



# LONG CREEK SCHOOL DISTRICT #17

375 East Main Street P.O. Box 429  
Long Creek, OR 97856  
Phone (541) 508-9164 Fax (541) 421-3012

## 7-12 REGISTRATION FORM

### FOR SCHOOL USE ONLY:

Registration Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Records Request Date: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Birth Certificate: Yes \_\_\_\_\_ No \_\_\_\_\_ Immunization: Yes \_\_\_\_\_ No \_\_\_\_\_

### PLEASE PRINT

Pupil's Full Legal Name (First, Middle, Last) \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address (if different from Home Address) \_\_\_\_\_

Student Cell Number \_\_\_\_\_ Military Family: Yes \_\_\_\_\_ No \_\_\_\_\_

### SCHOOL HISTORY

School Last Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Grades Repeated \_\_\_\_\_ Grade Last Year \_\_\_\_\_

**FAMILY INFORMATION**

**Whom does student live with? Please check all that apply:**

- Both Parents  
  Mother  
  Father  
  Guardian  
  Step Father/Step Mother  
  Host Family  
 Joint Custody  
  Grandparents  
  Friend or Family \_\_\_\_\_  
  Other \_\_\_\_\_

1. Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Custodial Parent? Y/N (circle one)  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Custodial Parent? Y / N (circle one)  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

3. Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Custodial Parent? Y / N (circle one)  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Note:** If applicable, please list on page 10 of this registration document, the contact person and the specific date, day(s), time your child/student is allowed to be released to them.

**ETHNICITY/RACE**

<b>Ethnicity</b>	<b>Check if applicable</b>	<b>Race</b>	<b>Check if applicable</b>
Hispanic		White	
Latino		American Indian or Alaska Native	
		Black or African American	
		Asian	
		Native Hawaiian or Other Pacific Islander	

**PARENTAL RIGHTS**

Both parents will have equal access to their children while they are at school unless such access is otherwise restricted by court and that court order has been presented to the school office. Court orders and/or judgements must be signed and dated by a judge. ***Parents/Guardians are responsible for providing the school office with the most current information/documents regarding custody and/or parental rights.***

Please Initial: \_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Student \_\_\_\_\_

Allergies \_\_\_\_\_

(I) (We), the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize any currently employed staff of Long Creek School District, as agent for the undersigned to consent to any x-ray treatment, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed necessary and advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital and also dental treatment by a licensed dentist, if needed.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care which the aforementioned physician or dentist, in the exercise of his best judgment, may deem advisable.

This authorization is given for the protection and preservation of my said child and of Long Creek School District, under and pursuant to the laws of the State of Oregon governing such cases.

This authorization shall remain effective until such time as my child withdraws from Long Creek School, unless sooner revoked in writing.

**THIS AUTHORIZATION WILL BE USED ONLY IN CASE OF AN EMERGENCY WHEN PARENTS CANNOT BE REACHED!**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell Phone

**I do not desire to sign the above authorization and understand this information will be included in my student's school records.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

PREFERRED DOCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

PHONE \_\_\_\_\_

**INSURANCE INFORMATION**  
**EMERGENCY/PERMISSION AUTHORIZATION**

Students participating in interscholastic athletics at Long Creek School are required, by Board policy, to have some type of medical insurance. Our son/daughter \_\_\_\_\_, is covered by medical insurance: Yes \_\_\_ No \_\_\_

**Name of Insurance Company:** \_\_\_\_\_

**Insurance Identification Number:** \_\_\_\_\_

(Please see note on page 10 for information on your child's insurance card.)

Proof of medical insurance must be furnished to Long Creek School in order for a student to participate in athletics. School insurance may be purchased by the parent at their expense. This information can be obtained from the school office. All athletes must have a physical examination and parent permission slip on file prior to participating in any interscholastic athletic event. Students who have been under doctor's care for illness or injury, must have a doctor's release before participating in athletics.

My signature below, also gives consent for my student to compete for Long Creek School in OSAA approved sports and to go with coach on any trips.

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

A copy of this insurance/permission form will be kept on file in the school office. Also, a copy will be given to the coach and will accompany him/her on all athletic activities.

**Is the pupil now under doctor's care?** Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**Has the pupil had any serious illness or disease?** Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**Does the pupil have any allergies?** Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**Does the pupil have any physical handicaps?** Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

If pupil is under doctor's order for any prescribed medication, please provide the school with a copy of the doctor's orders.



Permission for Medication at School

My child: \_\_\_\_\_

May receive the below medication for headaches or other minor ailments from the office staff if needed.  
This will apply for the 2019-2020 school year.

Medication	Dosage	Permission to take- Check all that apply	Notes
Ibuprofen			
Tylenol			
Other:			
Other:			

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Parent/Guardian Information (This does not include Exchange Students and their guardians.)

**Important:** It is assumed that parents/guardians listed have access to student information unless legal documentation is provided indicating otherwise. Please provide the following information for parents who do not live with the student.

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Is this parent allowed contact with the student? Yes \_\_\_ No \_\_\_

Does this parent have custody of the student? Yes \_\_\_ No \_\_\_

Can the student be released to this parent? Yes \_\_\_ No \_\_\_

Does this parent want a copy of the student's report card mailed or emailed to them? Yes \_\_\_ No \_\_\_

*If necessary, please provide legal court documentation to verify the questions above. In case of divorce or separation, the school staff is required by law to extend student record access to both parents, unless the school receives a legal document or copy of a divorce decree stating your child's other parent does not have legal right to access those records. Students who are 18 years and older have control of their records and may restrict access from others.*

**PARENT PERMISSION FOR SCHOOL TRIPS**

Dear Parent:

During the school year, your child may be making a number of trips to places of interest as a part of the planned educational program of this school. Some of these places may be within walking distance of the school and some will require transportation. WHEN OUT-OF-DISTRICT TRIPS ARE PLANNED, YOU WILL BE NOTIFIED IN ADVANCE. To include your child in these trips, we will need your permission. Will you please fill in the form at the bottom of this page.

\*\*\*\*\*

In order for my child, a minor, to take part in and receive the advantages of a program planned and sponsored by Long Creek School, I am permitting him/her to make any or all of the field trips included in the planned program of the school. Transportation may be provided in such form and at the discretion of the school district as approved by the Superintendent.

I release Long Creek School District and its employees, and waive all claims of any kind arising out of the trip(s) taken as here provided. I also authorize Long Creek School District and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness, and I will provide for the payment of these costs.

I understand that the permission granted above does not release Long Creek School District or its employees where gross negligence is established.

\_\_\_\_\_ has my permission to go on school planned field trips.

Name of Student

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**ALTERNATE CONTACT PERSON**

Alternate person(s) to contact if parents/guardians are not available:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

May the student be released to this person (these persons)? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENT PERMISSION FOR SOCIAL MEDIA USE**

Long Creek School is happy to announce that we have Facebook and You Tube accounts. Facebook is a popular and ever growing social media network used by individuals, businesses, organizations and various groups to share information, photos and more with family friends, associates and customers. You Tube is a convenient way to share Long Creek School activities such as graduation, awards night, and sports for Middle School and High School for family and friends who may not be able to attend these events in person.

We are excited to be able to share with our families and community important information, upcoming events, reminders, announcements, school news, photos, videos, and more. Several students and staff regularly take photos and videos of school activities such as spirit week, the Christmas Program, awards night, sports, and many others. We would like to be able to include these on our Facebook page, You Tube account, and LC School webpage.

We look forward to using this form of communication with you and hope you find it useful! However, we realize that not everyone finds these avenues of social media beneficial or wishes to use it. We understand that you may have personal preferences for your child’s privacy. Please fill out the consent form below so we have an accurate record of your wishes.

\*\*\*\*\*

Student’s Name: \_\_\_\_\_

Yes, I give permission for Long Creek School to post pictures and videos of my child taken at school and school activities on . . . (Please check all that apply)

- Long Creek School Web Page     You Tube     Any other media the School uses for photos/videos  
 Face Book                                       Long Creek School Newsletter

Notes:

\_\_\_\_\_

I understand that if at any time I wish for my child’s photographs to no longer be used, I must notify the school in writing.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



**PERMISSION TO DRIVE A VEHICLE TO AND FROM SCHOOL ONLY**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Make of Car

\_\_\_\_\_  
Year

\_\_\_\_\_  
License#

\_\_\_\_\_  
Student's Driver's License Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

**Permission granted for student to drive home for lunch and back to school only:**

Superintendent Initial: \_\_\_\_\_ **Parent Initial:** \_\_\_\_\_

Vehicles parked on district property are under the jurisdiction of the district. Students are not to be in or around vehicles during school hours without permission from the superintendent or the main office. Vehicles must be locked at all times. The vehicle is not to be driven from the school grounds during school time without permission from the superintendent. If a student is to use their vehicle at noon, for emergency purposes, a note must be presented to the superintendent each time of use.

The district requires that before parking privileges are granted, the student must show that he/she holds a valid driver's license, the vehicle is currently registered, and that the student driving the vehicle is insured under a motor vehicle liability insurance policy. Alternatively, the student or vehicle owner has provided the Motor Vehicles Division with other satisfactory proof of compliance with the financial responsibility requirements of the state. (Policy JHFD LCSD #17)



**PERMISSION TO LEAVE CAMPUS**

**\*High School Students Only\***

My Student: \_\_\_\_\_, has my standing permission to leave the school campus during the high school lunch break.

However, it is my understanding this permission applies to my student, only if he/she remains **eligible**. If my student is ineligible, he/she may not leave the campus at noon.

I also understand this applies only to walking. Vehicles, if driven to school, must remain on school property during lunch break.

Signature of both parents/guardians in the household is required on this form.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

SCHOOL REQUIRED LIST OF DOCUMENTS

Please bring copies of the below documents with this registration **only if you have not already submitted these to the office with a previous registration, or if a document has been updated.**

- Birth Certificate
- Social Security Card
- Insurance Card
- Immunizations Records
- If student is transferring from another school – **transcripts or the name of the school last attended**
- If applicable, **legal documents/court orders regarding custody of your child**
- If student is driving to school, **a copy of their driver’s license and vehicle insurance**

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Contact Person and the date, day, time for release of your child (see page 2 under note) :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# COVID-19 testing consent form

To be completed by student parent or guardian			
Parent/Guardian Information			
<i>You will be notified with test results in writing at the time of testing.</i>			
Parent/Guardian Print name:			
Parent/Guardian Mobile number:			
Parent/Guardian Email address:			
Student information			
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	



### Consent

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow testing of my student(s) for COVID-19 by shallow nose swab during the 2020-2021 school year. COVID-19 testing may be offered to students in two circumstances: (1) if my student(s) develop(s) new symptoms of COVID-19 while at school; (2) if my student(s) is exposed to COVID-19 in a school group and the local public health department recommends testing. I understand that I may consent to one or both types of testing.

I understand that COVID-19 testing for the student(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) must stay home from school if feeling unwell.

I understand that the school is not acting as my student's healthcare provider, this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student(s) from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that my student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if my student(s) tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

Personal health information will not be released without written consent except when required by law.

- I give permission for school staff to test this student(s) for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test my student(s) if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority.

Signature of Parent/Guardian

Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email [CRRU@dhsoha.state.or.us](mailto:CRRU@dhsoha.state.or.us). We accept all relay calls or you can dial 711.