NEW STUDENT REGISTRATION FORM

DO NOT WRITE IN THIS SHADED AREA – FOR OFFICE USE ONLY

School Entry Date	DISTRICT STUDENT ID #	SSID#	MEDICAL ALERT	KINDERGARTEN AM PM FD	☐ BIRTH CERTIFICATE ☐ USER AGREEMENT ☐ PROOF OF RESIDENCY	BUS ROUTE AM PM

STUDENT NAME Legal Last Name	Legal First Name	Legal Middle Name	Also known as:

BIRTH DATE (Month/Day/Year)	GENDER ☐ M ☐ F	BIRTHPLACE City	State
		County	Country

Date entered US schools:	Primary language spoken at home:	Registering for grade:

STUDENT LIVES WITH (check one):

☐ Both parents
☐ Father only
☐ Mother only
☐ Grandparents
☐ Father/Stepmother
☐ Mother/Stepfather
☐ Stepfather/Stepmother
☐ Guardian
☐ Agency
☐ Other: _____

PRIMARY PHONE NUMBER (include area code)

(_____) _____ This is the number that will be used for automated School Messenger calls and the first number that school personnel will use to contact you about the student. NOTE: School Messenger will only call local numbers.

PARENT/GUARDIAN #1 (Primary household where student resides)

Last Name | First Name | Email Address

*Relationship to student:*_____ *Primary language:*_____

PHONE NUMBERS FOR PARENT/GUARDIAN #1 (include area codes)

(_____)_____ CELL (_____)_____ HOME (_____)_____ WORK

PARENT/GUARDIAN #2 (Primary household where student resides)

Last Name | First Name | Email Address

*Relationship to student:*_____ *Primary language:*_____

PHONE NUMBERS FOR PARENT/GUARDIAN #2 (include area codes)

(_____)_____ CELL (_____)_____ HOME (_____)_____ WORK

ADDRESS (Primary household where student resides)

Street | *Apt #*

City | *State* | *ZIP*

MAILING ADDRESS (If different from above)

Street or PO Box | *Apt #*

City | *State* | *ZIP*

HOUSEHOLD #2 (Parent / legal guardian not residing with student):

☐ Father only
☐ Mother only
☐ Father/Stepmother
☐ Mother/Stepfather
☐ Stepfather/Stepmother
☐ Other: _____

PARENT/GUARDIAN #1 (Parent / legal guardian not residing with student)

Last Name | First Name | Email Address

*Relationship to student:*_____ *Primary language:*_____

PHONE NUMBERS FOR PARENT/GUARDIAN #1 (Parent / legal guardian not residing with student) (include area codes)

(_____)_____ CELL (_____)_____ HOME (_____)_____ WORK

PARENT/GUARDIAN #2 (Parent / legal guardian not residing with student)

Last Name | First Name | Email Address

*Relationship to student:*_____ *Primary language:*_____

PHONE NUMBERS FOR PARENT/GUARDIAN #2 (Parent / legal guardian not residing with student) (include area codes)

(_____)_____ CELL (_____)_____ HOME (_____)_____ WORK

ADDRESS (Parent / legal guardian not residing with student)

Street | *Apt #*

City | *State* | *ZIP*

MAILING ADDRESS (If different from above)

Street or PO Box | *Apt #*

City | *State* | *ZIP*

Most recent school attended: **Name of school:** **City/State:**	**Last date attended (month/year)**
Has student ever attended school in the Renton School District? ☐ Yes ☐ No **If YES, name of school attended:**	**Last date attended (month/year)**
Has student ever attended school in Washington State? ☐ Yes ☐ No **If YES, name of school attended:** **City:**	**Last date attended (month/year)**

Has this student ever been suspended for a weapons violation? ☐ Yes ☐ No **IF YES, date(s):** _____

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 this student ever qualified for or been enrolled in a special education program? ☐ Yes ☐ No
Has this student ever been retained? ☐ Yes ☐ No **If YES, at what grade level(s)?** _____ **What school?** _____
Has this student ever qualified for or had a 504 Plan? ☐ Yes ☐ No **If YES, at what grade level(s)?** _____
Has this student ever qualified for a Washington State student learning plan? ☐ Yes ☐ No
Has this student ever participated in: ☐ Title I ☐ LAP ☐ Gifted ☐ ELL ☐ Other _____

DOES STUDENT ATTEND CHILD CARE?	**CHILD CARE PROVIDER**
☐ Before school ☐ After school ☐ Before and after school	***Name*** ***Address*** ***Phone Number*** ***Please provide written information regarding additional child care arrangements to the school.***

PLEASE LIST OTHER SIBLINGS ATTENDING RENTON DISTRICT SCHOOLS

Last Name	First Name	School	Grade

LOCAL EMERGENCY CONTACT ***Last Name*** ***First Name***	**Relationship to student**	**PHONE #1 (include area code)** ☐ Home ☐ Work ☐ Cell	**PHONE #2 (include area code)** ☐ Home ☐ Work ☐ Cell
2nd LOCAL EMERGENCY CONTACT ***Last Name*** ***First Name***	**Relationship to student**	**PHONE #1 (include area code)** ☐ Home ☐ Work ☐ Cell	**PHONE #2 (include area code)** ☐ Home ☐ Work ☐ Cell

EMERGENCY DISMISSAL PLAN

Emergencies (windstorm, earthquake, power loss, etc.) may arise making it difficult to dismiss your child following normal routines. No child will be released without contact with you or your emergency designee. It is important to develop a plan with your family so they know what to do in an emergency. Please write instructions and familiarize your child with your family emergency plan. Include in your plan additional adults to whom your child could be released.

PLAN: _____

_____

_____

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

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 Renton School District.

Parent / Legal Guardian Signature _____ *Date* _____

WASHINGTON STATE RACE AND ETHNICITY DATA COLLECTION

Please complete this form for each student that attends school in the Renton School District. This will allow us to comply with a new federal requirement to report more detailed race and ethnicity information on all of our students. We will use this information to help make sure all our students receive the best education possible and the educational programs and services they are eligible to receive.

Student's Legal Last Name_____ Legal First Name_____

Birthday (month, day, year) _____ Grade *(circle one)* PK K 1 2 3 4 5 6 7 8 9 10 11 12

School_____ Today's Date_____

1. **Student's Race:** Check all that apply. *(Specify where requested—see example responses, which are optional)*

❑ American Indian/Alaskan Native → *Specify tribe(s)* _____

❑ Asian → *Specify location or group(s)* _____

Examples: Cambodian, Chinese, Filipino, Hmong, Indian, Indonesian, Japanese, Korean, Laotian, Malaysian, Mien, Pakistani, Singaporean, Taiwanese, Thai, Vietnamese, other Asian

❑ Pacific Islander → *Specify island(s)* _____

Examples: Hawaii, Fiji, Guam/Chamorro, Marianas, Melanesia, Micronesia, Samoa, Tonga, other Pacific Island

❑ Black → *Specify origin (optional)* _____

Examples: African American, Caribbean, Haitian, Jamaican, Ethiopian, Somali, East African, South African, West African, other African, Latin American

❑ White/Caucasian

❑ Other race → *Specify* _____

2. **Is the student of Hispanic or Latino origin?** (check one)

❑ Yes → *Specify main country/area(s) of Hispanic origin* _____

Examples: Cuban, Dominican, Mexican/Chicano, Puerto Rican, Spanish, Central American, South American, Latin American, other Hispanic/Latino

❑ No

Thank you for completing this form! Please return it to your school. If you want more information about the requirement to collect the data, see information on our Web site at www.rentonschools.us.

Student Registration CONFIDENTIAL Health Information

ALERT TO PARENT: ***IF YOUR CHILD HAS A SERIOUS MEDICAL CONDITION YOU MUST INFORM YOUR SCHOOL NURSE AND TEACHER(S) IMMEDIATELY.***

Does your child have a LIFE THREATENING HEALTH CONDITION? (OB) □ YES □ NO If yes, please explain:

_____

_____

ALLERGIES: (√ Check ALL the items that apply.)

	Bees/Insects (EE) □ Local □ Severe		Is allergy medication needed? □ Yes □ No
	Food (ED) List:		Is allergy medication needed **at school**? □ Yes □ No
	Environmental (EC) List:		**EPIPEN** □ Yes □ No
	Latex (EF)		Describe allergy **REACTION:**_____
	Other Serious Allergies List:_____		_____

MEDICAL HISTORY: (√ Check ALL the items that apply.)

	ADHD or ADD (NB) (Circle)		**Emotional/Mental Health** (PJ)		**Stomach/GI Concerns** (GI)
	Anxiety/Panic Attacks (PA)		**Head Injury – Severe** (NU)		**Vision Concerns** (YD)
	Mild **Asthma** (RB)		**Hearing Loss** (YB)		Glasses/Contacts
	Moderate **Asthma** (RC)		Mild/Moderate/Severe (Circle)		Color Blindness
	Severe **Asthma** (RD)		Hearing Aids		Other _____
	Asperger's (NA)/**Autism** (NC)		**Heart Problem** (CA)		**PE Activity/Mobility Issues**
	Blood Problem Explain:		**Kidney** (UH)/**Urinary** (UD) Explain:		Limited Explain:
	Bowel Problem Explain:		**Lactose** (GL)/**Food** (GG) **Intolerance** (Explain):		**Wheelchair**
	Bone/Joint Problem (ME)		**Migraine/Severe Headaches** (NH)		**Prosthetics/Limb Braces**
	Cancer (TI)		**Seizures** (NP)		**Other Medical Concerns:**
	Developmental Delays Explain:		**Skin Conditions** (SH) Explain:		
	Diabetes (EK)				

Please explain any above items checked_____

_____

_____

MEDICATIONS AT SCHOOL REQUIRE DOCTOR AND PARENT WRITTEN PERMISSION

Medicine Name	Use to Treat	Home	School
1.			
2.			
3.			

THE ABOVE MEDICAL INFORMATION MAY BE SHARED WITH APPROPRIATE SCHOOL STAFF.

Doctor: (first)_____(last)_____Phone: (_____)_____

Dentist: (first)_____(last)_____Phone: (_____)_____

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.

*Parent / Legal Guardian Signature*_____ *Date*_____