

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

2010-2011 REGISTRATION

Student's Legal Last Name*		First Name*			Middle Name	Preferred First Name	
Sex	Date of Birth	Birthplace—city, state/country	Select Grade* Prek: <input type="checkbox"/> 1/2 day <input type="checkbox"/> full day Kinder: <input type="checkbox"/> 3day or <input type="checkbox"/> 5day 1 2 3 4 5 6 7 8 9 10 11 12		Student's Home Phone*		
Student's Mailing Address*			City*		State*	Zip Code*	
Student's Physical Address (if different than above)			City		State	Zip Code	
Last School Attended		Enrolled in a Special Education Program?	Ethnic Group		Transportation Method		Family Church
Student ever dismissed, suspended or skipped a grade?		YES NO Circle One	Asian Black Caucasian/White Hispanic Native American Other: _____		Parent or Carpool or School Van Van pick up point: Banks, Forest Grove, North Plains, Vernonia		

Parent/Guardian (primary contact)

Last Name* _____
 First Name* _____
 Relationship _____ Home Phone* _____
 Cell Phone* _____ Work Phone* _____
 Address* _____
 (if different than student)
 Email Address* _____
 Employer _____
 Does employer have a gift matching program for schools? YES or NO

Parent/Guardian (spouse)

Last Name* _____
 First Name* _____
 Relationship _____ Home Phone* _____
 Cell Phone* _____ Work Phone* _____
 Address* _____
 (if different than student)
 Email Address* _____
 Employer _____
 Does employer have a gift matching program for schools? YES or NO

LEGAL & CUSTODIAL ISSUES

*It is the registered parent's responsibility to notify the school of any changes in release, transportation, legal or custodial issues.
 Current court orders limiting the parental access of a non-custodial parent must be submitted to the school office.*

I request that Banks Christian Academy send copies of the following checked items to Family 2:

Progress Report Report Card Discipline Letters School newsletter (sent via email only) No information needed

Last Name _____ First Name _____ Phone _____ Wrk or Cell _____
 Address _____ Email _____

Current court order limits parental access of non-custodial parent (please print name):
 Name: _____

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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

- I acknowledge starred items may appear in the school directory.
- I acknowledge my child may have access to networked computer systems available to BCA students.
- I authorize my child/rens picture to be used in school advertising campaigns, 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 req'd Family 2 Form copy to bkpr regis pd bal frwd board advised tads
