



**Blachly School District
Enrollment Form
Date Received _____**

[This section to be filled out by Office Staff.]
 Date of Entry: _____ Grade Level: _____
 Out of District _____ District No. _____
 SEC _____ SpSv _____ HLT _____ FT _____ PR _____

After completion of form please submit to: Anni Thiessen – athiessen@blachly.k12.or.us

Triangle Lake Charter School _____ Triangle Lake Charter School Online _____

Student's Last Name _____ **First Name** _____ **Middle Name** _____
 Student's Legal Name (if different from above) _____
 Gender ___M___F _____ Student's Social Security # (optional) _____
 Date of Birth _____ City/State of Birth _____ Grade _____, school year _____
 Mailing Address _____ Phone Number _____
 City, Zip Code _____
 Street Address (if different from above) _____

Please answer both questions below for accurate state reporting:

Ethnicity: Latino/Hispanic (descended from a Spanish-speaking country of the Americas) ___Yes___ ___No___
 Race: (Please select one or more) ___American Indian or Alaskan Native, ___
 Asian, ___Black/African American, ___Native Hawaiian/Pacific Islander, ___White___
 Home language _____ Language of Correspondence _____

Student Lives With: ___Both Parents___ ___Mother only___ ___Father only___ ___Guardian___
 Is this person the custodial parent? ___Yes___ ___No___

Father/Guardian _____ Relationship _____
 Address _____ Home phone _____
 Workplace _____ Work Phone _____ ext. _____
 Email _____ Cell Phone _____

Mother/Guardian _____ Relationship _____
 Address _____ Home phone _____
 Workplace _____ Work Phone _____ ext. _____
 Email _____ Cell Phone _____

Does this student have security-related needs the school should be apprised of? (i.e. interference from non- custodial relatives, restraining orders, etc.) ___Yes___ ___No___

Has your student ever been expelled from a school? ___No___ ___Yes___
 If yes, when? _____

Last School Attended _____ **Previous Grade Level** _____
 City/State _____ Resident School District _____

Emergency Contact: _____ Phone Number _____
 Emergency Contact: _____ Phone Number _____
Physician _____ Phone Number _____

Has your child received **special services** within the last year? If yes, check those that apply:

Speech Gifted Resource Room Title I Reading
 Self Contained Title I Math ESL 504

Does your child have any **health** problems of which we should be aware, such as:

bee sting food allergy diabetes asthma hay fever
 heart condition convulsions (epilepsy) other (describe) _____

Does your child take medicine regularly? yes no

(If the student must receive medication at school, please fill out the appropriate permission form.)

Federal Funding: Under public Law No 874, the district can receive federal money for each child if the parent: Works on Federal Land (B) is in the Active Armed Forces (W) Lives on Federal Land (R):

Field Trips: Over the course of the year, your child may have the opportunity to participate in educational field trips requiring your child to leave the school grounds. Can your child participate?

Yes, I give permission No, I do not give permission

Photo Release: Your child's photo may be taken for inclusion in the district publications or in local newspapers or magazine articles or letters relating to school activities. Please check:

Yes, I give permission No, I do not give permission

Document completed by:

Name Printed: _____ Relationship: _____

Signature: _____ Date: _____