**Student Registration Form**

<table>
<thead>
<tr>
<th>School Name</th>
<th>Hockinson Preschool</th>
</tr>
</thead>
</table>

**STUDENT'S LEGAL NAME:**
- Last
- First Name
- Middle Name

**BIRTH DATE** (Month/Day/Year)

**GRADE LEVEL**

**GENDER** (Circle one)
- M
- F

**BIRTH PLACE:**
- City
- State
- Country

### ETHNICITY AND RACE

**QUESTION NO 1:**
- Is your child of Hispanic or Latino origin? (Please check all that apply)
  - Not Hispanic/Latino
  - Central American
  - Cuban
  - Dominican
  - Latin American
  - Mexican
  - Mexican/Chicano
  - Mexican/American
  - Puerto Rican
  - South American
  - Spaniard
  - Other Hispanic/Latino

**QUESTION NO 2:**
- What race do you consider your child? (Please check all that apply)
  - African American/Black
  - White or Caucasian
  - Asian Indian
  - Cambodian
  - Chinese
  - Filipino
  - Guamanian or Chamorro
  - Hawaiian
  - Indonesian
  - Japanese
  - Korean
  - Laotian
  - Malaysian
  - Pakistani
  - Singaporean
  - Taiwanese
  - Thai
  - Vietnamese
  - Other Asian American
  - Fijian
  - Guamanian or Chamorro
  - Mariana Islander
  - Melanesian
  - Micronesian
  - Samoan
  - Tongan
  - Other Pacific Islander
  - Alaskan Native
  - Chehalis
  - Colville
  - Cowlitz
  - Hoh
  - Jamestown
  - Kalispel
  - Lower Elwha
  - Lummi
  - Makah
  - Muckleshoot
  - Nisqually
  - Nooksack
  - Port Gamble Clallam
  - Puyallup
  - Quileute
  - Quinault
  - Samish
  - Sauk-Suattle
  - Shoalwater
  - Skokomish
  - Snoqualmie
  - Spokane
  - Squalicum
  - Squalax Island
  - Stillaguamish
  - Suquamish
  - Swinomish
  - Tulalip
  - Upper Skagit
  - Yakama
  - Other Washington Indian
  - Other American Indian

### OFFICE USE ONLY:

**Q-1 Data**
- 🅡 STAFF
- 🅡 PARENT

**Q-2 Data**
- 🅡 STAFF
- 🅡 PARENT

### PRIMARY LANGUAGE SPOKEN

**BY STUDENT:**
- Please check one
  - English
  - Russian
  - Spanish
  - Other

**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?
- Yes
- No

If yes, name of school

Location (City)

Last Date Attended (Month/Year)

Has your child ever attended Hockinson Schools?
- Yes
- 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

If yes, 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

If yes, date: _______________________

Has your child ever qualified for or been enrolled in an IEP (Individual Education Program)?
- Yes
- No

If yes, date: _______________________

Has your child ever qualified for or had a 504 Plan?
- Yes
- No

If yes, date: _______________________

Has your child ever participated in:
- Title 1
- LAP
- Speech
- ELL
- Other

Has your child ever been retained?
- Yes
- No

If yes, at what grade level(s)? ________
### PRIMARY HOUSEHOLD (Parents/Guardians)

#### "1" Last Name  
First Name  

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN &quot;1&quot;</th>
<th>PARENT/GUARDIAN &quot;2&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell or Home ( )</td>
<td>Cell or Home ( )</td>
</tr>
<tr>
<td>Work ( )</td>
<td>Work ( )</td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td>Street Address or PO Box</td>
<td>City</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
</tbody>
</table>

### SECOND HOUSEHOLD (Parents/Guardians)

#### "1" Last Name  
First Name  

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN &quot;1&quot;</th>
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### 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

### 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  

### Is there a restraining order in effect?  
- Yes  
- No  

Restraining order is against:  ________________________________________________________________________
### FIRST CONTACT (other than parent/guardian)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Child</th>
<th>Phone #1 (Include Area Code)</th>
<th>Phone #2 (Include Area Code)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Home ☐ Work ☐ Cell (       )</td>
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### SECOND CONTACT (other than parent/guardian)

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### THIRD CONTACT (other than parent/guardian)

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### FOURTH CONTACT (other than parent/guardian)

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### CHILD CARE PROVIDER INFORMATION

<table>
<thead>
<tr>
<th>Does student attend child care?</th>
<th>☐ Before School ☐ After School ☐ Before &amp; After School</th>
</tr>
</thead>
</table>

### MEDICAL INFORMATION

<table>
<thead>
<tr>
<th>Doctor's First &amp; Last Name</th>
<th>Clinic Name</th>
<th>Phone</th>
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**Life Threatening Medical Issues** (please check appropriate boxes)

- ☐ Asthma
- ☐ Heart Condition
- ☐ Severe Allergies
- ☐ Diabetes
- ☐ Seizures
- ☐ Other

**Allergies** (please check appropriate boxes)

- ☐ Bee Stings
- ☐ Medications
- ☐ Peanuts
- ☐ Other

**Non-Life Threatening Medical Issues:**

- ☐ ADHD
- ☐ ADD
- ☐ Neuropsych Disorder
- ☐ Other

### PLEASE LIST OTHER SIBLINGS

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>School</th>
<th>Grade</th>
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**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 __________________

Updated: 03/02/2016