## Lincoln School of Early Learning REGISTRATION FORM 2023-24

STUDENT INFORMATION:	Please print) Grade: DOB:	Homeroom		
Name:	First	Gender		
		Middle ome:		
Legal Name: (If different than above)	Language Spoken in Ti	<u> </u>		
		Course in Blad Arian Nation Associated		
	(Hispar	nic, Caucasian, Black, Asian, Native American)		
HOUSEHOLD F	ARENT/GUARDIAN INFORM	1ATION (Lives With)		
<u>1<sup>st</sup> <i>Parent</i></u> Name:	Primary Phone:	Other Phone:		
(Guardian - Contact)				
Email Address:	Employer & Pho	one:		
Circle Relationship: Mother	Father Guardian Step-Parent Grand	parent Other:		
Mailing Address:	City, State & Zip:			
Physical Address:	City, State & Zip:			
(If differen	from mailing address)			
2 <sup>nd</sup> Parent				
Name:(Guardian - Contact)	Primary Phone:	Other Phone:		
` ,	Employer & Phone:			
Circle Relationship: Mother	Father Guardian Step-Parent Grandpo	arent Other:		
(Address:	OI	ONLY IF DIFFERENT THAN ABOVE)		
NON	-RESIDENT PARENT IN	FORMATION		
	Primary Phone:	Other Phone:		
(Parent/Guardian)  Circle Rela	tionship: Mother Father Guardian	Step-Parent Other:		
Email Addross	Employer 9	. Dhono:		
Email Address:	Employer & Phone:			
Mailing Address:	City, State & Zip:			
2 - Name:	Primary Phone:	Other Phone:		
(Parent/Guardian)	t <b>ionship</b> : Mother Father Guardian			
	OI	•		
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**Forces or National Guard?** YES or NO

Name	Relationship	Primary Phone  Primary Phone	Other Phone	
Name				_
Name	Relationship	Primary Phone	Other Phone	-
Educational Background				
Has your student been identified for Special Education/IEP?			Yes	No
Has your student attended Pre-K program? Where?			Yes	No
Has your student been identified for a 504 Plan?			Yes	No
Has your student been Homeschooled?			Yes	No
Has your student been identified for Talented and Gifted (TAG)?			Yes	No
Does your child take medication at school at home			Yes	No
Does your child have a severe food allergy			Yes	No
My child has been seeing a counselor			Yes	No
My child has a behavior problem			Yes	No
My child has special needs			Yes	No
My child may be released to either parent			Yes	No
Are custody papers on file for your child?			Yes	No
My child needs to wear glasses			Yes	No
My child has a hearing problem			Yes	No
Has your child been in an alternative school?			Yes	No
Do you have internet access at home?			Yes	No
Mark special services your child was Speech Title 1 SPED India			uage Other	
I give permission for my child to particip	oate in local schoo	-	nt/Guardian S	Signature
If there are any legal documents or rest the school office. Without legal documental legal documents and the date copies of those Document:	tion, requests to limse documents were	nit parental contact submitted to the ch	cannot be honore nild's school office	ed. Please lis

**EMERGENCY CONTACTS:** Please list in the order to be contacted in an emergency. These Contacts will also be

**Personally Identifiable Information** - The 1995 Oregon Legislature directed the Oregon Department of Education to develop new guidelines for school records. These regulations have been made to ensure the confidentiality of school records and protect the student's privacy. Beginning with the 1995-96 school year, the school may disclose the name, address, telephone number, and photograph of a student unless the parent/guardian requests the information be withheld.

The Coquille School District may use your child's name and/or photograph in the following: School Newsletter, website, school displays/bulletin board. School programs and activities may be submitted to local newspapers. Please notify the school, in writing, if you do not wish to have the information released.