

# Sweet Home Charter School

Registration Form  
School Year: 2019-2020

\_\_\_\_\_ 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