

BRIDGE CHARTER ACADEMY STUDENT ENROLLMENT FORM

FOR OFFICE USE
 Age Aligned Grade: _____
 Requested Grade: _____
 Documentation Rcvd: _____

STUDENT INFORMATION

Full Legal Name: _____
First Middle Last

Preferred Name: _____ Birthday: _____ Gender: _____
First Last

Home Address: _____
Physical Address City State Zip

Mailing: _____
Physical Address City State Zip

Place of Birth: _____
City State / Providence Country

Previous School: _____
School Name City State

Previous Homeschool: _____
ESD or Other Agency Name City County / State

County of Residence: _____ Resident School District: _____

ETHNICITY & RACE

Federal regulations require U.S. schools to gather statistical data on students' ethnicity and race. If more than one race is chosen, your student will be reported as multi-racial. Both ethnicity and race must be filled out.

Ethnicity – Hispanic/Latino: Yes No

Race – select at least one: White American Indian / Alaska Native Non-US Native American
 Black Native Hawaiian/Pacific Islander Asian

PARENT INFORMATION

Parent Name: _____
First Last Suffix

Relationship to Student: Mother Father Grandparent Step Foster Other _____

Is this adult living with the student? Yes No Same mailing address as the student? Yes No

If no to either question, please provide full address information on Permissions form

Mobile Phone: _____ Home/Work Phone: _____

Email address: _____

***This should be an address you check regularly, not your junk mail address. Our school primarily uses email to communicate with families. ***

Parent Name: _____
First Last Suffix

Relationship to Student: Mother Father Grandparent Step Foster Other _____

Is this adult living with the student? Yes No Same mailing address as the student? Yes No

If no to either question, please provide full address information on Permissions form

Mobile Phone: _____ Home/Work Phone: _____

Email address: _____

***This should be an address you check regularly, not your junk mail address. Our school primarily uses email to communicate with families. ***

If any other adults have legal rights to this student they must be listed on the Non-Guardian Permissions form.

SERVICES RECEIVED

Check services that apply / have previous applied to this student:

- | | | |
|--|--|--|
| <input type="checkbox"/> Special Education / IEP | <input type="checkbox"/> Section 504 Plan | <input type="checkbox"/> Behavior Plan |
| <input type="checkbox"/> Speech Services | <input type="checkbox"/> Talented & Gifted (TAG) Program | <input type="checkbox"/> ELL / LEP |
| <input type="checkbox"/> Evaluated, No Services | <input type="checkbox"/> Never Evaluated | |

MEDICAL INFORMATION

Current Doctor: _____
Name Phone

Current Dentist: _____
Name Phone

Hospital of Choice: _____

Please mark if your student has any of the following conditions, and include relevant details:

- ADD/ADHD: _____
- Hearing Loss: _____
- Speech Disorder: _____
- Vision Problem: _____
- Asthma: _____ Check if Life Threatening
- Diabetes: _____ Check if Life Threatening
- Physical Impairment: _____ Check if Life Threatening
- Heart Problems: _____ Check if Life Threatening
- Seizure Disorder: _____ Check if Life Threatening
- Other: _____ Check if Life Threatening
- Allergies: _____ Check if Life Threatening
- Food Allergies: _____ Check if Life Threatening

Depending on your student's allergies you may need to fill out a medical statement form in order for the district to provide food substitutions.

Is your student taking medication? Yes No

Will your student be taking medication at school? Yes No

If yes, please fill out an Authorization for Medical Administration form.

PERMISSIONS

Field Trips: My student has permission to go on scheduled field trips included in the program of the school, within the school day. Transportation may be provided at the discretion of the school district in such form as approved by school administration. I may decline permission at any time or for any specific field trip.

- Yes (I agree to the terms listed above) No (I do not agree to the terms listed above)

Consent for Treatment: In the event of an accident or illness requiring medical attention, I understand that the school will attempt to notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the school district cannot be responsible for any expenses incurred in the treatment of students.

- I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or medical personnel.

Parent/Guardian Signature: _____ Date: _____

MM / DD / YY

PARENT/GUARDIAN MILITARY SERVICE

Student will have an active duty parent/guardian at any point in the 2019-20 school year: Yes No

At any time during the school year (2019-20), will this student have a parent or guardian who is/will be a member of the Armed Forces on active duty or full-time National Guard, which includes:

- Students whose parent(s) are deployed, including:
 - Students placed with a temporary guardian while one or both parents are deployed
- Students whose parent(s) or guardian(s) are:
 - full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty
 - students at a school designated as a service school, while in active military
 - full-time National guard members
 - Active Duty Reserves (members of the reserves who have been called to active duty for at least 180 consecutive days)
 - Dual Status Military Technicians

Does not include:

- Students whose parent(s) or guardian(s) are:
 - members of other uniformed services, such as the commissioned corps of the National Oceanic and Atmospheric Administration and the commissioned corps of the Public Health Service.
 - Retired or discharged former service members
 - Part-time National Guard members who are not deployed
 - Members of the reserves who have not been called to active duty
 - Civilian (Title 5) employees of the Department of Defense
- Students with a relative in the armed forces other than the student's parent or guardian

FOR HIGH SCHOOL STUDENTS ONLY

As required by federal law, Bridge Charter Academy will provide the names, addresses and telephone listings of high school students to military recruiters upon request. If you do not want this directory information released to military recruiters or post-secondary educational institutions for your student, you may fill out and submit the Non-Release of Student Information Form in the high school office.

SIGNATURE

I verify that the information in this document is true and correct to the best of my knowledge. If it is determined that any of the information I have provided is false, I acknowledge that there may be consequences, up to and including my student's immediate removal from the school immediately.

Parent/Guardian Signature: _____ Date: _____
MM / DD / YY

Parent/Guardian Signature: _____ Date: _____
MM / DD / YY

This page was intentionally left blank to help ensure the rest of the forms print correctly, in case the whole thing gets printed two-sided. You don't need it for anything else.

Student / Family Name: _____

BRIDGE CHARTER ACADEMY NON-GUARDIAN PERMISSIONS

PURPOSE

This form is used to record the various types of permissions that a parent may choose to grant to (or remove from) the various supporting adults in their child's life. In order for another adult (including the noncustodial parent) to speak to the school regarding your child or their education OR pick up your student, we must have their information recorded using this form (**including carpool drivers and grandparents!**). Keeping this information up to date is the responsibility of the parent.

ADULTS WITH PERMISSION OR RESTRICTIONS

Identifying Information

Name: _____ Relationship: _____ Phone Number: _____
Brief Physical Description: _____ Emergency Contact?: Yes No

Address (non-custodial parent or guardian OR as necessary)

Email Address: _____
Home / Mailing: _____
^ Circle one ^ Address City State Zip

Permissions

School may tell them about...

- Academic progress
- Behavior
- School functions
- Meetings about my child
- Weekly email

They can...

- Pick up my child
- Pick up my child's curriculum
- Attend quarterly conference
- Attend other school meetings
- Attend school functions
- Speak on my behalf regarding academic choices

They cannot...

- Pick up my child
- Speak to my child
- Be on school property
- Receive academic information
- Make academic choices
- Pick up my child's curriculum

Identifying Information

Name: _____ Relationship: _____ Phone Number: _____
Brief Physical Description: _____ Emergency Contact?: Yes No

Address (non-custodial parent or guardian OR as necessary)

Email Address: _____
Home / Mailing: _____
^ Circle one ^ Address City State Zip

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Name: _____ Relationship: _____ Phone Number: _____

Brief Physical Description: _____ Emergency Contact?: Yes No

Address (non-custodial parent or guardian OR as necessary)

Email Address: _____

Home / Mailing: _____

^ Circle one ^

Address

City

State

Zip

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Brief Physical Description: _____ Emergency Contact?: Yes No

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^ Circle one ^

Address

City

State

Zip

Permissions

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Bridge Charter Academy
REQUEST FOR STUDENT
RECORDS

STUDENT INFORMATION

Student: _____ **Birthdate:** _____ **Grade:** _____

Last School Attended: _____ **Last Day:** _____ **Phone:** _____

Street Address: _____ **City, State, Zip:** _____

Please send complete information about student(s) by forwarding the following records to the address indicated below on this form within ten (10) days of receipt of this request.

Cumulative Folder (attendance records, grade level, classroom test results, grades)

Health record folder (hearing, vision, immunizations, etc.)

All Special Education records

Psychological Testing (educational, social, developmental information)

Behavioral Records

Other special program records (TAG, FARMS, Title 1, etc.)

SIGNATURE

In accordance with the Family Education Rights and Privacy Act of 1974 and Oregon State law, I hereby authorize the release of all records on the student(s) listed above to the below referenced school.

Printed Parent/Guardian Name: _____ **Home Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____
MM / DD / YY

FOR OFFICE USE ONLY

Secretary Signature: _____

PLEASE SEND RECORDS TO

Bridge Charter Academy

60 S Pioneer St

Lowell, OR 97452

Phone: 541-937-5200

Fax: 541-937-5201

1st Request Date: _____

2nd Request Date: _____

3rd Request Date: _____