

DATE _____

East Valley School District #361 STUDENT REGISTRATION FORM

| | | | | |
|---|--|------------------|-------------------|----------|
| STUDENT NAME: Legal Last Name | | Legal First Name | Legal Middle Name | Nickname |
| Has the student ever been registered in a school using a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | What name? | |
| Birthdate (Month/Day/Year) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Birthplace: City | State | Country |
| Student Social Security # (optional) | | Grade Level | | |
| Is a language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | What language? | |
| What language does your child speak the most at home? | | | | |

Primary Household

| | | | |
|---------------------------|------|-------|-----|
| Resident (Street) Address | City | State | Zip |
| Mailing Address | City | State | Zip |

| | | | | |
|--|--|---|--|---|
| PRIMARY GUARDIAN Household 1 (parent/guardian where student resides) | | Primary Guardian's Relationship to Student | | Parent/Guardian's primary language in the home? |
| Last Name | First Name | Middle Initial | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home Phone <input type="checkbox"/> Unlisted? () | 2 nd Phone- Primary Guardian () | Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ | 3 rd Phone -Primary Guardian () | Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ |
| Primary Guardian email address: | | | | |
| SECONDARY GUARDIAN Household 1 (parent/guardian where student resides) | | Guardian's Relationship to Student | | |
| Last Name | First Name | Middle Initial | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 1 st Phone- Secondary Guardian () | Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ | | 2 nd Phone- Secondary Guardian () | Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ |
| Secondary Guardian email address: | | | | |

Second Household

| | | | |
|---|------|-------|-----|
| Resident (Street) Address | City | State | ZIP |
| Mailing Address (If different from above) | City | State | ZIP |

| | | | | |
|---|--|---|--|---|
| PRIMARY GUARDIAN Household 2 | | Guardian's Relationship to Student | | Parent/Guardian's primary language in the home? |
| Last Name | First Name | Middle Initial | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home Phone <input type="checkbox"/> Unlisted? () | 2 nd Phone- Primary Guardian () | Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ | 3 rd Phone- Primary Guardian () | Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ |
| Primary Guardian household 2 email address: | | | | |
| SECONDARY GUARDIAN Household 2 | | Guardian's Relationship to Student | | |
| Last Name | First Name | Middle Initial | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 1 st Phone- Secondary Guardian () | Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ | | 2 nd Phone- Secondary Guardian () | Type of Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ |
| Primary Guardian household 2 email address: | | | | |
| Should this household receive report cards and other mailings? <input type="checkbox"/> Yes <input type="checkbox"/> 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 this school district.

Legal Parent/Guardian Signature _____

Date _____

(Please Complete Back of Form)

Special Circumstances That The School Needs To Be Aware Of (Telephone Restrictions, Contact Restrictions, Out Of State Contacts, Custodial Restrictions):

Written Documentation Provided? Yes No

| | |
|---|---|
| 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): | |

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 (local area only please).

| | | | |
|---|------------------------------|--|--|
| Primary Contact (other than parent/guardian) <i>Last Name</i> <i>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 () |
| Secondary Contact (other than parent/guardian) <i>Last Name</i> <i>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</i> <i>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 () |

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** _____

Previous Participation in: (Check all that apply):

504 LAP/Title I Math LAP/Title I Reading Special Education/IEP
 Gifted Program Speech ESL/Bilingual Programs Other _____

Prior School Information

| | | | | |
|---------------------------------|----------------------------------|--------------------------------------|--------------|------------|
| Last School Attended: | | | | |
| Last School Address: | | City | State | Zip |
| Phone Number () | Enroll Date (Month, Year) | Withdrawal Date (Month, Year) | | |

Has your child ever attended an East Valley School (East Farms Elementary, Otis Orchards Elementary, Skyview Elementary, Trent Elementary, Trentwood Elementary, Continuous Curriculum School (CCS), East Valley Middle School, Mountain View Middle School, East Valley High School, The Connection School, EVSD GED Program, Washington Academy of Arts and Technology), or an East Valley preschool program (ECEAP, I-728 preschool, Title 1 preschool, or special ed preschool) at any of the above schools? Yes No

| Please List Other Siblings | | | | |
|-----------------------------------|-------------------|---------------|------------------|--------------|
| Last Name | First Name | School | Year Born | Grade |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Office Use Only

Rev. 01/26/10

| | | | | |
|-------------------|-------------|----------------------|-------------------------|---------------------|
| Registration Date | Enroll Date | Attended EV schools? | Choice- Out of District | Choice- In District |
|-------------------|-------------|----------------------|-------------------------|---------------------|