



Bethany Charter School
2023-2024 REGISTRATION FORM

Please circle any special programs:

TAG ELL IEP 504

Other: _____

Legal Name:

Last First Middle

Preferred Name:

Last First Middle

Today's date:

Grade for the 2023-2024 school year:

<p>Student Information</p> <p>Primary Contact Number:</p> <p>_____</p> <p>Birth date:</p> <p>_____</p>	<p><i>Bethany Charter School is a K-8 public school chartered by the Silver Falls School District. Our curriculum focuses on natural sciences and technology, enriched with art, physical education, and music in a small school atmosphere. We promote academic excellence, fostering respect and a love for learning with strong family and community support.</i></p>	<p>Ethnicity:</p> <p>Hispanic/Latino (Circle one) Yes or No</p>
		<p>Race: (Check one)</p> <p><input type="checkbox"/> American Indian or Alaskan Native/Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p>

City, State and Country of Birth:	Primary Language:	Mother's maiden name:
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<p>Residence Address:</p> <p>_____</p> <p>Street City State & Zip</p>	<p>Last school attended:</p> <p>_____</p> <p>Name City State & Zip</p>
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<p>Mailing Address: <i>(if different than residence)</i></p> <p>_____</p> <p>Street City State & Zip</p>	<p>Email Address:</p> <p>_____</p>
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<p>Contact Information</p>		<p><input type="checkbox"/> Check here if contact information applies ONLY to this student.</p> <p><input type="checkbox"/> Check here is contact information applies to all students in household.</p>			
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Name	Lives with	Relationship	Emerg. Call (#order)	Employer and Work Phone number	Cell Phone:
Parent 1					
Parent 2					
Emerg. 1					
Emerg. 2					
Doctor:					

(SEE REVERSE SIDE)

Sibling Information:

Name	Gender	Birth date	School

How did you hear about our school?

DISCLOSURE INFORMATION –

Non-custodial parents:

OREGON REVISED STATUTE 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 order 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 VAILD COURT ORDER DENYING SUCH RIGHT.**

OTHER IMPORTANT INFORMATION –

Medical:

1. Student’s special medical conditions(including allergies) and present medications:

2. Is there anything you would like for us to know about your child: _____

3. Why do you feel Bethany Charter School is right for your child? _____

PARENT PERMISSION –

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 Bethany Charter School, through its agents, to obtain any medical care or hospitalization of the above-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 Bethany Charter School harmless from any and all liability, claims, judgments, and cost incurred in, or as a result of, any such medical treatment or hospitalization. Please circle YES or NO. List any restrictions _____

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 Bethany 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: _____

*** Enrollment forms will be kept on file for one year. A new enrollment is started yearly, and past forms will be shredded at the end of the school year.**