

Registration Information

Student Information:

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Parent/Guardian Information:

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail address: _____

E-mail address: _____

Parent/Guardian Business Information:

Company: _____

Company: _____

Business Address: _____

Business Address: _____

Work Phone: _____

Work Phone: _____

----- *For Office Use* -----

- Returning Student
- Visitor
- Visiting Week (fill out info below):
- Amt.: \$ _____ Ck. #: _____

Date: _____ Rec'd. by: _____



Freedom Trust Responsibility

THE CLEARWATER SCHOOL

1510 196th St SE, Bothell WA 98012 (425) 489-2050 info@clearwaterschool.com
www.clearwaterschool.com

The Clearwater School, a nonprofit 501(c)(3) organization, is open to students aged 4-19 and welcomes racial, cultural and religious diversity and families of every composition.

Photo Permission

During the course of the school year members of The Clearwater School may take photos of other members for use in the school newsletter, on the school web site, or in public relations displays and literature. The Clearwater School will not publish or display photos without the written permission of the people in the photos and their parents (if applicable). Photographs are an important part of the school publicity efforts. Signing this Photo Permission form is optional.

Parent/Guardian Permission

I hereby give my permission to The Clearwater School to take photos of my child throughout the school year and include the photos in publicity materials for the School. These materials may include, but are not limited to, the web site, the School brochure, printed advertisements in local publications and the School newsletter. I may revoke this permission at any time by notifying the School.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Student Permission

I hereby give my permission to The Clearwater School to take photos of me throughout the school year and include the photos in publicity materials for the School. These materials may include, but are not limited to, the web site, the School brochure, printed advertisements in local publications and the School newsletter. I may revoke this permission at any time by notifying the School.

Student: _____

Date: _____

Student: _____

Date: _____

Student: _____

Date: _____

Student Pick-up Authorization

As a general procedure, we trust that students have made arrangements with their parents if they go home with someone else or on their own. The Clearwater School assumes no responsibility for students after they have signed out of school for the day.

ONLY if you wish to limit the people allowed to pick up your child, please specify below who is authorized. Only the people listed below will be allowed to pickup your child for the entire school year – unless you inform the school otherwise.



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Medical Consent Form

We, the undersigned, understand that The Clearwater School does not undertake a duty to provide on-site medical treatment to students. If, in the opinion of a staff member, a medical emergency arises, I give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that the School will make every attempt to contact the parents or legal guardians of the student before taking such action. If the student's condition warrants it, representatives of the school will arrange transport of the student to an appropriate medical facility for treatment. To that end, we authorize a representative of the School to consent on our behalf to medical treatment for _____ by licensed health care professionals. We will be financially liable for any medical attention needed.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Parent/Guardian)

Please complete the following information:

For emergency purposes, please list all phone numbers where parents/guardians can be reached during school hours (9am - 5pm): _____

Insurance Carrier: _____ Policy Number: _____

Policyholder's Name and Date of Birth: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Please describe any allergies, diseases, disabilities or restrictions that may affect the student's experience at school: _____

Emergency Contact: (Please list someone other than parents or guardians.)

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Business Phone: _____

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Open Campus Policy

The Clearwater School has an open campus. The official policy is to allow all students to come and go freely, on and off campus, during school hours. They may leave school without staff supervision. The school takes no responsibility to supervise students who leave campus on their own. All School rules must be followed, on or off campus. If parents want to restrict the freedom of their child to leave campus, or to keep their child out of certain parts of the campus, they must arrange such a restriction directly with their child. The school does not enforce parental restrictions on the freedom of movement of its students.

Field trips are the only off-campus activities for which the school undertakes a duty to supervise the students. See Field Trip Release Form below.

The open campus policy does not change the student’s responsibility to attend school.

I have read the above document on The Clearwater School’s open campus policy and I am aware of the school’s policies on off-campus travel.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Field Trip Release Form

Throughout the school year students participate in planned and spontaneous trips off-campus in the company of staff members. Some trips last several hours, while others are less than an hour (to local restaurants or stores). Staff members generally provide transportation for the short spontaneous trips. Staff and/or volunteers provide transportation for the planned trips.

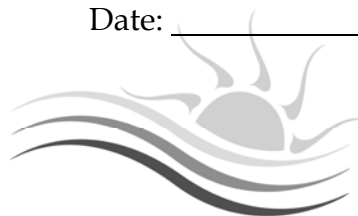
In order for a student to participate in any planned or spontaneous field trip with a staff member present, this permission form must be signed and dated by the student’s parent or guardian. This completed form will allow the student to participate in any trip throughout the school year.

You will be notified of planned field trips your child wishes to participate in.

I hereby give my permission for _____ to participate in any planned or spontaneous field trip during enrollment at The Clearwater School.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____



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Wheeled Objects Helmet Waiver Form

Clearwater policy requires individuals to wear helmets while riding anything with wheels (bikes, skateboards, scooters, rollerblades, etc.) while in attendance at school. County law requires that bike riders must wear helmets at all times. Clearwater policy allows you as a parent to waive the helmet policy for your child for all or specific wheeled objects (except bikes). Helmets must always be worn while riding any wheeled object off campus during school attendance.

- I give permission for _____ to use any wheeled object (except bikes) on school grounds without the use of a helmet.
- I give permission for _____ to use only _____ on school grounds without the use of a helmet.

(Parent or Guardian Signature)

(Date)

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