



**Beardstown Charter School
Learning Academy**
515 Canal St, Beardstown, IL 62618
Office: 217-323-4529
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C/O

Welcome!

Welcome to Beardstown
Charter School Learning
Academy.

Thank you for visiting!

Be sure to check us out on Facebook

(<https://www.facebook.com/pages/Beardstown-Charter-School-Learning-Academy/167130373301902>)!

Pre-Registration for 2015-2016

Name *

First

Last

Parent/Guardian *

First

Last

Address *

Line 1

Line 2

City

State

Zip Code

Country

Phone Number *

Current Grade *

Current School *

Submit



BEARDSTOWN CHARTER SCHOOL LEARNING ACADEMY REGISTRATION FORM

Primary Data

Last Name: _____ First: _____ Middle: _____ M/F
 Grade: _____ Birthday (MM)(DD)(YYYY): _____ Birth City: _____
 Birth State: _____ Birth Country: _____ SS# _____ Birth Certificate on File

Ethnicity/Race

Hispanic or Latino American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Phones and Addresses-Father's Information

Full Name: _____	OK to pick up	Y	N
Address: _____	Legal Custody	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____ Employer: _____	Lives With	<input type="checkbox"/>	<input type="checkbox"/>
Employer Phone: _____	Receives Mailings	<input type="checkbox"/>	<input type="checkbox"/>

Phones and Addresses-Mother's Information

Full Name: _____	OK to pick up	Y	N
Address: _____	Legal Custody	<input type="checkbox"/>	<input type="checkbox"/>
Phone: _____ Employer: _____	Lives With	<input type="checkbox"/>	<input type="checkbox"/>
Employer Phone: _____	Receives Mailings	<input type="checkbox"/>	<input type="checkbox"/>

Membership/Residence

Mother/Father _____ Mother _____ Father _____ Grandparent _____ Guardian _____
 Guardian's Name: _____
 Address, City, State: _____
 Phone Number: _____ Residence District: _____

Personal Info

Citizen Status: _____ Migrant Status: _____ Home Language: _____
 Primary Language: _____ Secondary Language: _____ Bus Trans Required Y/N

Siblings in this program

1. Name: _____ Sex: _____ Grade: _____ School: _____
 2. Name: _____ Sex: _____ Grade: _____ School: _____

Emergency Contact

1. Name: _____ Relationship: _____ Phone: _____
 2. Name: _____ Relationship: _____ Phone: _____

General Information

Prior Special Services: LD _____ Speech: _____ Social Work: _____ Other: _____
 Special Concerns: _____
 Allergies: _____
 Physician: _____ Address: _____ Phone: _____
 Hospital Preference: _____

I hereby give permission to B.C.L.A to take my child to a doctor and/or hospital in case of illness or accident while in school. I further grant permission for any minor treatment while in school; including the administration of the following non-prescription medications as directed on the label: Ibuprofen/Motrin, Calcium Antacid, Cough Drops, Antihistamine (i.e. Benadryl).

 Parent/Guardian Signature

 Date

Meal Status (completed by staff)
 Free Lunch
 Reduced Lunch
 Paving Lunch

Student Cell Phone: _____
 Student email: _____

TRANSFER STUDENT INFORMATION

Name: _____

Prior School District: _____

In what language was your child previously taught? _____

Is your child on any medication?	YES	NO
Does your child have any known allergies?	YES	NO
Does your child have asthma?	YES	NO
Is your child currently suspended from any other school?	YES	NO
Is your child currently expelled from any other school?	YES	NO
Does your child have a current Individualized Education Plan?	YES	NO
Does your child have a current 504 Plan?	YES	NO

List any other support services that your child is currently receiving.

Is there any person(s) that may not have contact with your child? YES NO

Dear Parent/Guardian:

All students entering ninth grade must comply with health requirements mandated by the State of Illinois Public Act 093-0946 and Beardstown Charter Learning Academy policies. Students are required to have a physical examination completed by a physician or their designated staff PRIOR TO OCTOBER 15th OF THE UPCOMING SCHOOL YEAR 2013/2014. Special education students are to receive physical examinations according to grade or age. The physical must have been completed within one year prior to the first day of school and must include:

- Up to date immunizations per the State of Illinois requirements
- Health history completed and signed by parent
- Physical exam requirements completed by the physician or designated staff.
- Diabetes screening and BMI completed by the physician or designated staff.

The necessary form to be completed is attached. If any immunizations are needed, be sure they are received and recorded on the front of the physical form. It is important that you make appointments as soon as possible.

THE COMPLETED FORMS MUST BE BROUGHT TO SCHOOL BY OCTOBER 15TH OR EARLIER IF COMPLETED. STUDENTS NOT IN COMPLIANCE WITH STATE REQUIREMENTS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL.

If you have any questions, please feel free to contact Beardstown Charter School Learning Academy. Thank you for your cooperation.

Sincerely,

Mrs. Martin

HIPPA Medical Release Form
Beardstown Charter Learning Academy

I hereby grant my permission to any doctor, dentist, hospital, or medical facility to release information concerning the time and date of any appointment and/or medical treatment of my children. This does not include any release of information concerning the reason (medical condition) for the appointment and/or medical treatment. Rather it merely allows the doctor, dentist, hospital or medical facility to verify that treatment was given for a reason (not stated) which justified the student's absence from school on the stated date and time.

I also grant permission for any doctor, dentist, or medical facility to convey athletic or school physical information forms to the school should my child lose or misplace such forms before it is given to school authorities.

This form will remain in effect for the duration of your child's enrollment in Beardstown Charter Learning Academy.

This form allows release of the above information for the following students:

_____ Grade Level _____
_____ Grade Level _____
_____ Grade Level _____

This permission is granted by the following parent/guardian:

Signature

Date