

Seaside School District

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 the registration form also supports student 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 pen, complete all pages and sign the last page.** If any information should change during the school year, notify your school immediately.

FOR OFFICE USE ONLY:

STUDENT ID # _____ SCHOOL _____ STUDENT NAME _____
 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. BIRTHDATE _____ 10. BIRTH COUNTRY _____ 11. BIRTH STATE/PROVINCE _____
 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 _____ 20. STATE _____ 21. 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 2007-2010) _____
 a. _____
 b. _____
 c. _____

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 #34; 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. MILITARY STATUS: **Active?** Yes No **Reserve?** Yes No **Veteran?** Yes No

34. MAILING ADDRESS _____ 35. CITY _____ 36. STATE _____ 37. ZIP _____

38. PRIMARY PHONE _____ Cell? Yes No 39. SECONDARY PHONE _____ Cell? Yes No

40. WORK PHONE _____ 41. EMPLOYER _____

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

45. Interested in volunteering? Yes No

PARENT/RESPONSIBLE ADULT #2: 46. LIVING WITH STUDENT: Y N (If no, provide mailing address on #53; 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. MILITARY STATUS: **Active?** Yes No **Reserve?** Yes No **Veteran?** Yes No

53. MAILING ADDRESS _____ 54. CITY _____ 55. STATE _____ 56. ZIP _____

57. PRIMARY PHONE _____ Cell? Yes No 58. SECONDARY PHONE _____ Cell? Yes No

59. WORK PHONE _____ 60. EMPLOYER _____

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

64. Interested in volunteering? Yes No

PARENTS

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. CELL PHONE _____

70. RELATIONSHIP TO STUDENT _____ 71. FIRST AND LAST NAME _____

72. PRIMARY PHONE _____ 73. WORK PHONE _____ 74. CELL PHONE _____

75. RELATIONSHIP TO STUDENT _____ 76. FIRST AND LAST NAME _____

77. PRIMARY PHONE _____ 78. WORK PHONE _____ 79. CELL PHONE _____

EMERGENCY

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 _____

SIBLINGS

STUDENT NAME

LEGAL FIRST NAME: _____ LEGAL LAST NAME: _____

MEDICAL

STUDENT MEDICAL INFORMATION—School staff must 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 _____ 96. PHONE _____

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 _____ 99. PHONE _____

100. INSURANCE CARRIER _____
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HEALTH

101. CURRENT MEDICAL CONDITIONS: Complete the HEALTH QUESTIONAIRE included in your registration packet.

102. MEDICATIONS TO BE TAKEN AT SCHOOL: Talk to the school office to complete required forms.

ENROLLMENT

KINDERGARTEN STUDENTS ONLY

103. 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

104. Name of preschool _____

STUDENTS AGE 7 AND UNDER ONLY

105. Did this student receive a dental screening or exam by a provider other than at school? Yes No

106. If you answered No, what is the reason for no dental screening? (select only one)
 Burden to student or parent/guardian Religious Reasons Submitted to prior education provider

PERMISSIONS / AUTHORIZATIONS

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

▶ Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request.**

▶ Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request.**

▶ If parents or authorized contact persons cannot be reached at the time of an emergency, and immediate observation or treatment is urgent in the judgment of the school authorities, the school will send the child (properly accompanied) to the hospital or doctor most accessible.

▶ Occasionally students participate in walking and bus field trips within Clatsop County. When students will be participating in a field trip which takes them outside of Clatsop County, a detailed Field Trip Permission Request form will be sent home prior to the trip for parent authorization.

I have read and understand the Permissions /Authorizations information above _____ (Initials of parent or responsible adult)

107. High School Only: I do not want my child's name, address and phone number released to: Military Recruiters College Recruiters
Federal law requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check one or both of the categories above.

STUDENT NAME

LEGAL FIRST NAME: _____ LEGAL LAST NAME: _____

PROGRAMS

PROGRAM INFORMATION

108. Does your student have a current Individualized Education Plan (IEP)? Yes No

109. Does your student have a current Section 504 Plan? Yes No

110. Has your student been identified as Talented and Gifted (TAG)? Yes No

LANGUAGE

LANGUAGE INFORMATION

111. Is the student in, or has the student been in, an English as a Second Language Program? Yes No

112. In a Bilingual/Dual Language Program? Yes No

If Yes to 113 or 114, what was the student's first day in a U.S. school? _____

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

113. Does your family need an interpreter for school meetings? Yes No Language? _____

FEDERAL PROGRAMS

FEDERAL TITLE PROGRAM QUESTIONS (note to school staff: if a family checks 'yes' for any of these questions, please notify the program director)

Indian Education Program - This information establishes the district's eligibility for a federal grant. You may receive more information if you mark "Yes" to the question below.

114. Is the student, or a parent or grandparent, a member of a U.S. federally recognized American Indian Tribe (including Alaska native)?

Yes No If YES, please fill in tribe name: _____ Membership # _____

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.

115. 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

Have you moved in the past 3 years for a job? Yes No

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.

116. 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 _____

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.

117. SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) _____ DATE _____

118. SIGNATURE OF PARENT/RESPONSIBLE ADULT _____ DATE _____

USDA and this institution are equal opportunity providers and employers.