



## Student Registration Form

Today's Date: \_\_\_\_\_

School: \_\_\_\_\_

Do Not Write In Shaded Area – For Office Use Only		Grade	Teacher	Room #	Student ID#
Entry Date	Entry Code	Waiver/Overflow	Records Requested	Records Received	

**(Please Print)**

Student Name: <b>Legal</b> Last Name		<b>Legal</b> First Name	<b>Legal</b> Middle Name	Also Known As:	
Date of Birth (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace:	City	State	Country
Ethnic Code (Check One) - Required for State Reports <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian /Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multiracial			Student's Primary Language (Check One) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Ukrainian <input type="checkbox"/> Russian <input type="checkbox"/> Other		

Name of last school student attended	Name of school district	Previous schools address ( <i>Street/PO Box, City, State, Zip</i> )	
<i>For students coming from out of state.</i> Has student ever attended a school in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of district/school attended	Date attended (Month/Year)

### Household #1

Last Name	First Name	Home Phone (Include area code) <input type="checkbox"/> Unlisted	Student Lives With <input type="checkbox"/> 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"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Other
		Work Phone (Include area code)	
		Cell Phone (Include area code)	
Last Name	First Name	Work Phone (Include area code)	
		Cell Phone (Include area code)	
Household #1 Address ( <i>Street, Apt#, City, Zip</i> )			
Mailing Address ( <i>If different from above - Street/PO, Box#, City, Zip</i> )			
Email Address:			

### Household #2

Last Name	First Name	Home Phone (Include area code) <input type="checkbox"/> Unlisted	Relationship to Student <input type="checkbox"/> 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"/> Guardian <input type="checkbox"/> Other
		Work Phone (Include area code)	
		Cell Phone (Include area code)	
Last Name	First Name	Work Phone (Include area code)	
		Cell Phone (Include area code)	
Household #2 Address ( <i>Street/PO Box#, City, State, Zip</i> )			School Mailings Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:			

*Additional registration information on back. . .*

**(Please Print)**

Is there a joint-custody or parenting plan in effect?  Yes  No (If yes, certified copy of most recent plan must be on file with the school for enforcement.)  
Is there a restraining order against anyone pertaining to your student?  Yes  No (If yes, most recent certified legal papers must be on file with the school for enforcement.)  
Restraining order is against:  Mother  Father  Other

Does your child have a history of violent behavior?  Yes  No  
Is your child presently on suspension from another school?  Yes  No If yes, reason: \_\_\_\_\_

Is your child currently receiving special education services?  Yes  No  
Has your child ever qualified for or been enrolled in a Special Ed. Program?  Yes  No If yes, what school? \_\_\_\_\_  
Has your child ever qualified for or had a 504 plan?  Yes  No  
Has your child ever received Title I/LAP services?  Yes  No If yes,  Math  Reading  
Has your child ever participated in:  Gifted  Other \_\_\_\_\_  
Has your child ever been retained?  Yes  No If yes, at what grade level(s) \_\_\_\_\_  
Has your child ever received ELL services?  Yes  No If yes, when and where services were received \_\_\_\_\_  
Has your child ever received migrant services?  Yes  No

Emergency Contact (other than guardian)	Relationship to Student	Phone number (include area code)
Emergency Contact (other than guardian)	Relationship to Student	Phone number (include area code)
Emergency Contact (optional)	Relationship to Student	Phone number (include area code)
Emergency Contact (optional)	Relationship to Student	Phone number (include area code)

Childcare provider: Name/Address/Phone Number (Include area code)

Other siblings attending Sumner School District

Legal Last Name	Legal First Name	School	Grade

Consent for child's photograph/video to be taken by district employees or members of the media.  Yes  No  
I give permission for my name and phone number to be given to parent support group for projects.  Yes  No  
I give permission for my name and phone number to be used by parent support group for an emergency phone tree.  Yes  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 the Sumner School District.

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