



Mari-Linn School

Jeri Harbison, Principal

641 5th Street

Lyons OR 97358

503.859.2154 / 803.859.2164 Fax

Regular Schedule:

Doors open @ 7:10 AM

Class begins @ 7:45 AM

School ends @ 2:30 PM

Late Start Mondays:

Doors open @ 8:10 AM

Class begins @ 8:45 AM

School Ends @ 2:30 PM

Early Release is 11:30 AM

Find us on Facebook: **Mari-Linn School**
Mari-Linn PTA
North Santiam School District

Register for Emergency information @ www.FlashAlert.net

District Information:

<https://www.nisantiam.k12.or.us> (click "Our Schools" at the top left to locate Mari-Linn)

Bus Information:

<https://www.nisantiam.k12.or.us> (click on the bus at the top right)

Food Services:

<https://www.nisantiam.k12.or.us> (click on the food at the top right)



DID YOU KNOW?

- Absent 2 days a month = One month a year missed.
- One month a year = One year missed Kindergarten - Senior.
- Being tardy also equals school time missed.

MARI-LINN ELEMENTARY SCHOOL 20/21 Registration Form

DBN: _____

Legal Name (L,F M): _____

Preferred Name: _____

Gender: Male Female Non-Binary

Grade Level: _____

Birth Date (DOB): _____

Last 4 numbers of the Social Security Number (SSN) is optional
This information may be used for record keeping but will not be
given to the general public. Please see your student handbook
for a description on how this information may be used.

Hispanic: Yes No Last 4-SSN: _____

Race: White Native Hawaiian/Pacific Islander
 Asian Black American Indian/Alaskan Native *

Ethnic and race information is optional. However, if you do not
answer, the federal government requires school district
"observers" to complete the ethnic/race data.

*Tribe: _____ Enrollment#: _____

Language of Origin: _____

Preferred Language: _____

Migrant: Yes No Migrant ID: _____

Resident District: _____

Birth City/State: _____

Resident School: _____

Birth Country: _____

Resident County: _____

Entrance Date - Oregon: _____

Last School Attended: _____

Entrance Date - United States: _____

School City/State: _____

Phone/Address Information:

Primary Contact Phone: _____ Type: _____ Unlisted: Yes No

Student Cell Phone: _____ Student Personal Email: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Lives With Contact: _____ Mailings: _____

Lives With Contact: _____ Mailings: _____

Name: _____ Rel: _____

Name: _____ Rel: _____

Language: _____

Language: _____

Phone #1: _____ Type: _____

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

Phone #2: _____ Type: _____

Email: _____

Email: _____

Physical Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Mail Address: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer: _____

Gradebook Access: _____ Gradebook Guardian: _____

Gradebook Access: _____ Gradebook Guardian: _____

Legal Name:
Preferred Name:

DBN:
Grade Level:

Non-Lives With Contact: Mailings: _____

Non-Lives With Contact: Mailings: _____

Name: _____ Rel: _____

Name: _____ Rel: _____

Language: _____

Language: _____

Phone #1: _____ Type: _____

Phone #1: _____ Type: _____

Phone #2: _____ Type: _____

Phone #2: _____ Type: _____

Email: _____

Email: _____

Mail Address: _____

Mail Address: _____

City: _____ State: ___ Zip: _____

City: _____ State: ___ Zip: _____

Employer: _____

Employer: _____

Gradebook Access: _____ Gradebook Guardian: _____

Gradebook Access: _____ Gradebook Guardian: _____

Other School Age Children Associated with Student:

Legal Name: _____ DOB: _____ School: _____

Legal Name: _____ DOB: _____ School: _____

Parent/Guardian: _____ Date: _____

North Santiam School District Health Information & Signature Card

Student Name	Birthdate

Physician/Health Information	
Doctor's Name	Phone
Does your child have medical insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Life Threatening/Anaphylactic Allergy		
Insect Sting (M36)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of reaction:
Nuts (M33)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Swelling: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> None <input type="checkbox"/>
Severe Allergy* (Describe):	Breathing Problems: Yes <input type="checkbox"/> No <input type="checkbox"/> Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/> EpiPen/injectable med <input type="checkbox"/> By Mouth <input type="checkbox"/> *Additional Medication/Severe Allergy Forms Required	

Other Medical Concerns		
Allergies Non-Life threatening	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:
Asthma* (M46)	Yes <input type="checkbox"/> No <input type="checkbox"/>	*Additional Asthma Supplement Form Required
Seizures* (M50)	Yes <input type="checkbox"/> No <input type="checkbox"/>	*Additional Seizure Supplement Form Required
Diabetes* (M47)	Yes <input type="checkbox"/> No <input type="checkbox"/>	*Requires Current School Year Doctor's Order
Vision (M56)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Other <input type="checkbox"/>
ADHD/ADD (M44)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily Medication: At School <input type="checkbox"/> At Home <input type="checkbox"/>
Mental Health Concerns (M34)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:

Other Health Concerns (list and describe):

List of Daily Medications (medication form must be on file in the office):

Medical conditions listed will only be disclosed to school staff with a need to know. If you have questions about the disclosure of your child's medical information, please contact the NSSD Nursing Department at (503)769-4930.

I give permission for North Santiam School District & County Public Health to assist my child with medical/special needs. I am also aware that NSSD may, at my expense, need to take emergency action, including ambulance transportation, and/or to obtain medical treatment, should my child become severely ill or injured at school.

Parent/Guardian Printed Name:	
Signature:	Date:

For Office Use Only	
Supplemental Forms Given to Parent/Guardian	
Date _____	Initials _____
Type: Asthma _____	Ongoing Health _____
	Seizure _____
	Severe Allergy _____
	USDA _____

Kindergarten Roundup ~ Younger Non-School Age Siblings Living at Home

Name	Birthdate

Special Services/Programs

If you answer yes to any of the following questions, you may be contacted by a member of the District's Instructional and Special Services Team.

Has your student been enrolled in any of the following programs?

- TAG 504 Plan IEP ELL Speech Foster Child Other Special Services

Does your child have any physical or mental impairment(s) that limit one or more activities? For example, inability to care for one's self; perform manual tasks; participate in daily activities; learn or concentrate on schoolwork? Yes No

Has anyone in you household worked, or is currently working, in agriculture, fishing, nurseries, forestry, mills, farming, dairies, or canneries in the last 3 years? Yes No

Is your family temporarily living with another family, in a motel, in a campground, or in any other temporary situation for economic reasons? Yes No

Notifications

Records: NSSD forwards education records requested under OAR 581-021-0250 within 10 days of receiving the request.

Accident Insurance: Student accident insurance is available through ACE American Insurance Company. The Parent/Guardian should contact the school office for information and enrollment forms. Enrollment is not complete until premiums have been paid.

Handbooks: At the beginning of each year teachers go over the Parent-Student Handbooks during the first week of school with students. Teachers emphasize that privileges extended to students may be lost if rules outlined within the handbook or in policy are violated. The handbook is available from the office in hard copy or on a computer disk. It can also be downloaded from the District's website located at [www.nasantiam.k12.or.us](http://www.nisantiam.k12.or.us). The Parent/Guardian of any student(s) newly enrolled in the District should go over the handbook with their student.

Student Photos: Student photographs may appear on a District publication, on its website, on its social media sites, or in an article submitted to the local newspaper. If you do not want your student's photograph published, you must notify the school office in writing.

Electronic Communications Agreement

The parent/guardian should review with their student the Electronic Communications System policy and administrative regulation found in the Parent-Student Handbook. In order for students to have access to the system, they must agree to abide by the provisions outlined with the understanding that violations will constitute suspension or revocation of system access and related privileges and/or discipline up to and including expulsion with possible referral to law enforcement.

In consideration for the privilege of using the District's Electronic Communications system with access to the public networks, I release the district, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my student's use, or inability to use, the system including, without limitation, the type of damages identified in the district's policy and administrative regulation. I further understand that if I do not want my student to participate in the District's Electronic Communications System, except for instances of mandatory State Testing using a secure browser, that I will submit the request to the school office in writing

Parent/Guardian Signature: _____ **Date:** _____

Google Apps Parent Permission

The North Santiam School District uses Google Apps for Education in the classroom. Google Apps for Education is a suite of free, web-based programs that includes email, document creation, shared calendars, and collaboration tools. This service is available through an agreement between Google and the State of Oregon. Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student's teacher will be using Google Apps for lessons, assignments, and communications. Google Apps for Education is also available at home. The full policy is available on the district website. By signing, I confirm consent for my student's use of Google Apps for Education and I understand and have discussed with my child the rights and responsibilities.

Parent/Guardian Signature: _____ **Date:** _____



North Santiam School District

Military Connected Survey

Federal law (ESSA-Every Student Succeeds Act) requires that all public school districts track students who are considered to be "military connected." In order for NSSL to comply with this requirement, we must survey all families to determine if any of our students qualify.

Respondents should answer yes if, at any time during the current school year, their student's parent or guardian **was/is/will be an active duty member of the Armed Forces, a full-time National Guard member or an Active Duty Reserve who was called to duty for at least 180 consecutive days.**

- My student qualifies as "military connected" based on the description above

- My student does not qualify as "military connected" based on the description above

Student's Name: _____

Parent/Guardian's Signature: _____

Superintendent
Andrew Gardner



1155 N 3rd Avenue
Stayton, Oregon 97383

Phone: 503-769-6924
Fax: 503-769-3578

North Santiam School District

Language Use Survey

The purpose of this survey is to determine if your child's current language exposure and use might make your child eligible to receive support in academic English instruction.

Student Name: _____ Grade Level: _____
School: _____ Date of Birth: _____
Parent/Guardian Name: _____ Phone Number: _____

1. What language(s) does your child **hear or use** regularly in your household (i.e. spoken, media, music, literature, etc.)?
hear _____ use (i.e. ASL) _____
2. Describe the language(s) your child **understands**.
No English
Mostly another language and a little English
English and another language equally
Mostly English and a little of another language
Tribal/Heritage/Native Language (i.e., languages spoken by American Indian/Alaska, Native Hawaiians, and citizens of U.S. Territories)
Only English
3. What language(s) do **adults** most frequently **use** when speaking/conversing to your child?
Parent/Guardian: _____ Parent/Guardian: _____
Other Adults in the Home: _____ Child-care Providers: _____
4. What language(s) does your **child CURRENTLY speak/express** most frequently **outside of school**?

5. Does your child frequently participate in cultural activities that are in a language other than English? Please list the activity and how often your child participates in the activity (for example: once/week, 2 times/week, once a month, etc.).

6. Is there anything else you think the school should know about your child's language use (e.g. . what language did you child speak/express from ages 0-4; did your child have speech classes; did your child attend a bilingual pre-school, etc.)?

Parent Questions: In what language(s) do you want to receive information from the school (if available)

Parent/Guardian:
Oral _____ Written _____ American Sign Language _____
Parent/Guardian:
Oral _____ Written _____ American Sign Language _____

Parent or Guardian Signature _____ Date _____
What is your relationship to the student? _____ (ie, parent, grandparent, etc.)

North Santiam Schools ~ We Change Kids' Lives!
www.nisantiam.k12.or.us

NORTH SANTIAM SCHOOL DISTRICT 29J

We Change Kids' Lives!



MARI-LINN SCHOOL
Striving for Excellence, Together!

641 5th Street Lyons, OR 97358
Phone 503-859-2154
Fax 503-859-2164

PERMISSION TO RELEASE INFORMATION

The following student has enrolled in the North Santiam School District 29J. Please send the requested information for their records.

Transferred From: School _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Transferred To: Mari-Linn School
641 5th Street
Lyons, OR 97358

Student's Name: _____
Current Address: _____
Birth Date: _____

Grade: _____

Information Requested:

SPECIAL EDUCATION RECORDS (IEP)

Cumulative Records
Transcripts
Health and Immunization Records
Behavioral Records
Sports Physical Records
Limited English Proficiency Records
Assessment/Test Records

Parent/Guardian Signature

Date

Please Fax IEP information ASAP to 503-859-2164

Please Send ALL remaining records by mail to: Mari-Linn School
641 5th Street
Lyons, OR 97358

Please call if you have questions or if there will be a delay for any reason to 503-859-2154.

North Santiam School District 29J
1155 North Third Avenue Stayton, OR 97383



North Santiam School District 29J
2019-2020 Dental & Vision Certification Form

Legal Name: _____ Preferred Name: _____

Birth Date (DOB): _____

Dental Certification

State law requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time. (HB 2972 (2015))

- My child has received a dental screening.

Or

You may choose to have your child opt-out of a dental screening due to a reason listed below (please check all that apply):

- We have already submitted a certification form at a previous school.
- The dental screening is contrary to student or families religious beliefs.
- The dental screening is a burden.
 - The cost of obtaining the screening is too high.*
 - The student does not have access to a screener.*
 - The student was unable to obtain an appointment.*

Vision Certification

State law requires a child who is 7 years of age or younger to have a vision screening or examination before entering school for the first time.

- My child has received a vision screening or examination as well as any further examinations, treatments or assistance as necessary.

Or

You may choose to have your child opt-out of a vision screening due to a reason listed below. (please check all that apply):

- We have already submitted a certification form at a previous school.
- The vision screening is contrary to student or families religious beliefs.
- The vision screening is a burden.
 - The cost of obtaining the screening is too high.*
 - The student does not have access to a screener.*
 - The student was unable to obtain an appointment.*

Parent Signature: _____

Date: _____

NORTH SANTIAM SCHOOL DISTRICT 29J

MARI-LINN SCHOOL

641 5TH STREET, LYONS OR 97358

503.859.2154 / 503.859.2164 Fax

KINDERGARTEN TRANSPORTATION

STUDENT NAME: _____

PARENT/GUARDIAN(s) NAME: _____

HOME #: _____ WORK #: _____ CELL #: _____

HOME #: _____ WORK #: _____ CELL #: _____

MY STUDENT WILL RIDE THE BUS TO SCHOOL: YES NO

PLEASE CHECK THE DAYS THAT YOUR STUDENT WILL RIDE THE BUS TO SCHOOL:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

MY STUDENT WILL BE PICKED UP AT THE FOLLOWING ADDRESS:

MY STUDENT WILL RIDE THE BUS HOME FROM SCHOOL YES NO

PLEASE CHECK THE DAYS THAT YOUR STUDENT WILL RIDE THE BUS FROM SCHOOL

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

MY STUDENT WILL BE DROPPED OFF AT THE FOLLOWING ADDRESS:

NAME & CONTACT INFO. OF THOSE THAT WILL BE WAITING FOR MY STUDENT AT THE
DROP OF LOCATION: _____

MY STUDENT WILL BE PICKED UP FROM SCHOOL YES NO

PLEASE CHECK THE DAYS THAT YOUR STUDENT WILL BE PICKED UP FROM SCHOOL:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

NAMES & CONTACT INFO. OF THOSE WHO HAVE MY PERMISSION TO PICK UP MY STUDENT:

If your information should change throughout the year, please inform Mrs. Thomas @ shani.thomas@nsantiam.k12.or.us or the Mari-Linn office at 503.859.2154. Students will NOT be permitted to go home with someone that is not listed above, unless YOU contact the school. Students will NOT be delivered to another address without written permission by YOU.



North Santiam School District 29 Employee/Volunteer Background Information

<input type="checkbox"/> Volunteer Coach	Sport _____	Print Form
<input type="checkbox"/> Field Trip		
School	MARI-LINN SCHOOL	

You must respond to each question with accurate and honest information. Failure to provide information, or providing inaccurate information will result in the denial of your application and may subject you to being charged with the crime of False Swearing (ORS: 162.075)

_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Place of Birth (City, State)	Date of Birth
_____	_____	_____	_____	_____
Street Address	City	State	Zip Code	SSN (voluntary)
_____	_____	_____		
Drivers License # & State	Name on Drivers License (if different)	List Other Names Used		

List any other State you have lived in other than Oregon and the year(s) you lived there. If additional space is needed, use the comments section on Page 2.

_____	_____
State & Years	State & Years
_____	_____
State & Years	State & Years

Have you ever been arrested for or been charged with any crime ? YES NO

Note: Actions taken by you, or by others on your behalf, to Expunge, Set-Aside, or Clear records of Arrest or Prosecution DOES NOT remove your obligation to respond honestly to this question. If additional space is needed, please use comment section on Page 2.

_____	_____	_____	_____
Crime	Year	City	State
_____	_____	_____	_____
Crime	Year	City	State
_____	_____	_____	_____
Crime	Year	City	State

Have you ever been a named party in a civil suit or action?

YES NO

If yes - indicated when & where:

_____	_____	_____
Year	City	State

Have you ever had your driving privileges revoked or suspended in this or any other State?

YES NO

If yes - indicated when & where:

_____	_____	_____
Year	City	State

_____	_____	_____
Year	City	State

_____	_____	_____
Year	City	State

Is there any information that you wish the Background Investigator, or the District, to consider regarding any of your responses on this document or about any information that will be discovered during the investigation?

My statements on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can result in my being prosecuted for a crime. Through my signature I grant the North Santiam School District and their representatives authority to investigate the information that I have provided in this statement by communicating with all appropriate parties to verify its factual accuracy.

Signature _____ **Date** _____ **Phone (required)** _____

Print Name _____

District Accepted OJIN Check Verified BIO-MED Check TSPC Check Verified

**NORTH SANTIAM SCHOOL DISTRICT
INDEMNIFICATION & RELEASE AGREEMENT**

Mari-Linn School

1. In consideration for being permitted to perform the below described activities, the undersigned volunteer agrees to indemnify and hold harmless the North Santiam School District 29J, its officers, agents and employees from and against all liability claims, and demands, on account of injury sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the below described activities, if such injury, loss, or damage is caused in whole or in part by, or is claimed to be caused in whole or in part by the act, omission, negligence or other fault on the part of the volunteer.

2. Volunteer understands that the below described activities may involve risks of injury, loss or damage to volunteer, including but not limited to bodily injury, personal injury, sickness, disease, death and property loss or damage. By signing this agreement, volunteers expressly agree to assume any and all such risks. In addition, in consideration for being permitted to perform the below described activities, volunteer hereby expressly exempts and releases the NSSD 29J, its officers, agents and employees from and against all liability, claims and demands on account of injury, personal injury, sickness, disease, death or property loss or damage, that a volunteer may incur as a result of being upon the premises of NSSD 29J or as a result of performing the below described activities whether any such liability claims, and demands result from the act, omission, negligence or other fault on the part of NSSD 29J, its officers, or its employees or from any other cause whatsoever.

3. Description of activities to be performed:

4. The period during which these activities are to be performed:
Volunteer Activities Begin: _____
Volunteer Activities End: _____

5. Executed this ____ day of _____ by the North Santiam District 29J and the volunteer person whose name and signature appear below.

Signature of Volunteer

Printed Name of Signer