

2019-20 Re-Enrollment Application

Re-enrollment of current students is now open for the 2019-2020 school year. This form MUST be completed and returned to the Main Office . It is imperative that your reenrollment form is submitted during this timeframe so we may plan accordingly for the next school year and, more importantly, guarantee a place for your student.

Student Legal Name: (As it appears on birth certificate)							
Last Name:		First Name:			Middle:		
Date of Birth:			Grade Level for 2019-		9-2020	🗆 Male 🛛 Female	
Parent/Guardian Information:							
The effect of a sole custody award on authority of other parent (ORS 107.154). Unles otherwise ordered by the court, an order of sole custody to one parent shall not depr other parent of the following authority: To inspect and receive school records and to with school staff concerning the child's welfare and education, to the same extent as custodial parent may inspect and receive such records and consult with such staff;				 Are there custody agreements, court restrictions or court orders regarding this student? Yes, if yes please provide documentation No 			
PRIMARY PARENT/GUARD	IAN - Does cl	hild reside with you	? 🗆 Yes		D		
Relationship to child: Mother	□ Father	Legal Guardian DFc	oster Parent	□ Step	Parent 🛛 Othe	er:	
Parent or Legal Guardian 1:	Parent or Legal Guardian 1: Last Name:			First Name:			
Lives with child? Has c			Has custody	ustody of child: (Yes/No)			
Address:							
Email Address:							
Home Phone:		Cell Phone:			Work Phone:		
SECONDARY PARENT/GUA	RDIAN – Doe	es child reside with	you? 🛛	Yes C] No		
Relationship to child: Mother Father Legal Guardian Foster Parent Step Parent Other:							
Parent or Legal Guardian 2 :	Last Name:			First Name:			
Lives with child?			Has custody of child: (Yes/No)				
Address:							
Email Address:							
Home Phone: Cell Phone:		Cell Phone:					
Please list any medical conditions / allergies: (Please note, school based management plans must be <u>completed by a physician and</u> submitted yearly – if your child had a management plan for the 2018-19 school year a new one MUST be submitted for 2019-20).							
Photo Release: Your child may be photographed or videotaped for inclusion in school publications and website, or in newspapers, magazines, articles, or letters relating to school activities: Yes, I give permission No, I do not give permission							
Please check one: D My child is a walker D My child will be picked up by a parent or designated person							

STUDENT PICK UP/RELEASE FORM

Great Lakes Academy will not release your child to anyone who you have not included on this Authorization for pickup form. We require a <u>written note be sent in with your signature authorizing a non-listed person</u> to be added as a pick up. We cannot accept phone call pickup changes. Picture I.D. Required: Please notify persons on your list that a picture I.D. may be asked for by the teacher prior to releasing your child. These precautions for releasing students are to insure your child's safety and are not meant to cause intentional inconvenience for parents. We very much appreciate your understanding and cooperation with our policies on picking up students.

Name	Phone Number	Relationship to Child		

*It is the responsibility of the parent/guardian to notify the school of any changes that need to be made.

Parent/Guardian Signature:	

Date: _____

FO	R OFFICE USE ONLY	Alerts:
Date application received:		
Current Status 🛛 Placement 🔲 Waiting List 🔲 Inco	omplete Information	