

Tigard-Tualatin School District 23J

**NOTICE OF ENROLLMENT
REQUEST FOR TRANSFER OF RECORDS
FROM ALBERTA RIDER ELEMENTARY SCHOOL**

Date: _____

Records Request Form:

School _____

Address _____

City & State _____

Phone _____

Office Use
Fax # _____
Date _____
Initials _____

Student _____

Birthdate _____

Current Grade _____ Date of Enrollment _____

The above student has enrolled in our school. Please transfer all education records to:

Alberta Rider Elementary School
14850 SW 132nd Terrace
Tigard, OR 97224
Phone: (503) 431-4901
Fax: (503) 431-4910

Please fax immunization and birth certificate records to (503) 431-4910, and send remainder of records at your earliest convenience. Thank you.

NOTICE TO PARENT: 1) Your child's previous school is required to transfer all educational records to Tigard-Tualatin School District. Should your child in the future be withdrawn and enrolled in another school, his or her records will be forwarded to the new school district. 2) You have the right to review and inspect your child's records and to request they be amended if you believe they are inaccurate or misleading. For complete information of your rights regarding your child's records, please refer to the Student Rights and Responsibility Handbook.

Alberta Rider Elementary
Parent Information Form

Parents: we want to do the best possible job in placing your child. This form is for you to share information about your child. Please be as specific as you can.

Student: _____ Birthday: _____

Parents: _____ Phone: _____

Email: _____

Last school attended: _____

FAMILY BACKGROUND

- Siblings(name/ages) _____
- Adults living in the primary household: _____
- Child Relatives attending ARE (Names/ages) _____
- Child Status in family (circle one): Only child / Oldest / Middle / Youngest.
- Does your child celebrate holidays? _____
- What language(s) does your child speak at home? _____
- Does your child live in 2 family households? ____ Yes ____ No

SCHOOL AND DEVELOPMENTAL HISTORY

- Has your child received any of the following services in the last year?
____ Speech and Hearing ____ Counseling ____ Special Education
____ Talented and Gifted. ____ Psychological ____ English Language Learner
____ Reading ____ Math ____ IEP
- Allergies or diet restrictions: _____

Which terms best describe your child? Check all that apply:

- | | |
|-------------------------|--------------------------------|
| ____ Friendly | ____ Talkative |
| ____ Careful, cautious | ____ Very active |
| ____ Self-Motived | ____ Follows directions |
| ____ Determined | ____ Willing to try new things |
| ____ Outgoing | ____ Timid, shy |
| ____ Cooperative | ____ Independent |
| ____ Quiet | ____ Easily distracted |
| ____ Focused, attentive | |

EXPERIENCES

- Does your child have access to video games/computer/Ipad at home? ____ Yes ____ No
 - How many hours of screen time does your child have daily? _____
- Has your child experienced any recent traumatic life events? Please explain. (ex: death, illness, divorce)

- Anything else you would like your teacher to know about your child or family

- Would you be able to volunteer in the classroom? _____
- Does your family need assistance paying for lunch? ____ Yes ____ No