



EagleRidge High School
STUDENT ADMISSIONS APPLICATION

Parents please initial the following statements:

1. Every student has the same eligibility if they meet the grade and age requirement for admission. _____
2. If there are more applications than spaces a lottery will be conducted as specified by Oregon Law. _____
3. I understand that submission of this application does not guarantee admission to EagleRidge. _____

I. PARENT/GUARDIAN SECTION

Student Name: _____

Birth Date: ____/____/____ Grade 2015/2016 9th____ 10th____ 11th____ 12th____ Sex: Male____ Female____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Home Phone: (____) _____ - _____

Work: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail (Parent/Guardian): _____

Other Parent/Guardian: _____ Home Phone: (____) _____ - _____

Work: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail (Other Parent/Guardian): _____



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OTHER SIBLINGS THAT WILL BE APPLYING TO EAGLERIDGE HIGH SCHOOL:

Name: _____ Age: _____ Year will attend: _____

Name: _____ Age: _____ Year will attend: _____

PLEASE INITIAL THE FOLLOWING APPLICABLE STATEMENTS:

___ My child lives within the Klamath Falls City Schools District

___ My child lives out-of-district. If so, district and high school: _____

___ I understand that Public Charter Schools *do not* charge tuition

___ I wish to enroll my child at EagleRidge High School. I understand that it is my responsibility to transport my child to school although bus transportation may be available through BTS and/or the Klamath Falls City Schools existing routes.

___ I agree to pay a small student activity fee for off-campus activities, field trips and media supplies if required.

___ I authorize the release of my child's school records to EagleRidge High School.

My child's school records are at: _____

___ My child currently has needs in the following areas: (circle all that apply)

___ English Language Learner 504 IEP Teen Parent

___ Juvenile Probation -Officer's name: _____ Other _____

My child is currently attending _____ school.

Please list special services or programs your child is currently receiving:

Please indicate if your child is under a current or pending expulsion; explain the nature of the expulsion.



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PARENT/GUARDIAN PLEASE READ THIS SECTION WITH YOUR CHILD BEFORE SIGNING BELOW.

EagleRidge High School is a public charter school within the Klamath Falls City Schools District. We are a model high school providing a small school learning model that prepares students for successful entry into college and careers. Our curriculum encourages students to work both independently and cooperatively in groups. Students are required to be willing participants in their own education and to take the responsibility of their own learning seriously. Students are required to participate in EagleRidge’s community and character development system which includes retreats and involvement in the school’s decision-making process. Parents or adult advocates/mentors are required to support their students in a variety of ways, including but not limited to, ensuring their students attend school on a regular basis, that students arrive on time and are ready to learn and that students come prepared for all scheduled off campus activities. Parents or adult advocate/mentors are required to attend parent student conferences and scheduled class/teacher meetings.

While EagleRidge offers many experiences outside the public school norm, we also lack some of the programs.

We will have a wholesome food program provided, with free and reduced rates available.

I understand the above and support my child’s application to EagleRidge High School.

I understand that all candidates will be notified by phone and mail of the application status.

I understand that submission of false or misleading information on this application will nullify this application. If our application is accepted, we agree to visit the school for an interview and orientation where we will be provided a full opportunity to ask questions and have a one-on-one interview before completing the registration papers.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

***Please mail this application to: EagleRidge High School 677 S. 7th Street Klamath Falls, OR 97601**

Non-Discrimination Policy: No student, employee, or applicant for employment at EagleRidge High School shall, on the basis of race, color, gender, age, sexual orientation, religion, national origin, marital status, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any employment or educational program or activity.



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II. STUDENT SECTION

(This section must be completed by the student in his/her own handwriting.)

Student Name: _____

Grade for the school year: Freshman _____ Sophomore _____ Junior _____ Senior _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: (____) _____ - _____ Home phone: (____) _____ - _____

E-Mail Address: _____

1) Why do you want to attend EagleRidge High School? (*minimum 75 words*)

2) Tell us what you hope to achieve and contribute before graduation from EagleRidge High School? (*minimum 75 words*)

3) Is there anything else about yourself you'd like us to know? (*minimum 75 words*)



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