



20120 Vashon Hwy SW, Vashon, WA 98070
 (206) 463-9171 ext. 503 / Fax (206) 463-1944

Date & Initial _____

Citrix _____

STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY				CONSULTING TEACHER		
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	FAMILY ALERT	ENRICHMENT ONLY	FTE	
STUDENT NAME: Legal Last Name (<i>per WAC 180-57-070</i>)		Legal First Name		Legal Middle Name		
BIRTHDATE (Month/Day/Year)		GENDER (M/F)	BIRTHPLACE: City State Country		Home Phone Number: Check if unlisted <input type="checkbox"/>	
STUDENT SOCIAL SECURITY # (<i>optional</i>)	ETHNIC CODE (Check One)		PRIMARY LANGUAGE SPOKEN AT HOME			
	<input type="checkbox"/> A-Asian <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> H-Hispanic <input type="checkbox"/> I-American Indian or Alaska Native		<input type="checkbox"/> M-Multiracial <input type="checkbox"/> P-Pacific Islander <input type="checkbox"/> W-White, not of Hispanic origin <input type="checkbox"/> X-Not Provided <input type="checkbox"/> English <input type="checkbox"/> Espanol <input type="checkbox"/> Other _____			
IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, <u>plan and current calendar</u> must be on file with the school for enforcement and please answer final question on back of card) IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement) Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____						
PRIMARY HOUSEHOLD	PRIMARY RESIDENCE ADDRESS	Street Apt #		City	State ZIP	
	MAILING ADDRESS (If different)	Street or PO Box Apt #		City	State ZIP	
	Parent(s)/guardian(s) where student resides Last Name First Name		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:	
	E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:			
	Parent(s)/Guardian(s) where student resides Last Name First Name		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:	
	E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:			
PRIMARY HOUSEHOLD	RESIDENCE ADDRESS	Street Apt #		City	State ZIP	
	MAILING ADDRESS (If different from above)	Street or PO Box Apt #		City	State ZIP	
	Parent(s)/Guardian(s) where student resides part-time Last Name First Name		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:	
	E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:			
	Parent(s)/Guardian(s) where student resides part-time Last Name First Name		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:	
	E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:			

PARENT/GUARDIAN SIGNATURE REQUIRED ON REVERSE ♦♦♦ ADDITIONAL REGISTRATION/EMERGENCY INFORMATION ON BACK

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED VASHON PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DATE ATTENDED (Month/Year)
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ School: _____		
State House Bill 1153 Provides that when enrolling a student who has attended another school in another district, the school enrolling the student may request the parent and the student to indicate in writing whether or not the student has a history of violent behavior or behavior listed in RCW 13.04.155		
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Learning Assistance Program <input type="checkbox"/> Gifted/Highly Capable <input type="checkbox"/> English as Second Language <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other:		HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes - Grade level(s) _____ <input type="checkbox"/> No

When injury, illness or another situation occurs 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, in order of preference, you trust who are available during the day to pick up and provide care for your child.

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
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
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
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
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

*Should there be a major disaster, your student may be required to remain in the care of the school staff until Emergency Services personnel authorizes the release of students. At that time, students will be released only to pre-authorized parents and/or designees. If telephone service is interrupted within our area, emergency telephone centers may be set up using communication satellites to allow out of state calls. Therefore, it is important that an out of state telephone number of a relative or close friend be provided.

*OUT OF STATE 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
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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</i> <i>Number</i>
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ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

CHILD'S PHYSICIAN	PHONE NUMBER (include area code)	INSURANCE (optional)
ALLERGIES AND/OR SPECIAL MEDICAL CONDITIONS (Please list)		PREFERRED HOSPITAL

PLEASE LIST OTHER SIBLINGS ATTENDING VASHON ISLAND PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

If a student has a shared custody arrangement, please choose and indicate below, ONE primary contact for absences, illness, transportation questions, etc, to best assist us in making contact:
 Mother Father Primary Residence Legal Guardian/Other Second Residence Legal Guardian/Other
 Legal Parent/Guardian Signature _____ Date _____

Thank you for completing this form. This information is important to your child's health and safety. REV: 6/23/2006

PRIMARY HOUSEHOLD)