



# Bettis Preparatory Student Registration and Directory Release Form

## 2023-2024

**School Office Use Only**

**Student ID Number** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Entry Date** \_\_/\_\_/\_\_ **Transportation: C, B, D Fee:** \_\_Y\_\_N\_\_NA

**Parents/Guardians: Please fill out both pages of this registration form for your student. Please print neatly.**

**STUDENT INFORMATION**

Student's <b>Legal Name:</b>			
<b>Last</b> _____		<b>First</b> _____ <b>Middle</b> _____	
<b>Date of Birth</b> __/__/__		<b>Sex:</b> __M__F	<b>Social Security Number</b> ____-____-____
<b>Student's Address:</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____			
<b>Ethnicity:</b>	<input type="checkbox"/> Am. Ind./Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Other	<b>History:</b>	Has the student ever attended school in SC? __Y__N Has the student ever attended an Edgefield County school? __Y__N Last School attended _____ School Name _____ District _____ City: _____ State _____ Zip _____ Is this student the subject of a court or custody order? __Y__N If yes, please provide a copy of the order to the school _____
<b>Language:</b>		<b>Exceptional Student Services:</b>	
Spoken at home: _____		Has student ever received services as an Exceptional Student? __Y__N	
First spoken by student: _____		If yes, please indicate the student's exceptionality: __ Gifted	
Most often spoken by student: _____		__ Talented	
		Other: _____	

**PARENT/GUARDIAN INFORMATION**

Last Name _____ First Name _____ Relation _____			
Address _____ Apt. _____ Zip Code _____ Does the student reside at this address? __Y__N			
Phone Numbers:			
Home _____		Cell _____ Work _____	
Last Name _____ First Name _____ Relation _____			
Address _____ Apt. _____ Zip Code _____ Does the student reside at this address? __Y__N			
Phone Numbers:			
Home _____		Cell _____ Work _____	
Person with whom the student lives if not the parent/guardian:			
Last Name _____ First Name _____ Relation _____			
Address _____ Apt. _____ Zip Code _____ Does the student reside at this address? __Y__N			
Phone Numbers:			
Home _____		Cell _____ Work _____	

**TRANSPORTATION**

**IF** a bus was available, would your child need a bus stop? \_\_Y\_\_N If yes, you must fill out a bus stop request form.

People authorized to pick up student:

Name _____	Home Phone _____	Work Phone _____
Name _____	Home Phone _____	Work Phone _____
Name _____	Home Phone _____	Work Phone _____

**EMERGENCY CONTACTS**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Student's Doctor/Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_ Hospital Choice \_\_\_\_\_  
Does the student have any special medical conditions/allergies/procedures of which we should be aware? Please list:

\_\_\_\_\_  
\_\_\_\_\_

**ELECTRONIC COMMUNICATION SYSTEM:** I hereby understand that students of Bettis Preparatory Leadership Academy will be granted access to the system's electronic communications system which includes access to the internet and Worldwide Web. This access is a privilege, not a right. The system may suspend or revoke a system user's access upon violation of system policy and/or administrative regulations regarding acceptable use or upon written parental request to the campus principal.

I further understand that the School will not publish my child's individual photograph, video, and/or last name without my written permission.

**STUDENT'S NAME** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT EMAIL ADDRESS (OPTIONAL)** \_\_\_\_\_ would like to communicate with you via e-mail should you wish. **Provision of an e-mail address is not required.** If you do not provide an address, the system will continue to communicate with you in its regular manner to assure continued provision of vital and important information.

**My e-mail address is** \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DIRECTORY INFORMATION** Bettis Preparatory may regularly receive requests for directory information on students enrolled in the System. Directory information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e-mail address.

\_\_\_\_ I GIVE \_\_\_\_ I DO NOT GIVE permission to release student directory information.

**STUDENT'S NAME** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MEDIA RELEASE**

I grant permission to BPLA to use photography of my child in promotional materials (slides, brochures, website, Facebook posters, etc.) or for release to the media (newspapers, magazines, television, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO

**All information given on this form is correct.**

**STUDENT'S NAME** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_