



SOARING TO EXCELLENCE

BUILDING CHARACTER | NURTURING RELATIONSHIPS | INSPIRING LEADERS

## Student Registration Form

School Office Use Only

|                         |             |                           |                  |
|-------------------------|-------------|---------------------------|------------------|
| Student ID Number _____ | Grade _____ | Entry Date ____/____/____ | Bus Number _____ |
|-------------------------|-------------|---------------------------|------------------|

Parents/Guardians: Please fill out both sides of this registration form for your student. Please print neatly.

## STUDENT INFORMATION

|                                      |  |   |   |
|--------------------------------------|--|---|---|
| <b>Student's Legal Name:</b>         |  |   |   |
| Last _____                           | First _____  | Middle _____  |   |
| Date of birth ____/____/____         | Sex _____ (M or F)   | Social Security Number ____-____-____   |   |
| Student's Address _____              |  | Apt. _____  | Zip Code _____  |
| <b>Ethnicity:</b>                    | <input type="checkbox"/> Am. Ind./Alaskan Native<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Black (not Hispanic)<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> White (not Hispanic)<br><input type="checkbox"/> Other | <b>History:</b>   | Has the student ever attended school in Louisiana? ____ (Y/N)<br><br>Last school attended:<br>School Name: _____ District: _____<br><br>City: _____ State: _____ Zip: _____<br><br>Is this student the subject of a court or custody order? ____ (Y/N)<br>If yes, please provide a copy of the order to the school. |
| <b>Language:</b>                     |  | <b>Exceptional Student Services:</b>  |   |
| -Spoken at home: _____               |  | Has this student ever received services as an Exceptional Student? ____ (Y/N) |   |
| -First spoken by student: _____      |  | If yes, please indicate the student's exceptionality: __ Gifted __ Talented   |   |
| -Most often spoken by student: _____ |  | Other: _____  |   |

## PARENT/GUARDIAN INFORMATION

|   |                  |                |
|---|------------------|----------------|
| Last Name _____                                     | First Name _____ | Relation _____ |
| Address _____                                       | Apt. _____       | Zip Code _____ |
| Does the student reside at this address? ____ (Y/N) |                  |                |
| Phone Numbers: Home _____ Cell _____                |                  |                |
| Work _____  |                  |                |
|   |                  |                |
| Last Name _____                                     | First Name _____ | Relation _____ |
| Address _____                                       | Apt. _____       | Zip Code _____ |
| Does the student reside at this address? ____ (Y/N) |                  |                |
| Phone Numbers: Home _____ Cell _____                |                  |                |
| Work _____  |                  |                |

**TRANSPORTATION**

Does your child need a bus stop? \_\_\_\_\_ (Y/N) **If yes, you must fill out a bus stop request form.**

People authorized to pick up student:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACTS**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**HEALTH SERVICES**

Student's Doctor/Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Does the student have any special medical conditions/allergies/procedures of which we should be aware? \_\_\_\_\_ (Y/N)

Please list: \_\_\_\_\_

Medicines taken regularly at home: \_\_\_\_\_

Medicines taken regularly at school: \_\_\_\_\_

Does the student have:

Private Insurance \_\_\_\_\_ (Y/N)

Medicaid \_\_\_\_\_ (Y/N)

LACHIP \_\_\_\_\_ (Y/N)

Does the parent/guardian request insurance information? \_\_\_\_\_ (Y/N)

**STUDENT'S NAME** \_\_\_\_\_

I understand that a Registered Nurse will provide school health services in cooperation with *Greater Grace Charter Academy* staff and give permission for the Health Team, or any *Greater Grace Charter Academy* employee or any other staff under the guidance of the Health Team, to provide the described services to my child as he/she may require while present in school. I understand that, if my child has a serious injury or illness, I will be contacted and the physician/clinic shown on this form and/or Emergency Medical Services (EMS) may be contacted if necessary. I understand and agree that neither Registered Nurse nor *Greater Grace Charter Academy* nor their staff will be responsible for any cost involved if the student needs emergency medical care. I understand and agree that, in order to provide a coordinated system of care, the health team or an *Greater Grace Charter Academy* employee may exchange health care information about my child with his/her physician or other health care providers, upon approval by me. I understand and agree that the Health Team may share the student's health care information with *Greater Grace Charter Academy* personnel, in accordance with protocol, in order to provide appropriate attention to my child's health needs. I further understand that my signature approves a *Greater Grace Charter Academy* employee to give permission for my child to be treated in the event that I am not able to be reached for approval.

**PARENT/GUARDIAN INITIALS** \_\_\_\_\_

**ELECTRONIC COMMUNICATION SYSTEM**

I hereby understand that students of the Greater Grace Charter Academy will be granted access to the system's electronic communications system which includes access to the Internet and Worldwide Web. This access is a privilege, not a right. The system may suspend or revoke a system user's access upon violation of system policy and/or administrative regulations regarding acceptable use or upon written parental request to the campus School Director.

STUDENT'S NAME \_\_\_\_\_ PARENT/GUARDIAN INITIALS \_\_\_\_\_

**PARENT E-MAIL ADDRESS (OPTIONAL)**

The Greater Grace Charter Academy would like to communicate with you via e-mail should you wish. Provision of an e-mail address is not required. If you do not provide an address, the system will continue to communicate with you in its regular manner to assure continued provision of vital and important information.

Parent e-mail address \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ PARENT/GUARDIAN INITIALS \_\_\_\_\_

**DIRECTORY INFORMATION**

Greater Grace Charter Academy regularly receives requests for directory information on students enrolled in the System. Directory information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e-mail address.

\_\_\_\_\_ I GIVE \_\_\_\_\_ I DO NOT GIVE permission to release student directory information.

STUDENT'S NAME \_\_\_\_\_ PARENT/GUARDIAN INITIALS \_\_\_\_\_

**RECORDS RELEASE**

I give Greater Grace Charter Academy permission to access my child's academic records from the school in which he/she was previously enrolled. My initials and signature below gives my child's previous school permission to provide the required information to Greater Grace Charter Academy.

\_\_\_\_\_ I GIVE \_\_\_\_\_ I DO NOT GIVE permission to release my child's academic records to Greater Grace Charter Academy.

STUDENT'S NAME \_\_\_\_\_ PARENT/GUARDIAN INITIALS \_\_\_\_\_

**MEDIA CONSENT**

I hereby consent to the use of any photographs/video tape taken of my child by the Greater Grace Charter Academy or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the Greater Grace Charter Academy in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, the Greater Grace Charter Academy protects the privacy of the students and is prohibited from releasing students' personal information. From time to time representatives of the news media are invited to campus to cover events at our schools. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark one of the choices below.

\_\_\_\_\_ I GIVE \_\_\_\_\_ I DO NOT GIVE permission for my child/children to be identified in any good news Greater Grace Charter Academy publication.

STUDENT'S NAME \_\_\_\_\_ PARENT/GUARDIAN INITIALS \_\_\_\_\_

**All of the information given on this form is correct.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_