

Hockinson School District #98

Student Registration Form

SHADED AREA FOR OFFICE USE ONLY					
School Name Hockinson High School	School Entry Date	Student No.	Dist No.	Bus Route AM	Bus Route PM
STUDENT'S <u>LEGAL</u> NAME: Last		First Name		Middle Name	
BIRTH DATE (month/day/year)	GRADE LEVEL	GENDER (Circle one) M F	BIRTH PLACE: City	State	Country

**PLEASE ANSWER BOTH QUESTIONS 1 AND 2
BOTH RESPONSES NEEDED PER WASHINGTON OSPI AND FEDERAL REQUIREMENTS**

ETHNICITY

QUESTION No 1: Is your child of Hispanic or Latino origin? (Please check all that apply)	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT HISPANIC/LATINO <input type="checkbox"/> ARGENTINE <input type="checkbox"/> BOLIVIAN <input type="checkbox"/> BRAZILIAN <input type="checkbox"/> CHICANO (Mexican American) <input type="checkbox"/> CHILEAN <input type="checkbox"/> COLOMBIAN <input type="checkbox"/> COSTA RICAN <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> CUBAN	<input type="checkbox"/> DOMINICAN <input type="checkbox"/> ECUADORIAN <input type="checkbox"/> GUATEMALAN <input type="checkbox"/> GUYANESE <input type="checkbox"/> HONDURAN <input type="checkbox"/> JAMAICAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> MEXTIZO <input type="checkbox"/> NATIVE <input type="checkbox"/> NICARAGUAN	<input type="checkbox"/> PANAMANIAN <input type="checkbox"/> PARAGUAYAN <input type="checkbox"/> PERUVIAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> SALVADORAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> SURINAMESE <input type="checkbox"/> URUGUAYAN <input type="checkbox"/> VENEZUELAN <input type="checkbox"/> HISPANIC/LATINO WRITE-IN: _____
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RACE

QUESTION NO. 2: What race do you consider your child? (Please check all that apply)	<input type="checkbox"/> BLACK/AFRICAN-AMERICAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> AFRICAN CANADIAN <input type="checkbox"/> ANGUILLAN <input type="checkbox"/> ANTIGUAN <input type="checkbox"/> BAHAMIAN <input type="checkbox"/> BARBADIAN <input type="checkbox"/> BARTHELEMOIS/ BARTHELEMOISES <input type="checkbox"/> BRITISH VIRGIN ISLANDER <input type="checkbox"/> CAYMANIAN (Cayman Island) <input type="checkbox"/> CUBAN DOMINICAN <input type="checkbox"/> DOMINICAN (Dominican Republic) <input type="checkbox"/> DUTCH ANTILLEAN (Netherland Antilles) <input type="checkbox"/> GRENADIAN <input type="checkbox"/> GUADELOUPIAN <input type="checkbox"/> HAITIAN <input type="checkbox"/> JAMICAN <input type="checkbox"/> MARTINQUAIS/ MARTINQUAISE <input type="checkbox"/> MONTERRATIAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CARIBBEAN WRITE-IN: _____ <input type="checkbox"/> ANGOLAN <input type="checkbox"/> CAMEROOIAN <input type="checkbox"/> CENTRAL AFRICAN (Central African Republic) <input type="checkbox"/> CHADIAN <input type="checkbox"/> CONGOLESE (Republic of the Congo) <input type="checkbox"/> CONGOLESE (Democratic Republic of the Congo)	<input type="checkbox"/> EQUATORIAL GUINEAN <input type="checkbox"/> GABONESE <input type="checkbox"/> SAO TOMEAN <input type="checkbox"/> PRINCIPE <input type="checkbox"/> CENTRAL AFRICAN WRITE-IN: _____ <input type="checkbox"/> BURUNDIAN <input type="checkbox"/> COMORAN <input type="checkbox"/> DJIBOUTIAN <input type="checkbox"/> ERITREAN <input type="checkbox"/> ETHIOPIAN <input type="checkbox"/> KENYAN <input type="checkbox"/> MALAGASY (Madagascar) <input type="checkbox"/> MALAWIAN <input type="checkbox"/> MAURITIAN (Mauritius) <input type="checkbox"/> MAHORAN (Mayotte) <input type="checkbox"/> MOZAMBICAN <input type="checkbox"/> REUNIONESE <input type="checkbox"/> RWANDAN <input type="checkbox"/> SEYCHELLOIS/ SEYCHELLOISE <input type="checkbox"/> SOMALI <input type="checkbox"/> SOUTH SUDANESE <input type="checkbox"/> SUDANESE <input type="checkbox"/> UGANDAN <input type="checkbox"/> TANZANIAN (United Republic of Tanzania) <input type="checkbox"/> ZAMBIAN <input type="checkbox"/> ZIMBABWEAN <input type="checkbox"/> EAST AFRICAN WRITE-IN: _____ <input type="checkbox"/> ARGENTINE <input type="checkbox"/> BELIZEAN <input type="checkbox"/> BOLIVIAN <input type="checkbox"/> BRAZILIAN	<input type="checkbox"/> CHILEAN <input type="checkbox"/> COLOMBIAN <input type="checkbox"/> COSTA RICAN <input type="checkbox"/> ECUADORIAN <input type="checkbox"/> EL SALVADORAN <input type="checkbox"/> FALKLAND ISLANDER <input type="checkbox"/> FRENCH GUIANESE <input type="checkbox"/> GUATEMALIAN <input type="checkbox"/> GUYANESE <input type="checkbox"/> HONDURAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> NICARAGUAN <input type="checkbox"/> PANAMANIAN <input type="checkbox"/> PARAGUAYAN <input type="checkbox"/> SOUTH GEORGIAN & THE SOUTH SANDWICH ISLANDS <input type="checkbox"/> SURINAMESE <input type="checkbox"/> URUGUAYAN <input type="checkbox"/> VENEZUELAN <input type="checkbox"/> LATIN AMERICAN WRITE-IN: _____ <input type="checkbox"/> BOTSWANAN <input type="checkbox"/> MOSOTH (Lesotho) <input type="checkbox"/> NAMIBIAN <input type="checkbox"/> SOUTH AFRICAN <input type="checkbox"/> SWAZI <input type="checkbox"/> SOUTH AFRICAN WRITE-IN: _____ <input type="checkbox"/> BENINESE <input type="checkbox"/> BISSAU-GUINEAN <input type="checkbox"/> BURKINABE (Burkina Faso) <input type="checkbox"/> CABO VERDEAN <input type="checkbox"/> IVORIAN (Cote d'Ivoire) <input type="checkbox"/> GAMBIA <input type="checkbox"/> GHANAIA <input type="checkbox"/> LIBERIAN			
	OFFICE USE ONLY: <table border="1"> <tr> <td>Q-1 Data</td> <td> <input type="checkbox"/> STAFF <input type="checkbox"/> PARENT </td> </tr> <tr> <td>Q-2 Data</td> <td> <input type="checkbox"/> STAFF <input type="checkbox"/> PARENT </td> </tr> </table>	Q-1 Data	<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT	Q-2 Data	<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT	
Q-1 Data	<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT					
Q-2 Data	<input type="checkbox"/> STAFF <input type="checkbox"/> PARENT					

RACE CONTINUED

<input type="checkbox"/> MALIAN <input type="checkbox"/> MAURITANIAN <input type="checkbox"/> NIGERIEN (Niger) <input type="checkbox"/> NIGERIAN (Nigeria) <input type="checkbox"/> SAINT HELENIAN <input type="checkbox"/> SENEGALESE <input type="checkbox"/> SIERRA LEONEAN <input type="checkbox"/> TOGOLESE <input type="checkbox"/> WEST AFRICAN WRITE-IN: _____ <input type="checkbox"/> WHITE <input type="checkbox"/> BOSNIAN <input type="checkbox"/> HERZEGOVINIAN <input type="checkbox"/> POLISH <input type="checkbox"/> ROMANIAN <input type="checkbox"/> RUSSIAN <input type="checkbox"/> UKRAINIAN <input type="checkbox"/> EASTERN EUROPEAN WRITE-IN: _____ <input type="checkbox"/> ALGERIAN <input type="checkbox"/> AMAZIGH or BERBER <input type="checkbox"/> ARAB or ARABIC <input type="checkbox"/> ASSYRIAN <input type="checkbox"/> BAHRAINI <input type="checkbox"/> BEDOUIN <input type="checkbox"/> CHALDEAN <input type="checkbox"/> COPT <input type="checkbox"/> DRUZE <input type="checkbox"/> EGYPTIAN <input type="checkbox"/> EMIRATI <input type="checkbox"/> IRANIAN <input type="checkbox"/> IRAQI <input type="checkbox"/> ISRAELI <input type="checkbox"/> JORDANIAN <input type="checkbox"/> KURDISH KUWAITI <input type="checkbox"/> LEBANESE <input type="checkbox"/> LIBYAN <input type="checkbox"/> MOROCCAN <input type="checkbox"/> OMANI	<input type="checkbox"/> PALESTINIAN <input type="checkbox"/> QATARI <input type="checkbox"/> SAUDI ARABIAN <input type="checkbox"/> SYRIAN <input type="checkbox"/> TUNISIAN <input type="checkbox"/> YEMENI <input type="checkbox"/> MIDDLE EASTERN WRITE-IN: _____ <input type="checkbox"/> NORTH AFRICAN WRITE-IN: _____ <input type="checkbox"/> AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> CHINOOK TRIBE <input type="checkbox"/> CONFEDERATED TRIBES and BANDS of the YAKAMA NATION <input type="checkbox"/> KIKIALLUS INDIAN NATION <input type="checkbox"/> LOWER ELWHA TRIBAL COMMUNITY <input type="checkbox"/> LUMMI TRIBE of the LUMMI RESERVATION <input type="checkbox"/> MAKAH INDIAN TRIBE of the MAKAH INDIAN RESERVATION <input type="checkbox"/> MARIETTA BAND of NOOKSACK TRIBE <input type="checkbox"/> MUCKLESHOOT INDIAN TRIBE <input type="checkbox"/> NISQUALLY INDIAN TRIBE <input type="checkbox"/> NOOKSACK INDIAN TRIBE of WASHINGTON <input type="checkbox"/> PORT GAMBLE S'KLALLAM TRIBE <input type="checkbox"/> PUYALLUP TRIBE of PUYALLUP RESERVATION <input type="checkbox"/> QUILEUTE TRIBE of the QUILEUTE RESERVATION	<input type="checkbox"/> QUINAULT INDIAN NATION <input type="checkbox"/> SAMISH INDIAN NATION <input type="checkbox"/> SAUK-SUIATTLE INDIAN TRIBE of WASHINGOTN <input type="checkbox"/> SHOALWATER BAY INDIAN TRIBE of the SHOALWATER BAY INDIAN RESERVATION <input type="checkbox"/> SKOKOMISH INDIAN TRIBE <input type="checkbox"/> SNOHOMISH TRIBE <input type="checkbox"/> SQUAXIN ISLAND TRIBE of the SQUAXIN ISLAND RESERVATION <input type="checkbox"/> STEILACOOM TRIBE <input type="checkbox"/> STILLAGUAMISH TRIBE of INDIANS of WASHINGTON <input type="checkbox"/> SUQUAMISH INDIAN TRIBE of the PORT MADISON RESERVATION <input type="checkbox"/> SWINOMISH INDIAN TRIBAL COMMUNITY <input type="checkbox"/> TULALIP TRIBES of WASHINGTON <input type="checkbox"/> ALASKA NATIVE WRITE-IN: _____ <input type="checkbox"/> AMERICAN INDIAN WRITE-IN: _____ <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> BANGLADESHI <input type="checkbox"/> BHUTANESE <input type="checkbox"/> BUIRMESE/MYANMAR <input type="checkbox"/> CAMBODIAN/KHMER <input type="checkbox"/> CHAM <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN	<input type="checkbox"/> LAO <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> MIEN <input type="checkbox"/> MONGOLIAN <input type="checkbox"/> NEPALI <input type="checkbox"/> OKINAWAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> PUNJABI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> SRI LANKAN <input type="checkbox"/> TAIWANESE <input type="checkbox"/> THAI <input type="checkbox"/> TIBETAN <input type="checkbox"/> VIETNAMESES <input type="checkbox"/> ASIAN WRITE-IN: _____ <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> CAROLINIAN <input type="checkbox"/> CHAMORRO <input type="checkbox"/> CHUUKESE <input type="checkbox"/> FIJIAN <input type="checkbox"/> i-KIRBATI/GILBERTESE <input type="checkbox"/> KOSRAEAN <input type="checkbox"/> MAORI <input type="checkbox"/> MARSHALLESE <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> NI-VANUATU <input type="checkbox"/> PALAUAN <input type="checkbox"/> PAPUAN <input type="checkbox"/> POHPEIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> SOLOMON ISLANDER <input type="checkbox"/> TAHITIAN <input type="checkbox"/> TOKELUAN <input type="checkbox"/> TONGAN <input type="checkbox"/> TUVALUAN <input type="checkbox"/> YAPESE <input type="checkbox"/> PACIFIC ISLANDER WRITE-IN: _____
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PRIMARY LANGUAGE SPOKEN BY STUDENT: (Please check one) ENGLISH RUSSIAN SPANISH OTHER _____

PRIMARY LANGUAGE SPOKEN AT HOME: (Please check one) ENGLISH RUSSIAN SPANISH OTHER _____

SPOKEN BY: (Please check all that apply) STUDENT FATHER MOTHER SIBLING OTHER _____

Has anyone in the family moved across school district lines to obtain seasonal or temporary work in any agricultural or fishing activity within the last 36 months? Yes No

Has your child ever attended school in the state of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school	Location (City)	Last Date Attended (Month / Year)
Has your child ever attended Hockinson Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school		Last Date Attended (Month / Year)
School Previously Attended	School District Previously Attended	Previous School Location (City and State)	Last Date Attended (Month / Year)

Has your child ever been suspended or expelled for a weapons violation? Yes No Date: _____

Has your child ever been convicted, adjudicated or entered into a diversion agreement with legal authorities? Yes No

Is your child court ordered to attend school? Yes No Date: _____

Has your child ever qualified for or been enrolled in an IEP (Individual Education Program)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Is your child currently on an IEP? <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 If Yes, Is your child currently on an 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever participated in <input type="checkbox"/> Title 1 <input type="checkbox"/> LAP <input type="checkbox"/> Speech <input type="checkbox"/> ELL <input type="checkbox"/> Other _____	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s)? _____
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Student is a member of the following:
 U.S. Armed Forces (Reserves)
 National Guard (Washington/Oregon)

PRIMARY HOUSEHOLD (Parents/Guardians) "1" Last Name First Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	PRIMARY PHONE (include area code) () Number is: <input type="checkbox"/> Home <input type="checkbox"/> Cell Number is unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No Number is long distance: <input type="checkbox"/> Yes <input type="checkbox"/> No
"2" Last Name First Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
PARENT/GUARDIAN "1" <input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work ()		PARENT/GUARDIAN "2" <input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work ()	
RESIDENT ADDRESS	Street Address	City	State Zip
MAILING ADDRESS (if different)	Street Address or PO Box	City	State Zip
EMAIL ADDRESS			

Family 1 Parent/Guardian is a member of the following:
 U.S. Armed Forces (Active Duty)
 U.S. Armed Forces (Reserves)
 National Guard (Washington/Oregon)
 More than one parent/guardian is a member of any service listed above
 Non-applicable

SECOND HOUSEHOLD (Parents/Guardians) "1" Last Name First Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		RELATIONSHIP <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"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Other _____	PRIMARY PHONE (Include Area Code) () Number is: <input type="checkbox"/> Home <input type="checkbox"/> Cell Number is unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No Number is long distance: <input type="checkbox"/> Yes <input type="checkbox"/> No
"2" Last Name First Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
PARENT/GUARDIAN "1" <input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work ()		PARENT/GUARDIAN "2" <input type="checkbox"/> cell or <input type="checkbox"/> home () <input type="checkbox"/> work ()	
RESIDENT ADDRESS	Street Address	City	State Zip
MAILING ADDRESS (if different)	Street Address or PO Box	City	State Zip
EMAIL ADDRESS			

Family 2 Parent/Guardian is a member of the following:
 U.S. Armed Forces (Active Duty)
 U.S. Armed Forces (Reserves)
 National Guard (Washington/Oregon)
 More than one parent/guardian is a member of any service listed above

Is there a joint custody or parenting plan in effect? Yes No (If yes, plan must be on file with school for enforcement)
 Is there a restraining order in effect? Yes No (If yes, plan must be on file with school for enforcement)
 Restraining order is against: _____

EMERGENCY CONTACT INFORMATION			
Please list at least two people who can be contacted to assume temporary custody of your child in the event you cannot be reached.			
FIRST CONTACT (other than parent/guardian) <i>Last Name First Name</i>	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 ()
SECOND CONTACT (other than parent/guardian) <i>Last Name First Name</i>	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 (other than parent/guardian) <i>Last Name First Name</i>	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 ()
FOURTH CONTACT (other than parent/guardian) <i>Last Name First Name</i>	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 ()

CHILD CARE PROVIDER INFORMATION	Does student attend child care? <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before & After School		
Name of Child Care Provider _____			
Address _____		City _____	Phone () _____

MEDICAL INFORMATION			
Doctor's First & Last Name _____		Clinic Name _____	Phone () _____
Life Threatening Medical Issues (please check appropriate boxes) <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Severe Allergies _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other _____		Allergies (please check appropriate boxes) <input type="checkbox"/> Bee Stings <input type="checkbox"/> Medications _____ <input type="checkbox"/> Peanuts <input type="checkbox"/> Other _____	
Non-Life Threatening Medical Issues: <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Neuropsych Disorder <input type="checkbox"/> Other _____			

PLEASE LIST OTHER SIBLINGS			
Last Name	First Name	School	Grade

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 Hockinson School District.

Parent/Guardian Signature _____ Date _____