



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)

Student Information	Student Legal Last Name _____ Student Legal First Name _____
	Student Legal 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 _____	

Household #1 Information	Household #1 - Parent/Guardian #1
	Last Name _____ First Name _____
	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 _____
	Household #1 - Parent/Guardian #2
	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 _____
	Street Address _____ Apt# _____ City, State, ZIP Code _____ Mailing Address/PO Box _____ City, State, ZIP Code _____ (Complete if different than street address)

Household #2 Information	Household #2 - Parent/Guardian #1
	Last Name _____ First Name _____
	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 _____
	Household #2 - Parent/Guardian #2
	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 _____
	Street Address _____ Apt# _____ City, State, ZIP Code _____ Mailing Address/PO Box _____ City, State, ZIP Code _____ (Complete if different than street address)

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

Name (other than guardian) _____ Relationship to Student _____

Phone number (____) _____ home cell work

Name (other than guardian) _____ Relationship to Student _____

Phone number (____) _____ home cell work

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.

Washington State Ethnicity and Race Data Collection Form

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. The same ethnicity and race categories are used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction. **We need you to identify your child as either Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.**

Student **Legal** Last Name _____ **Legal** First Name _____

- Is your child of **Hispanic or Latino** origin? Yes If yes, the state requires that at least one box must be checked in both section 1 & 2.
 No If no, proceed to section 2. The state requires that at least one box must be checked.

Section 1. Check all that apply.

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Central American | <input type="checkbox"/> Other Hispanic/Latino |

Section 2. What race(s) do you consider your child? Check all that apply. At least one box must be checked.

<input type="checkbox"/> African American/Black <input type="checkbox"/> White	American Indian or Alaskan Native <input type="checkbox"/> Alaska Native <input type="checkbox"/> Quinault <input type="checkbox"/> Chehalis <input type="checkbox"/> Samish <input type="checkbox"/> Colville <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Cowlitz <input type="checkbox"/> Shoalwater <input type="checkbox"/> Hoh <input type="checkbox"/> Skokomish <input type="checkbox"/> Jamestown <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Kalispel <input type="checkbox"/> Spokane <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Lummi <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Makah <input type="checkbox"/> Suquamish <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Swinomish <input type="checkbox"/> Nisqually <input type="checkbox"/> Tulalip <input type="checkbox"/> Nooksack <input type="checkbox"/> Yakama <input type="checkbox"/> Port Gamble Klallam <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Puyallup <input type="checkbox"/> Other American Indian/ <input type="checkbox"/> Quileute Alaska Native
Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Malaysian <input type="checkbox"/> Chinese <input type="checkbox"/> Pakistani <input type="checkbox"/> Filipino <input type="checkbox"/> Singaporean <input type="checkbox"/> Hmong <input type="checkbox"/> Taiwanese <input type="checkbox"/> Indonesian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian	
Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Micronesian <input type="checkbox"/> Fijian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Tongan <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Melanesian	

Parent/Guardian Signature _____ Date _____

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Form was completed by parent Form was completed by (name) _____
 Completed form was received by _____ Date _____

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