

STUDENT REGISTRATION/ENROLLMENT FORM

Revised 3/2016

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City State Country County		GRADE LEVEL
ETHNICITY / RACE INFORMATION PLEASE SEE ADDITIONAL PAGE		PRIMARY LANGUAGE PLEASE SEE ADDITIONAL PAGE		ACTIVE MILITARY FAMILY <input type="checkbox"/> Yes <input type="checkbox"/> No
CUSTODY OF STUDENT <input type="checkbox"/> Joint <input type="checkbox"/> Not Applicable			PHYSICIAN/PHONE	
FOSTER CARE <input type="checkbox"/> Yes <input type="checkbox"/> No				

PRIMARY HOUSEHOLD (parent/guardian where student resides) <i>Parent Name (Last, First)</i>		RELATIONSHIP TO STUDENT	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
EMPLOYER NAME					
<i>Parent Name (Last, First)</i>		RELATIONSHIP TO STUDENT	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
EMPLOYER NAME					
RESIDENT ADDRESS	<i>Street/Apt #</i> <input type="checkbox"/> Please check if change of address from previous year	City	State		ZIP
MAILING ADDRESS	<i>P/O Box Number or Street/Apt# (if different from above)</i>	City	State		ZIP
EMAIL 1:		EMAIL 2:			

SECOND HOUSEHOLD (non-custodial parent not residing with child) <i>Last Name First Name</i>		RELATIONSHIP TO STUDENT	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
<i>Last Name First Name</i>		RELATIONSHIP TO STUDENT	HOME PHONE ()	WORK PHONE ()	CELL PHONE ()
SECOND HOUSEHOLD ADDRESS <i>(Street/PO Box, City, State, ZIP)</i>					

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT/LOCATION PREVIOUSLY ATTENDED	
HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____		
HAS STUDENT EVER ATTENDED SCHOOL IN THE SEDRO-WOOLLEY SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL ATTENDED		DATE ATTENDED (Month/Year)
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers <u>must</u> be on file with the school for enforcement) Restraining order is against <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		
IS THERE A CUSTODIAL ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers <u>must</u> be on file with the school for enforcement)		

SIGNATURE PAGE

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ Date _____

EMERGENCY TREATMENT AUTHORIZATION: I, the undersigned, do hereby authorize officials of the Sedro-Woolley School District to contact directly the persons named on this registration form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Legal Parent/Guardian Signature _____ Date _____

DIRECTORY INFORMATION: Certain information, known as "Directory Information", is defined by the Federal Family Rights and Privacy Act and may be released about your child unless you request, in writing, that such information not be released. We do not release any "Directory Information" for commercial purposes or for other purposes not related to the conduct of school business.

PHOTOGRAPHY/ VIDEO: Occasionally, photographs may be taken of students for use in the news media or in district-produced publications. Unless you put a request in writing, your child's picture/video will be taken.

SCHOOL MESSENGER: I give consent to receive occasional messages from my child's school and the district on my registered phone number from the district's school messenger (auto-dial) service.

Legal Parent/Guardian Signature _____ Date _____

Military Information

Is the parent/guardian one of the following?

- No parent/guardian currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard (N)
- Parent/guardian is a current member of the active duty U.S. Armed Forces (A)
- Parent/guardian is a current member of the reserves of the U.S. Armed Forces (R)
- Parent/guardian is a current member of the Washington National Guard (G)
- Student has more than one parent/guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves of the U.S. Washington National Guard (M)
- Refuse to state

Legal Parent/Guardian Signature _____ Date _____

VERIFICATION: The information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area. It is the responsibility of the parent/guardian to notify the school of a change of address or telephone number **in person or in writing.**

Legal Parent/Guardian Signature _____ Date _____

NEW STUDENT ENROLLMENT FORM

Name _____ Grade _____

Previous School _____ Previous School Phone _____

***Please mark "yes" on the following areas that apply:**

Does your child receive services for?

Concerns in any of these areas?

_____ Special Education

_____ Attendance

_____ Title I/LAP

_____ Behavior

_____ Reading

_____ ESL

_____ Retention

_____ Math

_____ Speech

_____ Physical/Occupational Therapy

Math level – 7th 8th Algebra

(Circle one)

Has student ever been suspended or expelled?

Yes

No

If 'yes', please state reason below:

*This information will help us in placing your child and assist in determining the need to send for other necessary information from the previous school.

Elective Registration Form

Print Student First and Last Name _____

All students will have a full year of:

*Science

*Math

*Social Studies

*Wellness

*Language Arts

Pick one year long elective:

_____ First Year Band

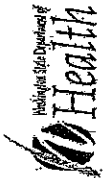
_____ Second Year Band

_____ Choir

_____ Orchestra

_____ Encore Electives - May include
Technology, Art, Music ***You will get
one class each semester.***

If you are interested in Avid, please pick up an application in the office.



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____

First Name: _____

Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

I certify that the information provided on this form is correct and verifiable.

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Symbols below:
 ◆ Required for School and Child Care/Preschool
 ● Required for Child Care/Preschool Only
 ■ Recommended, but not required

Parent/Guardian Signature Required Date _____

Parent/Guardian Signature Required Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens	1			
	2			
■ Rotavirus (RV1, RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)	1			
	2			
■ Tetanus, Diphtheria (Td)	1			
	2			
● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)	1			
	2			
◆ Varicella (chickenpox)	1			
	2			
■ Hepatitis A (Hep A)	1			
	2			
■ Human Papillomavirus (HPV) - does not print from the IIS; write dates in by hand	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine) disease history must be verified.
 Mark option 1, 2, OR 3 below (see # 5 on-back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS) Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP) If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below.

Licensed healthcare provider signature _____ Date _____ (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
 Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed healthcare provider signature _____ Date _____ (MD, DO, ND, PA, ARNP)

Printed Name: _____

SEDRO-WOOLLEY SCHOOL DISTRICT HEALTH INFORMATION

NAME _____ Male _____ Female _____ Grade _____
Last First Middle

___ CHECK HERE IF THERE ARE NO KNOWN HEALTH PROBLEMS

Conditions which your child has:

___ ADD/ADHD	___ Fainting spells	___ Mental/Emotional problems
___ Asthma	___ Frequent Headaches/Migraines	___ Orthopedic/Bone problems
___ Cancer	___ Hearing problems	___ Seizures/Convulsions
___ Counseling	___ Heart condition	___ Vision problems
___ Diabetes	___ Kidney/Bladder disease	___ Other

If yes, please explain: _____

Allergy to: ___ Medications ___ Bee Stings ___ Foods ___ Other
Please describe allergic reaction and the treatment _____

Are any of the above conditions life-threatening? ___ Yes* ___ No

***If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan be in place prior to starting school.**

Has a Doctor diagnosed any of the above conditions? ___ Yes ___ No
Doctor's name _____ Phone number _____

Does your child have medical insurance coverage? ___ Yes ___ No
If not, would you like information about free or low-cost health insurance? ___ Yes ___ No

Does your child have a physical condition, which limits participation in classroom activities or physical education? ___ Yes ___ No If yes, please explain: _____

Does your child take any medication on a daily basis? ___ Yes ___ No

Medication	Dosage	For (Diagnosis)	Taken at Home/School/Both
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY A LICENSED HEALTH PROFESSIONAL AND PARENT OR LEGAL GUARDIAN OF THE CHILD BEFORE MEDICATION WILL BE GIVEN AT SCHOOL (RCW 28A.210.260). YOU CAN OBTAIN THE FORM FROM THE SCHOOL OR DOCTOR'S OFFICE. ALL MEDICATIONS NEED TO BE BROUGHT TO SCHOOL BY AN ADULT. YOUR CHILD CANNOT BRING IN ANY MEDICATION, PRESCRIPTION OR OVER-THE-COUNTER.

This information is considered confidential and is for use of the nurse, teachers, principal, or other staff who will be in contact with and responsible for your child during the school day.

X _____ Date _____
Parent/Legal Guardian's signature

Sedro-Woolley School District Medication Policy

In accordance with medication requirements of RCW 28A.210.260, formerly RCW 28A.31.150, the Sedro-Woolley School District will give medication at school only if the following steps have been completed.

1. A medication form must be completed for each medication, PRESCRIPTION OR NON-PRESCRIPTION, including cough lozenges. These forms are available at school and doctor offices.
2. The medication form is for the current school year only.
3. The medication form must be completed by BOTH the PARENT/GUARDIAN AND LICENSED HEALTH PROFESSIONAL before medication can be given at school.
4. There must be a VALID HEALTH REASON which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.
5. Medication must be supplied in the original container.
6. The medication and completed medication form are to be brought to school by the parent/guardian.

MEDICATION WILL NOT BE GIVEN AT SCHOOL UNLESS THE ABOVE CONDITIONS HAVE BEEN MET.

POLICY 3416: JULY 1989; December 2006

BOARD POLICY-LICE

Policy 3414P

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W. When the principal suspects a nuisance disease such as pediculosis (lice), the principal, or designee, may institute screening procedures to determine if, in fact, the disease exists, he/she may exclude the student from school until successfully treated.

I have read and understand the above policies.

Parent Signature

Date

Sedro-Woolley School District
Washington State – Ethnicity/Race & Language Data Collection Form

New federal requirements state that "Unknown" "Multiracial" and "Not Provided" are no longer valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation or prior ethnicity and race data.

Please identify the ethnicity and race of the student by answering BOTH questions.

Student **Legal** Last Name _____ **Legal** First Name _____
(please print) (please print)

Question 1. Is your child of Hispanic or Latino origin?

No, check all that apply for Question 2

Yes, check all that apply for Question 1 **and** Question 2

- | | |
|---|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Mexican/Mexican American/Chicano | |

Question 2. What race(s) do you consider your child? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> African / African American / Haitian / Black | <input type="checkbox"/> Caucasian / European / Russian / Middle Eastern / North African / White |
|---|--|

Asian

- Asian Indian
- Cambodian
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian
- Malaysian
- Pakistani
- Singaporean
- Taiwanese
- Thai
- Vietnamese
- Other Asian

Native Hawaiian or Other Pacific Islander

- Native Hawaiian
- Fijian
- Guamanian or Chamorro
- Mariana Islander
- Melanesian
- Micronesian
- Samoan
- Tongan
- Other Pacific Islander

American Indian or Alaskan Native

- Alaska Native
- Chehalis
- Colville
- Cowlitz
- Hoh
- Jamestown
- Kalispel
- Lower Elwha
- Lummi
- Makah

- Muckleshoot
- Nisqually
- Nooksack
- Port Gamble Klallam
- Puyallup
- Quileute
- Quinault
- Samish
- Sauk-Suiattle
- Shoalwater
- Skokomish
- Snoqualmie
- Spokane
- Squaxin Island
- Stillaguamish
- Suquamish
- Swinomish
- Tulalip
- Upper Skagit
- Yakama
- Other Washington Indian
- Other North, Central or South American Indian

Please identify the language of the student by answering the following question.

Question 3. Language

- | | | | |
|---|----------------------------------|----------------------------------|--------------------------------------|
| Language (Language student currently speaks): | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other _____ |
| Native Language (The first language spoken by the student): | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other _____ |
| Home Language (The language the student speaks at home): | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other _____ |

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print clearly) _____



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

Student Name: _____		Date: _____
Birth Date: _____	Gender: _____	Grade: _____
Form Completed by:		
Parent/Guardian Name _____		Relationship to Student _____
Parent/Guardian Signature _____		
If available, in what language would you prefer to receive communication from the school? _____		
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes__ No__ Don't Know__		

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever received formal education* outside of the United States? (Kindergarten – 12 th grade) ____ Yes ____ No *Formal education" does not include refugee camps or other unaccredited programs for children.	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. When did your child first attend a school in the United States? (Kindergarten – 12 th grade)	_____ Month Day Year
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation? ____ Yes ____ No	

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

Note to district: A response of a language other than English to question #2 OR question #3 triggers ELL placement testing

The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.