

Medical Lake School District No. 326
Elementary Student Registration Form

Revised 08/2011

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Today's Date:

+ Add New or Gen 1 Tab

Student's Legal Last Name	Legal First Name	Middle Initial	Nickname	Entering Grade
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Language - English <input type="checkbox"/> Other <input type="checkbox"/> _____		
Birth Country : USA _____ Other _____		Language child first learned to speak - English <input type="checkbox"/> Other _____		
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No If yes where are you living: <input type="checkbox"/> in a shelter, <input type="checkbox"/> hotel/motel <input type="checkbox"/> doubled up with family or friends, <input type="checkbox"/> unsheltered – living in car, tent, camper, on the streets...Homeless have the right to access of all educational services including but not limited to preschool, after school activities, transportation, school meals, assistance in accessing other state and local agencies.			Choice Student <input type="checkbox"/> Yes <input type="checkbox"/> No District you live in _____ We must have a choice form signed by the releasing district before this student is enrolled	

Family Tab **Primary Guardian Information: Name(s) of person(s) with whom student is living.**

Guardian 1 Last Name	Guardian First Name	Relationship to Student:	Primary Phone (circle one) home work cell	Second Phone home work cell	Third Phone home work cell
Guardian 2 Last Name	Guardian First Name	Relationship to Student:		Second Phone home work cell	Third Phone home work cell
Home Resident Street Address:		Apt #	City		Zip Code
Mailing Address (if different than above)		Apt #	City		Zip Code
Employed on Federal Property <input type="checkbox"/> Yes <input type="checkbox"/> No	Military <input type="checkbox"/>	Civil Service <input type="checkbox"/>	Civilian <input type="checkbox"/>	Work Site:	
Do you have access to internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Our primary means of communicating with parents/guardians is through Family Access, e-mail, and our website; www.mlsd.org . If you do not have internet access we will mail report cards and other information to you.				

Add New Family **Second Household Information: Non-custodial parent not residing with student.**

Last Name	First Name	Relation to Student	Primary Phone (circle one) home work cell	Second Phone home work cell	Third Phone home work cell
Last Name	First Name	Relation to Student		Second Phone home work cell	Third Phone home work cell
Street Address		City	State	Zip	
Second Household Mailing Address (if different from above)		City	State	Zip	
Do you have access to internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Our primary means of communicating with parents/guardians is through Family Access, e-mail, and our website; www.mlsd.org . If you do not have internet access we will mail report cards and other information to you at your request.				

Emergency Tab Alert Info **Legal Information (if applicable)**

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: Name: _____ Relationship _____

Siblings: Please list all other siblings attending school in the Medical Lake School District.

Last Name	First Name	School	Grade

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Emergency Tab

Emergency Information: List local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. **We attempt to contact parents first.**

Name of contact person	Relation to Student	Primary Phone home work cell	Second Phone home work cell	Third Phone home work cell
Name of contact person	Relation to Student	Primary Phone home work cell	Second Phone home work cell	Third Phone home work cell
Name of contact person	Relation to Student	Primary Phone home work cell	Second Phone home work cell	Third Phone home work cell

Please note any health conditions and medications:

For medication to be given at school, the subscribing physician is required to complete a medication form to be kept in the student's file.

Allergies (food, insect bites, medications, environmental, etc.)

1. (Circle One) Mild Moderate Severe

2. (Circle One) Mild Moderate Severe

3. (Circle One) Mild Moderate Severe

Severe reactions will require a school health plan to be developed which will include the medical protocol from the physician.

Does your child have asthma: Yes No If yes to medication please list medication name and where medication is to be located:

Asthma Medication Yes No
Mild () Moderate () Severe ()

Emergency Medical Authorization: In the event of an emergency, authorization is hereby given for any medical or surgical diagnosis or treatment and hospital service that may be rendered whether such diagnosis and /or treatment is rendered at a local physician's office or licensed hospital. It is understood this consent is given in advance of any specific diagnosis or treatment required, but is given to encourage said physician to exercise his/her best judgment as to requirements of such diagnosis or treatment. This consent shall remain in effect for the current school year only.

Legal Parent/Guardian Signature: _____ Date: _____

Gen 2 Tab

Previous School Information

Name of District		City		State
Last School Attended	Grade	Address of Former School, City, State, Zip		
Has your child ever attended the Medical Lake School District? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever attended a school in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, school attended _____		Year(s) attended _____		
		If yes, district attended _____		

For SSID

Gen 2 Tab

Daycare Information

Does your child attend daycare? Yes No If yes please check one of the following: before school after school before and after

Daycare Provider _____

Address _____ Phone () _____

Other pertinent information:

- Has your student ever qualified for or been enrolled in a Special Ed program? Yes No
- Has your student ever qualified for or had a 504 plan? Yes No
- Has your student ever participated in: Title Lap Gifted ESL Other: _____
- Has your student ever been retained? Yes No
- Has your student been home-schooled? Yes No If yes, what grade(s)? _____
- Has your student ever been suspended or expelled? Yes No If yes, please explain: _____

Insurance Protection

Insurance coverage is mandatory for participation in any school activity. Our district's insurance coverage does not provide medical insurance coverage for school accidents. This means you are responsible for the medical bills if your child is hurt during school or school activities. The school's liability coverage will provide protection if the district is found negligent in some manner; however a slip or fall is rarely the fault of the school district. A brochure outlining student insurance is available from the main office. **Choose One:**

Please send home a brochure on the insurance program

We have personal medical insurance and our insurance carrier is: _____

We do not have medical insurance and we decline to enroll in the school

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Ethnicity and Race Data Collection Form

Each year, school districts in Washington are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories used in our district are the same as are used in all Washington school districts. They are set by the federal government, the Washington State Legislature and OSPI.

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

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

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

<input type="checkbox"/> AFRICAN AMERICAN/ BLACK	<input type="checkbox"/> ALASKA NATIVE	NATIVE AMERICAN RACES
<input type="checkbox"/> WHITE	<input type="checkbox"/> CHEHALIS	
	<input type="checkbox"/> COLVILLE	
	<input type="checkbox"/> COWLITZ	
	<input type="checkbox"/> HOH	
	<input type="checkbox"/> JAMESTOWN	
	<input type="checkbox"/> KALISPEL	
	<input type="checkbox"/> LOWER ELWHA	
	<input type="checkbox"/> LUMMI	
	<input type="checkbox"/> MAKAH	
	<input type="checkbox"/> MUCKLESHOOT	
	<input type="checkbox"/> NISQUALLY	
	<input type="checkbox"/> NOOKSACK	
	<input type="checkbox"/> PORT GAMBLE KLALLAM	
	<input type="checkbox"/> PUYALLUP	
	<input type="checkbox"/> QUILEUTE	
	<input type="checkbox"/> QUINAULT	
	<input type="checkbox"/> SAMISH	
	<input type="checkbox"/> SAUK-SUIATTLE	
	<input type="checkbox"/> SHOALWATER	
	<input type="checkbox"/> SKOKOMISH	
	<input type="checkbox"/> SNOQUALMIE	
	<input type="checkbox"/> SPOKANE	
	<input type="checkbox"/> SQIAXON ISLAND	
	<input type="checkbox"/> STILLAGUAMISH	
	<input type="checkbox"/> SUQUAMISH	
	<input type="checkbox"/> SWINOMISH	
	<input type="checkbox"/> TULALIP	
	<input type="checkbox"/> YAKAMA	
	<input type="checkbox"/> OTHER WASHINGTON INDIAN	
	<input type="checkbox"/> OTHER AMERICAN INDIAN	

ASIAN RACES

PACIFIC ISLANDER RACES

Residency Verification: The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Legal Parent/Guardian Signature: _____ Date: _____

Print Legal Student Name _____