



NEW STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
SCHOOL ENTRY DATE	STUDENT SCHOOL NUMBER	STUDENT DISTRICT NUMBER	HEALTH ALERT	FTE	TEACHER

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City State		Country	
STUDENT SOCIAL SECURITY #	ETHNIC CODE (Check One) <input type="checkbox"/> A-Asian or Pacific Islander <input type="checkbox"/> I-American Indian or Alaska Native <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> W-White, not of Hispanic origin <input type="checkbox"/> H-Hispanic		PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		SECONDARY LANGUAGE SPOKEN? _____

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name First Name Middle Name		STUDENT LIVES WITH <input type="checkbox"/> Both parents <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"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PRIMARY HOUSEHOLD Home Phone #1 (include area code)	PHONE #2 (include area code) Work
PRIMARY HOUSEHOLD (2 nd Adult where student resides) Last Name First Name Middle Name				PHONE #3 (include area code) Cell
RESIDENT ADDRESS Street Apt # City State ZIP		Please check if unlisted <input type="checkbox"/>		
MAILING ADDRESS (If different from above) Street Apt # P O Box City State ZIP				

SECOND HOUSEHOLD (parent not residing with student) Last Name First Name Middle Name		RELATIONSHIP <input type="checkbox"/> Both parents <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"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	SECOND HOUSEHOLD Home Phone #1 (include area code)	PHONE #2 (include area code) Work
SECOND HOUSEHOLD (2 nd Adult) Last Name First Name Middle Name				PHONE #3 (include area code) Cell
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	

PHOTO/NAME OPT OUT Do not use my child's photo or name in district publications and/or website.

Yes No Did guardian move to area to work or seek work in Agriculture, Fishing, or related Food Processing?

HAS STUDENT EVER BEEN SUSPENDED? Yes No Date: _____ Reason/School: _____

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 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, at what grade level(s) _____
HAS YOUR CHILD EVER PARTICPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____	

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 Wenatchee School District.

Legal Parent/Guardian Signature _____ Date _____

Additional registration information on back...

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	

PLEASE LIST OTHER SIBLINGS ATTENDING WENATCHEE SCHOOL DISTRICT			
Last Name	First Name	School	Grade

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

Legal Parent/Guardian Signature _____ *Date* _____

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/guardian, please list persons you trust who are available during the day to provide care for your child.

1 ST EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	HOME PHONE (include area code)	PHONE #2 (include area code) Work
			PHONE #3 (include area code) Cell
1 ST EMERGENCY RESIDENT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
2 ND EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	HOME PHONE (include area code)	PHONE #2 (include area code) Work
			PHONE #3 (include area code) Cell
2 ND EMERGENCY RESIDENT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			

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

Legal Parent/Guardian Signature _____ *Date* _____

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED WENATCHEE SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, NAME OF SCHOOL ATTENDED DATE ATTENDED (Month/Year)

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BUS ROUTE	DATE RECORDS REQUESTED	SHARED STUDENT	OTHER SCHOOL	IMMUN ON FILE	RES AREA	BIRTH VER	ROOM
AM PM							

The Wenatchee School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status or age. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to RCW Officer and ADA Coordinator Chet Harum. Issues related to 504 should be directed to the Administrator for Student and Support Services.
Rev.6/12/06