



# ALSEA CHARTER SCHOOL REGISTRATION FORM

Alsea School District 7J  
301 South 3<sup>rd</sup> Street  
Alsea, OR 97324  
541.487.4305  
www.alsea.k12.or.us

Today's Date: \_\_\_\_\_

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

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

**MARK one or more races:**

African American or Black Asian White  
Native Hawaiian or other Pacific Islander American Indian or Alaskan Native

**STUDENT INFORMATION**

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

Student's preferred name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth place: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender: Male Female

Street address [street, city, state, zip]: \_\_\_\_\_

Mailing address [if different]: \_\_\_\_\_

Last School Attended [name & address]: \_\_\_\_\_

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

**PARENT/ GUARDIAN**

Parent/ Guardian 1: \_\_\_\_\_ Parent/ Guardian 2: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Workplace and phone: \_\_\_\_\_ Workplace and phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Lives with student: Yes    No Lives with student: Yes    No

Is this person an emergency contact? Yes    No Is this person an emergency contact? Yes    No

**SECONDARY CONTACT** [if people above cannot be reached, whom would you like us to call in case of an emergency or time sensitive issue where your child needs to be picked up such as illness, disciplinary issues or school closures?]

Call first: \_\_\_\_\_ Call second: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**[Please complete the other side]**



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## OTHER INFORMATION

Other children in the family:

Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____
Name: _____	Grade: _____	Name: _____	Grade: _____

Does your child have any health problems or allergies that the school should be aware of?

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

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### Please check and initial by one box below:

**Yes**      **No**      Alsea School District has permission to photograph and/ or video my child at school or at 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.

I CERTIFY THAT THE ALL INFORMATION PROVIDED IN THIS DOCCUMENT IS TRUEFUL. I HAVE LEGAL AUTHORITY TO REGISTER THIS STUDENT AT THE ALSEA SCHOOL DISTRICT 7J.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_