Sheridan Japanese School
Check List for 2019-2020 Registration Packet

PARENTS: Please fill out all forms for each student and return them to the school before school starts. Some forms require both parent and student signature. Please read them carefully. Thank you!

**New Students**

____ Race & Ethnicity Form

____ Residency Affidavit

**All Students**

____ $125 Student Body Fee

____ Student information form

____ Authorization and Release Form: Audio Visual, Movie, Walking Field Trip

____ Authorization for Medication Administration by School Personnel/Self Medication Agreement (Reminder: You MUST bring in the medication, in its original container, with the student’s name on it. By law, we cannot dispense any medication that does not come from home. Even cough drops and eye drops.)

____ Student Health Record

____ Family Educational Rights and Privacy Act Form (FERPA) (Note: different forms for EL/MS and HS)

____ Free and Reduced Meals Application. **NOTE:** Meal prices are $2.95 for EL/MS and $3.00 for HS unless student qualifies for Free & Reduced. Checks for meal deposits are made to SHERIDAN SCHOOL DISTRICT.

**High School Only**

____ Off-Campus Lunch Privilege Form

**Other Information**

2019-20 School Calendar
School Supply List
“Remind” app sign-up information.
Sheridan Japanese School
Sheridan School District 48J

Race & Ethnicity Information Form

Beginning in 2010, new federal regulations require that all U.S. schools gather statistical data on students’ race and ethnicity using new categories. In order for the data to best reflect the identities of our communities, it is important that parents and guardians be thoughtful about their families’ ethnic and racial identity when choosing the appropriate categories for their children. Both questions below must be answered to complete all student records.

Please complete one form for each of your students, answering both Question #1 and #2, and return the form to the school office. Thank you.

<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: Sheridan Japanese School</td>
</tr>
<tr>
<td>Student Name:</td>
</tr>
</tbody>
</table>

**Question #1 (required): ETHNICITY — Are you Hispanic or Latino?**

☑ Yes ☐ No

All persons of Latino, Hispanic or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican, or other Spanish-speaking country of origin, regardless of race or original language) should answer “Yes.” All persons answering “Yes” to this first question will be recorded as Hispanic/Latino. Continue to Question #2.

**Question #2 (required): RACE — Please mark all that apply.**

You must mark at least one category. Those who choose more than one category will be reported as multiracial.

- [ ] American Indian or Alaska Native:
  - ☐ U.S. A person having origins in any of the indigenous peoples of the continental U.S. or Alaska. Tribal affiliation, if known: __________________________
  - ☐ Latin America and Canada A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the Caribbean.

- ☐ Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

- ☐ Black or African American A person having origins in any of the original peoples of the Black racial groups of Africa.

- ☐ Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

- ☐ White A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

__________________________  __________________________
Signature of Parent or Guardian  Date
Sheridan School District
RESIDENCY AFFIDAVIT

School: ____________________________ School Year: _______________

Identifying Information – please print
This form is to be completed by the parent, legal guardian, or student (for an unaccompanied homeless youth) and signed by a school district employee. You must submit a separate Residency Affidavit for each child enrolled in the district. You may photocopy this form.

A. Student Information:

Student's Name

First Name Middle Initial Last Name

Date of Birth ________________________ Grade ______

B. Address: PLEASE NOTE THAT POST OFFICE BOX IS NOT ACCEPTABLE AS A RESIDENCE ADDRESS

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student living now? (check one box):

- □ In a shelter
- □ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled up”)
- □ In a hotel/motel
- □ In a car, park, bus, train or campsite
- □ Other temporary living situation (Please describe): ________________________

- □ In house/apartment or other “permanent” housing

Address ____________________________ Street Address ____________________________

City ______ State ______ Zip ______

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I moved outside the district, appropriate forms will also be required. I understand that an interdistrict transfer may not be accepted by the district.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in: a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent/Guardian/Caregiver ____________________________ Date ____________

Phone Number(s) ____________________________

OFFICE USE ONLY

□ Approved □ Exempt

OFFICIAL SCHOOL DISTRICT SIGNATURE ____________________________ Date ____________
# Sheridan Japanese School Student Information 2019-2020

<table>
<thead>
<tr>
<th>Student LEGAL Last Name</th>
<th>(Preferred)</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Nickname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Grade</td>
<td>Social Security # (Opt)</td>
<td>Birthdate (Mo/Day/Yr)</td>
<td>Birth Place (City, State)</td>
</tr>
<tr>
<td>M / F / X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## RESIDENTIAL INFORMATION

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City and Zip Code</th>
<th>County</th>
</tr>
</thead>
</table>

Mailing Address if Different:

<table>
<thead>
<tr>
<th>Home Phone Number:</th>
<th>Additional Phone 1 (Name__________)</th>
<th>☐ Cell ☐ Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Additional Phone 2 (Name__________)</td>
<td>☐ Cell ☐ Work</td>
</tr>
<tr>
<td>E-Mail Address 1:</td>
<td>E-Mail Address 2:</td>
<td></td>
</tr>
</tbody>
</table>

## FAMILY INFORMATION

Student lives with: ☐ Both Parents ☐ Only Mother ☐ Only Father ☐ Grandparents ☐ Mother/Step-Father ☐ Father/Step-Mother
☐ Foster ☐ Guardian ☐ Other: ____________________________

### Lives with PARENT/GUARDIAN #1:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>☐</td>
</tr>
<tr>
<td>Father</td>
<td>☐</td>
</tr>
<tr>
<td>Guardian</td>
<td>☐</td>
</tr>
<tr>
<td>Step</td>
<td>☐</td>
</tr>
<tr>
<td>Grandparent</td>
<td>☐</td>
</tr>
<tr>
<td>Sibling</td>
<td>☐</td>
</tr>
<tr>
<td>Foster</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
<tr>
<td>Work Place:</td>
<td>Work Phone:</td>
</tr>
</tbody>
</table>

### Lives with PARENT/GUARDIAN #2:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>☐</td>
</tr>
<tr>
<td>Father</td>
<td>☐</td>
</tr>
<tr>
<td>Guardian</td>
<td>☐</td>
</tr>
<tr>
<td>Step</td>
<td>☐</td>
</tr>
<tr>
<td>Grandparent</td>
<td>☐</td>
</tr>
<tr>
<td>Sibling</td>
<td>☐</td>
</tr>
<tr>
<td>Foster</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
<tr>
<td>Work Place:</td>
<td>Work Phone:</td>
</tr>
</tbody>
</table>

### Other Children in Family:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Name</th>
<th>Birthdate</th>
<th>Name</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>/ /</td>
<td>3.</td>
<td>/ /</td>
<td>5.</td>
<td>/ /</td>
</tr>
<tr>
<td>2.</td>
<td>/ /</td>
<td>4.</td>
<td>/ /</td>
<td>6.</td>
<td>/ /</td>
</tr>
</tbody>
</table>

## LOCAL Emergency Contact

<table>
<thead>
<tr>
<th>Last Name, First Name</th>
<th>Relationship</th>
<th>Address (City, State, Zip)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Persons Authorized to pick up students that ARE NOT on the Emergency Contact List:

______________________________

In case of serious accident or illness and I cannot be reached, I authorize: Dr: _________________________________

Phone: ___________________ to give necessary treatment.

Signature of parent or guardian: ___________________________ Date: ________________

☐ If you have a returning student and ANY of this information is different from the last school year, check this box.
Sheridan Japanese School Authorization and Release Form 2019-2020
Please sign this form for each student you have attending SJS this year

Print Student Name: ___________________________ Date: ________________

Signature of Parent/Guardian: ____________________________________________

Audio Visual Release
Each year it is necessary for us to have your permission for your student to be photographed, videotaped, or audio taped in connection with the educational program and activities of the Sheridan Japanese School. No student will be paid for the photographic image. Such photographs, videotapes, or audio tapes may be displayed in connection with the Sheridan Japanese School programs and activities including but not limited to: yearbook, sports, classroom, newsletters, and pictures submitted to the media.

I authorize my student to be photographed, videotaped, or audio taped in connection with the educational program and activities of the Sheridan Japanese School.

Yes _____ No _____

Movie Permission
During the course of the year, we show movies during class and special occasions. We would like to be able to show a variety of movies on short notice. To do this, we are seeking permission in advance for ratings your student will be allowed to see.

I authorize my student to see _______________ (G, PG, PG-13) rated movies. Only if the school is showing a movie that is rated above the authorized rating will an additional special permission form will be sent home. An alternate activity will be arranged for those unable to participate.

Walking Field Trip and Mainichi Undo Permission
Occasionally during the school day, student may attend walking field trips and will walk Mainichi Undo with their class for physical, educational and community-service purposes. Mainichi Undo happens daily and walking field trips occur at various times of the school year and will always be within walking distance.

I give permission for my student to go on walking field trips throughout the school year.

Yes _____ No _____
Sheridan Japanese School

Authorization for Medication Administration by School Personnel

NOTE: All medication must be brought to the school in the original container, properly labeled. School personnel may not dispense any medication that is not brought in by the parents, including cough drops or eye drops.

Student Name: ___________________________ DOB: ___________ Grade: ______

I am giving school personnel permission to administer medications to my child per the following (parent or physician to complete):

<table>
<thead>
<tr>
<th>Medication Information:</th>
<th>Medication Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Name:</td>
<td>Medication Name:</td>
</tr>
<tr>
<td>Dose (how much):</td>
<td>Dose (how much):</td>
</tr>
<tr>
<td>Frequency (how often):</td>
<td>Frequency (how often):</td>
</tr>
<tr>
<td>Route: (Circle one)</td>
<td>Route: (Circle one)</td>
</tr>
<tr>
<td>Mouth       Ear       Eye       Nose       Skin</td>
<td></td>
</tr>
<tr>
<td>Time to be given:</td>
<td>Time to be given:</td>
</tr>
<tr>
<td>Start Date: ___________  End Date: ___________</td>
<td></td>
</tr>
</tbody>
</table>

Reason for Medication:

Special Instructions:

- [ ] Self-Medicate (complete self-medication form)
- [ ] Non-Prescription
- [ ] Prescription

Special Instructions:

- [ ] Self-Medicate (complete self-medication form)
- [ ] Non-Prescription
- [ ] Prescription

I understand I am responsible to provide this medication and maintain the supply as needed. I understand I am responsible to notify the school of any changes. Medications may not be transported by the student. Medications must be in their original container, and properly labeled. Parents are required to pick up all unused medication by the last day of school. All medication left at the school will be discarded.

Parent/Guardian Signature: ___________________________________ Date: ___________

Physician’s Name: ___________________________________ Phone: ___________

Address: ___________________________________
Sheridan Japanese School

Self Medication Agreement

Students who are developmentally and/or behaviorally able will be allowed to self-administer prescription and/or nonprescription medication, subject to the following:

1. An Authorization for Medication Administration form must be submitted for all self medication of prescription and nonprescription medication and must indicate "Self-Medicate"

2. Parent and student must sign this Self Medication Agreement indicating they have read and agree to the criteria

3. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
   - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
   - Nonprescription medication must have the student's name affixed to the original container

4. The student may have in his/her possession only the amount of medication needed for that school day (exception: packaging for multiple dosage, such as inhalers)

5. Sharing and/or borrowing of medication with another student is strictly prohibited

6. Permission to self-medicate may be revoked if the student violates school district policy governing administration of medication and/or these regulations

I have read and agree to the above criteria and give permission for my child to carry:

(Name of medication)

__________________________  ____________
Parent/guardian signature  Date

I have read and agree to comply with the above criteria.

__________________________  ____________
Student signature  Date
**Sheridan School District 48J**  
**Student Health Record**

**Student**  
Last  
First  
Middle  
Month  
Day  
Year  
Sex: ☐ M ☐ F ☐ X  
Parent/Guardian  
Last  
First  
Middle Initial  
Home Phone  
Work Phone  

Dear Parent: Please describe your child's health problems on the form below. It is important that you keep the school informed of any changes in health or medication which would affect your child's performance. If any health conditions are noted below, you must complete the Authorization to Use and/or Disclose Educational and Protected Health Information on the back of this form.

### CURRENT HEALTH CONDITIONS

- **☐ CHECK HERE IF ANY OF THE HEALTH CONDITIONS BELOW ARE LIFE THREATENING AND WOULD REQUIRE EMERGENCY MEDICATION OR TREATMENT AT SCHOOL. Please circle the condition(s) below that are life threatening.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Triggers/Causes</th>
<th>Type</th>
<th>Special needs</th>
<th>Limitations</th>
<th>Medications</th>
<th>Special needs</th>
<th>History of localized swelling only?</th>
<th>Emergency medications needed at school?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASTHMA</strong></td>
<td>List medications needed at school:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BLOOD DISEASE</strong></td>
<td>Anemia, Hemophilia, etc.</td>
<td>Type</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>CARDIAC</strong></td>
<td></td>
<td>Type</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>DIABETES</strong></td>
<td>☐ Type 1 ☐ Type 2</td>
<td>Medications</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIGESTIVE DISORDER</strong></td>
<td>Colitis, Food Intolerance, etc.</td>
<td>Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DRUG ALLERGY</strong></td>
<td></td>
<td>Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EATING/SWALLOWING DIFFICULTIES</strong></td>
<td>Describe</td>
<td>Special needs</td>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FOOD ALLERGY</strong></td>
<td>Life Threatening</td>
<td>Food(s)</td>
<td>List emergency medication(s) needed at school:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FOOD ALLERGY</strong></td>
<td>Mild food allergy</td>
<td>Food(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEARING IMPAIRMENT OR COMPLETE LOSS</strong></td>
<td>Describe</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INSECT STING ALLERGY</strong></td>
<td>Life Threatening</td>
<td>Insect Type</td>
<td>History of life threatening reaction? ☐ Yes ☐ No</td>
<td>Emergency medications needed at school:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INSECT STING ALLERGY</strong></td>
<td>Mild</td>
<td>Insect Type</td>
<td>History of localized swelling only? ☐ Yes ☐ No</td>
<td>Medications needed at school:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LATEX ALLERGY</strong></td>
<td>Special needs</td>
<td>List emergency medication(s) needed at school:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MALIGNANCY/CANCER</strong></td>
<td>Type</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEUROLOGICAL PROBLEM</strong></td>
<td>Hydrocephalus, Cerebral Palsy, etc.</td>
<td>Type</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ORTHOPEDIC PROBLEM</strong></td>
<td>Arthritis, Muscular Dystrophy, etc.</td>
<td>Type</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RESPIRATORY PROBLEM</strong></td>
<td>Cystic Fibrosis, etc.</td>
<td>Limitations</td>
<td>Medication</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEIZURE DISORDER</strong></td>
<td>Epilepsy, etc.</td>
<td>Type</td>
<td>Medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SKIN PROBLEMS</strong></td>
<td>Eczema, etc.</td>
<td>Describe</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>URINARY/KIDNEY DISORDER</strong></td>
<td>Nephritis, etc.</td>
<td>Type</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VISION IMPAIRMENT OR COMPLETE LOSS</strong></td>
<td>Describe</td>
<td>Special needs</td>
<td>☐ Glasses ☐ Contacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER HEALTH PROBLEMS</strong></td>
<td>Describe</td>
<td>Special needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TAKING MEDICATION REGULARLY for a health condition not listed above.</strong></td>
<td>List:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

☐ NO HEALTH PROBLEMS TO MY KNOWLEDGE  

Parent/Guardian Signature  
Date
Sheridan School District 48J

AUTHORIZATION TO USE AND/OR DISCLOSE EDUCATIONAL AND PROTECTED HEALTH INFORMATION

1. I authorize the following provider(s) to use and/or disclose educational and/or protected health information regarding my child.

   Student/Child's Name ____________________________ Date of Birth ____________________________
   Other Names Used by Student/Child ____________________________

   Name and address of health care provider/doctor authorized to:
   ☐ Send/disclose protected health information
   ☐ Receive/use educational information

   ____________________________ ____________________________
   Willamette ESD and Sheridan School District 48J
   School or Program Name ____________________________
   Name and address of school/EI/ECSE program authorized to:
   ☐ Send/disclose educational information
   ☐ Receive/use protected health information

   ____________________________ ____________________________
   Willamette Education Service District
   2611 Pringle Road SE Salem, OR 97302

2. I understand that this information will be used for the following purposes (check all that apply):

   ☐ Determining eligibility for Special Education, EI/ECSE, or other services
   ☐ Determining student/child's current levels of performance
   ☐ Developing an individualized health plan
   ☐ Developing an appropriate Individualized Education Program or Individualized Family Service Plan
   ☐ Other (specify): Address health issues at school

3. By marking the boxes below, I authorize the use/disclosure of the following specific medical and/or educational records:

   ☐ Physician's Eligibility Statement
   ☐ Health Assessment Statement
   ☐ History and physical exam
   ☐ Entire medical record
   ☐ Prenatal information
   ☐ Educational Information
   ☐ IFSP/IEP document
   ☐ Clinic records
   ☐ Communicable disease(s)
   ☐ Progress notes
   ☐ Psychological Evaluations
   ☐ Social work reports
   ☐ Other: Medical/health information needed to address health issues at school

4. By initialing the spaces below, I authorize the use/disclosure of the following information. Specific records requested must be listed below, e.g., assessment, treatment plan, discharge plan.

   Drug/alcohol diagnosis, treatment or referral information requested: ____________________________
   HIV/AIDS related records requested: ____________________________
   Mental health related information requested: ____________________________
   Genetic testing information requested: ____________________________

5. I understand that:
   a. This authorization is voluntary and I may refuse to sign it without affecting my child's health care.
   b. I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR 164.524)
   c. I may revoke this authorization at any time by notifying Willamette ESD in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
   d. Federal policy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.
   e. Federal privacy rules for educational information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

6. I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.

   Signature of Parent/Legal Guardian/Student/Child ____________________________ Date ____________________________
   Relationship ____________________________

   This authorization expires ____________________________ (month/day/year) (not to exceed one year from date of signature above)
Sheridan School District 48J
Family Educational Rights and Privacy Act (FERPA)
Annual Notice of Student Education Record Privacy

Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive federal funds.

FERPA gives parents certain rights with respect to their child’s education records. When a student reaches the age of 18 or attends a post-secondary school or college, the parent’s rights transfer to the student and the student is then an “eligible student” under the law.

Under FERPA, parents and eligible students have the following rights:

1) To inspect and review the student’s education records maintained by the school within 45 days of the school’s receipt of a written request. The request should identify the record(s) being inspected. The school is not required to provide copies of records and may charge a fee if copies are requested. The following staff person may be contacted to seek access to your child’s record:

   Name of Staff: Jennifer Schulze
   Telephone: 503-843-3400
   Email Address: director@sisnihongo.com

   You will be notified of the place and time the record(s) may be available for review.

2) To request that a school correct records believed to be inaccurate or misleading. The request must be in writing and clearly specify: (a) the part of the record requesting to be changed, and (b) why it is inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student has the right to a hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement in the record about the contested information. The school is not required to consider requests for grade or disciplinary decisions, opinions of school officials in the education record, or the child’s special education determination. The following staff person may be contacted to request an amendment to your child’s record:

   Name of Staff: Jennifer Schulze
   Telephone: 503-843-3400
   Email Address: director@sisnihongo.com

3) To control the disclosure of their child’s personally identifiable information from their education record. The school or district must, with certain exceptions, obtain parent written consent prior to the disclosure of personally identifiable information from education records. An exception which permits disclosure without consent is disclosure to school staff with legitimate educational interests, such as a person employed by the district; a person serving on the school board; a person or company with whom the district has contracted to perform a special task (such as an attorney, auditor, or therapist); or a parent or student serving on an official committee, such as a grievance or disciplinary committee or assisting another school official; and/or an official of another school district in which a student seeks to enroll. A school official has a legitimate education interest if the official needs to review an education record in order to fulfill a professional responsibility. A school district may also disclose personally identifiable information from education records without prior written consent to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. Student directory information may also be disclosed without prior consent if the categories to be disclosed are designated and parents are given the opportunity to opt out prior to disclosure.

You have the right to file a complaint with the U.S. Department of Education at the following address if you feel the school district has failed to comply with the requirements of FERPA:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

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Sheridan School District 48J
Family Educational Rights and Privacy Act (FERPA)
Annual Notice for Disclosure of School Directory Information
Elementary/Middle School

Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child’s educational records. Sometimes our school or district may disclose some student information without written consent when the information is designated “directory information” unless you have advised the school or district to the contrary in accordance with district procedures.

The primary purpose of directory information is to allow us to include some types of information in certain school publications and is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- A playbill or program showing your child’s role in a school production
- Honor roll or other recognition lists published at school or in newspapers
- School/student directory
- School or district website

Directory information can also be disclosed to outside organizations without a parent’s prior written consent. Outside organizations include, but are not limited to:

- Other schools the student is seeking to attend (student records, etc.)
- State or federal authorities auditing, evaluating programs or enforcing state or federal laws
- A court by order of a subpoena

Our school district has designated the following as directory information:

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Major Field of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Address</td>
<td>Participation in Sports &amp; Activities</td>
</tr>
<tr>
<td>Student’s Telephone Listing</td>
<td>Weight &amp; Height of Athletic Team Members</td>
</tr>
<tr>
<td>Student’s Electronic Address</td>
<td>Dates of Attendance</td>
</tr>
<tr>
<td>Student’s Photograph</td>
<td>Degrees or Awards Received</td>
</tr>
<tr>
<td>Date and Place of Birth</td>
<td>Most recent previous school or program attended</td>
</tr>
</tbody>
</table>

If you do not want our school or district to disclose directory information about your child without your prior written consent, you must complete the form “Parent Request for Non-Disclosure of School District Information” by 9/17/19 to let us know which type of directory information you wish to deny release or request prior written consent prior to release.

We ask that you complete one form for each child and return the form(s) to your child’s school.

If you have any questions or concerns, please let us know.

Jennifer Schulze

(503) 843-3400

Executive Director
Title

director@sjsnihongo.com

Email Address
Each student at SJS is asked to bring the following supplies to school at the beginning of the year. Returning students may already have some of these items. Additional items may be needed during the year.

**All Students for Their Own Use:** Please label with the first and last name of the student
- Library Card! All students need to be able to check out books from a local library
- Dedicated indoor shoes. Preferably closed-toed as that is required in the science lab
- Plug-in ear bugs
- One box of blue or black pens (minimum of 10)
- One box of colored pencils (12 is sufficient)
- Four highlighters, different colors
- One pair of scissors
- One package of 8 ½ x 11 lined binder paper (college ruled)
- Three spiral notebooks, 8 ½ x 11 college ruled pages
- Two 3-ring binders (1 2-1/2 inch or larger for Math). ADDITIONAL NOTEBOOKS MAY BE NEEDED.
- Three sets of 5-tab or 8-tab dividers
- Three composition books, wide-ruled
- Several sticky tabs or post-its in various colors
- Large pink eraser or pencil tip erasers
- 1 package of graph paper (.25 in squares)
- Backpack, with or without wheels
- Ruler (metric & inches, straight-edge)
- Pencil/pen case
- Inexpensive scientific calculator (separate from a cell-phone!)
- For students in Algebra 1 or above — scientific or graphing calculator (TI-83 or TI-84)

**All Students: Do not label – to be collected at front office**
- One large box of tissues
- Three boxes of #2 pencils (minimum 10 per box)
- 1 pack of 3” x 5” index cards, 1 pack of 4” x 6” index cards
- Low odor white board markers, various colors
- Two rolls of clear scotch tape (Office size)
- Two reams of white copy paper (8-1/2 x 11)

**Wish List for School**
- AA and AAA Batteries
- SDHC Memory Cards for digital cameras (16GB or bigger)
- Colored markers
- Origami Paper
- Card Stock and color copy paper – any color
- Duct tape and masking tape
- Pocket folders
- Paper plates, cups, etc.

Please contact the Sheridan Japanese School for more information: 503-843-3400
Sign up for important updates from J. Schulze.

Get information for SJS All School right on your phone—not on handouts.

Pick a way to receive messages for SJS All School:

A. If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/b66ggd

Follow the instructions to sign up for Remind. You’ll be prompted to download the mobile app.

B. If you don’t have a smartphone, get text notifications.

Text the message @b66ggd to the number 81010.

If you’re having trouble with 81010, try texting @b66ggd to (720) 255-0115.

* Standard text message rates apply.

Don’t have a mobile phone? Go to rmd.at/b66ggd on a desktop computer to sign up for email notifications.