



ALSEA CHARTER SCHOOL REGISTRATION FORM

Alsea School District 7J
301 South 3rd 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: _____

Relationship to student: _____

Home phone: _____

Cell phone: _____

Workplace and phone: _____

Email address: _____

Lives with student: Yes No

Is this person an emergency contact? Yes No

Parent/ Guardian 2: _____

Relationship to student: _____

Home phone: _____

Cell phone: _____

Workplace and phone: _____

Email address: _____

Lives with student: 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: _____

Relationship to student: _____

Home phone: _____

Cell phone: _____

Call second: _____

Relationship to student: _____

Home 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?

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

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: _____