Sweet Home Charter School

Registration Form

School Year: 2024-2025

☐ 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.

Student's legal name

Last | First | Middle | Students preferred name (if applicable)

Grade | M/F/X | Birth date | Birth Place (City/State) | Parent E-mail (used for school communication)

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

Resident Address | City, State, Zip | 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:**	

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? (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race) ☐ Yes ☐ No

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 ☐ 504 ☐ 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? Yes ☐ No ☐ If yes what? _____

Any other medical issues? _____

Emergency room personnel to treat student? Yes ☐ No ☐

Transport student by ambulance? Yes ☐ No ☐

Give permission for health screenings? Vision? Yes ☐ No ☐ Dental? Yes ☐ No ☐ Hearing? 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 or PG 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.

During the school year my student had a parent or guardian who was:

Full time Army, Navy, Air Force Marine Corps, Coast Guard active duty or training duty, Full time National Guard member(s), Active duty Reserves (180 consecutive days active duty), Dual Status Military Technicians. Yes ☐ No ☐

Parents/Guardian Signature	Date