

# Pendleton School District 16R Registration Form

<b><i>Legal</i></b> Last Name	First Name	Middle Name
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**Student Information:**

Grade \_\_\_\_\_ Gender (circle) M   F   Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Place \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
(City) (State) (Country)

Migrant #

<b>Last School/Preschool Attended:</b>	
<b>Address:</b>	
<b>City &amp; State:</b>	<b>Phone:</b>
	<b>Fax:</b>
<b>Services or Programs (Check all that may apply):</b> <input type="checkbox"/> Title I Support <input type="checkbox"/> Medical or Medication Supports <input type="checkbox"/> 504 Accommodations <input type="checkbox"/> IEP/IFSP/Special Education <input type="checkbox"/> English Learner Services <input type="checkbox"/> Homeless Youth Services <input type="checkbox"/> Behavior Services <input type="checkbox"/> Counseling <input type="checkbox"/> Migrant <input type="checkbox"/> Other: _____	

**It is the responsibility of the parent/guardian to provide the school with any legal documentation or court orders that apply to the student and are relevant to the child's educational experience.**

The Federal Family Education Rights and Privacy Act of 1974 permits the school district to release certain information, known as “directory information,” to certain people or institutions, unless you request **IN WRITING**, that such information not be released. In many cases, requests for this type of information come from the news media, students, or staff creating web pages or the armed forces for recruiting purposes. “Directory information” may include:

- ✓ Student's name, address and telephone number
- ✓ Date and place of birth
- ✓ Participation in officially recognized activities and sports
- ✓ Weight and height if athletic team member
- ✓ Dates of attendance
- ✓ The most recent educational agency or institution attended by the student
- ✓ Photographs of other similar information
- ✓ In the case of student information in web pages, the following will be excluded: last names, telephone numbers, and addresses.

Pictures may occasionally be taken of students and/or student work for use in web pages, news media or school district publications, as well. We will not release any "directory information" for commercial or other purposes not related to school business.

Special Consent: I authorize my child to be photographed, video taped, or audio taped in connection with the educational program and activities of the Pendleton School District. I understand that my child will not be paid for the photographic image. I also consent to public display of such photograph, video tape, or audio tape image in connection with the Pendleton School District programs and activities.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Relationship Date

If you do not wish us to release "directory information" and/or have your child appear in a photograph, videotape, film or slide, please let your school know **IN WRITING** within two weeks of receiving this notice. Otherwise, it is not necessary to take any action.

**If you have questions on this notification, please call the Pendleton School District at (541)276-6711**

OVER

**Physical Address** \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Do you live on Trust Land? ☐ YES ☐ NO

Are you living with friends or relatives due to financial hardship? ☐ YES ☐ NO

Is this living situation temporary or due to loss of housing or financial hardship? ☐ YES ☐ NO

**Mailing Address**

Street / PO

Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Home Phone** \_\_\_\_\_

<b>Other Children Living in Household</b>				
Childs Legal Name (last, first, middle)	Gender	Birthdate	School	Grade
1.				
2.				
3.				
4.				
5.				
6.				

Please attach a separate piece of paper to list additional children.

**Parent/Guardian Information (list by priority)**

	Name	Relationship	Lives with	Phone	Cell Phone	Employer
<b>1</b>				Home		
	Email			Work		
<b>2</b>				Home		
	Email			Work		

**Emergency Contacts - allowed to pick up student from school**

		Relationship				
<b>3</b>			Home		Cell	
			Work			
<b>4</b>			Home		Cell	
			Work			
<b>5</b>			Home		Cell	
			Work			
<b>6</b>			Home		Cell	
			Work			

**OFFICIAL USE ONLY:**

Enrollment code		Enrollment date		Grade		Teacher	
Records requested		Records received		Immunization status			
Special Education Teacher Notified		ELD Teacher Given LUS		Homeless Liaison Notified			

# McKay Creek Elementary

1539 SW 44<sup>th</sup> Street  
Pendleton, Oregon 97801  
(541) 966-3000 Fax (541) 966-3046

Student \_\_\_\_\_ Student # \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade this year \_\_\_\_\_ Date \_\_\_\_\_

School last attended \_\_\_\_\_

Address of School \_\_\_\_\_

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## REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS

In accordance with Federal Law PL 93-380 and Oregon law 336.185 to 336.215 a request is made that the above student's records be forwarded to McKay Creek Elementary, Pendleton, Oregon. Federal Law 99.31 states that there is no parent signature required for educational records sent to another educational agency.

PLEASE FORWARD:

- \_\_\_\_\_ 1. **PROGRESS RECORDS:** Permanent Record (parent name, etc.), achievement test scores, academic work completed, level of achievement (grades, marks, reading competency, grade level, etc.), attendance.
- \_\_\_\_\_ 2. **HEALTH RECORDS:** Immunization records, other health records (vision, audio, etc.)
- \_\_\_\_\_ 3. **SPECIAL ED:** IEP information, psychological test information, Title I records, TAG information, any other information that would be helpful in place the student in proper classes.
- \_\_\_\_\_ 4. **BEHAVIORIAL RECORDS:** Family background information, anecdotal records, records of conversations and verified reports of serious or recurrent behavior patterns.

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## PARENT/LEGAL GUARDIAN AUTHORIZATION

I make this authorization in order to transfer records to the location where this student will be attending school. **I have been notified of my rights to review my student's records before their release** and - - (please check one response):

☐ I waive my right at this time, consenting to the release and transfer of the foregoing records **without any further notice to me.** I will inform you in writing should I desire a personal copy of the records.

☐ I will contact you within seven (7) school days from the date on this request form to review my student's records in the presence of a person qualified to interpret them.

Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

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SEND RECORDS TO: McKay Creek Elementary  
1539 SW 44<sup>th</sup> Street  
Pendleton, OR 97801



# PENDLETON SCHOOL DISTRICT 16R

## REGISTRATION / STUDENT INFORMATION QUESTIONNAIRE

I, the parent, guardian, or surrogate of \_\_\_\_\_, realize that in order to plan the most appropriate educational program for my child, an awareness of any special services is important. To the best of my knowledge, my child is or is not in need of the following services:

1. Educational Support Services		<b>Yes</b>	<b>No</b>
a. Special Services			
b. Title I			
c. Counseling			
d. Behavior Plan			
e. ESL Services			

2. Health Support Services		<b>Yes</b>	<b>No</b>
Medication			
	At Home		
	At School		
Description: _____			
_____			

3. Special health problems or concerns.		<b>Yes</b>	<b>No</b>
Any Condition that might affect Physical Education Class			
Description: _____			
_____			

4. To the best of my knowledge, my child needs		<b>Yes</b>	<b>No</b>
Special services at this time.			

5. Has your child received any special services at school		<b>Yes</b>	<b>No</b>
During the last two years?			
If Yes, What specific services? _____			
_____			

6. Would you like one of our administrators to contact you		<b>Yes</b>	<b>No</b>
At this time to discuss any special problems?			

7. What is your family's primary language? \_\_\_\_\_

Grade my child attended last year \_\_\_\_\_ Please contact me at \_\_\_\_\_  
Phone

Parent/Guardian/Surrogate Name Printed	Address

Parent/Guardian/Surrogate Signature	Date



## Parent Notification

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise either parent may check the child out of the school with proper identification.

If a parent comes in with a court order stating the current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read the above statement.

Student's Name:

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Signature of  
Parent/Guardian:

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## Notificación de Padres

Por ley, si los padres están separados legalmente o divorciados, cada padres tiene derechos iguales sobre la custodia/documentos del hijo (a)/ hijos A MENOS QUE uno de los padres tenga una orden de la corte que indique cual padre es el que tiene custodia del hijo (a) hijos.

La escuela DEBE DE TENER UNA COPIA DE LA ORDEN en sus archivos estudiantiles de lo contrario, cualquier padre puede sacar al estudiante de la escuela o pedir documentación con la identificación apropiada

Si uno de los padres viene con una orden de la corte que indique la custodia sobre el estudiante registrado, entonces se pueden llevar al niño (a)/hijos después de que los documentos hayan sido verificados conforme sea necesario y después de haber hecho todo intento de comunicarnos por teléfono con el otro padre registrado.

He leído la declaración proveida.

Nombre del  
estudiante:

Firma del  
padre/tutor

# Race and Ethnicity Form

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Legal Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Number: \_\_\_\_\_

*If an individual or the parent on behalf of the student does not complete the two-part question, then the educational institution will take steps to collect and document information allowing the reporting of the individual in one of the Federal reporting categories. The US Department of Education will continue its existing policy of **using observer identification in these cases**.*

**Ethnicity:** (Choose one)

☐ **Hispanic/Latino**

(A Hispanic or Latino person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ **Not Hispanic/Latino**

**Race:** (Choose one or more, regardless of Ethnicity)

☐ **American Indian or Alaskan Native** (An American Indian or Alaska Native person has origins in any of the original peoples of North and South America (including Central America))

☐ **Asian** (An Asian person has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ **Native Hawaiian or Other Pacific Islander** (A Native Hawaiian or Other Pacific Islander person has origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ **Black or African American** (A Black or African American person has origins in any of the black racial groups of Africa.)

☐ **White** (A White person has origins in any of the original peoples of Europe, the Middle East, or North Africa.)

OMB, Revisions to the Standards for the  
Classification of Federal Data on Race and  
Ethnicity, 62 FR 58782-58790

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

# Formulario de Etnicidad y Raza

Nombre legal: \_\_\_\_\_  
Apellido Primero Segundo

Nombre Preferido: \_\_\_\_\_  
Apellido Primero Segundo

Fecha de Nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_ Número Estudiantil: \_\_\_\_\_

Si un individual o el padre de parte del estudiante no llena el cuestionario de dos partes, entonces la institución de educación tomará los pasos y documentará la información permitiendo el informe del individuo en unas de las categorías del informe federal. El Departamento de Educación continuará su póliza existente **de usar observadores identificadores en estos casos.**

**Etnicidad:** (escoja uno)

- ☐ **Hispano/Latino** (Una persona Hispana o Latina es Cubano, Mexicano, Puertorriqueño, Sur o Centroamericano, o otra cultura o origen Español, a pesar de raza)
- ☐ **No Hispano/Latino**

**Raza:** (Escoja uno o más a pesar de la Etnicidad)

- ☐ **Nativo Americanos o Nativo de Alaska** (Una persona Nativo Americano o Nativo de Alaska tiene orígenes de cualquier habitante original del Norte y Sur de América (incluyendo Centroamérica))
- ☐ **Asiático** (Una persona Asiático tiene orígenes de cualquier habitante original del Extremo Oriente, Sudeste Asiático de indígenas subcontinente, incluyendo, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, Las islas Filipinas, Tailandia y Vietnam.)
- ☐ **Nativo Hawaiano o Otro Isleño del Pacífico** (Una persona Nativo Hawaiano o Otro Isleño del Pacífico tiene orígenes de cualquier habitante original de Hawái, Guam, Samoa, u otro Isleño Pacífico.)
- ☐ **Negro o Africano Americano** (Una persona Negra o Africano Americano tiene orígenes en cualquier grupo racial negro de África.)
- ☐ **Raza blanca** (Una persona blanca tiene orígenes de cualquier habitante original de Europa, el Medio Oriente, o África del Norte.)

OMB, Revisiones al Estándar para la  
Clasificación de Datos Federal en Raza y  
Etnicidad, 62 FR 58782-58790

Firma: \_\_\_\_\_  
Padre/Tutor Fecha



Pendleton School District 16R  
Health, Developmental, and Social History  
**CONFIDENTIAL**  
For Educational Purposes Only

Student's Name: \_\_\_\_\_

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

Is there any custodial concerns/parent plan that we should be aware of? \_\_\_\_\_

**DEVELOPMENTAL or EARLY HISTORY:**

Did your child meet developmental milestones? \_\_\_\_\_ walk? \_\_\_\_\_ talk? \_\_\_\_\_ toilet trained?

**MEDICAL HISTORY and ILLNESS OF STUDENT:** (Check those that are true for this child; Star (\*) those that are a present concern)

\_\_\_\_\_ Allergy Known \_\_\_\_\_ Asthma \_\_\_\_\_ Color Blindness \_\_\_\_\_ Concussion \_\_\_\_\_ Diabetes

\_\_\_\_\_ Ear Infections (Tubes in Ears? \_\_\_\_\_) \_\_\_\_\_ Eye Problems? (Wears Glasses? \_\_\_\_\_)

\_\_\_\_\_ Hearing Loss (Hearing Aids? \_\_\_\_\_)

Does the child have any physical limitation/health problems? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please describe:

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Does this child need special or continuing medical care? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please describe:

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**CURRENT GENERAL HEALTH STATUS:**

Is child taking any medications? \_\_\_\_\_ No \_\_\_\_\_ Yes, for \_\_\_\_\_

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Is medication needed at school? \_\_\_\_\_ No \_\_\_\_\_ Yes

**SOCIAL BEHAVIORS:**

Favorite Activities: \_\_\_\_\_ Home Responsibilities \_\_\_\_\_

Child behavior/response to anger: \_\_\_\_\_

Fear/Conflicts: \_\_\_\_\_

Circle all behaviors that apply to your child: *affectionate; shy, friendly, withdrawn, inactive, curious, hyperactive, impulsive or explosive behavior, cries easily, aggressive, prefers to be alone, easily frustrated.*

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attended Preschool? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, how long? \_\_\_\_\_ Where? \_\_\_\_\_

Has child been seen by a: \_\_\_\_\_ Psychologist \_\_\_\_\_ Psychiatrist \_\_\_\_\_ Counselor

Dates? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ENVIRONMENTAL FACTORS INFLUENCING EDUCATION PROCESS:**

How many times has this child moved in the last two years? \_\_\_\_\_

Has this child experienced death/divorce within the immediate family? \_\_\_\_\_

Agencies working with the family: \_\_\_\_\_

What are your educational concerns for this child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there other concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

# 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><b>Communication Preferences</b> This question helps the school provide an interpreter or translated documents, free of charge, should you want them.</p> <p><i><b>This section is for informational purposes only. It is not used to identify your child for English language proficiency placement testing.</b></i></p>	<p>1. What language(s) would you prefer the school use to communicate with you?</p> <p>_____</p>
<p><b>Eligibility for Language Development Support</b> This section helps the school identify if your child should be assessed to receive support in academic English instruction.</p> <p><i><b>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.</b></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>

# 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.

Below is the United States Department of Education definition of an English learner.

The term “English learner,” when used with respect to an individual, means an individual —

- (A) who is aged 3 through 21;
- (B) who is enrolled or preparing to enroll in an elementary school or secondary school;
- (C)
  - (i) who was not born in the United States or whose native language is a language other than English;
  - (ii)
    - (I) who is a Native American or Alaska Native, or a native resident of the outlying areas;
    - and
    - (II) who comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency; or
  - (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and
- (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual —
  - (i) the ability to meet the challenging State academic standards;
  - (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or
  - (iii) the opportunity to participate fully in society.

(ESEA Section 8101(20))

Pendleton School District 16R  
Computer Technology  
Student Acceptable Use Policy for PSD Net

Computers and access to the internet are used to support learning and to enhance instruction. With parental permission, your student will have an email account and internet access through the Pendleton School District's computer system (PSDnet).

While utilizing the internet it is possible to gain access to information which may not be appropriate. It is a general policy that all computers used through PSDnet are to be used in a responsible, appropriate, efficient, ethical and legal manner. Failure to adhere to the policy and the guidelines for the use of PSDnet, as described below, will result in the immediate revocation of access privileges as well as possible disciplinary action, and/or referral to law enforcement. Reinstatement will be at the discretion of the school administration.

#### GENERAL USE PROHIBITIONS

##### 1. Prohibitions

- a. Attempts to degrade, disrupt or vandalize the district equipment, software, materials or data or those of any other system or user
- b. Attempts to send, intentionally access or download any text file or image or engage in communication that includes material which may be interpreted as:
  - i. Harmful to minors
  - ii. Obscene, indecent, profane or lewd as determined by the district
  - iii. A product or service not permitted to minors by law
  - iv. Harassment, bullying, intimidation, menacing, threatening or insulting and/or inflammatory language
  - v. A likelihood that, either because of its content or the manner of distribution, it will cause a material or substantial disruption of the school operation
- c. Attempts to use another individual's account, failure to provide the district with individual passwords or to access restricted information, resources or networks to which the user has not been given access.

##### 2. Violations/Consequences

- a. Students who violate general system user prohibitions shall be subject to discipline up to and including expulsion and/or revocation of district system access up to and including permanent loss of privileges
- b. Violations of law will be reported to law enforcement immediately

*I have read the district's acceptable use policy pertaining to student internet usage. I give permission for my student to participate and utilize the Pendleton School District's computer system.*

Student Name \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

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

#### Pendleton School District Policies

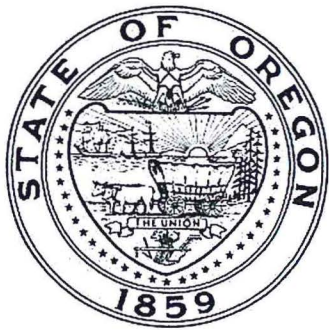
<http://policy.osba.org/pendletn/search.asp?target=electronic+use>

[http://policy.osba.org/pendletn/j/jfcfa\\_gbnaa%20gl.pdf](http://policy.osba.org/pendletn/j/jfcfa_gbnaa%20gl.pdf)

<http://policy.osba.org/pendletn/i/iibga%20dl.pdf>

<http://policy.osba.org/pendletn/i/iibga%20r%20dl.pdf>





## Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete  
for all  
  
 Up-to-  
date  
  
 Medical  
  
 Non  
medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
<i>or</i>					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**





# Oregon Certificate of Immunization Status, Page 2

## Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

### For medical exemptions:

Please submit a **letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): Please submit a **letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

### Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- ☐ A health care practitioner
- ☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Diphtheria/ Tetanus/Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio                         | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Varicella                     | <input type="checkbox"/> Hib         |
| <input type="checkbox"/> Measles/Mumps/Rubella         |                                      |

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- ☐ Religious belief    ☐ Philosophical belief    ☐ Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

Update Signature \_\_\_\_\_

Date \_\_\_\_\_

# Instructions for completing the Certificate of Immunization Status

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## **Contact information:**

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

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## **Required vaccines (Front):**

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

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## **Recommended vaccines (Back):**

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

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## **Signature:**

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

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## **REMEMBER TO COMPLETE BOTH SIDES OF FORM**

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## **Exemptions:**

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.



## **Instrucciones para llenar el Certificado de Estado de Vacunación**

### **Información de contacto:**

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo.

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### **Vacunas requeridas (adelante):**

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado. Averiguar con la escuela o guardería cuáles son las vacunas requeridas para la edad y grado escolar de su niño.

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### **Vacunas recomendadas (atrás):**

Estas dosis no son obligatorias por ley, pero son recomendadas y la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

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### **Firma:**

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño esta correcta. La firma del médico o del departamento de salud local no son requeridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

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## **RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO**

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### **Excepciones:**

Oregon permite excepciones médicas y no médicas.

Para una excepción no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y feche la línea indicada.

Para una excepción médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.