



# Bend – La Pine Schools

## Student Enrollment

This form is completed in addition to using the online Bend – La Pine School's Enrollment system.

<b>--School Office Use</b>	Student ID _____
	Start / Enrollment Date _____
	Grad Year _____
	Counselor _____

School: \_\_\_\_\_

**Student Information** Please print

Legal Last Name	Legal First Name	Middle Name	Grade

**Acknowledgements** – Please read and initial each statement as an approval or acknowledgment.

**Address Information:** Proof of current residential address is required. Examples include a recent utility bill, tax statement and mortgage document. Address changes require a proof of residential address.

\_\_\_\_\_ Initials

**Parent / Guardian Information:** It is assumed that the parents/guardians added during the enrollment process to the student's record will have access to student information unless legal documentation is provided indicating otherwise.

\_\_\_\_\_ Initials

**School Absences and School Announcements:** Oregon law requires schools to notify a parent/guardian by the end of the day when a student has an unexcused or unverified absence. If this student is enrolling in a Bend – La Pine Schools Program, such as STRIVE, Tamarack or Transition Co-op, absences are reported from the student's attendance area boundary school.

\_\_\_\_\_ Initials

**Custodial/Parental Rights Information:** Both parents will have equal access to their children while they are at school unless such access is otherwise restricted by court order 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.**

\_\_\_\_\_ Initials

**Health Acknowledgements and Questions** – Please read and initial each statement as an approval or acknowledgment.

1. Does the student have any physical limitations?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

2. It is occasionally necessary to contact a parent/guardian regarding a student emergency such as an accident or sudden illness. If a medical emergency occurs at school, or at a school sponsored activity, efforts will be made to contact the parent/guardian. If the parent/guardian cannot be reached, an attempt to contact the identified emergency person(s) will be made.

\_\_\_\_\_ Initials

3. In the event that an injury or illness is so severe that immediate medical treatment is necessary, school officials will exercise good judgment by calling 911 or transport the student to the nearest medical facility. The parent/guardian will be contacted as soon as possible.

\_\_\_\_\_ Initials

4. The parent/guardian accepts responsibility of notifying the school nurse or the school's main office staff of any changes to the student's health status during the school year and after the date shown on this document.

\_\_\_\_\_ Initials

5. If you have questions or would like to discuss this student's health with the school nurse contact the school office.

\_\_\_\_\_ Initials

6. All medications that your student will take at school must be taken to and from the school office by the parent/guardian. An **Authorization for Medication Administration** form is required for each medication. This includes prescriptions, over the counter medications, essential oils and cough drops. Emergency medication may be exempt, contact the school office.

\_\_\_\_\_ Initials

7. Schools do not stock medications. Parent/guardian must provide medications..

\_\_\_\_\_ Initials

**Parent /Guardian Signature**

I verify that I have read each of the above acknowledgments I understand that it is my responsibility to notify the school office promptly of changes.

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

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

Parent/Guardian Printed Name: \_\_\_\_\_

Telephone: \_\_\_\_\_