



# HUDSON PARK ELEMENTARY SCHOOL

## STUDENT REGISTRATION FORM

Your student's registration form: Important for you and our school district

Student registration forms are **very important** — for your family and for the school district. The information you provide allows us to:

- \* Distribute important school or school district information to you, including your student's academic progress (report cards) and attendance information.
- \* Respond appropriately in the event of a medical situation involving your student.
- \* Contact you or others if there is a school emergency.

Information from registration forms also supports students' academic success by allowing the school district to:

- \* Help your student receive support such as language services.
- \* Seek grants to strengthen classroom instruction.
- \* Evaluate our work on behalf of student groups (racial/ethnic, socioeconomic, etc.).
- \* Ensure that we are in compliance with civil rights laws regarding students and staff.

**INSTRUCTIONS:** The registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a black pen, complete all pages and sign the last page.** If any information should change during the school year, notify your school immediately.

SHADED AREA FOR OFFICE USE ONLY: ENTRY DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

BUS # \_\_\_\_\_ BUS STOP \_\_\_\_\_ PICK UP TIME \_\_\_\_\_ FTE \_\_\_\_\_

PROOF OF AGE \_\_\_\_\_ PROOF OF RESIDENCE \_\_\_\_\_ IMMUNIZATION \_\_\_\_\_

### STUDENT INFORMATION

1. LEGAL LAST NAME \_\_\_\_\_ 2. LEGAL FIRST NAME \_\_\_\_\_

3. LEGAL MIDDLE \_\_\_\_\_ 4. GRADE \_\_\_\_\_ 5. GENDER  Female  Male 6. HOME LANGUAGE \_\_\_\_\_

7. FIRST NAME "GOES BY" \_\_\_\_\_ 8. LAST NAME "GOES BY" \_\_\_\_\_

9. STATE ID (not SSN) \_\_\_\_\_ 10. BIRTHDATE \_\_\_\_\_ 11. BIRTH COUNTRY \_\_\_\_\_

12. STUDENT E-MAIL ADDRESS \_\_\_\_\_

Federal and State Regulations require schools to gather the information in 13a and 13b for statistical reports. For more information, your school can help.

13a. ETHNICITY - HISPANIC/LATINO? Yes  No  (**Note: both Ethnicity & Race must be selected**)

13b. RACE *select at least one*  American Indian/Alaska Native  Asian  Black  Native Hawaiian or Other Pacific Islander  White

14. HOME ADDRESS \_\_\_\_\_ 15. CITY \_\_\_\_\_ 16. STATE \_\_\_\_\_ 17. ZIP \_\_\_\_\_

18. MAILING ADDRESS (if different) \_\_\_\_\_ 19. CITY \_\_\_\_\_ 16. STATE \_\_\_\_\_ 17. ZIP \_\_\_\_\_

22. FAMILY PRIMARY PHONE (cell? Yes  No ) \_\_\_\_\_ 23. STUDENT CELL PHONE \_\_\_\_\_

Note: Family primary phone number will be used for attendance and emergency notifications

### PREVIOUS SCHOOL INFORMATION

|    | 24. School (most recent first) | 25. City and State | 26. Years Attended (ex 2007-09) |
|----|--------------------------------|--------------------|---------------------------------|
| 1. |                                |                    |                                 |

**PARENT/GUARDIAN INFORMATION**—Contact phone numbers and email addresses will be used to distribute important information.

**PARENT/RESPONSIBLE ADULT #1:** 27. LIVING WITH STUDENT: Y  N  (If no, provide mailing address on #35; check if you want copy of correspondence )

28.  MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

29. LAST NAME \_\_\_\_\_ 30. FIRST NAME \_\_\_\_\_

31. PRIMARY LANGUAGE \_\_\_\_\_ 32. E-MAIL ADDRESS \_\_\_\_\_

33. EMPLOYER \_\_\_\_\_ 34. JOB TITLE \_\_\_\_\_

35. MAILING ADDRESS \_\_\_\_\_ 36. CITY \_\_\_\_\_ 37. STATE \_\_\_\_\_ 38. ZIP \_\_\_\_\_

39. PRIMARY PHONE (if different than #22) \_\_\_\_\_ Cell phone? Yes  No

40. SECONDARY PHONE \_\_\_\_\_ 41. WORK PHONE \_\_\_\_\_ 42. INTERESTED IN VOLUNTEERING Yes  No

43. Contact allowed with student Yes  No  44. Has Custody of student Yes  No  45. Permission to pick up? Yes  No

**PARENT/RESPONSIBLE ADULT #2:** 46. LIVING WITH STUDENT: Y  N  (If no, provide mailing address on #54; check if you want copy of correspondence )

47.  MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

48. LAST NAME \_\_\_\_\_ 49. FIRST NAME \_\_\_\_\_

50. PRIMARY LANGUAGE \_\_\_\_\_ 51. E-MAIL ADDRESS \_\_\_\_\_

52. EMPLOYER \_\_\_\_\_ 53. JOB TITLE \_\_\_\_\_

54. MAILING ADDRESS \_\_\_\_\_ 55. CITY \_\_\_\_\_ 56. STATE \_\_\_\_\_ 57. ZIP \_\_\_\_\_

58. PRIMARY PHONE (if different than #22) \_\_\_\_\_ Cell phone? Yes  No

59. SECONDARY PHONE \_\_\_\_\_ 60. WORK PHONE \_\_\_\_\_ 61. INTERESTED IN VOLUNTEERING Yes  No

62. Contact allowed with student Yes  No  63. Has Custody of student Yes  No  64. Permission to pick up? Yes  No

**ADDITIONAL EMERGENCY CONTACTS**—In an emergency, parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached.

65. RELATIONSHIP TO STUDENT \_\_\_\_\_ 66. FIRST AND LAST NAME \_\_\_\_\_

67. PRIMARY PHONE \_\_\_\_\_ 68. WORK PHONE \_\_\_\_\_ 69. ADDITIONAL PHONE \_\_\_\_\_

70. RELATIONSHIP TO STUDENT \_\_\_\_\_ 71. FIRST AND LAST NAME \_\_\_\_\_

72. PRIMARY PHONE \_\_\_\_\_ 73. WORK PHONE \_\_\_\_\_ 74. ADDITIONAL PHONE \_\_\_\_\_

75. RELATIONSHIP TO STUDENT \_\_\_\_\_ 76. FIRST AND LAST NAME \_\_\_\_\_

77. PRIMARY PHONE \_\_\_\_\_ 78. WORK PHONE \_\_\_\_\_ 79. ADDITIONAL PHONE \_\_\_\_\_

**SIBLINGS**—Please list student's sibling(s) currently attending a district school.

80. SIBLING LAST NAME \_\_\_\_\_ 81. SIBLING FIRST NAME \_\_\_\_\_

82. RELATIONSHIP TO STUDENT \_\_\_\_\_ 83. SCHOOL \_\_\_\_\_ 84. GRADE \_\_\_\_\_

85. SIBLING LAST NAME \_\_\_\_\_ 86. SIBLING FIRST NAME \_\_\_\_\_

87. RELATIONSHIP TO STUDENT \_\_\_\_\_ 88. SCHOOL \_\_\_\_\_ 89. GRADE \_\_\_\_\_

90. SIBLING LAST NAME \_\_\_\_\_ 91. SIBLING FIRST NAME \_\_\_\_\_

92. RELATIONSHIP TO STUDENT \_\_\_\_\_ 93. SCHOOL \_\_\_\_\_ 94. GRADE \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**—School staff need to know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

95. PHYSICIAN'S NAME (optional) \_\_\_\_\_ 96. PHONE (optional) \_\_\_\_\_

97. PREFERRED HOSPITAL \_\_\_\_\_ EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

98. DENTIST'S NAME (optional) \_\_\_\_\_ 99. PHONE (optional) \_\_\_\_\_

100. INSURANCE CARRIER (optional) \_\_\_\_\_  If not insured, check the box to be contacted by Healthy Kids Initiative for no-cost or low-cost health coverage for children 0 to 19 years old.

101. CHECK ANY CURRENT MEDICAL CONDITIONS:  SERIOUS ALLERGIES: \_\_\_\_\_ LIFE THREATENING? Y  N   
 ASTHMA  HEART DISEASE  SEIZURE DISORDER  DIABETES:  TYPE I  TYPE II

102. OTHER SPECIAL HEALTH NEEDS AT SCHOOL:

103. MEDICATIONS TO BE TAKEN AT SCHOOL (please list and also complete the Authorization for Medication form):

**KINDERGARTEN STUDENTS ONLY**

104. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a **preschool or preschool classroom** (such as in a school, Head Start, or childcare center)?  Yes  No

105. Name of preschool \_\_\_\_\_

**PERMISSIONS / AUTHORIZATIONS**—For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the *District Parent and Student Handbook*.

Rainier School District #13 is committed to the establishment of an electronic communications system for the advancement and promotion of learning and teaching and employs safety measures in compliance with CIPA. (See **Electronic Communications System policy IIBGA**.) As a parent/guardian, I agree to support the expectation of acceptable uses by my student of any electronic resources including computers, peripherals, networks, email, telecommunications, and internet connections for the purpose of learning.  YES  NO

As a parent/guardian, I agree to allow my child's photograph to be used in yearbooks, newsletters, websites, and other school-related publications for educational purposes.  YES  NO

**In order to verify who has permission to pick up your child, we use a release code. This can be a word or numbers, and should be unique to your child or family. Avoid using bank PIN numbers.**

**My release code:** \_\_\_\_\_

**PROGRAM INFORMATION**

107. Does your student have a current Individualized Education Plan (IEP)? Yes  No
108. Does your student have a current Section 504 Plan? Yes  No
109. Is your student in a Talented and Gifted (TAG/GATE) program? Yes  No

**LANGUAGE INFORMATION**

110. What was the first language your child learned to speak? \_\_\_\_\_
111. What language does the student speak at home most of the time? \_\_\_\_\_  
If a language other than English is given to any of the above questions, your child will be referred for English language assessment to determine if he/she qualifies for ESL services.
112. Is the student in, or has the student been in, an English as a Second Language Program? Yes  No
113. In a Bilingual/Dual Program? Yes  No
- If Yes to 112, what was the student's first day in a U.S. school? \_\_\_\_\_

Your family has the right to receive information in your home language.

114. Does your family need an interpreter for school meetings? Yes  No

**FEDERAL TITLE PROGRAM QUESTIONS** (note to school staff: if a family checks 'yes' for any of these questions, please scan this page to Student Services)

**Title VII-A Program, Indian Education**—This information establishes the district's eligibility for a federal grant under the Title VII-A of the No Child Left Behind Act. You may receive more information if you mark "Yes."

115. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? Yes  No

If YES, please fill in tribe name: \_\_\_\_\_

**Oregon Title I-C Migrant Education Program** — This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

116. A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Yes  No

**Title X McKinney-Vento Program** — This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative may be in touch if you check a box.

117. Please place a check in the appropriate box if it applies:

- You are staying in a motel, car or campsite until you can find affordable housing
- You are sharing housing with another family due to economic hardship
- Your child is living with a relative/friend/or anyone other than his/her custodial parents
- You are living in a shelter, temporary housing or moving from place to place without permanent housing
- You are experiencing housing difficulties related to finances and would like more information about services

**BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT COULD BE IMMEDIATELY REMOVED FROM THE SCHOOL.**

118. SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) \_\_\_\_\_ DATE \_\_\_\_\_

119. SIGNATURE OF PARENT/RESPONSIBLE ADULT \_\_\_\_\_ DATE \_\_\_\_\_

**WE WISH YOU AND YOUR STUDENT A SUCCESSFUL ACADEMIC SCHOOL YEAR!**