

Hockinson School District #98

Student Registration Form

SHADED AREA FOR OFFICE USE ONLY

School Name Hockinson Preschool	School Entry Date	Student No.	Dist No.	Bus Route AM	Bus Route PM
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STUDENT'S LEGAL NAME: Last	First Name	Middle Name
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BIRTH DATE (month/day/year)	GRADE LEVEL	GENDER (Circle one) M F	BIRTH PLACE: City	State	Country
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ETHNICITY AND RACE

PLEASE ANSWER BOTH QUESTIONS 1 AND 2

BOTH RESPONSES NEEDED PER WASHINGTON OSPI AND FEDERAL REQUIREMENTS

QUESTION No 1: Is your child of Hispanic or Latino origin? (Please check all that apply)	<input type="checkbox"/> NOT HISPANIC/LATINO <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> DOMINICAN	<input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> MEXICAN/CHICANO <input type="checkbox"/> MEXICAN/AMERICAN	<input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> OTHER HISPANIC/LATINO
QUESTION NO. 2: What race do you consider your child? (Please check all that apply)	<input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> WHITE OR CAUCASIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FIJIAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> GUAMANIAN/CHAMORRO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE <input type="checkbox"/> THAI <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN AMERICAN	<input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN or CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MELANESIAN <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER <input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHEHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT <input type="checkbox"/> NISQUALLY	<input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMABLE CLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINAULT <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> SWINOMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> UPPER SKAGIT <input type="checkbox"/> YAKAMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN
OFFICE USE ONLY:			
Q-1 Data	<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT		
Q-2 Data	<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT		

PRIMARY LANGUAGE SPOKEN BY STUDENT: (Please check one) ENGLISH RUSSIAN SPANISH OTHER _____

PRIMARY LANGUAGE SPOKEN AT HOME: (Please check one) ENGLISH RUSSIAN SPANISH OTHER _____

SPOKEN BY: (Please check all that apply) STUDENT FATHER MOTHER SIBLING OTHER _____

Has anyone in the family moved across school district lines to obtain seasonal or temporary work in any agricultural or fishing activity within the last 36 months? Yes No

Has your child ever attended school in the state of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school	Location (City)	Last Date Attended (Month / Year)
Has your child ever attended Hockinson Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school		Last Date Attended (Month / Year)
School Previously Attended	School District Previously Attended	Previous School Location (City and State)	Last Date Attended (Month / Year)

Has your child ever been suspended or expelled for a weapons violation? Yes No Date: _____

Has your child ever been convicted, adjudicated or entered into a diversion agreement with legal authorities? Yes No

Is your child court ordered to attend school? Yes No Date: _____

Has your child ever qualified for or been enrolled in an IEP (Individual Education Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Is your child currently on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s)? _____
Has your child ever qualified for or had a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Is your child currently on an 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever participated in <input type="checkbox"/> Title 1 <input type="checkbox"/> LAP <input type="checkbox"/> Speech <input type="checkbox"/> ELL <input type="checkbox"/> Other _____	

PRIMARY HOUSEHOLD (Parents/Guardians)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	PRIMARY PHONE (include area code) () Number is: <input type="checkbox"/> Home <input type="checkbox"/> Cell Number is unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No Number is long distance: <input type="checkbox"/> Yes <input type="checkbox"/> No
"1" Last Name	First Name			
"2" Last Name		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
PARENT/GUARDIAN "1"		PARENT/GUARDIAN "2"		
<input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work ()		<input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work ()		
RESIDENT ADDRESS	Street Address	City	State	Zip
MAILING ADDRESS (if different)	Street Address or PO Box	City	State	Zip
EMAIL ADDRESS (optional)				

Family 1 Parent/Guardian is a member of the following:

U.S. Armed Forces (Active Duty)
 U.S. Armed Forces (Reserves)
 National Guard (Washington/Oregon)
 More than one parent/guardian is a member of any service listed above

SECOND HOUSEHOLD (Parents/Guardians)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	RELATIONSHIP <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	PRIMARY PHONE (Include Area Code) () Number is: <input type="checkbox"/> Home <input type="checkbox"/> Cell Number is unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No Number is long distance: <input type="checkbox"/> Yes <input type="checkbox"/> No
"1" Last Name	First Name			
"2" Last Name		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
PARENT/GUARDIAN "1"		PARENT/GUARDIAN "2"		
<input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work ()		<input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work ()		
RESIDENT ADDRESS	Street Address	City	State	Zip
MAILING ADDRESS (if different)	Street Address or PO Box	City	State	Zip
EMAIL ADDRESS				

Family 2 Parent/Guardian is a member of the following:

U.S. Armed Forces (Active Duty)
 U.S. Armed Forces (Reserves)
 National Guard (Washington/Oregon)
 More than one parent/guardian is a member of any service listed above

Is there a joint custody or parenting plan in effect? Yes No (If yes, plan must be on file with school for enforcement)

Is there a restraining order in effect? Yes No (If yes, plan must be on file with school for enforcement)

Restraining order is against: _____

EMERGENCY CONTACT INFORMATION			
Please list at least two people who can be contacted to assume temporary custody of your child in the event you cannot be reached.			
FIRST CONTACT (other than parent/guardian) <i>Last Name First Name</i>	Relationship to Child	Phone #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
SECOND CONTACT (other than parent/guardian) <i>Last Name First Name</i>	Relationship to Child	Phone #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
THIRD CONTACT (other than parent/guardian) <i>Last Name First Name</i>	Relationship to Child	Phone #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
FOURTH CONTACT (other than parent/guardian) <i>Last Name First Name</i>	Relationship to Child	Phone #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()

CHILD CARE PROVIDER INFORMATION	Does student attend child care? <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before & After School		
Name of Child Care Provider _____			
Address _____		City _____	Phone () _____

MEDICAL INFORMATION			
Doctor's First & Last Name _____		Clinic Name _____	Phone () _____
Life Threatening Medical Issues (please check appropriate boxes) <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Severe Allergies _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other _____		Allergies (please check appropriate boxes) <input type="checkbox"/> Bee Stings <input type="checkbox"/> Medications _____ <input type="checkbox"/> Peanuts <input type="checkbox"/> Other _____	
Non-Life Threatening Medical Issues: <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Neuropsych Disorder <input type="checkbox"/> Other _____			

PLEASE LIST OTHER SIBLINGS			
Last Name	First Name	School	Grade

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 Hockinson School District.

Parent/Guardian Signature _____ Date _____