

# Burgin Academy

Last Name				Ethnicity (check 1)		Gender (check 1)	
First Name				<input type="checkbox"/> Asian		<input type="checkbox"/> Female	
Middle				<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Male	
Date of Birth		____/____/____		Grade			
Address				Zip			
Parent/Guardian Name				<input type="checkbox"/> Black (not of Hispanic origin)		Primary Language (check 1)	
Work Phone				<input type="checkbox"/> Hispanic		<input type="checkbox"/> English	
Cell Phone				<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Spanish	
Relationship				<input type="checkbox"/> White (not of Hispanic origin)		<input type="checkbox"/> Other (Specify)	
Parent/Guardian Name				<input type="checkbox"/> Other (Specify)		Lives With (check 1)	
Work Phone				<input type="checkbox"/> Restrictions		<input type="checkbox"/> Both Parents	
Cell Phone				Check if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.		<input type="checkbox"/> Foster Care	
Relationship						<input type="checkbox"/> Grandparent(s)	
First Name				Last Name		<input type="checkbox"/> Joint Custody	
First Name				Last Name		<input type="checkbox"/> Single parent Father	
First Name				Last Name		<input type="checkbox"/> Single parent Mother	
First Name				Last Name		<input type="checkbox"/> Other (Specify)	
<b>Additional Contacts:</b> List additional contacts for the child and use the check boxes to indicate if these individuals are authorized to pick up the child and/or will serve as an emergency contact. Checking the "Lives with" box indicates that the person listed is a member of the same household. <b><i>If no adults are listed below, and if no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick up the student.</i></b>				First Name		Last Name	
Name		Name		Name			
Phone Number		Phone Number		Phone Number			
<input type="checkbox"/> Pick up <input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Pick up <input type="checkbox"/> Emergency Contact		<input type="checkbox"/> Pick up <input type="checkbox"/> Emergency Contact			
						<b>Special Needs:</b> (i.e. allergies, medications, accessibilities, diet, etc.)	

<input type="checkbox"/> Lives With Student	<input type="checkbox"/> Lives With Student	<input type="checkbox"/> Lives With Student	
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**Parent/Guardian Permission for 21<sup>st</sup> Century CLC \*Please Read Carefully\***

**Must be signed by Parent/Guardian for student participant 18 and under. If you have any questions, please contact your 21<sup>st</sup> CCLC Director prior to completing the permission form.**

I hereby give permission for the participant listed on this registration form to take part in the 21<sup>st</sup> Century Community Learning Center (CCLC) activities, which may include off-site events, field trips, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of the student listed on front, I will notify the 21<sup>st</sup> Century Community Learning Center staff.

I give my consent to the School District and the 21<sup>st</sup> Century Community Learning Center (CCLC) program to take the participant's photograph during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21<sup>st</sup> Century Community Learning Center (CCLC) program to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the 21<sup>st</sup> Century Community Learning Center will use the participant's records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.

*I hereby certify that I have read and do understand the above information.*

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
		/ /

**Medical Release Information**

<b>Student Name</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
	/ /	— —
<b>Allergies</b>	<b>Medical Conditions</b>	
<b>Health Insurance Carrier</b>	<b>Policy #</b>	<b>Group #</b>

\_\_\_\_\_ parent/guardian herein named gives Burgin Independent Board of Education employees permission to seek medical treatment necessary for the student named above, in the event of injury during school or school-related trips.

<b>Parent/Guardian Signature</b>	<b>Relationship to Student</b>	<b>Date</b>
		/ /
<b>Parent/Guardian Daytime Phone #</b>	<b>Alt Parent /Guardian Phone #</b>	
<b>Additional Adult Contact</b>	<b>Contact Phone #</b>	

Please indicate the transportation needed for the academic school year –

\_\_\_BUS - Drop off address - \_\_\_\_\_

\_\_\_Walker

\_\_\_Car Rider