

# SWEET HOME CHARTER SCHOOL

## 16/17 Registration Form

DBN: \_\_\_\_\_

Legal Name (L,F M): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender:  Male  Female Last 4-SSN: \_\_\_\_\_

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

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: \_\_\_\_\_

Resident District: \_\_\_\_\_

Migrant:  Yes  No Migrant ID: \_\_\_\_\_

Resident School: \_\_\_\_\_

Birth City/State: \_\_\_\_\_

Resident County: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Entrance Date - Oregon: \_\_\_\_\_

School City/State: \_\_\_\_\_

Entrance Date - United States: \_\_\_\_\_

### Other School Age Children Living in Household:

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

### Phone/Address Information:

Primary Contact Phone: \_\_\_\_\_ Type: \_\_\_\_\_ Unlisted:  Yes  No

Student Cell Phone: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Resident 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: \_\_\_\_\_

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: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Gradebook Access: \_\_\_\_\_ Gradebook Guardian: \_\_\_\_\_

Gradebook Access: \_\_\_\_\_ Gradebook Guardian: \_\_\_\_\_

**Additional Programs:** (Mark all programs that currently apply)

\_\_\_ Special Education (IEP) \_\_\_ 504 (Medical diagnosed disability) \_\_\_ Migrant Education  
\_\_\_ Indian Education \_\_\_ Title I \_\_\_ English Language Learner (ELL) \_\_\_ TAG (Talented/Gifted)

**TAG Type:** \_\_\_ T10-Intellectually Gifted \_\_\_ T11-Academic Talented-Reading \_\_\_ T12-Academic Talented-Math  
\_\_\_ T30-Potential Tag \_\_\_ T31-Creative Ability \_\_\_ T32-Leadership Ability \_\_\_ T33-Visual/Perf Arts Ability

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_