

WASHINGTON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

Has your student ever attended Washington USD public schools before: Yes No

PLEASE PRINT—STUDENT’S LEGAL NAME			
Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)

Male Female Birth Date: _____ / _____ / _____
Month Day Year Entering Grade _____
School

PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES:

Check One: Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Check One: Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <input type="checkbox"/> _____ Name: _____ First Last Home Address: _____ Street Address & Apt. (if applicable) _____ City Zip Code (w/extension) Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ E-Mail Address _____	Check One: Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Check One: Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <input type="checkbox"/> _____ Name: _____ First Last Home Address: _____ Street Address & Apt. (if applicable) _____ City Zip Code (w/extension) Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ E-Mail Address _____
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Highest Level of Education: Check the response that describes the education level of the **most educated parent.**

<input type="checkbox"/> Graduate Degree(5)	<input type="checkbox"/> Some College or Assoc. Degree (3)
<input type="checkbox"/> College Graduate (4)	<input type="checkbox"/> High School Graduate (2)
	<input type="checkbox"/> Not a High School Graduate (1)

WHAT IS YOUR CHILD’S ETHNICITY? (Please check one) Hispanic or Latino Not Hispanic or Latino

WHAT IS YOUR CHILD’S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

<input type="checkbox"/> Am. Indian or Alaskan Native (100)	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Samoan (303)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	<input type="checkbox"/> White (700)

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date	Assigned Grade:	Permanent ID:
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OTHER CHILDREN IN THE FAMILY

First and Last Name	Date of Birth	Lives at Home	School Attending/Grade
_____	___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____
_____	___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____
_____	___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____

<input type="checkbox"/> Do NOT release my child's information to military recruiters	The law requires the district to release student directory information to military recruiters unless a parent requests that their child's information be withheld. If you do NOT want your child's information released to military recruiters, mark the box on the left.
<input type="checkbox"/> Do NOT publish or release my child's information	The district sometimes publishes or releases student directory information, including to outside agencies. If you do NOT want your child's information released, mark the box at the left. (<i>Note: Marking the box at the left means your student's name will not be included in the graduation program, on graduation t-shirts, academic honors lists, music/drama programs, sports programs, etc.</i>)
<input type="checkbox"/> Yes <input type="checkbox"/> No	The district MAY publish my child's work, image, or name on district/school web sites.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The district MAY publish an athlete page featuring my child on district/school web sites. This page will include my child's photo and statistics related to athletics, sometimes including height and weight.

RESIDENCE—where is your child/family currently living? (Federally Mandated by NCLB) **Please check appropriate box:**

- In a single family permanent residence (house, apartment, condo, mobile home)
 Doubled-up (sharing housing with other families/individuals due to economic hardship or loss}(11)
 In a shelter or transitional housing program (10)
 In a motel/hotel (09)
 Unsheltered (car/campsite) (12)
 Other (15) Please specify _____

PARENT/GUARDIANSHIP INFORMATION (with whom the student lives) - check all that apply

- Father Mother Both Step-Father Step-Mother Guardian Foster/Group Home
 Is the above person(s) the student's LEGAL guardian? Yes No If no, please complete a "Caregiver Affidavit"
 Is either Parent/Guardian on active military duty? Yes No
 Is there a legal custody agreement regarding this student, please check one: Joint Custody Sole Custody
 Guardian

DUPLICATE MAILING

If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Full Name: _____ Phone # (____) _____
 Mailing Address: _____ City: _____ State _____ Zip _____

EMERGENCY CONTACTS

List two local contacts to whom the student may be released in case of illness or other emergency if unable to notify parent.

_____	_____
Name	Phone
_____	_____
Name	Phone

In event of a disaster, if parents or emergency contacts are not available, my son/daughter may be released to an adult familiar to him/her. Yes No

STUDENT INFORMATION

Name: _____

Student's Birthplace _____
City State Country

When did the student first attend school in the United States? _____
Month and Year

At What grade level? Check One K 1 2 3 4 5 6 7 8 9 10 11 12

Did your student ever attend **preschool** in West Sacramento? Yes No If yes, school name _____

When did the student first attend school in California? _____
Month and Year

At What grade level? Check One K 1 2 3 4 5 6 7 8 9 10 11 12

What school did the student attend before enrolling in the current Washington Unified School District? Check One
 Public Private Preschool Home School None

PREVIOUS SCHOOL(S) ATTENDED

School _____ Phone Number (____) _____

Address: _____
Street Address City State Zip

School _____ Phone Number (____) _____

Address: _____
Street Address City State Zip

School _____ Phone Number (____) _____

Address: _____
Street Address City State Zip

ADDITIONAL ENROLLMENT/PLACEMENT INFORMATION: Please answer all questions.

I certify that my son/daughter:

Has never been enrolled in a special educational program

Was previously enrolled in a special program and is no longer enrolled

Is currently enrolled in a special program

My son/daughter has participated in the following special program(s): Mark the appropriate box for each.

- | | |
|---|---|
| Special Education..... <input type="checkbox"/> Yes <input type="checkbox"/> No | Special Day Class..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Resource Specialist Program RSP..... <input type="checkbox"/> Yes <input type="checkbox"/> No | Speech and Language Program..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Visually Impaired Program..... <input type="checkbox"/> Yes <input type="checkbox"/> No | Gifted & Talented (GATE)..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 504 Plan..... <input type="checkbox"/> Yes <input type="checkbox"/> No | English Language Development... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other: Please specify

HEALTH INVENTORY

Student's Physician _____ (_____) _____
Doctor's Name Address City Phone #

Student's Dentist _____ (_____) _____
Dentist's Name Address City Phone #

HEALTH INSURANCE

If yes, Name of Insurance Company _____ Policy Number _____

PERMISSION FOR MEDICAL RECORDS

I/We GIVE consent to the Washington Unified School District to receive from or send to the doctors listed above any information concerning the health and safety of my child. (Doctors or dentists may also require parent permission to release information)

Yes No

HEALTH PROBLEMS Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Diagnosed ADD or ADHD | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> History of Fracture | <input type="checkbox"/> Eye Injury |
| <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> History of Surgery | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Known Hearing Loss | <input type="checkbox"/> Frequent Nosebleeds |
| <input type="checkbox"/> Color Vision Deficiency | <input type="checkbox"/> Known Vision Loss | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Eczema/Skin Trouble | <input type="checkbox"/> Wears Contact Lens | |
| <input type="checkbox"/> History of Ear Problem | <input type="checkbox"/> Wears Glasses | |
| <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Wears Hearing Aide | |
| <input type="checkbox"/> History of Hospitalization | <input type="checkbox"/> Other or further details: _____ | |

ALLERGIES Check all that apply.

- None Food Drugs Plants Animals Insects Bee Sting
 Other _____ List specific item(s) student is allergic to: _____

Describe allergic reaction or treatment: _____

CURRENT MEDICATION(S) Yes No

If Yes, Name of Medication(s)	Dosage	Time Taken	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation in accordance with their best judgment. I authorize the physician named to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician and surgeon. I agree to pay all costs incurred as a result of the foregoing.

I do not choose the above statement and desire the following action in the event of an emergency: _____

On _____ at _____, California
Date City

Parent/Guardian Signature(s) _____

I/We have reviewed this four-page document and to the best of my/our knowledge the information contained herein is true and complete. The Undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

The signatures of **BOTH** parents are required except in the circumstances below. Please check the appropriate box, if applicable.

Co-parent is deceased. Parent has sole legal custody. Please submit a copy of the court order.

PRIMARY PARENT OR GUARDIAN (from page one)

PRIMARY PARENT OR GUARDIAN (from page one)

Print Full Name

Print Full Name

Signature

Signature