Student Name: ____________________________

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.
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>School: Sheridan Japanese School</th>
<th>Date of Birth: ____________</th>
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<tbody>
<tr>
<td>Student Name:</td>
<td>Parent Phone: ____________</td>
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</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 (Preferred)</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Nickname</th>
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</table>

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<thead>
<tr>
<th>Sex</th>
<th>Grade</th>
<th>Social Security # (Opt)</th>
<th>Birthdate (Mo/Day/Yr)</th>
<th>Birth Place (City, State)</th>
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<td>M / F / X</td>
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**RESIDENTIAL INFORMATION**

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

Mailing Address if Different:

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<tr>
<th>Home Phone Number: ( )</th>
<th>Additional Phone 1 (Name______)</th>
<th>☐ Cell ☐ Work ( )</th>
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<tr>
<td></td>
<td>Additional Phone 2 (Name______)</td>
<td>☐ Cell ☐ Work ( )</td>
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</tbody>
</table>

E-Mail Address 1: ____________________________  E-Mail Address 2: ____________________________

**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:

☐ Mother ☐ Father ☐ Guardian ☐ Step ☐ Grandparent ☐ Sibling ☐ Foster ☐ Other

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Work Place</th>
<th>Work Phone</th>
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</table>

Lives with PARENT/GUARDIAN #2:

☐ Mother ☐ Father ☐ Guardian ☐ Step ☐ Grandparent ☐ Sibling ☐ Foster ☐ Other

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Work Place</th>
<th>Work Phone</th>
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Other Children in Family:

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<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Name</th>
<th>Birthdate</th>
<th>Name</th>
<th>Birthdate</th>
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</table>

**LOCAL Emergency Contact**

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<thead>
<tr>
<th>Last Name, First Name</th>
<th>Relationship</th>
<th>Address (City, State, Zip)</th>
<th>Phone Number</th>
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</thead>
</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 _____
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):

**Medication Information:**

| Medication Name: ___________________________ |
| Dose (how much): ___________________________ |
| Frequency (how often): ______________________ |
| Route: (Circle one) | Mouth | Ear | Eye | Nose | Skin |
| Time to be given: ___________________________ |
| Start Date: ________ End Date: ____________ |
| Reason for Medication: ______________________ |

**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 ____________________________ Sec: _______ M _______ D _______ X Birth Date _______ _______ _______

Parent/Guardian ____________________________ Last _______ First _______ Middle _______ Initial _______

Address ____________________________ Last _______ First _______ Home Phone _______ Middle Initial _______ 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>Type</th>
<th>Special needs</th>
<th>Equipment</th>
<th>Food(s)</th>
<th>List emergency medication(s) needed at school:</th>
<th>Describe</th>
<th>Special needs</th>
<th>Insect Type</th>
<th>History of life threatening reaction? Yes</th>
<th>No</th>
<th>Emergency medications needed at school:</th>
<th>Yes</th>
<th>No</th>
<th>Medications needed at school:</th>
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<td>BLOOD DISEASE</td>
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<td>Anemia, Hemophilia, etc.</td>
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<td>DIGESTIVE DISORDER - Colitis, Food Intolerance, etc.</td>
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<td>DRUG ALLERGY</td>
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<td>EATING/SWALLOWING DIFFICULTIES</td>
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<td>FOOD ALLERGY - Life Threatening</td>
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<td>FOOD ALLERGY - Mild food allergy</td>
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<td>HEARING IMPAIRMENT OR COMPLETE LOSS</td>
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<td>INSECT STING ALLERGY - Life Threatening</td>
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<td>INSECT STING ALLERGY - Mild</td>
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<td>LATEX ALLERGY</td>
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<td>MALIGNANCY/CANCER</td>
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<td>NEUROLOGICAL PROBLEM</td>
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<td>Hydrocephalus, Cerebral Palsy, etc.</td>
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<td>ORTHOPEDIC PROBLEM</td>
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<td>Arthritis, Muscular Dystrophy, etc.</td>
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<td>Cystic Fibrosis, etc.</td>
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<td>Epilepsy, etc.</td>
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<td>Eczema, etc.</td>
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<td>URINARY/KIDNEY DISORDER</td>
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<td>Nephritis, etc.</td>
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<td>VISION IMPAIRMENT OR COMPLETE LOSS</td>
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<td>OTHER HEALTH PROBLEMS</td>
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<tr>
<td>TAKING MEDICATION REGULARLY for a health condition not listed above.</td>
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☐ NO HEALTH PROBLEMS TO MY KNOWLEDGE

Parent/Guardian Signature ____________________________ Date _______
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

Other Names Used by Student/Child

Name and address of health care provider/doctor authorized to:

☐ Send/disclosed protected health information
☐ Receive/use educational information

☐ Send/disclosed educational information
☐ Receive/use protected health information

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 education 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 education 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)
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
High School

Dear 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. However, the school may disclose some student information without written consent when the information is designated "Directory Information" unless you have advised the district to the contrary in accordance with district procedures.

The primary use for Directory Information by the district is to include this type of information in certain school publications. It 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 drama or music production
- the annual yearbook
- honor roll or other recognition lists published at school or in newspapers
- graduation programs
- sports statistics listed in programs, such as football which may include height and weight of team members.
- 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 (transcripts, etc.)
- class ring manufacturers
- state or federal authorities auditing, evaluating programs or enforcing state or federal laws
- a court by order of a subpoena

The school district has designated the following as Directory Information:

<table>
<thead>
<tr>
<th>Student name</th>
<th>Degrees, honors and awards received</th>
<th>Major field of study</th>
<th>Grade level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Most recent educational agency or institution attended</td>
<td>Dates of attendance</td>
<td>Grade level</td>
</tr>
<tr>
<td>Telephone number</td>
<td>Participation in school-sponsored activities and sports</td>
<td>Photograph</td>
<td>Grade level</td>
</tr>
<tr>
<td>Email address</td>
<td>Weight and height of members of athletic teams</td>
<td>Date and place of birth</td>
<td>Grade level</td>
</tr>
</tbody>
</table>

Two federal laws require school districts that receive assistance under the No Child Left Behind Act of 2001 to provide military recruiters, upon request, with three Directory Information categories - names, addresses, and telephone listings - unless parents have notified the district that they do not want their child's information disclosed without their prior written consent.

If you do not want the district to disclose Directory Information about your child without your prior written consent, you must notify the district in writing by September 17, 2019. Please complete the lower portion of this form and return the entire form to your child's school if you do not want your child's directory information disclosed.

Jennifer Schulze
Name
(503) 843-3400 Telephone Number

Executive Director
Title
director@sjsnihongo.com Email Address

Parent: ONLY complete and return this entire form IF you DO NOT give your consent for release of School Directory Information. Use a separate form for each child and return it to their school.

I do not want my child's Directory Information disclosed and request one of the following:

0 Do not release my secondary student's directory information at any time.
0 Do not release my secondary student's directory information without my prior written consent.

Name of Student: ___________________________ School: ___________________________ Date: ___________________________

Name of Parent/Guardian: ___________________________ Signature of Parent/Guardian: ___________________________

Address: ___________________________ City: ___________________________ State: ___________________________ Zip: ___________________________

Telephone Number: ___________________________ Email Address: ___________________________

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SHERIDAN JAPANESE SCHOOL
PERMISSION FOR HIGH SCHOOL OFF-CAMPUS LUNCH PRIVILEGES (2019-2020)

High School Students at the Sheridan Japanese School are allowed the privilege of leaving campus during their lunch period. High School students who have submitted signed parent/guardian permission may go to public places minors are legally permitted to attend. HOWEVER, any other location, including private homes, requires specific authorization (Name and address) signed by the parent or guardian.

Off-Campus lunch privileges require the students to both sign in and sign out at the SJS office.

Students must behave responsibly and courteously while they are off-campus. They may not enter the grounds of Sheridan High School for any reason.

No student during this time may visit the private residence of another student. No student may drive another student without specific written permission below.

Violations of this policy will result in disciplinary probation and potential loss of privilege. Please see the Parent/Student/Volunteer Handbook for more information on consequences.

Student’s Name: ____________________________ Grade: ______

I authorize off-campus lunch privileges to my student: ____________________________ Parent Signature

I DO NOT authorize off-campus lunch privileges to my student: ____________________________ Parent Signature

MOTORIZED VEHICLE WAIVER
LUNCHTIME / SCHOOL DAY

Sheridan School District 48J Board Policy: JEFA
ORS 332-107 – Legal Reference

"Students may not operate or ride in motorized vehicles during the lunch period without special written permission from the custodial parent or legal guardian and the school administrator."

As the custodial parent or legal guardian, I hereby give my son/daughter permission to drive (Y/N) _____ or ride (Y/N) _____ in a motorized vehicle driven by ____________________________ (enter name) during lunch or during the regular school day. In doing so, I am absolving Sheridan School District 48J and the Sheridan Japanese School of any liability for the safety and welfare of my son/daughter during this time.

Please consult the SJS Parent/Student/Volunteer Handbook for more information on consequences for violating this policy.

I have read and understand the policy. By signing this contract I am accepting full responsibility for my son/daughter while he/she is riding in or driving a motorized vehicle during lunch or during the regular school day.

Parent Signature ____________________________ Date ____________________________
Sheridan Japanese School
2019-20 School Supply List

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 (T1-83 or T1-84)

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”x5” index cards, 1 pack of 4”x6” 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.