Welcome!

Welcome to Beardstown Charter School Learning Academy.

Be sure to check us out on Facebook

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 *
BEARDDSTOWN CHARTER SCHOOL LEARNING ACADEMY REGISTRATION FORM

**Primary Data**

|------------|--------|---------|--------|-----------------------|-------------|-------------|--------------|-----|----|---------------------------|

**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**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>OK to pick up</th>
<th>Employer</th>
<th>Lives With</th>
<th>Receives Mailings</th>
</tr>
</thead>
</table>

- Full Name:  
- Address:  
- Phone:  
- Employer:  
- Employer Phone:  

**Phones and Addresses-Mother’s Information**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>OK to pick up</th>
<th>Employer</th>
<th>Lives With</th>
<th>Receives Mailings</th>
</tr>
</thead>
</table>

- Full Name:  
- Address:  
- Phone:  
- Employer:  
- Employer Phone:  

**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 |
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