

Office Use Only
 Date _____
 ID# _____
 Grade _____
 Teacher _____
 Bus # _____
 Car _____
 Daycare _____

Form A

**BRIDGE CREEK PUBLIC SCHOOLS
 STUDENT ENROLLMENT FORM
 2019-2020**

Student's Legal Name: _____
 (First) (Middle) (Last)

Date of Birth _____ Gender: Male _____ Female _____ SSN _____ - _____ - _____

Is the Student of Hispanic/Latino Culture or Origin? (Circle one) YES NO

RACE: (Circle all that apply) 1. Black 2. American Indian 3. Asian 4. Pacific Islander 5. White/Caucasian

SPECIAL SERVICES (May not apply to all students) Circle any that apply.					
DOES YOUR CHILD RECEIVE SPECIAL SERVICES and/or IEP? YES NO					
Has your child EVER been on an IEP?	YES	NO	Academic Resource Lab	Speech	OT/PT
Is your child CURRENTLY on an IEP?	YES	NO	Academic Resource Lab	Speech	OT/PT
Is your child on a 504?	YES	NO			
Is your child in the Gifted Program?	YES	NO			

Does your child live in the Bridge Creek School District? YES NO If no, what school district? _____

Address: _____
 City Zip

Mailing address if different from above: _____
 City Zip

Parent/Guardian Name(s) (living with the student in the Bridge Creek District):

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____

Parent(s) Other than listed above:

Name: _____ Phone: _____ Relationship: _____
 Address: _____

Who has Legal Custody of the Child? _____ Relationship: _____

Is the Parent/Guardian a Member of the Military? YES NO Branch _____
 (Circle one) Armed Forces Reserve National Guard

Is the Parent/Guardian federally employed? YES NO

EMERGENCY CONTACTS: (other than parent/guardian) *Allowed to pick up child if parents are unreachable.*

Name: _____ Relationship _____ Phone # (____) _____
 Name: _____ Relationship _____ Phone # (____) _____

>>>>>CONTINUED ON BACK>>>>>

Siblings:

Please list all of the siblings of the student that you are enrolling from oldest to youngest.

Student Name _____
(First) (Middle) (Last)

School _____ DOB _____ Grade _____

Student Name _____
(First) (Middle) (Last)

School _____ DOB _____ Grade _____

Student Name _____
(First) (Middle) (Last)

School _____ DOB _____ Grade _____

Student Name _____
(First) (Middle) (Last)

School _____ DOB _____ Grade _____

Student Name _____
(First) (Middle) (Last)

School _____ DOB _____ Grade _____

Daycare:

If applicable, does your child attend daycare? _____ If yes, which daycare? _____

Contact Name: _____

Phone Number: _____

I verify that the information provided is accurate.

Parent/Guardian Signature _____ Date: _____

New students only:

Last school attended: _____ Phone # (____) _____

Has the student ever attended Bridge Creek Schools previously? Yes No If yes, last grade at Bridge Creek _____

I verify that this student is not currently serving a suspension at his/her previous school.

Parent/Guardian Signature _____ Date: _____

Bridge Creek Public Schools Emergency and Authorization Grant Consent
NOTIFICATION FOR EMERGENCY TREATMENT

Student Name: _____

Gender: M / F Age: _____ DOB: _____ SS#: _____ Grade: _____

Address: _____

Street

City

Zip

Parent/Guardian (First Contact) _____ Relationship _____

Phone: H _____ W _____ CELL _____

Parent/Guardian (Second Contact) _____ Relationship _____

Phone: H _____ W _____ CELL _____

HEALTH HISTORY

Does your student have any potentially life threatening allergies to medicine or anything else? Yes / No (if yes, please explain)

Does your student have any chronic or significant health problems or any physical limitations? Yes / No (if yes, please explain)

Is your student being treated with any prescription medications at home or school? Yes / No (if yes, please list)

PART I: EMERGENCY TREATMENT AUTHORIZATION

I/We, the undersigned parent(s) or legal guardian of

_____, a minor, do hereby give authorization and consent to the school to obtain emergency medical care and necessary transportation, including X-ray examination, anesthetic, medical or surgical diagnosis and emergency hospital which is deemed advisable by and is to be rendered under the general or specific supervision of medical and emergency room staff licensed under the provisions of the medicine practice act. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the student, but that any of the above treatment will not be withheld if the undersigned or authorized adults cannot be reached.

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment: _____

Address and Phone Number of Company: _____

Physician: _____ Phone: _____ Location: _____

Dentist: _____ Phone: _____ Location: _____

Hospital: _____ Phone: _____ Location: _____

I/we understand that the school district does not provide accident/medical insurance for students, and I/we further understand that all costs related to medical treatment may be my/our responsibility and not that of the school district.

Parent/Guardian Signature _____ Date _____

(Do NOT complete this part if you have signed the granting of consent above)

PART II: REFUSAL TO CONSENT

If you do NOT want to give consent for emergency medical treatment of your child, you **MUST** sign and date this section of the form. You must also list the actions you want the school to take in the event of illness or injury requiring emergency treatment. I wish the school authorities to take the following action:

Parent/Guardian Signature _____ Date _____

BCENet Code of Conduct

Please review the "BCENet Code of Conduct" with your child and signify that you have done so by completely filling out the form at the bottom of the page. If you do not wish for your child to use the Internet, please advise your child.

Privacy- Network storage areas will be treated like school lockers (no right to privacy). The network storage areas may be searched when there is reasonable cause. Network administrators and faculty may review communications to maintain system integrity and to ensure that students are using the system responsibly.

Acceptable Use - The use of the Internet must be in support of education and research consistent with established Bridge Creek educational objectives.

Privileges - The use of the Internet is a privilege, not a right, and inappropriate use will result in cancellation of those privileges. The system administrators and teachers will deem what is inappropriate use and their decisions are final. The district may deny, revoke, or suspend specific user access.

Network Etiquette

1. Be polite.
2. Use appropriate language.
3. For the privacy and safety of all students, do not reveal on the Internet anyone's address or telephone number.
4. Notify an adult immediately if you encounter materials that make you feel uncomfortable or that are inappropriate. A good rule to follow is never view, send, or access materials that you do not want your parents or teacher to see.
5. The adult in charge must approve ahead of time the use of personal disks on all computers.
6. Do not interfere with the operation of the network by installing software, shareware, or freeware.
7. Respect other folders, work, or files.
8. Respect the ownership of copyrighted materials.
9. Follow the Netscape directions provided at each workstation.

PARENT PERMISSION FORM/USER AGREEMENT

As a parent/guardian of a student in Bridge Creek Public Schools, I have read the above information about the appropriate use of computers and the Internet. I understand this agreement will be kept on file at school.

YES NO My child may use the Internet while at school according to the rules outlined.

As an Internet user at Bridge Creek Public Schools, the student agrees to comply with the BCENet Code of Conduct and all of the rules listed above.

STUDENT NAME (Please Print) _____

STUDENT SIGNATURE _____

PARENT/GUARDIAN NAME (Please Print) _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

For school use:

HOMEROOM TEACHER _____ GRADE _____

Student Name _____

Grade _____

Release Agreements (Annual Permissions)

Bridge Creek Public Schools

Parent and student understand responsibility for these areas:	
Expectations and Student Code of Conduct - Student and parent understand the student will be held accountable for behavior and subject to disciplinary consequences outlined in the expectations and student code of conduct.	
Student Handbook - I acknowledge that BCPS does not provide a printed version of the Student Handbook, but that it can be accessed online at www.bridgecreekbobcats.org . I also acknowledge that it is my responsibility to familiarize myself with the information provided in the Student Handbook.	
BCPS Acceptable Use Policy (AUP) - Student and parent understand violating the BCPS Acceptable Use Policy (AUP) may result in loss of Internet/computer privileges and /or other district disciplinary measures. Student is given parent permission to access, produce, video conference, and communicate information on the district network resources for the current school year for class assignments under the supervision of the teacher. (See back for BCENet Code of Conduct.)	
Textbook Responsibility - Parent will be responsible for any textbooks issued to student listed below for his/hier use while he/she is enrolled in BCPS.	
Unless 'No' is checked below, parent and student agree to the following:	
<input type="checkbox"/> No	Student Directory Information - Parent gives permission for release of student information which may include: name, address, telephone number, parent names, date and place of birth, major field of study, class designation (grade), extracurricular participation, achievements or honors, photography or video, dates of attendance, and most recent educational institution student attended prior to enrolling in BCPS district. If student is a member of an athletic team, student height and weight may be provided to third parties upon request. Directory information will be provided, without parental notification or written authorization, to third parties who requests the information.
<input type="checkbox"/> No	Military Recruiters - Parent grants permission for BCPS district to release directory information regarding the student listed below to military recruiters. <small>(HS ONLY)</small>
<input type="checkbox"/> No	Gifted and Talented Program - Should my child be nominated for consideration of Bridge Creek Public School's Gifted and Talented Program, I give permission for him/her to be tested to determine eligibility. I understand that just because my student tested, it does not mean he/she will qualify. Additionally, I understand that I will receive written notification if my child does qualify.
<input type="checkbox"/> No	I give permission for my child to receive gifted and talented services if he/she is eligible.
<input type="checkbox"/> No	Medical Treatment - When a principal or teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, EMS may be called and the cost directed to you. EMS will only be called in medical emergencies and/or if you cannot be contacted. You must provide your school with current phone numbers and additional emergency contacts to be reached should your child become seriously ill or injured during school hours, thus requiring emergency medical treatment.
<input type="checkbox"/> No	Tutors and Mentors - BCPS is committed to offering opportunities for the community to be involved in our schools. Through this commitment, your child may be provided with a tutor, mentor, and/or other volunteers who will support educational achievement.
<input type="checkbox"/> No	Photo/Media Release Permission - Under the supervision of the principal or district administrator for district activities, student and parent agree to the usage and/or publishing of student's name, photograph, video, and/or interview on the district website, social or news media websites, newspaper.

Student Name _____ Signature _____ Date _____

Parent/Guardian Name _____ Signature _____ Date _____