

Sand Ridge Charter School

Registration Form
School Year: 2020-2021

_____ 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 Gender Birth date Birth Place (City/State) **E-mail (Important for school wide communication)**

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? _____

I give permission for emergency room personnel to treat my student? Yes _____ No _____

I give permission to transport my student by ambulance? Yes _____ No _____

Physician Name

Phone #

Dentist Name

Phone #

I give permission to release our household phone number to staff. Yes _____ No _____

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 student's name and picture to be in the newspaper. Yes _____ No _____

Are there any restraining orders/court orders to protect the 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.

Parents/Guardian Signature

Date