



**Colton  
School  
District**

**RECORDS REQUEST**

1<sup>ST</sup> REQUEST: \_\_\_\_\_  
 2<sup>ND</sup> REQUEST: \_\_\_\_\_  
 3<sup>RD</sup> REQUEST: \_\_\_\_\_

REQUEST RECORDS FOR:

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME AND ADDRESS OF SCHOOL LAST ATTENDED

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**PLEASE SCAN THE FOLLOWING ASAP TO: raaschk@colton.k12.or.us**

Fax: 503-824-2309 (if unable to scan)

IEP Documents \_\_\_\_\_  
 Behavior Support Plan \_\_\_\_\_  
 Eligibility Summary \_\_\_\_\_

**PLEASE SEND ALL PERMANENT RECORDS BY MAIL** – Please release records including permanent records, transcript, withdrawal grades, academic progress records, certificate immunization status, tuberculosis certificate, health record folder, special education records, special program records (TAG etc.), behavioral records relating to suspension, expulsion, or eligibility for special education, psychological evaluation, academic testing and other records typically maintained for students.

<p><b>COLTON ELEMENTARY SCHOOL</b>          30437 S. Grays Hill Rd          Colton, OR 97017          503.824.3536          Fax 503.824.3538</p>	<p><b>COLTON MIDDLE SCHOOL</b>          21580 S Schieffer Rd          Colton, OR 97017          503.824.2319          Fax 503.824.2309</p>	<p><b>COLTON HGH SCHOOL</b>          30205 S Wall Street          Colton, OR 97017          503.824.2311          Fax 503.824.2312</p>
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Staff Member Requesting Records: \_\_\_\_\_ Phone: \_\_\_\_\_

According to the Final Regulations of the Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records, Vol 41, No. 118-24673. It states that school officials, including teachers within the educational institution and officials of other schools or school systems in which the student may intend to enroll, may receive a student's record without written consent for such release.



# Colton Elementary Student Verification Report

Year: 2015-2016  
Report: U-STU001

Please verify and correct the information below and return to your student's school.

Student ID \_\_\_\_\_ Grade \_\_\_\_\_

### Student Information

Legal Last Name	Legal First Name	Middle Name	Suffix	Preferred Last Name	Preferred First Name	Gender
Birth Date	Home Phone	Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Race: (Check at least one, and all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White		For School Use Only: Home Room: _____ Teacher: _____		
Home Address	Home City	Home State	Home Zip Code	Mail same as Home Address		Mail Address
Birth State	Birth Country	Tribal Community	Tribal Enroll Num	Home Language Survey	First Language	Correspondance Language

### Parent / Guardian

Order	Relation	Last Name	First Name	Release to	Lives With Student
Home Address		Home City, State, Zip	Email		Mail Same As Home Address Contact Allowed Has Custody Mailings Allowed
Speaks English	Primary Language	Employer	Willing to Volunteer	Works on Government Property	Migrant Worker
Cell		Home	Work	Primary Phone	1 of 2

### Parent / Guardian

Order	Relation	Last Name	First Name	Release to	Lives With Student
Home Address		Home City, State, Zip	Email		Mail Same As Home Address Contact Allowed Has Custody Mailings Allowed
Speaks English	Primary Language	Employer	Willing to Volunteer	Works on Government Property	Migrant Worker
Cell		Home	Work	Primary Phone	2 of 2



# Colton Elementary Student Verification Report

Year: 2015-2016  
Report: U-STU001

Please verify and correct the information below and return to your student's school.

Student ID \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_  
Order Relationship Name Pickup Home Phone Cell Phone Work Phone, Extn Language

<b>Medical Information</b>					
Physician Name	Phone	Dentist Name	Dentist Phone	Hospital	Insurance Co / Number
Health Conditions					

Medications

Siblings Name Gender Grade School

### Permissions/Authorizations

EMS (Emergency Medical System) makes final decisions for the site of best available care when serious illness, accident, or other emergency event directs the need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

I allow directory information\* about my child to be released.   
\*Directory information is student name, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, degrees and awards received, the most recent school attended, and student picture or likeness.

HIGH SCHOOL ONLY  
I do not want my child's name, address and phone number released to:   
 Military Recruiters  
 College/University Recruiters

My child has permission to use the internet:  Yes  No  
The student's use of the internet is subject to the student acceptable use policy, which is in the Registration packet and is available from your school.

I do not want personally identifiable information\*\* about my child used in:  
 Television/Radio  Newspaper  Student Directory  
 Website  Yearbook  Photo  
\*\*Personally identifiable information is student name, parent name, address, phone number, photo, or other information that would help to identify a student.

The NoChild 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 and colleges or 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 (Military Recruiters or College/University Recruiters) above.

Parent/ Guardian Signature X \_\_\_\_\_

Date \_\_\_\_\_



**Colton  
School  
District**

Colton School District 53  
30429 S. Grays Hill Road  
Colton, Oregon 97017

503-824-3535  
503-824-3530 Fax

Linda L. Johnson  
*Superintendent*

## Proof of Residence Form

Student Name: \_\_\_\_\_

Name of person enrolling student: \_\_\_\_\_

I am the:  Parent  Guardian

The student is my:  Son  Daughter  Other

### As proof of my residence, I have attached a copy of one of the following:

- Recent Utility Bill (gas, water, electric) showing service address (disconnect notices not accepted)
- Rental Agreement (must be on letterhead of rental company and dated within 30 days of enrollment)
- Purchase Contract (dated within 30 days of enrollment)
- Title Papers
- Copy of approved Inter-District Transfer Agreement
- Driver's License with current Colton address

I verify that the student lives with me on a full-time basis at the address provided above.

I fully understand that by my signature, I am certifying that all of the above information is true.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Note:** Homeless students in the district will have equal access to education and other services needed to ensure that an opportunity is available to meet the same academic achievement standards to which all students are held. Refer to Policy JECBD.



Colton  
School  
District

## IMPORTANT – “Recent Arrivers” Information

**TO BE FILLED OUT FOR ALL CSD STUDENTS AND RETURNED TO SCHOOL OFFICE AS SOON AS POSSIBLE**

**What** – The Oregon Department of Education requires that we collect information to determine the number of “Recent Arrivers” in our school district.

**Why** – Title III is a Federal grant that provides funding for language instruction for Limited English Proficient and Immigrant Students. Title III will use information about “Recent Arrivers” to help in distributing these funds. Therefore, the Oregon Department of Education is required to provide information about “Recent Arrivers” to the US Department of Education every year.

**Who** – All students/families must respond to this questionnaire.

Any student born outside of the US or Puerto Rico, including foreign exchange students and students born abroad to military members, must be included in the “Recent Arriver” count, if they meet all three criteria.

(Over for Questions)

# The Questions:

Student first and last name \_\_\_\_\_

Student's school \_\_\_\_\_

**1** – Is the student **3 to 21** years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Student date of birth \_\_\_\_\_

**2** – Was the student born **outside of** the United States or Puerto Rico? \_\_\_\_\_ Yes \_\_\_\_\_ No

(This includes foreign exchange students and students born abroad to military members.)

**3** – Has the student attended school in the United States for **less than a total of three full school years?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Date that student first attended school in the United States \_\_\_\_\_

Has the student left US schools at any time since that date? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please give dates that student was not in US schools. \_\_\_\_\_

\_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

# Colton Middle School

Clackamas County School District 53  
21580 S. Schieffer Rd. \* Colton, Oregon 97017 \* (503) 824-2319

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Ethnicity and Race Data for students is now collected as a two-part question. Please answer both parts of the question below to most closely identify your student.

Part A. Is this student Hispanic/Latino? (Choose only one)

\_\_\_\_\_ No, not Hispanic/Latino

\_\_\_\_\_ Yes, Hispanic/Latino

Part B. What is the student's race? (Choose one or more)

\_\_\_\_\_ **American Indian or Alaska Native** A person having origins in any of original people of North and South America, including Central America, and who maintains tribal affiliation or community attachment.

\_\_\_\_\_ **Asian** A person having origins in any of the original peoples of the Far East; Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **Black or African American** A person having origins in any of the black racial groups in Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islander.

\_\_\_\_\_ **White** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# COLTON MIDDLE SCHOOL

## New Student Questionnaire

This questionnaire is designed to give us information that will help us make the best possible placement decisions. We want to be sure that a new student can access any needed services or programs immediately. The information you provide on this form can only be shared with professional school staff on a need-to-know basis. Information you provide is voluntary; you may decline to respond to any question. Thank you for your help.

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

1. What was the last school you attended?

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_

2. What was your last day of attendance at that school?

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

3. What grade were you enrolled in?

4. Were you on an IEP (Individualized Education Plan) at your previous school?

Yes

No

5. In your previous school, were you receiving counseling services, special assistance or tutoring?

Yes

No

(If you answered yes, please describe briefly.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Were you expelled from your previous school? Yes No

7. Do you see yourself as being at risk for drug or alcohol use? Yes No



8. Have you participated in a drug or alcohol treatment program?      Yes                  No

(If you answered yes, please give the name of the program and the date you completed the program.)

Program Name: \_\_\_\_\_

Completion Date: \_\_\_\_\_

9. Do you have an open file at either Juvenile Court or Services for Children & Families (SCF)?

Yes                  No

10. Are there any subjects in school that you think you may have trouble with? Please list these together with any ideas you have about what would help you.

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11. Do you have any physical condition that the school should know about?

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12. Do you take any medications that would be administered at school or that could affect your school performance?

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13. Do you have other concerns about starting a new school? Please describe them below.

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Colton School District K-12  
2016-17

Adopted: April 11, 2016

M	T	W	TH	F		M	T	W	TH	F		M	T	W	TH	F
<b>JULY</b>					<b>AUGUST</b>					<b>SEPTEMBER</b>						
				1		1	2	3	4	5					W/I 1	FW 2
4	5	6	7	8		8	9	10	11	12		H 5	6	7	8	9
11	12	13	14	15		15	16	17	18	19		12	13	14	15	16
18	19	20	21	22		22	23	24	25	26		19	20	21	22	I 23
25	26	27	28	29		W 29	I 30	W/I 31				26	27	28	29	I/W 30
<b>OCTOBER</b>					<b>NOVEMBER</b>					<b>DECEMBER</b>						
3	4	5	6	7			1	2	3	W 4					1	2
10	11	12	13	I 14		7	8	*9	C 10	H 11		5	6	7	8	I/W 9
17	18	19	20	21		14	15	16	17	18		12	13	14	15	16
24	25	26	27	28		21	22	23	H 24	25		19	20	21	22	23
31						28	29	30				26	27	28	29	30
<b>JANUARY</b>					<b>FEBRUARY</b>					<b>MARCH</b>						
I 2	3	4	5	6				1	2	s 3				1	2	I/W 3
9	10	11	12	13		6	7	8	9	I 10		6	7	8	*9	C 10
16	17	18	19	20		13	14	15	16	17		13	14	15	16	s 17
23	24	25	26	W 27		H 20	21	22	23	24		20	21	22	23	24
30	31					27	28					27	28	29	30	31
<b>APRIL</b>					<b>MAY</b>					<b>JUNE</b>						
3	4	5	6	W 7		1	2	3	4	I/W 5					1	2
10	11	12	13	14		8	9	10	11	s 12		5	6	7	8	9
17	18	19	20	21		15	16	17	18	I 19		12	13	14	W 15	FW 16
24	25	26	27	28		22	23	24	25	26		19	20	21	22	23
						H 29	30	31				26	27	28	29	30

I=Inservice Days 9  
W=Workdays 9 F/W=Flex Work Day  
H=Holidays 5  
C=Conference Days 2  
Instructional Days 147

Winter Break  
December 19, 2016  
January 1, 2017  
Spring Break  
March 27-31 2017

OPEN HOUSE - 6:00 PM for all

Colton Middle School - September 7, 2016  
Colton High School - September 14, 2016  
Colton Elementary School - September 21, 2016

High School Graduation - June 10, 2017

s = Possible snow make up days

CONFERENCES

\*November 9, 2016 5:00 - 8:00 pm Grades 6-12/K-5 by appt.  
November 10, 2016 8:00 am - 1:00 pm Grades 6-12/K-5 by appt  
\*March 9, 2017 5:00 - 8:00 pm Grades 6-12/K-5 by appt.  
March 10, 2017 8:00 am - 1:00 pm Grades 6-12/K-5 by appt

EARLY RELEASE 11:00 am/K-5 ONLY  
\*November 9, 2016

# CMS Bell Schedule\*

## 2016/17

Period 1	8:35 - 9:30
Period 2	9:33 - 10:28
Period 3	10:31 - 11:26
Period 4	11:29 - 12:24
Lunch	12:24 - 1:02
Period 5	1:02 - 1:57
Period 6	2:00 - 2:55
Period 7	2:58 - 3:53

\*Schedule is subject to change based on school and district needs. Students will be assigned to one of two lunches, which may be assigned/adjusted based on social/behavioral considerations.