

# Olympia School District STUDENT REGISTRATION FORM

AM Bus: Route # \_\_\_\_\_

PM Bus: Route # \_\_\_\_\_

SCHOOL \_\_\_\_\_

## ALERT FLAG

Legal    Medical

Please check here if you have recently registered students at another school or have/will have other students attending another school within our district.

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY					
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE (M/D/Y)	TEACHER/ADVISOR	HOMEROOM NUMBER	LOCKER NUMBER	WITHDRAWAL DATE (M/D/Y)

STUDENT'S NAME: LEGAL LAST NAME		LEGAL FIRST NAME		LEGAL MIDDLE NAME		BIRTHDATE: (M/D/Y)	
RESIDENT ADDRESS: (where student resides) Street				Apt.#	City	State	Zip
				GENDER (M/F)		GRADE LEVEL	
BIRTHPLACE: City State Country		ETHNIC CODE Are you Hispanic/Latino or not Hispanic/Latino? <input type="checkbox"/> Hispanic /Latino <input type="checkbox"/> Not Hispanic/Latino Please see the attached <i>Ethnicity and Race Data Collection Form</i> and select all that apply, based on your response				District Resident <input type="checkbox"/> Yes <input type="checkbox"/> No, Transfer Student <input type="checkbox"/> Out-of-District Transfer <input type="checkbox"/> Within-District Transfer	

<b>STUDENT LIVES WITH:</b> <input type="checkbox"/> Both parents  <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____	<b>PRIMARY GUARDIAN 1</b> (parent/legal guardian where student resides)  Last Name _____  First Name _____	<b>PRIMARY GUARDIAN 1 PHONE</b> (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____
<b>MAILING ADDRESS</b> (If different from above) (Street/Apt. #, City, State, Zip)	<b>PRIMARY GUARDIAN 2</b> (parent/legal guardian where student resides)  Last Name _____  First Name _____	<b>PRIMARY GUARDIAN 2 PHONE</b> (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____

MILITARY?  Father    Mother    Both

PRIMARY GUARDIAN 1 EMPLOYER (Company Name)	Employer Phone	PRIMARY GUARDIAN 2 EMPLOYER (Company Name)	Employer Phone
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<b>SECOND HOUSEHOLD</b> (non-custodial parent not residing with student) Last Name _____ First Name _____	<b>RELATIONSHIP TO STUDENT</b> <input type="checkbox"/> Father <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other _____	<b>SECOND HOUSEHOLD PHONE</b> (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email Address _____
<b>SECOND HOUSEHOLD</b> (non-custodial parent not residing with student) Last Name _____ First Name _____		
<b>SECOND HOUSEHOLD ADDRESS</b> (Street/Apt #, City, State, ZIP)		Additional Mailings Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED OLYMPIA SCHOOL DISTRICT SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WA SSID#: _____		DATE ATTENDED (Month/Year)
HAS YOUR CHILD EVER BEEN ENROLLED IN A PRESCHOOL PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAS STUDENT EVER ATTENDED A WASHINGTON STATE SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE WA SSID#: _____		

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?  Yes  No (If yes, plan must be on file with the school for enforcement.)

IS THERE A RESTRAINING ORDER IN EFFECT?  Yes  No (If yes, legal papers must be on file with the school for enforcement.)  
 Restraining order is against:  Mother  Father  Other \_\_\_\_\_

HAS YOUR CHILD EVER QUALIFIED FOR, OR BEEN ENROLLED IN, A SPECIAL ED PROGRAM? <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 HAS YOUR CHILD EVER PARTICPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> Other _____ HAS YOUR CHILD EVER BEEN ENROLLED IN AN, ENGLISH LANGUAGE LEARNER (ELL) PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No PRIMARY LANGUAGE SPOKEN AT HOME: _____ IS YOUR CHILD CURRENTLY LIVING IN A SHELTER, CAR, MOTEL, DOUBLED-UP WITH FRIENDS/RELATIVES, IN TEMPORARY FOSTER CARE OR GROUP HOME, OR CAMPGROUND? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HAS YOUR CHILD EVER BEEN RETAINED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s)? _____ PROMOTED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s)? _____
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DOES STUDENT ATTEND CHILDCARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILDCARE PROVIDER    Name                      Address                      Phone Number
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ADDITIONAL CHILDCARE ARRANGEMENTS (Please provide information to school in writing.)  Yes  No

PLEASE LIST OTHER SIBLINGS				
Last Name	First Name	School	Grade	Age

<b>STUDENT'S MEDICAL HISTORY</b> (Check appropriate boxes and complete the health card for a more detailed description of the concerns.)	
DOCTOR or CLINIC NAME:	DOCTOR or CLINIC PHONE NUMBER: (     )
<input type="checkbox"/> ALLERGIES:	<input type="checkbox"/> OTHER HEALTH CONCERNS:

**When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/legal guardian, please list persons you trust who are available during the day to provide care for your child (local area only please).**

PRIMARY CONTACT (other than parent/legal guardian) Last Name                      First Name	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
PRIMARY CONTACT ADDRESS                      Street                      City                      State                      ZIP			
SECONDARY CONTACT (other than parent/legal guardian) Last Name                      First Name	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/legal guardian) Last Name                      First Name	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/legal guardian) Last Name                      First Name	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
FIFTH CONTACT (other than parent/legal guardian) Last Name                      First Name	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
SIXTH CONTACT (other than parent/legal guardian) Last Name                      First Name	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

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/legal guardian immediately. If parent/legal guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Yes                       No

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/legal guardian, I authorize that my child may be released to the person(s) listed above.

Yes                       No

**AS THE PARENT/LEGAL GUARDIAN, WOULD YOU BE WILLING TO VOLUNTEER?**                       Yes    No

**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 Olympia School District.

**Legal Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_