

# STUDENT REGISTRATION FORM

Has your student previously attended the Tahoma School District?

Yes  No

Is your student a resident in the Tahoma School District?

Yes  No

<b>STUDENT NAME: Legal LAST Name</b>		<b>Legal FIRST Name</b>		<b>Legal MIDDLE Name</b>		<b>BIRTHDATE (Month/Day/Year)</b>	
<b>GENDER</b> (check one) <input type="checkbox"/> M <input type="checkbox"/> F	<b>GRADE</b>	<b>STUDENT'S PRIMARY LANGUAGE (check one)</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other (list)			<b>BIRTHPLACE</b> City State Country		
<b>ETHNICITY</b>							
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> African American or Black		<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian or Pacific Islander	
						<input type="checkbox"/> White	
<b>PRIMARY RESIDENCE PARENT/ GUARDIAN INFORMATION</b>						<b>Designate emergency contact/release priority #</b>	
Name						Relationship (select one)	
Address						<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency	
Mailing address						<input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent	
Home Phone			Work Phone			<input type="checkbox"/> Other (list)	
Cell Phone			Email				
<b>PRIMARY RESIDENCE PARENT/ GUARDIAN INFORMATION</b>						<b>Designate emergency contact/release priority #</b>	
Name						Relationship (select one)	
Cell Phone			Work Phone			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent	
Residence area/development						<input type="checkbox"/> Other (list)	
<b>SECONDARY RESIDENCE PARENT/ GUARDIAN INFORMATION</b>						<b>Designate emergency contact/release priority #</b>	
Check to receive <input type="checkbox"/> grade reports <input type="checkbox"/> discipline <input type="checkbox"/> notices of school activities (FERPA)						Relationship (select one)	
Name						<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
Address						<input type="checkbox"/> Agency <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent	
Mailing address						<input type="checkbox"/> Other (list)	
Home Phone			Cell Phone			Work Phone	
<b>If your child has any of the following current or pending issues please check:</b>							
<input type="checkbox"/> 504 <input type="checkbox"/> Title I <input type="checkbox"/> LAP <input type="checkbox"/> Highly Capable (Gifted) <input type="checkbox"/> ELL (ESL) <input type="checkbox"/> RAP <input type="checkbox"/> IEP							
<input type="checkbox"/> Expulsion <input type="checkbox"/> Suspension <input type="checkbox"/> BECCA <input type="checkbox"/> Other (list)							
<b>Emergency Contact</b>						<b>Designate emergency contact/release priority #</b>	
Name						Relationship (select one)	
Address						<input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent	
Phone		Work Phone		Cell Phone		<input type="checkbox"/> Other (list)	
<b>Emergency Contact</b>						<b>Designate emergency contact/release priority #</b>	
Name						Relationship (select one)	
Address						<input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent	
Phone		Work Phone		Cell Phone		<input type="checkbox"/> Other (list)	
<b>CHILDCARE PROVIDER</b> <input type="checkbox"/> Before School <input type="checkbox"/> After School						<b>Designate emergency contact/release priority #</b>	
Name						Phone	
Address						Cell Phone	
<b>PREVIOUS SCHOOL ATTENDED</b>							
Name							
Address						Phone	

**Legal Parent/Guardian Initials** \_\_\_\_\_

## Emergency School Closure Information

In the event of inclement weather or other unexpected conditions, it may be necessary to change our school schedule to provide for the safety of students.

**Grades Kindergarten-5<sup>th</sup> Grade:** If it is determined by the Superintendent’s Office that the roads are unsafe, students who live in the affected areas will be kept at their school building until parent/emergency contact can be reached and can pick up their student OR the district can safely transport them home.

**Grades 6-12:** If an emergency situation occurs after school has already started, students will be sent home. Every effort will be made to see if the student expects someone to be home. If students are unsure as to what they should do, an area in the District will be provided for students to wait until a parent/emergency contact is contacted.

### Siblings

Name	School	Grade
Name	School	Grade
Name	School	Grade

**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 Tahoma School District.

I understand that the information given above will be shared with appropriate school staff that needs to know in order to provide for the health and safety of my student. If parents/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of services rendered.

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

<b>Office use only</b>	
Entry Date: _____	Request for Records _____
Student ID: _____	Bus Route: _____
Teacher: _____	Comments: _____

Teacher	Last Name	First Name
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