



# Logos Public Charter School Registration Form

Legal Name:

Last Name	First Name	Middle Initial

Nickname/Name student goes by

Grade	Gender	Birth Date	Birth Place
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Attached Proof of Age:

- Birth Certificate  
  Hospital Certificate  
  Passport

Main Phone

Email:

Residence Address:

Street Address	City	State	Zip

Mailing Address:

Street Address	City	State	Zip

Parent/Guardian Name (student lives with)

Last Name	First Name	Relation to Student	Employed By:	Work Phone/Ext.	Cell Phone

Year	Name of Last School	City	State
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Other Parent/Guardian Name

(student does not lives with/lives with part time)

Last Name	First Name	Relation to Student	Employed By:	Work Phone/Ext.	Cell Phone

Mail copy of grade reports to other parent/guardian?  Yes

Residence Address:

Street Address	City	State	Zip

Mailing Address:

Street Address	City	State	Zip

**Please make sure all fields are complete and accurate. Thank you!**

The US Department of Education requires us to collect the following Race/Ethnicity information.

Is the student Hispanic or Latino (Spanish origin)?  Yes

Mark one or more races:

- African American or Black  
 American Indian or Alaskan native  
 Asian  
 Native Hawaiian/Pacific Islander  
 White



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- My child may attend field trips sponsored by the school and/or District. The school will provide advance notification of specific days and times.

HOME LANGUAGE: What language does student speak at home?

- 1=English       5=Cantonese       9=Armenian  
 2=Spanish       6=Korean       10=Russian  
 3=Vietnamese       7=Hmong       11=Lao  
 4=Filipino       8=Khmer       12=Other

Emergency Contacts/Authorized Pick-ups		Relation to Student	Main Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Relation to Student	Main Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Relation to Student	Main Phone

Doctor	Phone
<input type="text"/>	<input type="text"/>
Dentist	Phone
<input type="text"/>	<input type="text"/>

Hospital Preference in non-emergency:

Other Important Information About This Student:

For example: restraining order, etc. Must provide copy for school.

Social Security Number:

Providing the SSN information is optional. Many students have the same name (exact same spelling of both first and last names), so the SSN is used to accurately apply transcript information (grades, credits, and test scores - including the Oregon State Assessment Test and college entrance examinations - PSAT, SAT, and ACT) on the right student's record. It is also used to gather statistical information including school/district improvement plans, post secondary education objective planning, vocational research and job market trends.

**As the legal parent/guardian of the above referenced student, I hereby:**

1. Authorize the following emergency procedures in the event of serious illness or injury: a) School staff shall attempt to obtain specific instructions for medical treatment by contacting the person(s) listed as the Parent/Guardian on the Student Registration Form; and b) If the Parent/Guardian can not be located, authority to give consent for medical treatment to a minor child is conveyed to a school official.
2. Authorize this document to

Parent/Guardian Signature

Date