

# BUTTE FALLS CHARTER SCHOOL 8 - 12 ENROLLMENT FORM

## Student Information

**Student's Legal Name:**

Legal Last Name  Legal First Name  Legal Middle Name  Gender  Male  Female

**Preferred name, if different from above:**

Preferred Last Name  Preferred First Name  Preferred Middle Name  Current Grade Level

Date of Birth  City of Birth  State of Birth  Last 4 Digits of SSN(Optional)  000-00-

**Physical Street Address (required):**

Street Address (Include Apt Number) City, Zip Code

**Mailing Address, if different from above:**

Street Address (Include Apt Number) or P.O. Box # City, State, Zip Code

Student's Cell Phone #  Primary Language:

Previous School: \_\_\_\_\_ City, State \_\_\_\_\_

Phone # if known \_\_\_\_\_ Last Grade Level Completed: \_\_\_\_\_

Is your student currently or has your student ever been on an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Parent/Guardian Information

Student Lives With:  
 Both Parents  Mother only  Father only  Grandparents  Mother/Stepfather  Father/Stepmother  
 Guardian  Self  Foster Care  Other, please explain \_\_\_\_\_

**Primary Household Contact**

Last Name, First Name  Relationship  Work Place  Work Phone

Cell Phone  Home Phone  Email Address

**Other Contacts**

Contact Order	Relation ship	Name	Cell Phone	Other Phone	Lives With?	OK to Pick up?	Legal Custody?	Receive Mailings?

## Emergency Information

Conditions which could cause medical emergencies:  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this student a bus rider? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where will this student be picked up and dropped off at:  
EP Walmart\_\_\_ Shady Cove\_\_\_ Reese Creek\_\_\_ Butte Falls Hwy\_\_\_ Cobleigh\_\_\_ Crowfoot\_\_\_  
Other (please list) \_\_\_\_\_

Is any member of this students family, who resides in the same household, serving in the active or reserve components of the Army, Navy, Marine Corps, Air Force, Coast Guard or National Guard?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Please fill in and sign at the bottom.**

**Please answer each of the two questions below. If this is not self-reported, the district must take steps to collect and document information allowing the reporting of the the student's ethnicity in one of the seven Federal reporting categories**

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: \_\_ Yes \_\_\_ No  
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question # 1, you are also asked to check one or more of the racial categories in question # 2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

\_\_\_ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

\_\_\_ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_ **Black or African American** - A person having origins in any 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

Person Completing This Form:      Parent      Guardian      Student      Other:

\_\_\_\_\_  
Signature of Person Completing Form      Date

Thank you for taking the time to fill in this enrollment form completely.

FOR OFFICE USE ONLY

ENROLL DATE: \_\_\_\_\_ CODE: \_\_\_\_\_ DISTRICT ID: \_\_\_\_\_

WITHDRAWAL DATE: \_\_\_\_\_ CODE: \_\_\_\_\_ SSID#: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_