



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

K- 6 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 8 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

Ethnicity	Check if applicable	Race	Check if applicable
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 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.

My child, _____, is covered by medical insurance: Yes ____ No ____

Name of Insurance Company: _____

Insurance Identification Number: _____

(Please see note on page 8 regarding your student'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.

<p>Is the pupil now under doctor's care? Yes ____ No ____ If yes, please explain _____</p> <p>_____</p>
<p>Has the pupil had any serious illness or disease? Yes ____ No ____ If yes, please explain _____</p> <p>_____</p>
<p>Does the pupil have any allergies? Yes ____ No ____ If yes, please explain _____</p> <p>_____</p>
<p>Does the pupil have any physical handicaps? Yes ____ No ____ If yes, please explain _____</p> <p>_____</p>
<p>If pupil is under doctor's order for any prescribed medication, please provide the school with a copy of the doctor's orders.</p>

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 ___

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 the 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 person 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: _____

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**
-

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. We accept all relay calls or you can dial 711.