

# 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: \_\_\_\_\_  

First
Last
 Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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Mobile Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

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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

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**Bridge Charter Academy**  
**REQUEST FOR STUDENT**  
**RECORDS**

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**STUDENT INFORMATION**

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**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.)

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**SIGNATURE**

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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

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**FOR OFFICE USE ONLY**

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**Secretary Signature:** \_\_\_\_\_

**PLEASE SEND RECORDS TO**

Bridge Charter Academy  
21610 Butler Market Road

Bend, OR 97701

Phone: 541-699-2165

Fax: 541-937-5201

1st Request Date: \_\_\_\_\_

2nd Request Date: \_\_\_\_\_

3rd Request Date: \_\_\_\_\_