _____

According to the Family Educational Rights and Privacy Act [U.S. Code: Title 20, Section 123g, a(6) 1B]. It is not necessary to obtain written consent to release records. School officials in school systems in which the student intends to enroll, may receive a student's records without written consent for such release.

GRADE:	FOR OFFICE USE ONLY:	SCHOOL YEAR: 2020-2021	ENROLLMENT DATE::	STUDENT ID:
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JOSEPH CHARTER SCHOOL #6

STUDENT ENROLLMENT FORM

Instructions: The enrollment form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a pen and complete all pages.**

If student is living in any of the following circumstances, additional services may be available: sharing housing with friends or family, living in a shelter or motel, or if you are a student who is living away from your parent or legal guardian. Contact the school for further information

Has your student ever attended Joseph School? ☐ Yes ☐ No ☐ Initial Enrollment ☐ Enrollment Changes Grade: ____
 Does the student have a current Individualized Education Plan (IEP)? ☐ Yes ☐ No
 Does the student have a section 504 Plan? ☐ Yes ☐ No

Student Information

1. Legal Last Name	2. Legal First Name	3. Middle Name	4. Suffix	5. Gender ☐ Female ☐ Male ☐ X
6. Last Name (Goes By)	7. Nickname	8. Birthdate	9. Primary Language ☐ English ☐ Spanish ☐ Other _____	10. City of Birth (If In USA)
11. State Of Birth (If In USA)	12. Country Of Birth	13. If country of birth is outside the USA or Puerto Rico, when did the child start attending school in the USA?		
14. Primary Phone Number () ☐ Home ☐ Cell		15. Student/Parent Email	16. Student Cell Phone ()	
17. Home Address	18. Apartment Number & Complex Name (If Applicable)	19. City	20. State	21. Zip
22. Is mailing same as home address? ☐ Yes ☐ No (If No, complete boxes 23-26)	23. Different Mailing Address	24. City	25. State	26. Zip

Previous School Information

27. Previous School District Attended	28. Previous School Attended	29. Previous School Address	30. Dates Attended From To
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Ethnicity/Race

This information is required by the Federal Government and is used for data analysis and reporting purposes only. If you chose not to respond, Joseph School District is required to report this information through an observer identification process.

Completion of Part A and Part B is required.

31. **Part A: Ethnicity** (Choose One) ☐ **Not Hispanic/Latino**
☐ **Hispanic/Latino** (Having origins in Cuba, Mexico, Puerto Rico, Central and South America or Other Spanish Culture.)

32. **Part B: Race** No matter what you selected above, please continue to answer the following by marking **one or more boxes** to indicate what you consider your child's race to be.

- ☐ **Asian:** Having origins in the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **Black or African American:** Having origins in any of the black racial groups of Africa
- ☐ **White:** Having origins in any of the original peoples of Europe, the Middle East, or North Africa
- ☐ **American Indian or Alaskan Native:** Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Native Hawaiian or Other Pacific Islander:** Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

JOSEPH CHARTER SCHOOL DISTRICT #6

Student Last & First Name	Grade
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Parent/Guardian Information

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

Are there any current legal restrictions or restraining orders pertaining to this student? ☐ Yes ☐ No

If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

33. Relationship to Student	34. Lives with Student ☐ Yes ☐ No	35. Last Name	36. First Name	
37. Contact Order ☐ 1st ☐ 2nd	38. Same Address as Student ☐ Yes ☐ No (If no complete boxes 45-48)	39. Gender ☐ Female ☐ Male ☐ X	40. Legal Documentation Required If Any Of These Boxes Are Not Checked ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Mailings Allowed ☐ Release To	
41. Primary Language Spoken	42. Interpreter Needed for Educational Conferences ☐ Yes ☐ No	43. Email Address	44. Willing to Volunteer ☐ Yes ☐ No	
45. Correspondence Address (if different from Student)		46. City	47. State	48. Zip
49. Employer	50. Are you a member of the Armed Forces, on active duty or full-time National Guard? ☐ Yes ☐ No		51. Education Level	
Indicate One Phone Type as Your Primary Phone Number (boxes 52-54)	52. ☐ Home ☐ Primary ☐ Contact Phone ()	53. ☐ Cell ☐ Primary ☐ Contact Phone ()	54. ☐ Work ☐ Contact Phone ()	

Parent/Guardian Information

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

Are there any current legal restrictions or restraining orders pertaining to this student? ☐ Yes ☐ No

If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

55. Relationship to Student	56. Lives with Student ☐ Yes ☐ No	57. Last Name	58. First Name
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59. Contact Order ☐ 1st ☐ 2nd	60. Same Address as Student ☐ Yes ☐ No (If no complete boxes 67-70)	61. Gender ☐ Female ☐ Male ☐ X	62. Legal Documentation Required If Any Of These Boxes Are Not Checked ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Mailings Allowed ☐ Release To	
63. Primary Language Spoken		64. Interpreter Needed for Educational Conferences ☐ Yes ☐ No		65. Email Address
67. Correspondence Address (if different from Student)			68. City	69. State
			70. Zip	
71. Employer		72. Are you a member of the Armed Forces, on active duty or full-time National Guard? ☐ Yes ☐ No		73. Education Level
Indicate One Phone Type as Your Primary Phone Number (boxes 74-76)	74. ☐ Cell ☐ Primary ☐ Contact Phone ()	75. ☐ Cell ☐ Primary ☐ Contact Phone ()		76. Work ☐ Contact Phone ()

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JOSEPH CHARTER SCHOOL DISTRICT #6

Student Last & First Name	Grade
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Step-Parent/Guardian Information

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

Are there any current legal restrictions or restraining orders pertaining to this student? ☐ Yes ☐ No

If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

33. Relationship to Student	34. Lives with Student ☐ Yes ☐ No	35. Last Name	36. First Name	
37. Contact Order ☐ 1st ☐ 2nd	38. Same Address as Student ☐ Yes ☐ No (If no complete boxes 45-48)	39. Gender ☐ Female ☐ Male ☐ X	40. Legal Documentation Required If Any Of These Boxes Are Not Checked ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Mailings Allowed ☐ Release To	
41. Primary Language Spoken		42. Interpreter Needed for Educational Conferences ☐ Yes ☐ No		43. Email Address
				44. Willing to Volunteer ☐ Yes ☐ No
45. Correspondence Address (if different from Student)			46. City	47. State
			48. Zip	
49. Employer		50. Are you a member of the Armed Forces, on active duty or full-time National Guard? ☐ Yes ☐ No		51. Education Level
Indicate One Phone Type as Your Primary Phone Number (boxes 52-54)	52. ☐ Home ☐ Primary ☐ Contact Phone ()	53. ☐ Cell ☐ Primary ☐ Contact Phone ()		54. ☐ Work ☐ Contact Phone ()

Step-Parent/Guardian Information

Please provide information on both parents, including parents who do not live with the student. (This page may be copied to add additional parents.) It is assumed both parents/guardians have access to student/student information unless legal documentation is provided indicating otherwise.

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If there is a current court order limiting or restricting access to the student by a non-custodial parent or other person, you must submit a copy of the order before the school can limit access.

55. Relationship to Student		56. Lives with Student ☐ Yes ☐ No		57. Last Name		58. First Name	
59. Contact Order ☐ 1st ☐ 2nd		60. Same Address as Student ☐ Yes ☐ No (If no complete boxes 67-70)		61. Gender ☐ Female ☐ Male ☐ X		62. Legal Documentation Required If Any Of These Boxes Are Not Checked ☐ Contact Allowed ☐ Educational Rights ☐ Has Custody ☐ Mailings Allowed ☐ Release To	
63. Primary Language Spoken		64. Interpreter Needed for Educational Conferences ☐ Yes ☐ No		65. Email Address		66. Willing to Volunteer ☐ Yes ☐ No	
67. Correspondence Address (if different from Student)				68. City		69. State	
						70. Zip	
71. Employer		72. Are you a member of the Armed Forces, on active duty or full-time National Guard? ☐ Yes ☐ No				73. Education Level	
Indicate One Phone Type as Your Primary Phone Number (boxes 74-76)		74. ☐ Cell ☐ Primary ☐ Contact Phone ()		75. ☐ Cell ☐ Primary ☐ Contact Phone ()		76. Work ☐ Contact Phone ()	

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JOSEPH CHARTER SCHOOL DISTRICT #6

Student Last & First Name	Grade
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Siblings

Please include Pre-School Age (Birth – 4 Years) and School Age (Grades K-12). This page may be copied to add additional siblings.

77. Last Name	78. First Name	79. Age	80. Birth Date	81. Gender ☐ Female ☐ Male ☐ X	82. School Name	83. Grade
84. Last Name	85. First Name	86. Age	87. Birth Date	88. Gender ☐ Female ☐ Male ☐ X	89. School Name	90. Grade
91. Last Name	92. First Name	93. Age	94. Birth Date	95. Gender ☐ Female ☐ Male ☐ X	12960. School Name	97. Grade
98. Last Name	99. First Name	100. Age	101. Birth Date	102. Gender ☐ Female ☐ Male ☐ X	103. School Name	104. Grade
105. Last Name	106. First Name	107. Age	108. Birth Date	109. Gender ☐ Female ☐ Male ☐ X	110. School Name	111. Grade

Emergency Contacts

In an emergency, parents/guardians will be called first.

Emergency contacts will be called in the order indicated. It is assumed that any person listed as an emergency contact also has permission to transport your student **in the event of an emergency.**

Check **Release To** if you are granting permission for your contact to pick up your child.

1	112. Contact Last Name	113. First Name	114. Relationship To Student	115. Release To ☐	116. City, State
	117. Primary Language Spoken	118. Home Phone Number ()	119. Work Number ()	120. Cell Number ()	
2	121. Contact Last Name	122. First Name	123. Relationship To Student	124. Release To ☐	125. City, State
	126. Primary Language Spoken	127. Home Phone Number ()	128. . Work Number ()	129. Cell Number ()	

3	130. Contact Last Name	131. First Name	132. Relationship To Student	133. Release To ☐	134. City, State
135. Primary Language Spoken		136. Home Phone Number ()	137. Work Number ()	138. Cell Number ()	

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Please describe):

JOSEPH CHARTER SCHOOL DISTRICT #6

Student Last & First Name	Grade
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Medical Information		
140. Does your student have Health/ Accident Insurance? ☐ Yes ☐ No Insurance Company _____ Hospital Preferred _____		
141. Physician Name	142. Telephone Number ()	143. Health Insurance Policy (Middle & High School Use Only)
144. Dentist Name	145. Telephone Number ()	146. Health Insurance Policy (Middle & High School Use Only)

Medical Concerns			
See office staff if student requires medication at school. A school nurse may contact you to obtain more information regarding your child's medical condition.			
147. Condition	148. Symptom(s)	149. Required Treatment/ Medication(s)	150. Life Threatening ☐ Yes ☐ No
151. Condition	152. Symptom(s)	153. Required Treatment/ Medication(s)	154. Life Threatening

Permissions/Authorizations

155. Do you have internet access at home? ☐ Yes ☐ No
156. I give permission for my child to use the internet ☐ Yes ☐ No (See **COMPUTER USE POLICY** in Student Handbook/Planner)
- Used for Educational Purposes
157. I give permission for my child to be interviewed and/or photo to be released/posted to our School Website/Facebook, yearbook, athletic programs, class photos, etc ☐ Yes ☐ No
- ☐ No photo or interview under any circumstances ☐ No photo or interview by any outside agency

Military/College Recruitment (High School Use Only)

158. The Every Student Succeeds Act (ESSA) requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to “**OPT OUT**”. In order to do so, you must check next to one or both of the following categories:
- ☐ No Military Recruiters ☐ No College Recruiters

Student/Parent Permission Information:

* FERPA allows the district to provide directory information upon request without the prior permission of parents or students. If you do not want the District to disclose directory information, to include photo and video from your child’s education records without your prior consent, you must notify the office at your child’s school in writing within two (2) weeks of starting school. This notification must be submitted on an annual basis.

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Signature of Parent/Guardian:

Notify the School Office if the information on any of these pages changes.

Signature of Parent/Guardian:

Date: