



# EAGLE Charter School

An ODE sponsored public charter school

## Registration Form


**STUDENT INFORMATION – PLEASE PRINT**

STUDENT'S LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	DATE OF BIRTH	SEX	GRADE

HOME ADDRESS (Street Address & Apt No.)	CITY	ZIP CODE	MAIN PHONE NUMBER	√ IF APPLICABLE
				<input type="checkbox"/> Unlisted <input type="checkbox"/> Cell

MAILING ADDRESS (If different from Home)	CITY	ZIP CODE	PLACE OF BIRTH (City, State)

LAST SCHOOL ATTENDED			
SCHOOL NAME	CITY AND STATE	TEACHER	SPECIAL PROGRAMS (PLEASE CIRCLE)
			TAG    ELL    IEP    504 Title I    Other: _____

<b>ETHNICITY:</b> HISPANIC OR LATINO: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>RACE (PLEASE CHOOSE ALL THAT APPLY)</b> <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER	Federal and state regulations require EAGLE to gather information in this way for statistical reports. Your response is optional.
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CONTACT INFORMATION (INCLUDE PARENTS)					
NAME	RELATIONSHIP	LIVES WITH?	HOME PHONE	CELL PHONE	WORK PHONE

**Office Use only:**  
 TEACHER: \_\_\_\_\_ SID#: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_

**DISCLOSURE INFORMATION –**
Non-custodial parents:

OREGON REVISED STATUE 107.154 provides that unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the right to inspect and receive school records, and to consult with staff concerning the child's welfare and education to the same extent as the custodial parent. This statute requires that educational records pertaining to the student will be shared with non-custodial parents upon their request unless the school is presented with a court to the contrary. IF YOU WANT TO RESTRICT THE VISITING and RECORDS ACCESS RIGHTS OF THE NON-CUSTODIAL PARENT, YOU MUST PROVIDE THE SCHOOL WITH A VALID COURT ORDER DENYING SUCH RIGHT.

**MEDICAL:**

1. Student's special medical conditions, if any (asthma, diabetes, etc.)

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2. Student's present medications, if any

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3. Allergies, if any

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4. Please describe allergic reactions

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5. Medical insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

**PARENT PERMISSION –**

1. **Medical authorization:** In the event of an apparent or real emergency, after every effort to contact the parent at the telephone number(s) listed on the registration form, the undersigned parent/guardian does hereby authorize and appoint EAGLE Charter School, through its agents, to obtain any medical care or hospitalization of the above n-named child, as they believe necessary and proper for the immediate care and welfare of the above-named child. The undersigned agrees to pay for such medical treatment and expense on behalf of such child and shall hold EAGLE Charter School harmless for any and all liability, claims, judgments, and cost incurred in, or as a result of, any such medical treatment or hospitalization.

List any restrictions:

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2. **Walking:** My child has my permission to walk to and from school. Please circle **YES** or **NO**

3. **Field Trips:** I give my permission for my child to make any and all of the field trips included in the planned program of the school. Transportation may be provided at the direction of EAGLE Charter School in such form as approved. I understand that notes will be sent home with my child regarding each trip and that I have the right at that time to request that my child not make the trip. Please circle **YES** or **NO**

My signature indicates that I have read this information and that the information provided above is correct to the best of my knowledge.

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

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

Relationship: \_\_\_\_\_