

# WASHINGTON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

**Has your student ever attended Washington USD public schools before:**  Yes  No

PLEASE PRINT—STUDENT'S LEGAL NAME

<b>Legal First Name</b>	<b>Legal Middle Name</b>	<b>Legal Last Name</b>	<b>Other Legal Name (if applicable)</b>

Male  Female  Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Entering Grade \_\_\_\_\_  
School

**PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES:**

Check One: Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Check One: Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <input type="checkbox"/> _____  Name: _____ <span style="margin-left: 40px;">First</span> <span style="margin-left: 150px;">Last</span>  Home Address: _____ <span style="margin-left: 100px;">Street Address &amp; Apt (if applicable)</span>  _____ <span style="margin-left: 40px;">City</span> <span style="margin-left: 100px;">Zip Code (w/extension)</span>  Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ E-Mail Address _____	Check One: Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Check One: Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <input type="checkbox"/> _____  Name: _____ <span style="margin-left: 40px;">First</span> <span style="margin-left: 150px;">Last</span>  Home Address: _____ <span style="margin-left: 100px;">Street Address &amp; Apt. (if applicable)</span>  _____ <span style="margin-left: 40px;">City</span> <span style="margin-left: 100px;">Zip Code (w/extension)</span>  Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ E-Mail Address _____
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**Highest Level of Education:** Check the response that describes the education level of the **most educated parent.**

- |   |  |
|---|--|
| <input type="checkbox"/> Graduate Degree(5)   | <input type="checkbox"/> Some College or Assoc. Degree (3) |
| <input type="checkbox"/> College Graduate (4) | <input type="checkbox"/> High School Graduate (2)          |
|   | <input type="checkbox"/> Not a High School Graduate (1)    |

**WHAT IS YOUR CHILD'S ETHNICITY?** (Please check one)  Hispanic or Latino  Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE?** (Please check up to five racial categories)

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Am. Indian or Alaskan Native (100) | <input type="checkbox"/> Laotian (206)     | <input type="checkbox"/> Samoan (303)                     |
| <input type="checkbox"/> Chinese (201)                      | <input type="checkbox"/> Cambodian (207)   | <input type="checkbox"/> Tahitian (304)                   |
| <input type="checkbox"/> Japanese (202)                     | <input type="checkbox"/> Hmong (208)       | <input type="checkbox"/> Other Pacific Islander (399)     |
| <input type="checkbox"/> Korean (203)                       | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204)                   | <input type="checkbox"/> Hawaiian (301)    | <input type="checkbox"/> African American or Black (600)  |
| <input type="checkbox"/> Asian Indian (205)                 | <input type="checkbox"/> Guamanian (302)   | <input type="checkbox"/> White (700)                      |

**BELOW FOR SCHOOL USE ONLY**

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Aeries Entry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Imm .	Enroll Date	Assigned Grade:	Permanent ID:
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**OTHER CHILDREN IN THE FAMILY**

First and Last Name	Date of Birth	Lives at Home	School Attending/Grade
_____	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____
_____	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____
_____	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____

<input type="checkbox"/> Do NOT release my child's information to military recruiters	The law requires the district to release student directory information to military recruiters unless a parent requests that their child's information be withheld. If you do NOT want your child's information released to military recruiters, mark the box on the left.
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<input type="checkbox"/> Do NOT publish or release my child's information	The district sometimes publishes or releases student directory information, including to outside agencies. If you do NOT want your child's information released, mark the box at the left. (Note: Marking the box at the left means your student's name will not be included in the graduation program, on graduation t-shirts, academic honors lists, music/drama programs, sports programs, etc.)
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<input type="checkbox"/> Yes <input type="checkbox"/> No	The district MAY publish my child's work, image, or name on district/school web sites.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	The district MAY publish an athlete page featuring my child on district/school web sites. This page will include my child's photo and statistics related to athletics, sometimes including height and weight.
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**RESIDENCE—where is your child/family currently living? (Federally Mandated by NCLB) Please check appropriate box:**

- In a single family permanent residence (house, apartment, condo, mobile home)  
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss)(11)  
 In a shelter or transitional housing program (10)  
 In a motel/hotel (09)  
 Unsheltered (car/campsite) (12)  
 Other (15) Please specify \_\_\_\_\_

**PARENT/GUARDIANSHIP INFORMATION (with whom the student lives) - check all that apply**

Father  Mother  Both  Step-Father  Step-Mother  Guardian  Foster/Group Home  
 Is the above person(s) the student's LEGAL guardian?  Yes  No If no, please complete a "Caregiver Affidavit"

Is there a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  
 Guardian

**DUPLICATE MAILING**

If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACTS**

List two local contacts to whom the student may be released in case of illness or other emergency if unable to notify parent.

_____	_____
Name	Phone
_____	_____
Name	Phone

In event of a disaster, if parents or emergency contacts are not available, my son/daughter may be released to an adult familiar to him/her.  Yes  No

**STUDENT INFORMATION** Name: \_\_\_\_\_ **GR** \_\_\_\_\_ **SC** \_\_\_\_\_

Student's Birthplace \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

When did the student first attend school in the United States? \_\_\_\_\_  
Month and Year

At What grade level? Check One K  1  2  3  4  5  6  7  8  9  10  11  12

When did the student first attend school in California? \_\_\_\_\_  
Month and Year

At What grade level? Check One K  1  2  3  4  5  6  7  8  9  10  11  12

What school did the student attend before enrolling in the current Washington Unified School District? Check One

Public  Private  Preschool  Home School  None

**PREVIOUS SCHOOL(S) ATTENDED**

School \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**HOME LANGUAGE SURVEY**

Which language did your son/daughter learn when he/she first began to talk? \_\_\_\_\_

What language does your son/daughter most frequently use at home? \_\_\_\_\_

What language do you use most frequently to speak to your son/daughter? \_\_\_\_\_

Name the language most often spoken by the adults at home \_\_\_\_\_

Has your child ever been given the CELDT test (Calif. English Language Development Test)  Yes  No  I don't know

In which language do you wish to receive written communications from the school?  English  Russian  Spanish

**ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION:** Please answer all questions.

I certify that my son/daughter:

Has never been enrolled in a special educational program.....

Was previously enrolled in a special program and is no longer enrolled.....

Is currently enrolled in a special program.....

My son/daughter has participated in the following special program(s): Mark the appropriate box for each.

Special Education.....  Yes  No

Special Day Class.....  Yes  No

Resource Specialist Program RSP.....  Yes  No

Speech and Language Program.....  Yes  No

Visually Impaired Program.....  Yes  No

Gifted & Talented (GATE).....  Yes  No

504 Plan.....  Yes  No

English Language Development.....  Yes  No

Other: Please specify \_\_\_\_\_

## HEALTH INVENTORY

Student's Physician \_\_\_\_\_ ( )  
Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

Student's Dentist \_\_\_\_\_ ( )  
Dentist's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Phone # \_\_\_\_\_

## HEALTH INSURANCE

If yes, Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## PERMISSION FOR MEDICAL RECORDS

I/We GIVE consent to the Washington Unified School District to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentists may also require parent permission to release information)

Yes  No

## HEALTH PROBLEMS Check all that apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Diagnosed ADD or ADHD      | <input type="checkbox"/> Head Injury                     | <input type="checkbox"/> Epilepsy            |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> History of Fracture             | <input type="checkbox"/> Eye Injury          |
| <input type="checkbox"/> Bladder Problems           | <input type="checkbox"/> History of Surgery              | <input type="checkbox"/> Hypoglycemia        |
| <input type="checkbox"/> Bleeding Disorder          | <input type="checkbox"/> Known Hearing Loss              | <input type="checkbox"/> Frequent Nosebleeds |
| <input type="checkbox"/> Color Vision Deficiency    | <input type="checkbox"/> Known Vision Loss               | <input type="checkbox"/> Scoliosis           |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Physical Limitations            | <input type="checkbox"/> Seizure Disorder    |
| <input type="checkbox"/> Eczema/Skin Trouble        | <input type="checkbox"/> Wears Contact Lens              |  |
| <input type="checkbox"/> History of Ear Problem     | <input type="checkbox"/> Wears Glasses                   |  |
| <input type="checkbox"/> Heart Problem              | <input type="checkbox"/> Wears Hearing Aide              |  |
| <input type="checkbox"/> History of Hospitalization | <input type="checkbox"/> Other or further details: _____ |  |

## ALLERGIES Check all that apply.

- None  Food  Drugs  Plants  Animals  Insects  Bee Sting  
 Other \_\_\_\_\_ List specific item(s) student is allergic to: \_\_\_\_\_

Describe allergic reaction or treatment: \_\_\_\_\_

CURRENT MEDICATION(S)  Yes  No

If Yes, Name of Medication(s)	Dosage	Time Taken	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation in accordance with their best judgment. I authorize the physician named to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician and surgeon. I agree to pay all costs incurred as a result of the foregoing.

I do not choose the above statement and desire the following action in the event of an emergency: \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_, California

Date

City

Parent/Guardian Signature(s) \_\_\_\_\_

I/We have reviewed this four-page document and to the best of my/our knowledge the information contained herein is true and complete. The Undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

The signatures of **BOTH** parents are required except in the circumstances below. Please check the appropriate box, if applicable.

- Co-parent is deceased.  Parent has sole legal custody. Please submit a copy of the court order.

PRIMARY PARENT OR GUARDIAN (from page one)

PRIMARY PARENT OR GUARDIAN (from page one)

Print Full Name \_\_\_\_\_

Print Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_