



2021- 2022 School Year
WOODLAND CHARTER SCHOOL
STUDENT ENROLLMENT FORM

Grade _____ D.O.B _____

STUDENT INFORMATION

Legal Last Name _____ Legal First Name _____ Preferred _____

Legal Middle _____ Gender M F N

Residence Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Primary Phone _____

Previous School Attended _____ City/State _____ Phone # _____

Is student currently on an expulsion in another district? Yes No

Academic Information

Has your child been identified as eligible for any of the programs listed below?

- ELL (English Language Learners) Special Ed/IEP Speech 504 Plan TAG (Talented & Gifted) Migrant

Education: OMSIS# _____

Where is your student's primary nighttime residence?

- In our single-family home/apartment – not sharing housing with another family.
 Living in someone else's home, in transition, or in one of the following: car/travel trailer, campsite/park/unsheltered, motel/hotel, unaccompanied youth (not living with legal parent or guardian), in a family shelter, or other.

Is residence address temporary? Yes No

Is Student Latino or Hispanic? Yes No Home Language: English Spanish Other _____

Please choose one or more race:

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North, Central or South America, including Mexico)
 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
 Black or African American (A person having origins in any of the original peoples of the Black racial groups of Africa)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

PARENT/GUARDIAN INFORMATION

Please supply a copy of any court order and if possible, a picture of the non-custodial parent. In order to restrict a non-custodial parent's access to the child and/or the child's records, the school must have a current copy of a legal custody/restraining order stating this.

For Office Files:

Copy of court/custody documents **Dated:** _____ Restraining order documents **Exp. Date:** _____

Parent/Guardian Type: **Father** **Mother** **Stepfather** **Stepmother** **Grandfather**
(Please Circle) **Grandmother** **Guardian** **Foster Parent** **Social Services** **Other**

Name _____ Primary Language _____

Address _____ City _____ Zip _____

Complete only if different than student's address

Place of Employment _____ Occupation _____ Business Phone _____

Primary Phone _____ Cell Phone _____ Email Address _____

Living with Student Contact Allowed Custodial Parent/Guardian Non-custodial Parent/Guardian Mailings (i.e. Report Card)

Parent/Guardian Type: **Father** **Mother** **Stepfather** **Stepmother** **Grandfather**
(Please Circle) **Grandmother** **Guardian** **Foster Parent** **Social Services** **Other**

Name _____ Primary Language _____

Address _____ City _____ Zip _____

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SIBLINGS Please list all brothers, sisters, half & step, CURRENTLY in your household:

Name	Relationship	Age	DOB	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IN CASE OF ACCIDENT/EMERGENCY, AND PARENTS ARE NOT AVAILABLE, WE SHOULD CALL:
 (ONLY people listed below may transport your child home if you cannot be reached.)

Name _____	Primary Phone _____	Cell/ Work Phone _____
Relationship _____	Place of Employment _____	<input type="checkbox"/> Living with Student
Name _____	Primary Phone _____	Cell/ Work Phone _____
Relationship _____	Place of Employment _____	<input type="checkbox"/> Living with Student
Name _____	Primary Phone _____	Cell/ Work Phone _____
Relationship _____	Place of Employment _____	<input type="checkbox"/> Living with Student

MEDICAL NOTE: Medication must be supplied by parent and sent in the ORIGINAL container with the doctor's orders.
 Parent must also provide a written request to administer the medication.

Doctor _____ Phone _____ Dentist _____ Phone _____

Do you carry Health/Accident Insurance? Yes No Insurance Provider's Name _____

Bee/Wasp Allergy: Yes No

Asthma: Yes No

Food/Drug Allergies: Yes No **If Yes, what food/drug?** _____


EpiPen: Yes No

Inhaler: Yes No **Medicine/Drugs Taken at School?** Yes No

Does student have life threatening health concerns? Yes No

List Health Concerns _____

Emergency Medical: I hereby give permission for my student to receive emergency medical care, routine health screening, and screening for communicable diseases. Information on this document may be made available to school and health department authorities.


 Date _____ Signature of Parent or Legal Guardian _____

PLEASE RESPOND TO THE FOLLOWING:

- Your child has permission to access the Internet at school for instructional purposes only Yes No
- By providing an email address, I understand that most communications from Woodland Charter School will be done through this email address. Woodland Charter School strongly suggests creating an email address strictly for school communications. Please make sure to let the Office know if you choose to make a separate email for communications as soon as possible.

*****We plan to create a separate email address Yes No

By signing below, I attest the information here is accurate and complete. I understand false swearing to a public agency is unlawful. (ORS 162.075)

 Date _____ Signature of Parent or Legal Guardian _____