

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ENROLLED IN THE STANWOOD-CAMANO PUBLIC SCHOOLS? YES NO

• STUDENT INFORMATION:

WAC 392-415-070: The following information must meet the statutory requirement under RCW 28A.230.125, including the student's legal name (last name, first name, and middle name(s) or middle initial(s)); and other or former names used; student's birth date; name(s) of parent(s) or guardian(s); name and location of previous schools attended where credit was attempted; and, student's academic history for all high school level courses attempted.

STUDENT NAME: <i>Legal Last Name</i>		<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Also Known As (Nickname)</i>
BIRTHDATE <i>(Month/Day/Year)</i>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHPLACE: <i>City State Country</i>		GRADE LEVEL
CURRENT LANGUAGE STUDENT SPEAKS <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		FIRST LANGUAGE SPOKEN BY STUDENT <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

• PRIMARY HOUSEHOLD:

STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother			<input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other			<input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Foster Parent			U.S. MILITARY <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> More than one parent/guardian			EMAIL ADDRESS		
												PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted		
<i>Legal Last Name</i>			<i>Legal First Name</i>						Home: ()					
<i>Work Place</i>									Cell: ()					
<i>Legal Last Name</i>			<i>Legal First Name</i>						Home: ()					
<i>Work Place</i>									Cell: ()					
<i>Work Place</i>									Work: ()					
RESIDENT ADDRESS			<i>Street</i>			<i>Apt. #</i>			<i>City</i>			<i>State Zip Code</i>		
MAILING ADDRESS			<i>Street</i>			<i>Apt. # or P.O. Box</i>			<i>City</i>			<i>State Zip Code</i>		

• SECOND HOUSEHOLD:

RELATIONSHIP TO STUDENT: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather/Stepmother			<input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other			<input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Foster Parent			EMAIL ADDRESS		
SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student)									PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted		
<i>Legal Last Name</i>			<i>Legal First Name</i>						Home: ()		
<i>Work Place</i>									Cell: ()		
<i>Legal Last Name</i>			<i>Legal First Name</i>						Home: ()		
<i>Work Place</i>									Cell: ()		
<i>Work Place</i>									Work: ()		
SECOND HOUSEHOLD MAILING ADDRESS			<i>(Street/P.O. Box, City, State, Zip Code)</i>						ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		

Please Complete all registration information.

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• ETHNICITY AND RACE

1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | | | | |
|----------------------------------------------|------------------------------------|-----------------------------------------------------------|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Dominican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Central American | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> South American | <input type="checkbox"/> Other Hispanic/Latino |

2. What race(s) do you consider your child? (Check all that apply.)

- | | | | | |
|--------------------------------------------------|------------------------------------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> White | | | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Korean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | | | | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Lummi | <input type="checkbox"/> Quileute | <input type="checkbox"/> Spokane | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Makah | <input type="checkbox"/> Quinault | <input type="checkbox"/> Squaxin Island | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Samish | <input type="checkbox"/> Stillaguamish | |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Suquamish | <input type="checkbox"/> Other American Indian/Alaska Native |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Swinomish | |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Tulalip | |

• PREVIOUS SCHOOL:

USA SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City/State)
HAS STUDENT EVER ATTENDED STANWOOD-CAMANO PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, NAME OF SCHOOL ATTENDED:		DATE ATTENDED (Month/Year)
IF BIRTH COUNTRY IS NOT USA, DID STUDENT ATTEND SCHOOL IN A COUNTRY OTHER THAN USA? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, HOW MANY MONTHS DID STUDENT ATTEND SCHOOL OUT OF COUNTRY? _____ months WHAT IS THE INITIAL PLACEMENT DATE STUDENT ATTENDED USA PUBLIC SCHOOL? (Month/Year) _____/_____		

• OTHER LEGAL INFORMATION:

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, plan must be on file with the school)</i>	<input type="checkbox"/> Copy attached
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, legal papers must be on file with the school)</i>	<input type="checkbox"/> Copy attached
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

Please Complete all registration information.

Stanwood-Camano School District #401 STUDENT REGISTRATION FORM

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• STUDENT SERVICES:

HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS STUDENT EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Lap <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:		

• STUDENT HISTORY:

HAS STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN PETITIONED FOR BECCA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN RETAINED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, what grade level(s)

• FAMILY HISTORY:

PLEASE LIST OTHER SIBLINGS ATTENDING STANWOOD-CAMANO PUBLIC SCHOOLS			
<i>Last Name</i>	<i>First Name</i>	<i>School</i>	<i>Grade</i>

• CHILD CARE INFORMATION:

DOES STUDENT ATTEND CHILD CARE: <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Both	
CHILD CARE PROVIDER: Name: _____	Address: _____
ADDITIONAL CHILD CARE ARRANGEMENTS <i>(Please provide information to school in writing)</i>	

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS <i>(Please provide information to school in writing)</i>

Any additional comments regarding your child:

** If yes, copy of registration form to School Psychologist

Please Complete all registration information.

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• STUDENT RELEASE AUTHORIZATION

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.

PRIMARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
SECONDARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
THIRD CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	

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

• EMERGENCY MEDICAL AUTHORIZATION:

DOCTOR'S NAME (Full Name)	PHONE (INCLUDE AREA CODE)
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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

• 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 Stanwood-Camano School District.

Legal Parent/Guardian Signature

Date

DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY

STUDENT SCHOOL #	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM #	LOCKER NUMBER	BUS ROUTE AM PM

**Stanwood-Camano School District #401
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Date _____

• AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

Student name: _____	Birthdate: _____	Grade: _____
Preferred student start date (if applicable): _____		Today's date: _____

• I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION WITH THE AGENCY/ PERSON(S) LISTED BELOW:

<p align="center">Records To / From (circle one):</p> <hr/> <p align="center">Name of previous school/agency/person</p> <hr/> <p align="center">Street address</p> <hr/> <p align="center">City, State, Zip</p>	<p align="center">Send Records To/From (circle one):</p> <p align="center">Stanwood-Camano School District Please check the appropriate school/department below.</p>
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• RELEASE THE FOLLOWING INFORMATION RELEVANT TO EDUCATIONAL PLACEMENT:

<p><u>School records:</u></p> <input type="checkbox"/> Student Cum file <input type="checkbox"/> Immunization records <input type="checkbox"/> Discipline records <input type="checkbox"/> State Test Assessments <input type="checkbox"/> WA State History <input type="checkbox"/> Other Assessments	<p><u>Special Education records:</u></p> <input type="checkbox"/> Transcripts <input type="checkbox"/> Attendance <input type="checkbox"/> BECCA <input type="checkbox"/> Special education IEP & evaluation report <input type="checkbox"/> Assessment information <input type="checkbox"/> Behavioral assessment <input type="checkbox"/> Other:	<p><u>Medical records:</u></p> <input type="checkbox"/> Diagnostic information of medical condition that may impact educational placement decisions <input type="checkbox"/> Medical records <input type="checkbox"/> Other:
<p><i>Purpose for Exchange:</i></p> <input type="checkbox"/> to discuss and/or place student in program <input type="checkbox"/> to complete assessment/evaluation <input type="checkbox"/> to update records <input type="checkbox"/> other:		

• IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:

<input type="checkbox"/> Cedarhome Elementary 27911 – 68 th Ave NW Stanwood, WA. 98292 Ph: (360) 629-1280 Fax: (360) 629-1289 cesinfo@stanwood.wednet.edu	<input type="checkbox"/> Twin City Elementary 26211 – 72 nd Ave NW Stanwood, WA. 98292 Ph: (360) 629-1270 Fax: (360) 629-1279 tceinfo@stanwood.wednet.edu	<input type="checkbox"/> Port Susan Middle 7506 – 267 th St NW Stanwood, WA. 98292 Ph: (360) 629-1360 Fax: (360) 629-1365 psmsinfo@stanwood.wednet.edu	<input type="checkbox"/> Saratoga School 9307 - 271 st St. NW Stanwood, WA 98292 Ph: (360) 629-1372 Fax: (360) 629-1256 sarinfo@stanwood.wednet.edu
<input type="checkbox"/> Elger Bay Elementary 1810 Elger Bay Rd Camano Island, WA. 98282 Ph: (360) 629-1290 Fax: (360) 629-1291 ebeinfo@stanwood.wednet.edu	<input type="checkbox"/> Utsalady Elementary 608 Arrowhead Rd Camano Isl., WA. 98282 Ph: (360) 629-1260 Fax: (360) 629-1261 uesinfo@stanwood.wednet.edu	<input type="checkbox"/> Stanwood High School 7400 – 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1330 Fax: (360) 629-1331 shsinfo@stanwood.wednet.edu	<input type="checkbox"/> Lincoln Hill High School Lincoln Academy On-line Learning 7600 - 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1340 Fax: (360) 629-1341 lhhsinfo@stanwood.wednet.edu
<input type="checkbox"/> Stanwood Elementary 10227 - 273 rd Pl NW Stanwood, WA. 98292 Ph: (360) 629-1250 Fax: (360) 629-1252 sesinfo@stanwood.wednet.edu	<input type="checkbox"/> Stanwood Middle 9405 – 271 st St NW Stanwood, WA. 98292 Ph: (360) 629-1350 Fax: (360) 629-1354 smsinfo@stanwood.wednet.edu	<input type="checkbox"/> Special Services 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1236 Fax: (360) 629-1233 spedinfo@stanwood.wednet.edu	

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. Parent or guardian may revoke this authorization in writing at anytime.

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

ADDRESS (Street/PO Box, City, State, ZIP)

The confidential exchange of medical information expires after **90 days**.