

Bettis Preparatory Student Registration and Directory Release Form 2019-2020

School Office Use Only

Student ID Number _____ Grade _____ Entry Date __/__/__ Transportation: C, B, D Fee: ___Y___N ___NA

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

STUDENT INFORMATION	
Student's Legal Name: Last _____ First _____ Middle _____ Date of birth ____/____/____ Sex ___(M or F) Social Security Number _____ - - _____ Student's Address: _____ Apt. _____ State _____ Zip Code _____	
Ethnicity: <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	History: Has the student ever attended school in SC? ____ (Y/N) Has the student ever attended an Edgefield Co. 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 _____
Language: Spoken at home: _____ First spoken by student: _____ Most often spoken by student: _____	Exceptional Student Services: Has this student ever received services as an Exceptional Student? (Y/N) If yes, please indicate the student's exceptionalality: <input type="checkbox"/> Gifted <input type="checkbox"/> 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 _____