

**Banks Christian Academy
22785 NW Fisher Rd
Buxton, OR 97109
503-324-4500**

2009-2010 REGISTRATION

EMERGENCY CONTACT INFORMATION

(if parent/guardian is unavailable, contact the following)

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Pager # _____ Cell Phone _____
Name _____ Relationship _____
Home Phone _____ Work Phone _____ Pager # _____ Cell Phone _____

Please include area codes for all phone numbers.

HEALTH INFORMATION

Allergies: _____ Diabetes: ___Y or ___N

Medications: _____

Medical Conditions: _____

Other Information: _____

Physician Name: _____ Phone Number: _____

Hospital Preference: _____

Parent/Guardian Signature Required:

In case of accident or serious illness, if no responsible parent/guardian or emergency contact can be reached, do you authorize and direct the school officials to send your child to a doctor and/or hospital for medical treatment and accept financial responsibility for same?

Yes ___ No ___ PARENT/GUARDIAN SIGNATURE _____ Date _____

PARENTAL PERMISSION

Please check mark the items below that may be included in the school directory.

- You/your spouse's name Your child/rens name and grade You/Your spouse's home phone number
 You/your spouse's cell numbers You/your spouse's work numbers You/Your spouse's email address
 Your child/rens picture in school advertising campaigns, school publications, videos and/or website

ADVERTISING CAMPAIGN

How did you hear about Banks Christian Academy?

- DVD flier newspaper yard sign telephone book word of mouth website other

SCHOOL USE ONLY

- date received transcript requested copy to bkpr tuition agreement sent tuition agreement rc'd balance frwd school board advised
