Rosemary Anderson Middle School (RAMS) serves students who live in the Portland Public School (PPS) District.

Before a student may begin classes at RAMS, a parent/guardian must complete the following three steps of the enrollment process:

1. **Fill out this enrollment packet.** Each form must be filled out completely, signed, and dated.

2. **Obtain copies of student’s transcript, immunization records, and proof of address.** Transcripts and immunization records may be requested from student’s previous school. You may submit hard copies of both documents or have your previous school fax them to RAMS. Please bring a utility bill, real estate document, insurance statement, financial document, OR government document as proof of address.

3. **Attend an orientation session at RAMS.** Please bring your:
   - Completed Enrollment Packet
   - Student Transcripts
   - Immunization Records
   - Copy of IEP if available
   - Proof of Address

**RAMS Enrollment Packet Contents**

1. 2021-2022 Student Registration – *complete & sign*
2. Confidentiality Policy – *read & sign*
3. Photo/Audio/Video Recording Release – *read & sign*
4. Acknowledgement of Services – *read & sign*
5. Consent for Regular Off-Campus Activities – *read & sign*
6. Dress Code – *read & sign*
7. Parent/Family Notification Policy – *read & sign*
8. Home Language Survey – *complete & sign*
9. Student & Family Needs Assessment – *complete & sign*

Please carefully read, completely fill out, sign, and date each form in the enrollment packet. Make sure you have provided a response to every question/field on each form.

If you need help filling out this application or have questions regarding any of our policies, please contact us at (971) 940-8014 or visit our campus at 4430 N. Trenton St., Portland OR 97203. You can find the entire enrollment packet and additional information on RAMS programs at our website: [www.portlandoic.org](http://www.portlandoic.org).
## Student Information

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Last Name (if different)</td>
<td>Preferred First Name</td>
<td>Gender</td>
<td></td>
</tr>
</tbody>
</table>

### Ethnicity

- Hispanic/Latino? [ ] Yes [ ] No

### Race

- [ ] Black
- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Native Hawaiian/Pacific Islander
- [ ] White

### Date of Birth (MM/DD/YY) | Age

## ADMINISTRATIVE USE

Proof of Age: [ ] Birth Certificate [ ] Passport [ ] Other:

*Federal and State regulations require PPS to gather information in this way for statistical reports.*

## Home Address

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

## Mailing Address (if different)

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

## Home Phone | Cell Phone | Email Address

## Student Academic Information

### School Last Attended

<table>
<thead>
<tr>
<th>Dates Attended</th>
<th>Current Grade Level</th>
<th>Credits Earned</th>
</tr>
</thead>
</table>

### Barriers at Previous School/Reasons for Transfer

- [ ] Academic – Credit Deficient
- [ ] Academic – Below Benchmarks
- [ ] Academic – Above Benchmarks
- [ ] 2 Severe Discipline Issues in Past 3 Years
- [ ] Non-Compulsory Attendance (Documentation Req, PPS 4.10.010)
- [ ] Other (Please Describe):

### Expected Outcome

- [ ] Graduate from RAHS
- [ ] Obtain General Education Development (GED) Certificate from RAHS
- [ ] Return to Previous School (or another High School)

**If applicable, projected date of return to Other School**

## Student’s first (or other) language:

Language spoken at home or with friends:

Student is or has been in an ESL/Bilingual Program:

**Name of Tribe:**

(This information establishes the district’s eligibility for a federal grant under title VII-A of the No Child Left Behind Act. Complete information will be sent to students marking “yes” on this item.)
**ROSEMARY ANDERSON MIDDLE SCHOOL**

**2021-2022 STUDENT REGISTRATION FORM**

### Parent/Guardian Information

<table>
<thead>
<tr>
<th>Student lives with: (check one)</th>
<th>□ Both Parents</th>
<th>□ Mother</th>
<th>□ Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Grandparent(s)</td>
<td>□ Guardian</td>
<td>□ Foster Parent</td>
<td>□ Independent</td>
</tr>
</tbody>
</table>

**Student may be Migrant Eligible?** □ Yes □ No

(To qualify for migrant education services, a child must have moved within the past three (3) years across the school district, city, county, or state line with his/her parent(s) or guardian(s) to obtain temporary or essential employment in an agricultural or fishing activity.)

**Parent/Responsible Adult [1]:**

- □ Mother
- □ Father
- □ Guardian
- □ Other:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>CONTACT IN EVENT OF EMERGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

**Parent/Responsible Adult [2]:**

- □ Mother
- □ Father
- □ Guardian
- □ Other:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>CONTACT IN EVENT OF EMERGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

### Medical Information

**Please Check Any Current Medical Conditions:** Medications To Be Taken At School (please list and also complete the Authorization for Medication form)

- □ Asthma
- □ Heart Disease
- □ Seizure Disorder

**Diabetes:** □ Type I □ Type II □ Other (Please Describe):

**Insurance Carrier (Optional):**

**Preferred Hospital**

**Doctor’s Name (Optional):**

**Doctor’s Phone No. (Optional):**

**Other Special Health Needs At School:**

(event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference. EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accidents, or other emergency.)
## Emergency Contacts and Release Authorizations
(The individuals below may pick this student up from school, and where indicated, are additional emergency contacts for the student)

<table>
<thead>
<tr>
<th>1. Last Name</th>
<th>First Name</th>
<th>Relation to Student</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>CONTACT IN EVENT OF EMERGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Last Name</th>
<th>First Name</th>
<th>Relation to Student</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>CONTACT IN EVENT OF EMERGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Last Name</th>
<th>First Name</th>
<th>Relation to Student</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>CONTACT IN EVENT OF EMERGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Last Name</th>
<th>First Name</th>
<th>Relation to Student</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>CONTACT IN EVENT OF EMERGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

## Permissions and Signatures
Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. If you do not want this information released, please contact your school to submit a written request. This form must be completed each year [Non-Release of Student Directory Information Form].

Student photographs are commonly used in yearbooks, newsletters, websites, and other school related publications. If you do not want your student’s photograph used or released for these purposes or for news media, please contact your school to submit a written request [Publicity Denial & Non-Release of Information to School Directory Form].

I do not want my child’s name, address and phone number released to: ☐ Military Recruiters ☐ College Recruiters

The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to “opt out.” In order to do so, you must check next to one or both of the categories above.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
ROSEMARY ANDERSON MIDDLE SCHOOL
CONFIDENTIALITY POLICY

Rosemary Anderson Middle School follows strict rules regarding confidential student records. Written consent will be requested before disclosing student or family information to an outside agency or professional. This consent is voluntary and confidential information will not be shared without consent, except when required by law. Before releasing information, staff will contact the student and family involved to discuss the information to be shared and reason for doing so.

Information may be shared for the purpose of education/employment development, resource/service referrals, coordination of services, or program evaluation. RAMS keeps Academic Records and Personal Records for each student:

1. **Academic**: enrollment application, report cards (classes taken, grades, credits earned), attendance records, other information pertinent to academic progress and performance.

2. **Personal**: legal name, date of birth, home address, phone numbers, email address, and employment information, DHS and/or probation information, intake forms/needs assessments, parent/guardian names and contact information, and other information from DHS, juvenile court, and other agencies.

RAMS prioritizes student safety and protection of confidential information. RAMS is required to share student/family information under the following circumstances:

1. Subpoena to testify in court.

2. Knowledge of/or reason to suspect harm has been done to a child (Oregon’s mandatory reporting laws require school staff members to report child abuse/neglect to the state’s Department of Human Services Child Abuse Hotline).

3. A student tells us they intend to harm themselves or others.

In the event we are required to testify in court or report harm/danger of harm, staff will notify the student/family involved whenever possible.

I have read and understand the RAMS Confidentiality Policy and have had the opportunity to discuss this information with an RAMS counselor or other staff member.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Witness Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
Rosemary Anderson Middle School and Portland OIC programs often use photos, audio and/or video recordings in order to provide better services to our students and clients. There may be times when we would like to use photos of your child in brochures, on social media platforms, in presentations, and for informational purposes regarding our programs.

☐ YES, I give my permission for Rosemary Anderson Middle School and Portland OIC to record and use my child’s image in POIC+RAHS brochures, on the website, social media platforms, and/or other informational purposes related to POIC+RAHS programs.

I understand once an image is posted on the website or social media it may be downloaded and redistributed by any device accessing the website and/or social media platforms. POIC+RAHS is not responsible for any damages that may arise from use of my student’s image.

I also understand that neither my student, nor myself, will receive compensation for use of their image.

☐ NO, I DO NOT want my child to be photographed.

________________________________________
Student’s Name

________________________________________
Parent/Guardian Signature

Date

________________________________________
Relationship to Student

Date

________________________________________
Witness

Date

There may also be times when a student may be photographed or interviewed by the media.

☐ Yes, my student may be photographed or interviewed by the media.

☐ No, I DO NOT want my student to be photographed or interviewed by the media.

If you do not want your student interviewed or photographed by the media POIC+RAHS staff will make every effort to see that they are not available to the media personnel.
ROSEMARY ANDERSON MIDDLE SCHOOL
ACKNOWLEDGEMENT OF SERVICES

I understand the alternative services provided by RAMS are not supervised by the Portland Public School District. I will not expect the Portland Public School District to take any responsibility for any aspect of the program services, or the manner in which the services are provided, even if the school staff has knowledge of any particular aspect of the program or suggests it as a source.

Student Name

Parent/Guardian Signature

Date

ROSEMARY ANDERSON MIDDLE SCHOOL
CONSENT FOR OFF-CAMPUS ACTIVITIES

Rosemary Anderson Middle School students occasionally visit local destinations during the school day, and under RAMS staff supervision.

I give permission for ___________________________ to participate and attend off-campus activities.

Student’s Name

Parent/Guardian Signature

Date
Rosemary Anderson Middle School’s dress code is intended to provide guidelines for student attire that serve to ensure student safety, maintain an orderly and healthy learning environment. Also, it important to adhere to school policies. If any situation is questionable regarding a student’s attire, and the appropriateness for the school environment is unclear, the decision of the Rosemary Anderson Middle School Administrator will prevail.

1. Clothing may not be sexually suggestive. Examples include: bare midriffs, visible or protruding undergarments, excessively low necklines, see-through materials, sagging pants or short skirts/shorts (no more than 4 inches above the knee).

2. Clothing may not be alcohol, tobacco or drug-related, including advertising, imagery or advocacy of the use of such products.

3. Clothing may not contain any sexually-explicit, vulgar or otherwise obscene language or imagery.

4. Clothing must not be demeaning to a particular person or group, such that it might interfere with another student’s educational opportunities or otherwise violate campus non-discrimination policies.

5. Clothing must be clean and sanitary.

6. Clothing must not pose a threat to the health or safety of any other student or staff.

7. Students may not wear hats or other head coverings during the school day on school property unless they relate to a religious belief. Exceptions will be determined by the Dean of Students.

8. Clothing and accessories may not be gang-related.

9. Tattoos that violate any aspect of the dress code must be covered.

10. Clothing may not interfere with the learning process or school climate or disrupt the educational process.
Rosemary Anderson Middle School makes every effort to inform parents and families regarding:

- School calendar and hours of operation
- School functions and events
- Student attendance, behavior and academic performance

Quarterly grades and progress reports are mailed to students; copies of reports are available upon request. Students’ daily school and classroom attendance and behavior at school and school related functions are closely monitored. These reports are also available upon request.

Whenever possible, Rosemary Anderson Middle School attempts to inform parents and families regarding school functions and events; as well as attendance, academic performance, and behavioral issues. School staff will respond to parent/guardians and family requests for information, and will provide supplementary reports and/or meet with parents/guardians and families as necessary.

A parent/guardian must provide consent for students to be released before the end of the school day.

I acknowledge that RAMS provides regular reporting of student academic performance, attendance and behavior, and that RAMS staff will make every attempt to contact parents/guardians and families regarding academic, attendance, and behavior issues, as necessary. I understand that it is primarily the responsibility of parents/guardians, families, and students initiate communication with the school regarding information beyond that which is provided in regular quarterly reports.

Parent/Guardian Signature

Date
ROSEMARY ANDERSON MIDDLE SCHOOL
HOME LANGUAGE SURVEY

Student Name

School

Date of Birth

ID Number

A home language survey must be administered to every student who is new to the school district.

To be completed by Parent or Guardian.

1. What is the student’s first language?

2. What language is spoken at home most of the time?

3. What language does the student use most often?

Survey was completed by:

Parent/Guardian Signature

Date

School Staff:

Families call for free these numbers to connect with a PPS Language Access Team Member in the following languages:

Español | Spanish
(503) 916-3582
(503) 916-3091

Tiếng Việt | Vietnamese
(503) 916-3584

中文 | Chinese
(503) 916-3585

Русский | Russian
(503) 916-3583

Soomaali | Somali
(503) 916-3586
### Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Preferred First Name

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Employment Status</th>
<th>Family/Personal Income Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Full-Time</td>
<td>Employment</td>
</tr>
<tr>
<td>Married</td>
<td>Part-Time</td>
<td>SSI/SSD</td>
</tr>
<tr>
<td>Divorced</td>
<td>Not Employed</td>
<td>Unemployment</td>
</tr>
</tbody>
</table>

### Family/Home Information

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Age</th>
<th>Relationship to YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Services & Needs

- Housing/Rental Assistance
- TANF
- Unemployment Assistance
- Food Stamps/SNAP
- Medical
- Legal Aid
- Counseling

**WHAT IS YOUR MONTHLY HOUSEHOLD INCOME:**

### Family Needs (Please check all that apply):

- Housing/Rental Assistance
- TANF
- Unemployment Assistance
- Food Stamps/SNAP
- Medical
- Legal Aid
- Counseling
- Other:

**Please Indicate all Agencies or Organizations you are currently working with or receiving assistance from:**

- DHS
- Worksource/Unemployment
- Lifeworks
- Salvation Army
- Outside In
- Department of Justice
- OYVP
- NAFY
- Other (Please List):

**Do you have a Caseworker? Please list all below.**

- Agency Name Phone
- Agency Name Phone
- Agency Name Phone

### RAMS Parent Services

**Are you currently pregnant and/or Parenting?** Yes No

If you answered ‘Yes’, please complete this section. If you are not pregnant and/or parenting, please go on to the next section.

<table>
<thead>
<tr>
<th>Already Parenting?</th>
<th>Pregnant?</th>
<th>Benefits Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child:</td>
<td>Due Date:</td>
<td>Do you receive DHS Services?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>Birthdate of Child:</td>
<td>Name of Doctor or Community Health Nurse:</td>
<td></td>
</tr>
<tr>
<td>Name of Child:</td>
<td>Hospital:</td>
<td>If ‘Yes’, do you receive:</td>
</tr>
<tr>
<td>Birthdate of Child:</td>
<td></td>
<td>Cash Grant Support Services Only</td>
</tr>
</tbody>
</table>

**Partner Info**

- Partner active in parenting/pregnancy? Yes No
- Partner Name: Does Partner receive Services? Yes No
## Health Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any Chronic Health Problems?</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
<tr>
<td>Are you taking prescription medications?</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
<tr>
<td>When was the last time you saw a doctor?</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
<tr>
<td>Do you have health insurance?</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
<tr>
<td>Do you have any disabilities?</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
<tr>
<td>Have you ever been to Counseling?</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
<tr>
<td>Please check any significant stressful events that have occurred in your life over the past year:</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
<tr>
<td>Have you taken drugs or medicines to get high, sleep better, lose weight, reduce pain, or change your mood?</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
<tr>
<td>Are you interested in getting help with substance use issues?</td>
<td></td>
<td></td>
<td>If Yes, Please List:</td>
</tr>
</tbody>
</table>

## Strengths, Interests, and Assets

**Please Check any of the following activities that you participate in:**

- Organized Sports
- Volunteering/Community Service
- Church
- Other Academic Programs (Please List):
- Other Community Programs/Activities (Please list):

**Please list any other activities or programs that you participate in:**

## Legal History

**Have you ever been, or are you currently involved with law enforcement or the justice system?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently on Probation?</td>
<td></td>
<td></td>
<td>If Yes, Name of Probation Officer: P.O. Phone End Date of Probation:</td>
</tr>
<tr>
<td>Are you currently on Parole?</td>
<td></td>
<td></td>
<td>If Yes, Name of Parole Officer: P.O. Phone</td>
</tr>
</tbody>
</table>

## Needs Assessment

**Please check any of the following services that you need, or activities that you would like to participate in and will help you be successful at Rosemary Anderson High School:**

- Tutoring
- Mentoring
- Counseling
- Work Opportunities Training
- College Preparation Activities
- Leadership Academy
- Student Council
- General Extra-Curricular Activities
- Rental/Housing Assistance
- Basic Needs Assistance (Clothing, Food)
- Medical Assistance
- Substance Abuse Counseling
- Other: Please list and describe: