



DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY			DO NOT WRITE IN SHADED AREA - FOR OFFICIAL USE ONLY		
<b>STUDENT SCHOOL NUMBER</b>	<b>START DATE</b>	<b>SSID</b>	<b>BUS ROUTE</b> AM                  PM	<b>HOMEROOM</b>	

<b>STUDENT NAME:</b> Legal Last Name		Legal First Name	Legal Middle Name	<b>STUDENT CELL NUMBER:</b>
<b>BIRTHDATE</b> (Month/Day/Year)	<b>GENDER</b> (M/F)	<b>STUDENT EMAIL ADDRESS</b>		<b>BIRTHPLACE:</b> City                  State                  Country
<b>GRADE LEVEL/EXPECTED GRADUATION YEAR</b>	<b>ETHNICITY and RACE</b> <span style="color: red;">Please fill out attached</span>	<b>PRIMARY LANGUAGE SPOKEN AT HOME</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		<b>DISTRICT RESIDENT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Resident District: _____

**PRIMARY RESIDENCE – Parent/guardian of student where the student resides**

<b>PRIMARY GUARDIAN Household 1</b> Last Name                  First Name		<b>STUDENT LIVES WITH</b> <input type="checkbox"/> Both 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"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Other _____	<b>HOUSEHOLD 1 PRIMARY PHONE</b> (include area code)	<b>GUARDIAN 1 PHONE #2</b> Cell (include area code)		
<b>SECONDARY GUARDIAN Household 1</b> Last Name                  First Name				<b>GUARDIAN 2 PHONE #2</b> Cell (include area code)		
<b>RESIDENT ADDRESS</b>	Street	Apt #	City	State	ZIP	
<b>MAILING ADDRESS</b> (if different)	Street	Apt #	P O Box	City	State	ZIP
<b>GUARDIAN 1 EMPLOYER</b>		Guardian Employer Phone	Guardian 1 Work Phone			
<b>GUARDIAN 2 EMPLOYER</b>		Guardian Employer Phone	Guardian 2 Work Phone			
<b>HOUSEHOLD 1 EMAIL ADDRESS Primary Guardian</b>		<b>EMAIL ADDRESS Secondary Guardian</b>				

**\*SECOND HOUSEHOLD – Parent/guardian of student NOT residing full time with student**

<b>SECOND HOUSEHOLD</b> Last Name                  First Name		<b>RELATIONSHIP</b> <input type="checkbox"/> Both 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"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Other _____	<b>HOUSEHOLD 2 PRIMARY PHONE</b> (include area code)	<b>PHONE #2</b> (include area code) Cell	
OK to pick up?    Yes    No				<b>PHONE #3</b> (include area code) Work	
<b>SECOND HOUSEHOLD</b> Last Name                  First Name		Please check if unlisted <input type="checkbox"/>	<b>ADDITIONAL MAILINGS REQUESTED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
OK to pick up?    Yes    No					
<b>SECOND HOUSEHOLD ADDRESS</b> (Street/PO Box, City, State, ZIP)					
<b>HOUSEHOLD 2 EMAIL ADDRESS Primary</b>			<b>HOUSEHOLD 2 EMAIL ADDRESS Secondary</b>		

<b>SCHOOL PREVIOUSLY ATTENDED</b>	<b>SCHOOL DISTRICT PREVIOUSLY ATTENDED</b>	<b>PREVIOUS SCHOOL LOCATION (City and State)</b>
<b>HAS STUDENT EVER ATTENDED CENTRALIA SCHOOLS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>IF YES, NAME OF SCHOOL(S) ATTENDED</b>
		<b>DATE ATTENDED (Month/Year)</b>

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    Mother    Father    Other \_\_\_\_\_

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CHILD EVER PARTICIPATED IN:	<input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____

PLEASE LIST OTHER SIBLINGS (living at primary residence only)				
Last Name	First Name	School	Grade	Age

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 (local area only please).

PRIMARY CONTACT (other than parent/guardian) Last Name                      First Name	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 ADDRESS                      Street                      City,                      State,                      ZIP			
SECONDARY CONTACT (other than parent/guardian) Last Name                      First Name	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
SECONDARY CONTACT ADDRESS                      Street                      City,                      State,                      ZIP			
THIRD CONTACT (other than parent/guardian) Last Name                      First Name	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
THIRD CONTACT ADDRESS                      Street                      City,                      State,                      ZIP			

**EMERGENCY MEDICAL AUTHORIZATION:** 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.

**STUDENT RELEASE AUTHORIZATION:** 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.

**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 Centralia School District.

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY	SKYWARD ENTRY DATE: _____	BIRTH CERTIFICATE <input type="checkbox"/>	IMMUNIZATION RECORDS <input type="checkbox"/>	HOME LANG SURVEY <input type="checkbox"/>	FREE/REDUCED LUNCH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL HISTORY <input type="checkbox"/>	INTERNET CONSENT <input type="checkbox"/>	ETHNICITY FORM <input type="checkbox"/>	REQUEST FOR RECORDS REC'D <input type="checkbox"/>	TRANSPORTATION FAXED DATE: <input type="checkbox"/>	NEED SENT TO STUDENT SUPPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No
					SENT SPED EMAIL OUT <input type="checkbox"/>

Please complete any of the following if it applies to the student:

Support Service	Name	Phone
DSHS Caseworker:		
Counselor		
Youth-at-Risk Counselor		
Probation Officer		
Other:		

***THE FOLLOWING MUST BE COMPLETED IN ORDER TO BE ACTIVE AT CENTRALIA HIGH SCHOOL:***

- CHS Registration form (paper or on-line)
- Release Form/Transfer Waiver (if student resides out of district)
- Copy of UNOFFICIAL Transcript
- Copy of IMMUNIZATION Records
- Copy of WITHDRAWAL Grades from Previous School (on or after October 1<sup>st</sup>)
- Records Release Form (if transferring from another school)
- Internet Permission Form
- Copy of IEP Courses from Student Services (if applicable)
- Note(s) \_\_\_\_\_

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