

Sweet Home Charter School

Registration Form
School Year: 2018-2019

_____ New Registration _____ Re-Registration

PARENTS: THE INFORMATION ON THIS FORM IS NEEDED SO THAT WE WILL BE ABLE TO PROVIDE SERVICES AND CARE. PLEASE FILL OUT THE ITEMS ACCURATELY AND COMPLETELY.

Students legal name (Last, First, Middle) _____
Students preferred name (if applicable)

Grade _____
M/F _____

Birth date _____
Birth Place (City/State) _____
E-mail

Birth Country _____
Entrance Date – Oregon _____
Entrance Date – United States

Resident Address _____
City, State _____
Mailing Address (if different)

Home Phone _____
Mom Cell Phone _____
Dad Cell Phone

Mother/Guardian Name (Last, First, Middle) _____
Mother's maiden name **Living with Yes** _____ **No** _____

Mother/Guardian Employer _____
Occupation _____
Work Phone (extension if applicable)

Father/Guardian Name (Last,First, Middle) _____
Living with Yes _____ **No** _____

Father/Guardian Employer _____
Occupation _____
Work Phone (extension if applicable)

School Last Attended _____ Resident School _____

EMERGENCY CONTACT – OTHER THAN PARENT/GUARDIAN

This information is needed in case of an emergency/varied situations in which you may not be able to be reached.

The person you select is given authority to:

1. Authorize the school to release your student if we are unable to contact you.
2. Direct the school in the handling of an emergency involving your child.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

ALL CHILDREN LIVING AT HOME:

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

Name: _____ Date of Birth: _____ School: _____

Continue other side of form

RACIAL ETHNIC CATEGORY: FEDERAL LAW REQUIRES THE DISTRICT TO REPORT THIS INFORMATION. IT IS YOUR OPTION WHETHER TO PROVIDE IT. THIS INFORMATION IS ONLY USED FOR FEDERAL REPORTS.

Part A: Is this Student Hispanic/Latino?

_____ no, not Hispanic/Latino _____ yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)

Part B: What is this student's race?

White/Caucasian_____ Black/African American_____ Asian_____ American Indian/ Alaskan Native _____ Native Hawaiian/Other Pacific Islander_____

Does anyone in your household speak a language other than English? Yes____ No____

SPECIAL PROGRAMS: Has your student received any of the following services?

TAG_____ TITLE I_____ Special Education_____ Speech/Hearing_____

STUDENT HEALTH INFORMATION

Is the student covered under any medical insurance? Yes____ No____

If covered by medical insurance, please list name of company_____

Does student have problems with the following: Hearing____ Vision____

Seizures____ Asthma____ Diabetes_____

Bee Sting Reactions: Swelling _____ Breathing Problem_____ Other_____

Is medication required? Yes____ No ____ If yes what type: Injection kit _____

Injection by physician_____ Oral _____

Allergies (Please indicate what the student is allergic to) _____

Any daily medications? Yes____ No____ If yes, name of medication_____

Is student allergic to any medication? If yes what? _____

Any other medical issues? _____

Emergency room personnel to treat student? Yes____ No ____

Transport student in school employee's vehicle? Yes____ No ____

Transport student by ambulance? Yes____ No ____

Physician Name Phone #

Dentist Name Phone #

I give permission for my student to participate in school organized and supervised field trips. Yes____ No ____

I give permission for my student to view movies, Rated G only. Yes____ No ____

I give permission for my students name and picture to be in the newspaper? Yes____ No____

Are there any restraining orders/court orders to protect student: Yes____ No ____ If yes school **must** have a copy for school records.

Non- Custodial Parents Statement: Oregon law requires that progress and behavioral records which relate to this student will be shared with non-custodial parents upon their request, unless the school is presented with a court order to the contrary.

DIRECTORY INFORMATION

Permission is granted for household phone number to be released to staff and/or parent club. Yes____ No ____

Would you like to be listed in school directory? Yes____ No____

Parents/Guardian Signature

Date