

# STUDENT INFORMATION 2018-2019 (KEIZER CAMPUS)



Name \_\_\_\_\_ Name used \_\_\_\_\_

*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *MI* \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Boy  Girl

Father's Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Phone Numbers - Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Phone Numbers - Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

## ACADEMIC AND CONDUCT HISTORY

Current school \_\_\_\_\_ Enrolled in grade \_\_\_\_\_ Grade level applying for \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Circle grades attended at CCS: Pre3 Pre4 K 1 2 3 4

Student's grades have been:  Superior  Above Average  Average  Below Average

Student has (check if appropriate):

Been placed in advanced classes (List Classes: \_\_\_\_\_)

Repeated a grade (Grade \_\_\_\_\_)  Had disciplinary difficulty  Had extended absences from school

Been suspended or expelled  Skipped a grade (Grade \_\_\_\_\_)  Been refused admission to another school

Received testing or counseling by a psychologist, diagnostician, or family counselor

*(NOTE: Please submit copies of test results or consultation reports with application)*

Please indicate any special talents, areas of interest, honors received, difficulties, or any other additional information which would help us know and serve the student better.

\_\_\_\_\_  
\_\_\_\_\_

## STUDENT SAFETY

**The following individuals may be contacted if neither mother nor father can be reached. They are authorized to pick up and deliver my children to CCS.**

Name #1 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Description - Age \_\_\_\_\_ Hair Color \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Description - Age \_\_\_\_\_ Hair Color \_\_\_\_\_

Name #3 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Description - Age \_\_\_\_\_ Hair Color \_\_\_\_\_

**Is there anyone who poses a special threat to your child(ren)'s safety?**

*If there is a court order prohibiting contact, we need a copy on file.*

Name \_\_\_\_\_ Description - (Age, Hair, Eyes, etc.) \_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION RECORDS**

According to Oregon State Law, CCS must have updated immunization records on each student. This information must be on a Certification of Immunization Status form that is validated by the parent's signature. Please be sure to have this information up-to-date and in the school records **by the first day of classes** so that your child will be able to attend school. For information regarding latest requirements, contact the school office at (503)566-8520.

**MEDICAL AND HEALTH INFORMATION**

Please check any of the following that your child is currently or has previously experienced:

- Allergic reactions     Diabetes     A.D.H.D.     Headaches     Seizures
- Asthma     Epilepsy     A.D.D.     Nosebleeds     Stomach aches
- Vision difficulties     Hearing difficulties     Other \_\_\_\_\_

Please explain treatment for each one checked: \_\_\_\_\_

If other problems exist, please explain: \_\_\_\_\_

List any prescription medication your child takes on a regular basis: \_\_\_\_\_

**CCS cannot administer ANY medication without a doctor's note. Over the counter medication must include a signed note from the parent/guardian with detailed instructions for administering it.**

Will it be necessary for the school to be involved in the administration of this medication?     yes     no

I authorize Crosshill Christian School faculty/staff to administer medications as directed by a doctor's note.     yes     no

**PROFESSIONAL CARE**

In an emergency, if the parent or designated physician cannot be reached,  I do  I do not authorize the school to obtain medical services for my child.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

**If you do not have insurance coverage, please read and sign the following:**

We do not have insurance coverage and will not hold Crosshill Christian School nor its insurance carrier liable for any accidents occurring in connection with its operations.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*