



STUDENT REGISTRATION FORM

3231F-6 rev 012910

Has your student previously attended the Tahoma School District?

Yes No

Is your student a resident in the Tahoma School District?

Yes No

| | | | | | | | |
|---|--------------|---|--|--------------------------|---|-----------------------------------|-------|
| STUDENT NAME: Legal LAST Name | | Legal FIRST Name | | Legal MIDDLE Name | | BIRTHDATE (Month/Day/Year) | |
| | | | | | | | |
| GENDER (check one) <input type="checkbox"/> M <input type="checkbox"/> F | GRADE | STUDENT'S PRIMARY LANGUAGE (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other (list) | | | BIRTHPLACE City State Country | | |
| PRIMARY RESIDENCE PARENT/ GUARDIAN INFORMATION | | | | | Designate emergency contact/release priority # | | |
| Name | | | | | Relationship (select one) | | |
| Address | | | | City | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency | | |
| Mailing address | | | | | <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent | | |
| Home Phone | | | | Work Phone | | | |
| Cell Phone | | | | Email | | | |
| PRIMARY RESIDENCE PARENT/ GUARDIAN INFORMATION | | | | | Designate emergency contact/release priority # | | |
| Name | | | | | Relationship (select one) | | |
| Cell Phone | | | | Work Phone | | | |
| Email | | | | | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent | | |
| | | | | | <input type="checkbox"/> Other (list) | | |
| SECONDARY RESIDENCE PARENT/ GUARDIAN INFORMATION | | | | | Designate emergency contact/release priority # | | |
| Check to receive <input type="checkbox"/> grade reports <input type="checkbox"/> discipline <input type="checkbox"/> notices of school activities (FERPA) | | | | | Relationship (select one) | | |
| Name | | | | | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian | | |
| Address | | | | City | <input type="checkbox"/> Agency <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent | | |
| Mailing address | | | | | <input type="checkbox"/> Other (list) | | |
| Home Phone | | | | Cell Phone | | | |
| | | | | | Work Phone | | |
| If your child has any of the following current or pending issues please check: | | | | | | | |
| <input type="checkbox"/> 504 <input type="checkbox"/> Title I <input type="checkbox"/> LAP <input type="checkbox"/> Highly Capable (Gifted) <input type="checkbox"/> Health Condition (list) | | | | | | | |
| <input type="checkbox"/> ELL (ESL) <input type="checkbox"/> RAP <input type="checkbox"/> IEP <input type="checkbox"/> Expulsion <input type="checkbox"/> Suspension <input type="checkbox"/> BECCA <input type="checkbox"/> Restraining Order (copy provided) <input type="checkbox"/> Other (list) | | | | | | | |
| Emergency Contact | | | | | Designate emergency contact/release priority # | | |
| Name | | | | | Relationship (select one) | | |
| Address | | | | City | <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent | | |
| Phone | | Work Phone | | Cell Phone | | | |
| | | | | | <input type="checkbox"/> Other (list) | | |
| Emergency Contact | | | | | Designate emergency contact/release priority # | | |
| Name | | | | | Relationship (select one) | | |
| Address | | | | City | <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent | | |
| Phone | | Work Phone | | Cell Phone | | | |
| | | | | | <input type="checkbox"/> Other (list) | | |
| CHILDCARE PROVIDER <input type="checkbox"/> Before School <input type="checkbox"/> After School | | | | | Designate emergency contact/release priority # | | |
| Name | | | | | Phone | | |
| Address | | | | City | Cell Phone | | |
| PREVIOUS SCHOOL ATTENDED | | | | | | | |
| Name | | | | | | | |
| Address | | | | City | State | Zip | Phone |
| SIBLINGS | | | | | | | |
| Name | | | | | School | | Grade |
| Name | | | | | School | | Grade |
| Name | | | | | School | | Grade |

Office use only

Entry Date: _____ Request for Records _____ Student ID: _____ Bus Route: _____

Teacher: _____ Residence area/development: _____ Comments: _____

Ethnicity and Race Data Collection

QUESTION 1: Is your child of Hispanic or Latino origin? (check all that apply)

| | | | | | |
|--------------------------|---------------------|--------------------------|----------------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Not Hispanic/Latino | <input type="checkbox"/> | Spaniard | <input type="checkbox"/> | Central American |
| <input type="checkbox"/> | Cuban | <input type="checkbox"/> | Puerto Rican | <input type="checkbox"/> | South American |
| <input type="checkbox"/> | Dominican | <input type="checkbox"/> | Mexican/Mexican American/Chicano | <input type="checkbox"/> | Latin American |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | Other Hispanic/Latino |

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

| | | | | | |
|--------------------------|------------------------|--------------------------|------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | African American/Black | <input type="checkbox"/> | Native Hawaiian | <input type="checkbox"/> | Muckleshoot |
| <input type="checkbox"/> | | <input type="checkbox"/> | Fijian | <input type="checkbox"/> | Nisqually |
| <input type="checkbox"/> | White | <input type="checkbox"/> | Gumanian or Chamorro | <input type="checkbox"/> | Nooksack |
| <input type="checkbox"/> | | <input type="checkbox"/> | Mariana Islander | <input type="checkbox"/> | Port Gamble Klallam |
| <input type="checkbox"/> | Asian Indian | <input type="checkbox"/> | Melanesian | <input type="checkbox"/> | Puyallup |
| <input type="checkbox"/> | Cambodian | <input type="checkbox"/> | Micronesian | <input type="checkbox"/> | Quileute |
| <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Samoa | <input type="checkbox"/> | Quinault |
| <input type="checkbox"/> | Filipino | <input type="checkbox"/> | Tongan | <input type="checkbox"/> | Samish |
| <input type="checkbox"/> | Hmong | <input type="checkbox"/> | Other Pacific Islander | <input type="checkbox"/> | Sauk-Suiattle |
| <input type="checkbox"/> | Indonesian | <input type="checkbox"/> | | <input type="checkbox"/> | Shoalwater |
| <input type="checkbox"/> | Japanese | <input type="checkbox"/> | Alaska Native | <input type="checkbox"/> | Skokomish |
| <input type="checkbox"/> | Korean | <input type="checkbox"/> | Chehalis | <input type="checkbox"/> | Snoqualmie |
| <input type="checkbox"/> | Laotian | <input type="checkbox"/> | Colville | <input type="checkbox"/> | Spokane |
| <input type="checkbox"/> | Malaysian | <input type="checkbox"/> | Cowlitz | <input type="checkbox"/> | Squaxin Island |
| <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Hoh | <input type="checkbox"/> | Stillaguamish |
| <input type="checkbox"/> | | <input type="checkbox"/> | Jamestown | <input type="checkbox"/> | Suquamish |
| <input type="checkbox"/> | Singaporean | <input type="checkbox"/> | Kalispel | <input type="checkbox"/> | Swinomish |
| <input type="checkbox"/> | Taiwanese | <input type="checkbox"/> | Lower Elwha | <input type="checkbox"/> | Tulalip |
| <input type="checkbox"/> | Thai | <input type="checkbox"/> | Lummi | <input type="checkbox"/> | Yakama |
| <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> | Makah | <input type="checkbox"/> | Other Washington Indian |
| <input type="checkbox"/> | Other Asian | <input type="checkbox"/> | | <input type="checkbox"/> | Other American Indian/Alaska Native |

Emergency School Closure Information

In the event of inclement weather or other unexpected conditions, it may be necessary to change our school schedule to provide for the safety of students.

Grades Kindergarten-5th Grade: If it is determined by the Superintendent's Office that the roads are unsafe, students who live in the affected areas will be kept at their school building until parent/emergency contact can be reached and can pick up their student OR the district can safely transport them home.

Grades 6-12: If an emergency situation occurs after school has already started, students will be sent home. Every effort will be made to see if the student expects someone to be home. If students are unsure as to what they should do, an area in the District will be provided for students to wait until a parent/emergency contact is contacted.

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Tahoma School District.

I understand that the information given above will be shared with appropriate school staff that needs to know in order to provide for the health and safety of my student. If parents/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of services rendered.

| | | |
|---------|-----------|------------|
| Teacher | Last Name | First Name |
|---------|-----------|------------|

Legal Parent/Guardian Signature _____ **Date** _____