



# Student Registration Packet

For Office Use Only:	
<input type="checkbox"/> Birth Certificate	Entry Date: _____
<input type="checkbox"/> Race / Ethnicity Data	
<input type="checkbox"/> Immunization Record	Exit Date: _____
<input type="checkbox"/> Health Information	
<input type="checkbox"/> Home Language	
<input type="checkbox"/> Residence Form (Non-Residents of District or School)	

Date: \_\_\_\_\_

Which School would you like to enroll your student?     Clallam Bay School     Neah Bay Elementary     Neah Bay Jr./Sr. High School

**Student Information:**

Student Legal Last Name	Student Legal First Name	Middle Name	“Goes By” Name	Date of Birth	Birth City	Birth State	Birth Country	Gender	Grade

*If student is a kindergartner- a copy of their birth certificate needs to be included.*

**Student Resident Address:**

Home Phone:	Physical Address ( <i>Required</i> )	Mailing Address - <i>if different from Physical (Required)</i>

**Student Lives with** (Please select one):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Both Parents   | <input type="checkbox"/> Mother / Stepfather | <input type="checkbox"/> Other Guardian: |
| <input type="checkbox"/> Mother Only    | <input type="checkbox"/> Father / Stepmother | <input type="checkbox"/> Foster Parent   |
| <input type="checkbox"/> Father Only    | <input type="checkbox"/> Grandparent         | <input type="checkbox"/> Self            |
| <input type="checkbox"/> Shared Custody |  |  |

**Primary Household Information:**

Guardian 1 Name (i.e Father)	Guardian 1 Primary Phone	Guardian 1 2 <sup>nd</sup> Phone	Guardian Work Phone	Guardian 1 E-Mail
Guardian 2 Name (i.e. Mother)	Guardian 2 Primary Phone	Guardian 2 2 <sup>nd</sup> Phone	Guardian Work Phone	Guardian 2 E-Mail

**Second Household Information:** (For Example: Non- Custodial Parent)

Guardian 1 Name	Mailing Address	Guardian 1 Primary Phone	Guardian 1 2 <sup>nd</sup> Phone	Guardian 1 Work Phone
Guardian 2 Name	Mailing Address 2	Guardian 2 Primary Phone	Guardian 2 2 <sup>nd</sup> Phone	Guardian 2 Work Phone

**Emergency Contact Name (in local area) Please list the phone # you prefer the school to call first- in the primary/ priority box.**

Emergency Contact Name	Primary/ Priority Phone (include area code)	2 <sup>nd</sup> Phone (include area code)	Work Number (include area code)	Relationship to Student

**Home Language:** Please indicate which language is mainly spoken at home \_\_\_\_\_

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

<input type="checkbox"/> NOT HISPANIC/LATINO	<input type="checkbox"/> MEXICAN / MEXICAN AMERICAN/ CHICANO	<input type="checkbox"/> DOMINICAN
<input type="checkbox"/> CUBAN	<input type="checkbox"/> CENTRAL AMERICAN	<input type="checkbox"/> OTHER HISPANIC/LATINO
<input type="checkbox"/> SPANIARD	<input type="checkbox"/> SOUTH AMERICAN	
<input type="checkbox"/> PUERTO RICAN	<input type="checkbox"/> LATIN AMERICAN	

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

<input type="checkbox"/> AFRICAN AMERICAN/ BLACK	<input type="checkbox"/> NATIVE HAWAIIAN	<input type="checkbox"/> MAKAH
<input type="checkbox"/> WHITE	<input type="checkbox"/> FIJIAN	<input type="checkbox"/> MUCKLESHOOT
<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> GUAMANIAN or CHAMORRO	<input type="checkbox"/> NISQUALLY
<input type="checkbox"/> CHINESE	<input type="checkbox"/> MARIANA ISLANDER	<input type="checkbox"/> NOOKSACK
<input type="checkbox"/> FILIPINO	<input type="checkbox"/> MELANESIAN	<input type="checkbox"/> PORT GAMBLE KLALLAM
<input type="checkbox"/> HMONG	<input type="checkbox"/> MICRONESIAN	<input type="checkbox"/> PUYALLUP
<input type="checkbox"/> INDONESIAN	<input type="checkbox"/> SAMOAN	<input type="checkbox"/> QUILEUTE
<input type="checkbox"/> JAPANESE	<input type="checkbox"/> TONGAN	<input type="checkbox"/> QUINAULT
<input type="checkbox"/> KOREAN	<input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> SAMISH
<input type="checkbox"/> LAOTIAN	<input type="checkbox"/> ALASKA NATIVE	<input type="checkbox"/> SAUK-SUIATTLE
<input type="checkbox"/> MALAYSIAN	<input type="checkbox"/> CHEHALIS	<input type="checkbox"/> SHOALWATER
<input type="checkbox"/> PAKISTANI	<input type="checkbox"/> COLVILLE	<input type="checkbox"/> SKOKOMISH
<input type="checkbox"/> SINGAPOREAN	<input type="checkbox"/> COWLITZ	<input type="checkbox"/> SNOQUALMIE
<input type="checkbox"/> TAIWANESE	<input type="checkbox"/> HOH	<input type="checkbox"/> SPOKANE
<input type="checkbox"/> THAI	<input type="checkbox"/> JAMESTOWN	<input type="checkbox"/> SQUAXIN ISLAND
<input type="checkbox"/> VIETNAMESE	<input type="checkbox"/> KALISPEL	<input type="checkbox"/> STILLAGUAMISH
<input type="checkbox"/> OTHER ASIAN	<input type="checkbox"/> LOWER ELWHA	<input type="checkbox"/> SUQUAMISH
	<input type="checkbox"/> LUMMI	<input type="checkbox"/> SWINOMISH
	<input type="checkbox"/> OTHER WASHINGTON INDIAN	<input type="checkbox"/> TULALIP
		<input type="checkbox"/> YAKAMA
		<input type="checkbox"/> OTHER AMERICAN INDIAN/ALASKA NATIVE

**Release of Student Information about your student**

Schools are permitted to disclose information on students if it has been properly designated as directory information. By law, directory information includes things that would generally not be considered harmful or an invasion of privacy if disclosed, such as name, address, photograph and date of birth. Directory information may not include things such as a student’s social security or grades. If a school has a policy of disclosing directory information, it is required to give public notice to parents of the types of information designated as directory information, and the right to opt out of having your child’s information so designated and disclosed. Also, secondary school students’ names, addresses, and telephone numbers may be released to military recruiters or institutions of higher education. Parents and adult students have the right to deny release of directory information. By signing below, you are acknowledging that any work published on the school’s website is available worldwide to anyone with internet access. You also agree to hold the school, district, its officers, employees, or agents harmless for any unauthorized uses or copyright violations arising from the publication of your student’s work and/or photograph.

*Allow student name and photo in school year book?*

*Allow student photo or school in CFSD publications/ news/media/website?*

*Allow student name and other directory information in the student directory, approved mailing lists, school newspapers, commencement programs, honor rolls, and other similar purposes?*

YES	NO	N/A

We are required by law to release your student’s information to military recruiters and institutions of higher learning including address and phone number unless you tell us not to.

*May we release your student’s information to military recruiters?*

*May we release your student’s information to institutions of higher learning?*

*Allow student to use internet at school for learning? (If yes, you must complete Internet Agreement)*


**Family Access / Student Access**

Family Access and Student Access is part of the student information system used by the Cape Flattery School District. It allows you, as the guardian, to have access to important information within the system such as demographic information, attendance, your student’s grades (if applicable), what assignments your student is missing, lunch balances, test scores, and other important information.

*Would you like to have access to Family Access?*

YES  NO

If so the building secretary will provide you with a username and password.

**Notice to parent/ guardian**

Only students who physically reside within the boundaries of the Cape Flattery School District, are homeless, and nonresident students who have obtained a release from their resident districts and who have been officially accepted by the Cape Flattery School District may attend school within the district. Recognizing this legal requirement, I hereby verify that the student listed above physically resides with the Cape Flattery School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Cape Flattery School District.

I certify the information (in all pages of the registration packet/ forms) to be true and recognize that falsification or omission of information could result in modifications of the school or program placement for this student.

**Parent/ Guardian Name (please print):** \_\_\_\_\_ **Parent/ Guardian Signature & Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Busing Information**

In order to provide for the care and safety of your child, we must know how students get home each day after school. This also includes student in the after school program (if applicable). If your child is picked up, we need to know the name of the person allowed to pick them up. If someone else is picking up your child, please call the office to let us know who will be picking up your student. *Kindergartners can not go with another child under the age of 12.*

List the people allowed to pick up your student	( )	( )
	( )	( )

Will your student ride the bus?       YES       NO

My student will ride the bus:     Home     to Childcare \_\_\_\_\_     to Relative's House \_\_\_\_\_  
Address Address

If you need your child to go somewhere different than stated on this form, you will need to provide that transportation. Parents of kindergarten students **must be present** at the bus stop in order for kindergartners to get off of the bus.

**Previous Schools Attended**

Please list previous schools your student has attended:

School Name	District Name (if known)	School Address	School Phone Number

**Previous Program Participation**

Please indicate previous programs your student has participated in:

<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Title I Program	<input type="checkbox"/>	College Bound Scholarship
<input type="checkbox"/>	Section 504	<input type="checkbox"/>	LAP Program	<input type="checkbox"/>	Advanced Placement Courses
<input type="checkbox"/>	Bilingual	<input type="checkbox"/>	21 <sup>st</sup> Century Program (After School)	<input type="checkbox"/>	Honors Courses
<input type="checkbox"/>	Limited English Proficiency (LEP)	<input type="checkbox"/>		<input type="checkbox"/>	GEAR UP Program

**Discipline Questionnaire**

Does this student have any past, current or pending discipline?       YES       NO

Does this student have a history of violent behavior?       YES       NO

Does this student have any court actions pending?       YES       NO

Does this student have any unpaid fines/fees from other schools?       YES       NO

**Preliminary Health Information:**

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date you are completing this form: \_\_\_\_\_

Does your child have a health care provider? \_\_\_\_\_ Name of Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Life Threatening Conditions* <i>Requires an Individual Health Plan</i>									
Allergy to (List)									
Is Allergy Severe?		YES	NO	Student has Epi- Pen?		YES	NO		

Asthma provoked by (List)									
Is Asthma Severe?		YES	NO	Student has Inhaler?		YES	NO		

Heart Condition (Describe)					
Student has pacemaker?		YES	NO		

Please check any of these conditions which <b>currently</b> affect your child:			
Skin Condition	Mental/ Emotional	ADD /ADHD	
Cancer	Orthopedic / Bone issues	Migraine Headaches	
Diabetes	Vision Problems (other than glasses)	Counseling	
Kidney / Bladder Disorder	Hearing Problems	Blood/ Bleeding Disorder	
Convulsions / Seizures	Other/ Describe:		

Takes Medication Daily:  YES\*  NO Medication Name: \_\_\_\_\_

\* If your child must receive medication while at school, an “**Authorization for Administration of Medication at School**” form must be completed and signed by a Licensed Health Care Provider. You may obtain this form from the school secretary or school nurse. This form must be completed and on file, prior to any medication being brought to the school. It is the parent(s)/ guardian(s) responsibility to inform schools about changes in medication orders or health conditions.

I understand the information given above, or in subsequent health plans, will be shared with appropriate school staff to provide for the health and safety of my student. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency services rendered. The school will make every effort to contact the parent before action is taken, except for in a life threatening emergency, when concurrent attempts will be made to access EMS and the parent.

Parent / guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

\_\_\_\_\_ Federally Recognized, State Organized Indian Group  
\_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ Meeting #5 of the  
\_\_\_\_\_ Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's  
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side

## PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.



# Request for Records

The following student(s) have enrolled in our district.

Student Name	Date of Birth	Grade	Special Ed*

Please send the following records:

<input checked="" type="checkbox"/>	Cumulative Records	<input checked="" type="checkbox"/>	High School Transcript	<input checked="" type="checkbox"/>	Special Education Records*
<input checked="" type="checkbox"/>	Immunization Records	<input checked="" type="checkbox"/>	State Testing Results	<input checked="" type="checkbox"/>	Section 504 Records*
<input checked="" type="checkbox"/>	Attendance Records	<input checked="" type="checkbox"/>	Discipline Records	<input checked="" type="checkbox"/>	Special Program Records*
					<i>*If applicable</i>

Please send Records to the following School: (Requestor check appropriate box)

Clallam Bay School	Neah Bay Elementary	Neah Bay Jr./Sr High School
Attn: Registrar	Attn: Registrar	Attn: Registrar
P.O. Box 337	P.O. Box 86	P.O. Box 86
Clallam Bay, WA 98326	Neah Bay, WA 98357	Neah Bay, WA 98357
<b>Phone:</b> (360) 963-2154	<b>Phone:</b> (360) 645-2382	<b>Phone:</b> (360) 645-2221
<b>Fax:</b> (360) 963-2228	<b>Fax:</b> (360) 645-2708	<b>Fax:</b> (360) 645-2574

Previous School(s) Attended:

Previous School Name	Previous School Address	Previous School Phone	Previous School Fax
		( )	( )
		( )	( )

Please **FAX** records as soon as possible. (CUM files can be mailed, but please fax all other records)  
Thank You.

\_\_\_\_\_  
Parent/ Guardian Signature or Principal

\_\_\_\_\_  
Date

Date sent (1 <sup>st</sup> Attempt)		Date resent (2 <sup>nd</sup> Attempt)	
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