



## Student Registration Form

**DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY**

Other ID#	Grade	WA Grad Yr	Entry Date	Entry Code	Records Requested Y N	Waivered From	Overflowed From	Teacher	Tech Notified Y N	KNG Placement R B FD
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(Please Print)

<b>Student Information</b>	<b>Student Legal</b> Last Name _____ <b>Student Legal</b> First Name _____
	<b>Student Legal</b> Middle _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____
	Birthdate (Month/Day/Year) _____ Birthplace (City/State/Country) _____
	Has your child ever been registered in the Sumner School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school _____
	Has your child ever attended school under a different name? If yes, what name(s) _____
	Language student currently speaks <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Ukrainian <input type="checkbox"/> Russian <input type="checkbox"/> Other _____
	First language spoken by the student <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Ukrainian <input type="checkbox"/> Russian <input type="checkbox"/> Other _____
Language student speaks at home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Ukrainian <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	

<b>Household #1 Information</b>	<b>Household #1 - Parent/Guardian #1</b>
	Last Name _____ First Name _____
	Street Address _____ Apt# _____ City, State, ZIP Code _____
	Mailing Address/PO Box _____ City, State, ZIP Code _____ (Complete if different than street address)
	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
	Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____ Ext: _____ Please check if unlisted <input type="checkbox"/>
	Primary contact phone number (check one) <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work e-mail _____
	<b>Household #1 - Parent/Guardian #2</b>
	Last Name _____ First Name _____
	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Cell Phone (____) _____ Work Phone (____) _____ Ext: _____ e-mail _____	

<b>Household #2 Information</b>	<b>Household #2 - Parent/Guardian #1</b>
	Last Name _____ First Name _____
	Street Address _____ Apt# _____ City, State, ZIP Code _____
	Mailing Address/PO Box _____ City, State, ZIP Code _____ (Complete if different than street address)
	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
	Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____ Ext: _____ Please check if unlisted <input type="checkbox"/>
	Primary contact phone number (check one) <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work e-mail _____
	<b>Household #2 - Parent/Guardian #2</b>
	Last Name _____ First Name _____
	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____
Cell Phone (____) _____ Work Phone (____) _____ Ext: _____ e-mail _____	

Additional registration information on back. . . .

**Student History**

Name of school student last attended \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

Has your child ever received services in any of the following programs? Check all applicable programs.

Special Education  504 Accommodations  Highly Capable  ELL  Title 1 Services  LAP Services  Migrant Services

Name of school where services were received \_\_\_\_\_

Does your child have any past, current, or pending disciplinary actions or any history of violent behavior?  Yes  No Date \_\_\_\_\_

Is your child presently on suspension or expulsion from another school?  Yes  No If yes, reason \_\_\_\_\_

Is there a joint-custody or parenting plan in effect?  Yes  No If yes, a certified copy of the most recent plan must be on file with the school for enforcement.

Is there a restraining order against anyone pertaining to your student?  Yes  No If yes, most recent certified legal papers must be on file with the school for enforcement. Restraining order is against  Mother  Father  Other \_\_\_\_\_

**Emergency Contacts**

Name (other than guardian) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_  home  cell  work

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Name (other than guardian) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_  home  cell  work

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Name (other than guardian) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_  home  cell  work

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Name (other than guardian) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_  home  cell  work

**Childcare**

Does student attend childcare?  Before school  Afterschool  Before and afterschool

Provider's name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, ZIP Code \_\_\_\_\_

**Siblings**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Release of Information**

I give permission for my child's photograph/video to be taken by district employees or members of the media.  Yes  No

I give permission for my name, phone number and e-mail to be given to parent support group for projects.  Yes  No

I give permission for my name and phone number to be used by parent support group for an emergency phone tree.  Yes  No

**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 Sumner School District.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Equal Opportunity

The Sumner School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, gender, or disability in education programs, services and activities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX/RCW 28A.640 officer and/or Section 504/ADA coordinator, in writing at 1202 Wood Avenue, Sumner, or by telephone (253) 891-6000.

