



ALSEA CHARTER SCHOOL REGISTRATION FORM

Alsea School District 7J

301 South 3rd Street

Alsea, OR 97324

541-487-4305

www.alsea.k12.or.us

The US Department of Education requires us to collect the following race/ethnicity information:

Is the student of Hispanic or Latino [Spanish Origin]? Yes No

MARK one or more races:

African American or Black Asian Caucasian/White Native Hawaiian or other Pacific Islander

American Indian or Alaskan Native

Maintains affiliation with federally recognized Native American tribe? Yes No

If yes, Tribe and Number: _____

STUDENT INFORMATION:

Student's LEGAL name [last, first, middle]: _____

Student's preferred name: _____

Birth Date: _____ Current Age: _____ Current Grade: _____

Birth Place: _____ Preferred Language: _____

Gender: Male Female Non-Binary

Mailing Address [street, city, state, zip] _____

Physical Address [if different] _____

Last School Attended [Name & Address] _____

Does your child have an IEP [Individual Education Plan] or 504? Yes No



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Please list in order of contact.

PARENTS/GUARDIANS & EMERGENCY CONTACTS:

Parent/Guardian 1: _____

Relationship to student: _____

Primary Phone: _____ Type: _____

Secondary Phone: _____ Type: _____

Email: _____ Add to email notifications? Yes No

Lives with student? Yes No Access to Gradebook for student's grades? Yes No

Emergency Contact? Yes No Attend IEP Meetings? Yes No

Send Mailings? Yes No

If yes, Mailing Address: _____

Parent/Guardian 2: _____

Relationship to student: _____

Primary Phone: _____ Type: _____

Secondary Phone: _____ Type: _____

Email: _____ Add to email notifications? Yes No

Lives with student? Yes No Access to Gradebook for student's grades? Yes No

Emergency Contact? Yes No Attend IEP Meetings? Yes No

Send Mailings? Yes No

If yes, Mailing Address: _____



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SECONDARY CONTACTS: In the event we are unable to reach the parents/guardians above, whom would you like us to call in case of emergency or time sensitive issues where your student may need to be picked up i.e. illness, disciplinary issues, or school closures?

Call First: _____

Relationship to Student: _____

Primary Phone: _____

Type: _____

Secondary Phone: _____

Type: _____

Call Second: _____

Relationship to Student: _____

Primary Phone: _____

Type: _____

Secondary Phone: _____

Type: _____

OTHER INFORMATION

Other children associated with student:

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

Would you like to share any other information with the school to help us better serve your student?



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Alsea School District has permission to photograph and/or video my child at school or as school-sponsored events. These photos may be used in the yearbook, on bulletin boards, on the school's website or Facebook page or for school publicity.

Please circle and initial by one below:

_____ Yes _____ No

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT TO BE TRUTHFUL. I HAVE LEGAL AUTHORITY TO REGISTER THIS STUDENT AT THE ALSEA SCHOOL DISTRICT 7J.

Printed Name: _____

Signature: _____

Date: _____