



LONG CREEK SCHOOL DISTRICT #17

375 East Main Street P.O. Box 429
Long Creek, OR 97856
Phone (541) 421-3896 Fax (541) 421-3012

Karl Coghill
Superintendent

Marsie Watson
School Board Chair

REGISTRATION FORM GRADES 7 - 12

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 Legal Name _____ PO Box _____ City _____
Home Address _____ City _____ Phone _____
Birth date _____ Birthplace _____ Male _____ Female _____
ALTERNATE PERSON TO NOTIFY IF PARENTS CANNOT BE REACHED _____
_____ PHONE _____
Military Family: Yes _____ No _____

SCHOOL HISTORY

School Last Attended _____ City _____ State _____
Dates Attended _____ Grades Repeated _____ Grade Last Year _____

FAMILY INFORMATION

Name of Father in Home _____						
Natural _____	Step _____	Foster _____	Separated _____	Deceased _____	Host _____	
Occupation _____		Business Address _____		Phone _____		
Name of Mother in the Home _____						
Natural _____	Step _____	Foster _____	Separated _____	Deceased _____	Host _____	
Occupation _____		Business Address _____		Phone _____		
Guardian's Name _____						
(If living with other than a parent)						

ETHNICITY/RACE

Hispanic or Latino (Circle one if applicable)	
Race (circle one or more):	
American Indian or Alaska Native	Asian
Black or African American	Native Hawaiian or Other Pacific Islander
White	

HEALTH INFORMATION

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.

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

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

My son/daughter _____ is covered by medical insurance. Yes _____ No _____

Name of Insurance Company _____ ID# _____

(Bring insurance card to school so a copy may be kept with this information, or include a copy of the card if you email registration forms to the school.)

If you do not have medical insurance, you may purchase insurance through the school. Information can be obtained at the school office. Students participating in athletics will need to have insurance verified in order for them to participate.

Office Verification _____

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.

XX

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

Address

Phone