



Centralia School District No. 401

2320 Borst Ave Centralia, WA 98531
 (360) 330-7600 Fax (360) 330-7609 www.centraliaschools.org

STUDENT REGISTRATION FORM

School _____

Please check here if you have recently registered students at another CSD school or have/will have other students attending Centralia Schools.

AM Bus: Rt. # _____
PM Bus: Rt. # _____
ALERT FLAG
<input type="checkbox"/> Legal <input type="checkbox"/> Medical

Please do not write in shaded area—FOR OFFICE USE ONLY

Student ID Number (St ID)	School Entry Date (MM/DD/YY)	Teacher/Advisor	Home Room No.	Locker No.	Withdraw Date (MM/DD/YY)
WA State "SSID" Number	Residency Verification: <input type="checkbox"/> Deed/Lease <input type="checkbox"/> Utility Bill OR <input type="checkbox"/> Other Document _____				

Student's Name	LEGAL LAST	LEGAL FIRST	LEGAL MIDDLE	BIRTHDATE (MM/DD/YY)	GRADE Level
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Street Address (Where Student Resides)	Apt. #/Space #	City	ZIP
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Mailing Address (If different from Street Address)	Apt. #/Space #	City	ZIP
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Above must be Student's "LEGAL" Name. Please note here any other name/s used by this student (past and/or present) _____	Gender (M / F)
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Birthplace (City/State)	Birth Country (If other than United States)	Student Cell Number
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<input type="checkbox"/> Yes <input type="checkbox"/> No Was English this student's first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No Has this student attended US schools for more than 3 full academic years?
<input type="checkbox"/> Yes <input type="checkbox"/> No Is English the primary language used in your home?	Primary language used in the home, if NOT English _____

Is parent/legal guardian military or employed on Federal property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Resident of Centralia School District <input type="checkbox"/> Transfer Student From Outside Centralia District <input type="checkbox"/> Transfer Student From Another School Within Centralia District	Has student ever attended Centralia Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____
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School Previously Attended (including pre-school)	District	Address (City/State/ZIP Code)	Phone Number (include area code)
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Student Lives With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent
	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Other _____

Primary Household Parent/Guardian 1 Address same as above Relationship to Student _____	Primary Parent/Guardian 1 Phone <input type="checkbox"/> Unlisted home phone
Last Name _____	1st Number (____) _____ Home / Work / Cell
First Name _____	2nd Number (____) _____ Home / Work / Cell
Do you want CSD Family Web Access? <input type="checkbox"/> YES <input type="checkbox"/> NO	3rd Number (____) _____ Home / Work / Cell
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Ok to Pick Up	E-mail _____

Primary Household Parent/Guardian 2 Address same as above Relationship to Student _____	Primary Parent/Guardian 2 Phone <input type="checkbox"/> Unlisted home phone
Last Name _____	1st Number (____) _____ Home / Work / Cell
First Name _____	2nd Number (____) _____ Home / Work / Cell
	3rd Number (____) _____ Home / Work / Cell
<input type="checkbox"/> Custodial Parent <input type="checkbox"/> Ok to Pick Up	E-mail _____

Do you/your student live in any of these following situations?

Shelter—Emergency foster care waiting for placement group homes, homeless shelter, domestic violent shelter

Doubled Up —Couch surfing or living with relative or friends due to loss of housing, economic hardship, escaping drug/alcohol, domestic violence etc.

Unsheltered—Abandoned building, campers, campgrounds, vehicles, trailer parks, FEMA shelters, substandard/condemned housing, garages, on the street.

Motels—In motels, hotels due to the lack of alternative housing

Unaccompanied student not in parent care/custody

None of the above

Second Household - Parent/Guardian 1		Parent/Guardian 1 Phone	<input type="checkbox"/> Unlisted home phone
Relationship to Student _____		1st Number (___) _____	Home / Work / Cell
Last Name _____		2nd Number (___) _____	Home / Work / Cell
First Name _____		3rd Number (___) _____	Home / Work / Cell
Mailing Address _____		E-mail _____	
City/State/Zip _____			
<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Ok to Pick Up		

Second Household - Parent/Guardian 2		Parent/Guardian 2 Phone	<input type="checkbox"/> Unlisted home phone
Relationship to Student _____		1st Number (___) _____	Home / Work / Cell
Last Name _____		2nd Number (___) _____	Home / Work / Cell
First Name _____		3rd Number (___) _____	Home / Work / Cell
<i>Address same as above</i>		E-mail _____	
<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Ok to Pick Up		

Is there a joint custody or parenting plan in place? Yes No If yes, plan must be on file with the school. *Please inform school if/when this situation changes. Thank You*

Is there a restraining order in effect? Yes No If yes, legal papers must be on file with the school.

Restraining order is against Mother Father Other _____

Please list other siblings					
Last Name	First Name	M.I.	School	Grade	Birthdate

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach a family member, daycare provider or other responsible adult. In the event we cannot reach a parent/guardian, please list persons you trust, and who are available during the day to provide care for your child (local area if possible, please).

Does student attend childcare? <input type="checkbox"/> Before school only <input type="checkbox"/> After school only <input type="checkbox"/> Both before and after school		
Childcare Provider Name	Address	Phone

Emergency contacts (other than parent/guardian)		Relationship to child	Phone #1 (include area code)	Phone #2 (include area code)
Last Name	First Name			
First Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (___) _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (___) _____
Second Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (___) _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (___) _____
Third Contact			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (___) _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (___) _____

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. Please initial here _____

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. Please initial here _____

INTERNET USEAGE AGREEMENT:
 I understand the Internet Use Agreement and realize that this access is designed for education purposes. I also recognize it is important for CSD to restrict access to all controversial materials and I will not hold it responsible for materials acquired on the network. I herby give my permission for my child to access the internet. Please initial here _____

Previous School Program Participation (please check appropriate boxes)

- | | | |
|--|--|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Speech/Language (CDS) | <input type="checkbox"/> ELL (English Language Learner) |
| <input type="checkbox"/> Gifted/Highly Capable | <input type="checkbox"/> Occupational/Physical Therapy (OT/PT) | <input type="checkbox"/> 504 plan |

Has your child ever been retained? Yes No If yes, at what grade level(s) _____
 Has your child ever been promoted? Yes No If yes, at what grade level(s) _____

STATE OF WASHINGTON ETHNICITY AND RACE DATA COLLECTION

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

- | | |
|---|--|
| <input type="checkbox"/> Not Hispanic/Latino (10) | <input type="checkbox"/> Mexican/Mexican American/Chicano (30) |
| <input type="checkbox"/> Cuban (55) | <input type="checkbox"/> Central American (75) |
| <input type="checkbox"/> Dominican (60) | <input type="checkbox"/> South American (80) |
| <input type="checkbox"/> Spaniard (65) | <input type="checkbox"/> Latin American (85) |
| <input type="checkbox"/> Puerto Rican (70) | <input type="checkbox"/> Other Hispanic/Latino (90) |

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

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> African American/Black (200) | <input type="checkbox"/> White (300) | <input type="checkbox"/> Alaska Native (405) | <input type="checkbox"/> Samish (457) |
| <input type="checkbox"/> Asian Indian (505) | <input type="checkbox"/> Native Hawaiian (605) | <input type="checkbox"/> Chehalis(410) | <input type="checkbox"/> Sauk-Suiattle (460) |
| <input type="checkbox"/> Cambodian (507) | <input type="checkbox"/> Fijian (520) | <input type="checkbox"/> Colville (413) | <input type="checkbox"/> Shoalwater (463) |
| <input type="checkbox"/> Chinese (510) | <input type="checkbox"/> Guamanian or Chamorro (620) | <input type="checkbox"/> Cowlitz (416) | <input type="checkbox"/> Skokomish (466) |
| <input type="checkbox"/> Filipino (520) | <input type="checkbox"/> Mariana Islander (625) | <input type="checkbox"/> Hoh (418) | <input type="checkbox"/> Snoqualmie (469) |
| <input type="checkbox"/> Hmong (525) | <input type="checkbox"/> Melanesian (630) | <input type="checkbox"/> Jamestown (421) | <input type="checkbox"/> Spokane (472) |
| <input type="checkbox"/> Indonesian (530) | <input type="checkbox"/> Micronesian (632) | <input type="checkbox"/> Kalispel (424) | <input type="checkbox"/> Squaxin Island (475) |
| <input type="checkbox"/> Japanese (535) | <input type="checkbox"/> Samoan (635) | <input type="checkbox"/> Lower Elwha (427) | <input type="checkbox"/> Stillaugumish (478) |
| <input type="checkbox"/> Korean (540) | <input type="checkbox"/> Tongan (640) | <input type="checkbox"/> Lummi (430) | <input type="checkbox"/> Suquamish (481) |
| <input type="checkbox"/> Laotian (545) | <input type="checkbox"/> Other Pacific Islander (699) | <input type="checkbox"/> Makah (433) | <input type="checkbox"/> Swinomish (484) |
| <input type="checkbox"/> Malaysian (550) | | <input type="checkbox"/> Muckleshoot (436) | <input type="checkbox"/> Tulalip (487) |
| <input type="checkbox"/> Pakistani (555) | | <input type="checkbox"/> Nisqually (439) | <input type="checkbox"/> Yakama (490) |
| <input type="checkbox"/> Singaporean (560) | | <input type="checkbox"/> Nooksack (442) | <input type="checkbox"/> Other Washington Indian (495) |
| <input type="checkbox"/> Taiwanese (565) | | <input type="checkbox"/> Port Gamble Klallam (445) | <input type="checkbox"/> Other American Indian (499) |
| <input type="checkbox"/> Thai (570) | | <input type="checkbox"/> Puyallup (448) | |
| <input type="checkbox"/> Vietnamese (575) | | <input type="checkbox"/> Quileute (451) | |
| <input type="checkbox"/> Other Asian (599) | | | |

The Federal Family Educational Rights and Privacy Act (FERPA) defines certain information about your child as “directory information.” This information may be released unless it is requested in writing to the school district that information not be released. This request must be made annually by October 1st or within 10 days of enrollment. Centralia School District will not release any directory information for commercial purposes or for other purposes not related to the conduct of school business. For more information or the “opt out” form for the release of directory information or visual communication, please ask your school office or visit our website at: <http://www.centralia.k12.wa.us/Page/86> and click on the FERPA tab.

TO MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS REGISTRATION FORM IS TRUE AND ACCURATE.

Parent/Guardian Signature _____ Date _____

Please Print Name as signed above _____

Please check any health concerns that your child has. This information will be helpful to the school nurse and school staff in determining your child's particular needs in order to keep him safe at school. It is confidential—shared only on a “need to know” basis with school staff.

If your child does NOT have any health concerns, simply check here: No Health Concerns at this time.

ALLERGIES:

- Bee sting/insect bite allergy
- Food/nut allergy
- Latex allergy
- Other
- Uses Benadryl
- Uses an EpiPen

ALLERGIES:

- Asthma
- Uses an Inhaler
- Frequent colds, sore throats
- Other

CARDIOVASCULAR:

- Heart disease or condition
- High blood pressure
- Blood diseases or disorders
- Other

HEARING PROBLEMS:

- Hearing loss
- Uses hearing aids
- Frequent in infections
- Other

DIABETES:

- Non-insulin dependent
- Insulin dependent

SKELETAL/MUSCULAR:

- Spina bifida
- Scoliosis
- Cerebral Palsy
- Muscular Dystrophy
- Uses wheelchair, cane, crutches braces, prosthesis
- Other

NEUROLOGICAL:

- Seizures
- Frequent headaches, migraines
- Speech, swallowing problems
- Autism
- Asperger Syndrome
- Tourette's Syndrome
- ADD/ADHD
- Other

VISION PROBLEMS:

- Color blindness
- Legally blind
- Wears glasses, contact lenses
- Other

DIGESTION/ELMINATION:

- Bowel incontinence
- Irritable Bowel Syndrome
- Crohns Disease
- Reflux ulcers, stomach aches
- Urine incontinence, bedwetting
- Kidney disease
- Dental problems
- Poor appetite
- Other

BEHAVIOR/EMOTIONAL CONCERNS:

- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Depression
- Anxiety, panic attacks
- Poor sleeping habits

OTHER HEALTH CONCERNS:

- Cancer
- Recent surgeries, hospitalizations
- Injuries
- Activity limitations

MEDICATIONS:

List medication(s) given at home and what they are used to treat: _____

List medication(s) given at school and what they are used to treat: _____

Washington State law requires written authorization from a licensed health care provider before any prescription or over-the-counter medication can be taken at school. Please note that a nursing plan must be in place before a student with a life-threatening health condition can attend school. Forms are available in the school health rooms and must be renewed every school year.

Parent/Guardian Signature _____ Date _____

Please Print Name as signed above _____

Reviewed by CSD school nurse _____ Date _____