

DARRINGTON SCHOOL DISTRICT #330 REGISTRATION FORM

DO NOT WRITE IN THE SHADED AREA - FOR OFFICE USE ONLY

School Entry Date:	Cafeteria / Library #	Bus Route:	Age Verification In: Y N Physician Report In: Y N Immunizations Complete: Y N
District Entry Date:		Walker	
STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name
		Also known as:	
Birth date (Month/Day/Year)	Gender (M/F)	Birthplace	City State Country
Grade Level	STUDENT LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Other		
PRIMARY HOUSEHOLD #1 (parent/guardian where student resides) Last Name First Name Relationship to the student		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted?	Employer:
		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted?	Employer Phone #
PRIMARY HOUSEHOLD #2 (parent/guardian where student resides) Last Name First Name Relationship to the student		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted?	Employer:
		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted?	Employer Phone #
EMAIL ADDRESS #1		EMAIL ADDRESS #2	
RESIDENT ADDRESS	Physical Street Address	City	State Zip
MAILING ADDRESS (If different than above)	Street or Post Office Box #	City	State Zip
SECOND HOUSEHOLD #1 (non-custodial parent/guardian not residing with student) Last Name First Name Relationship to the student		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted?	Employer:
		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted?	Employer Phone #
SECOND HOUSEHOLD #2 (non-custodial parent/guardian not residing with student) Last Name First Name Relationship to the student		PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted?	Employer:
		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted?	Employer Phone #
EMAIL ADDRESS		RELATIONSHIP TO STUDENT <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Other	
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)			Additional Mailings Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school) <input type="checkbox"/> Copy Attached IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school) <input type="checkbox"/> Copy Attached Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			
DOES YOUR CHILD ATTEND CHILD CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before & After Child Care Provider: _____ Phone # _____			
Additional Child Care Arrangements: _____			

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? Diabetes Asthma Severe nosebleeds
Allergies _____ Handicapping Condition _____ Other _____

PLEASE LIST OTHER SIBLINGS ATTENDING DARRINGTON SCHOOLS

<i>Last Name</i>	<i>First Name</i>	<i>School</i>	<i>Grade</i>

SCHOOL PREVIOUSLY ATTENDED	DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City & State)
HAS STUDENT EVER ATTENDED DARRINGTON SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		GRADE(S) ATTENDED

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? Yes No Date: _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the student have a current 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 HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Speech <input type="checkbox"/> OT/PT <input type="checkbox"/> Counseling <input type="checkbox"/> Migrant <input type="checkbox"/> Bilingual <input type="checkbox"/> Gifted <input type="checkbox"/> Other _____	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level? _____
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HAS YOUR CHILD EVER BEEN INVOLVED WITH ANY OF THESE AGENCIES? Yes No

DSHS, caseworker _____

Juvenile Justice, probation officer _____ Other _____

Does your child have any history of violent behavior? * YES NO *explain _____

Does your child have any past, current or pending disciplinary actions? * YES NO _____

Has your child ever been in any special treatment program? YES (check all) NO Medical Psychiatric
 Counseling Drug/Alcohol Rehabilitation Sexually Aggressive Youth Other _____

EMERGENCY CONTACT AUTHORIZATION

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.

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>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
SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>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
OTHER CONTACT (other than parent/guardian) <i>Last Name</i> <i>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
OTHER CONTACT (other than parent/guardian) <i>Last Name</i> <i>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+

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.
 Legal Parent/Guardian Signature _____ Date _____

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.
 Legal Parent/Guardian Signature _____ Date _____

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 classroom in the Darrington Elementary School.
 Legal Parent/Guardian Signature _____ Date _____

DARRINGTON SCHOOL DISTRICT
Authorization for Exchange of Confidential Education and Medical Information

Student's Name: _____ Birthdate: _____

School: Darrington School District Grade: _____

I authorize the exchange of confidential education or health records regarding the above named student for the purpose of: Establishing special education eligibility, program planning; Healthcare treatment planning; Prevention/intervention service planning; or Other _____

INFORMATION TO BE SHARED WITH:

Party/Previous School (provider, agency, etc.): _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

DISTRICT STAFF WHO MAY SHARE INFORMATION (if applicable): _____

Education Records Requested (Check all that apply)

<input type="checkbox"/> Official Transcript	<input type="checkbox"/> Social/Emotional
<input type="checkbox"/> Academic Records	<input type="checkbox"/> Discipline Records
<input type="checkbox"/> Educational Evaluations/Test Scores	<input type="checkbox"/> Psychological and Counseling Records
<input type="checkbox"/> Special Education Records	<input type="checkbox"/> Other (Specify): _____

Health Records Requested (Check all that apply)

<input type="checkbox"/> Clinic/Hospital Records & Evaluations	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Laboratory/X-Ray/Diagnostic Reports	<input type="checkbox"/> Exclusions (Specify): _____

STUDENT CONSENT: If health records contain any of the following information, only student consent is required if the student is the appropriate age. The respective age is listed after each category of health information. (Check all that apply)

<input type="checkbox"/> HIV/AIDS status, diagnosis, treatment (14+)	<input type="checkbox"/> Family planning/Sexually Transmitted Disease (13+)
<input type="checkbox"/> Alcohol/Drug Treatment (13+)	<input type="checkbox"/> Mental health services (13+)

ACKNOWLEDGMENT: I acknowledge notification of this transfer of educational or health records as required by the Family Educational Right and Privacy Act ("FERPA") and the Health Insurance Portability and Accountability Act ("HIPPA"), and understand that I have the right to receive a copy of the produced records at my own expense. I may request a hearing to challenge the content of any education records. This authorization is entered into voluntarily, and I understand that I may revoke it at any time, in writing. I understand that once information has been released pursuant to this authorization, the information may not be recalled and will not affect actions already taken by the parties who received records authorized to be distributed. I understand that any disclosure of information carries the potential of further release by the recipient, provided that said disclosure will comply with Washington law, FERPA, and HIPPA, as applicable. I also understand that this authorization does not impact my ability to receive health care treatment, services, enrollment, or eligibility for benefits.

CONFIDENTIALITY: Any party receiving records pursuant to this authorization acknowledges that the information disclosed is protected by state and federal law. You may not release it to any party not listed in this form without written consent of the authorizing party. A general authorization for release is insufficient. See RCW 70.02, et seq.

(PARENT) Print: _____ Sign: _____ Date: _____

(STUDENT) Print: _____ Sign: _____ Date: _____

(STAFF) Print: _____ Sign: _____ Date: _____

Send information to:
 Darrington Elementary School
 PO Box 27
 Darrington, WA 98241
 Fax: 360-436-0592 or
 email: kanderson@dsd.k12.wa.us

Send information (Marked "CONFIDENTIAL")

 Attn: _____



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
<p>Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ___ No ___ Don't Know ___</p>		
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___ Yes ___ No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade) _____ Month Day Year</p>		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Race Ethnicity Data Collection

Name of Student: _____

Each year, school districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). OSPI is required to report the total number of students in various categories in each school to the federal government, but it does not report individual student data. Recently, the federal government and OSPI changed the reporting categories for student ethnic and race data. As a result of the new reporting categories, we are required to ask you to identify your child as either Hispanic/Latino or not Hispanic/Latino (Question 1) and by one or

Hispanic Yes No

ETHNICITY

- Hispanic
- Argentine
- Bolivian
- Brazilian
- Chicano (Mexican American)
- Chilean
- Colombian
- Costa Rican
- Cuban
- Dominican
- Ecuadorian
- Guatemalan
- Guyanese
- Honduran
- Jamaican

- Mexican
- Mestizo
- Native
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- Puerto Rican
- Salvadoran
- Spaniard
- Surinamese
- Uruguayan
- Venezuelan
- Hispanic/Latino Write in _____

Black/ African-American

- Black/ African-American
- African American
- African Canadian
- Caribbean
- Anguillan
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)

- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupian
- Haitian
- Jamaican
- Martiniquais/Martiniquaise
- Montserratian
- Puerto Rican
- Caribbean Write in _____

RACE

Central African

- Angolan
- Cameroonian
- Central African (Central African Republic)
- Chadian
- Congolese (Republic of the Congo)
- Congolese (Democratic Republic of the Congo)

- Equatorial Guinean
- Gabonese
- São Toméan
- Principe
- Central African Write in _____

Black/ African-American (continued)

East African

- Burundian

- Reunionese

Race Ethnicity Data Collection

RACE

- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Mahoran (Mayotte)
- Mozambican

- Rwandan
 - Seychellois/Seychelloise
 - Somali
 - South Sudanese
 - Sudanese
 - Ugandan
 - Tanzanian (United Republic of Tanzania)
 - Zambian
 - Zimbabwean
 - East African Write in
-

Latin American

- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- French Guianese
- Guatemalan

- Guyanese
 - Honduran
 - Mexican
 - Nicaraguan
 - Panamanian
 - Paraguayan
 - Peruvian
 - South Georgia/South Sandwich Islands
 - Surinamese
 - Uruguayan
 - Venezuelan
 - Latin American Write in
-

South African

- Botswanan
- Mosotho (Lesotho)
- Namibian

- South African
 - Swazi
 - South African Write in
-

West African

- Beninese
- Bissau-Guinean
- Burkinabé (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Liberian
- Malian

- Mauritanian
 - Nigerien (Niger)
 - Nigerian (Nigeria)
 - Saint Helenian
 - Senegalese
 - Sierra Leonean
 - Togolese
 - West African Write in
-

Black Write in

American Indian/Alaskan Native

- American Indian/Alaskan Native
- Washington State Tribes
- Chinook Tribe

Race Ethnicity Data Collection

RACE

- Confederated Tribes and Bands of the Yakama Nation
- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Cowlitz Indian Tribe
- Duwamish Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Indian Community of the Kalispel Reservation
- Kikiallus Indian Nation
- Lower Elwha Tribal Community
- Lummi Tribe of the Lummi Reservation
- Makah Indian Tribe of the Makah Indian Reservation
- Marietta Band of Nooksack Tribe
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe of Washington
- Port Gamble S'Klallam Tribe
- Puyallup Tribe of Puyallup Reservation
- Quileute Tribe of the Quileute Reservation
- Quinault Indian Nation
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe of Washington
- Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
- Skokomish Indian Tribe
- Snohomish Tribe
- Snoqualmie Indian Tribe
- Snoqualmoo Tribe
- Spokane Tribe of the Spokane Reservation
- Squaxin Island Tribe of the Squaxin Island Reservation
- Steilacoom Tribe
- Stillaguamish Tribe of Indians of Washington
- Suquamish Indian Tribe of the Port Madison Reservation
- Swinomish Indian Tribal Community
- Tulalip Tribes of Washington

Alaskan Native

Alaska Native Write in

American Indian

American Indian Write in

Asian (continued on next page)

- Asian
- Asian Indian
- Bangladeshi
- Bhutanese
- Burmese/Myanmar
- Cambodian/Khmer
- Cham
- Chinese

- Malaysian
- Mien
- Mongolian
- Nepali
- Okinawan
- Pakistani
- Punjabi
- Singaporean

Race Ethnicity Data Collection

- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Lao

- Sri Lankan
- Taiwanese
- Thai
- Tibetan
- Vietnamese
- Asian Write in

Native Hawaiian/Other Pacific Islander

- Native Hawaiian/Other Pacific Islander
- Pacific Islander
- Carolinian
- Chamorro
- Chuukese
- Fijian
- i-Kiribati/Gilbertese
- Kosraean
- Maori
- Marshallese
- Native Hawaiian
- Ni-Vanuatu

- Palauan
- Papuan
- Pohpeian
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Tuvaluan
- Yapese
- Pacific Islander Write in

RACE

White

- White
- Eastern European
- Bosnian
- Herzegovinian
- Polish
- Romanian

- Russian
- Ukrainian
- Eastern European Write in

Middle Eastern and North African

- Algerian
- Amazigh or Berber
- Arab or Arabic
- Assyrian
- Bahraini
- Bedouin
- Chaldean
- Copt
- Druze
- Egyptian
- Emirati
- Iranian
- Iraqi
- Israeli

- Jordanian
- Kurdish Kuwaiti
- Lebanese
- Libyan
- Moroccan
- Omani
- Palestinian
- Qatari
- Saudi Arabian
- Syrian
- Tunisian
- Yemeni
- Middle Eastern Write in
- North African Write in