

Hockinson School District #98

Student Registration Form

SHADED AREA FOR OFFICE USE ONLY

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|---|-------------------|-------------|----------|--------------|--------------|
| School Name Hockinson Middle School | 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 |
|-----------------------------|-------------|-----------------------------------|-------------------|-------|---------|

ETHNICITY AND RACE

**PLEASE ANSWER BOTH QUESTIONS 1 AND 2
BOTH RESPONSES NEEDED PER WASHINGTON OSPI AND FEDERAL REQUIREMENTS**

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|---|--|---|--|
| 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: _____

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| 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 |
| 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 | If yes, at what grade level(s)? _____ |
| 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 _____ | |

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| 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" <i>Last Name</i> <i>First Name</i> | | | | |
| "2" <i>Last Name</i> <i>First Name</i> | | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | | |
| PARENT/GUARDIAN "1" <input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work () | | PARENT/GUARDIAN "2" <input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work () | | |
| RESIDENT ADDRESS | <i>Street Address</i> | <i>City</i> <i>State</i> <i>Zip</i> | | |
| MAILING ADDRESS (if different) | <i>Street Address or PO Box</i> | <i>City</i> <i>State</i> <i>Zip</i> | | |
| 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

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|---|---------------------------------|---|---|---|
| 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" <i>Last Name</i> <i>First Name</i> | | | | |
| "2" <i>Last Name</i> <i>First Name</i> | | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | | |
| PARENT/GUARDIAN "1" <input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work () | | PARENT/GUARDIAN "2" <input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work () | | |
| RESIDENT ADDRESS | <i>Street Address</i> | <i>City</i> <i>State</i> <i>Zip</i> | | |
| MAILING ADDRESS (if different) | <i>Street Address or PO Box</i> | <i>City</i> <i>State</i> <i>Zip</i> | | |
| 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 () |

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| 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 () _____ |

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|---|--|--|----------------------|
| 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 |
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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 _____