



For our children, our community, our world, our future

CHENEY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

DATE _____

Birth Certificate: Shot Record: Proof of Residence: Initials of Receiver _____

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country
				GRADE LEVEL

Is your family currently experiencing homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE STUDENT CURRENTLY SPEAKS <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	ETHNICITY/ RACE – PLEASE COMPLETE INFORMA- TION BELOW
	NATIVE LANGUAGE (Language the student first spoke) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	
	HOME LANGUAGE (Language spoken at home) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	
	HAS YOUR CHILD EVER BEEN ENROLLED IN AN ENGLISH LANGUAGE DEVELOPMENT PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN? (enter X in all that apply.)

NOT Hispanic/Latino Mexican/Mexican American/Chicano Cuban Central American Dominican
 South American Spaniard Latin American Puerto Rican Other Hispanic/Latino

WHAT RACE(S) DO YOU CONSIDER YOUR CHILD? (enter X in all that apply.)

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

PRIMARY GUARDIAN Household 1 (parent/guardian where student resides) Last Name First Name		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PHONE #1 – Best Contact Phone (include area code)	PHONE #2 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)		
Relationship						
SECONDARY GUARDIAN Household 1 (parent/guardian where student resides) Last Name First Name		Please check if unlisted <input type="checkbox"/>	PHONE #3 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)			
Relationship						
RESIDENT ADDRESS	Street	TRLR, Apt #	City	State	ZIP	
MAILING ADDRESS (If different from above)	Street	TRLR, Apt #	P O Box	City	State	ZIP
GUARDIAN 1 EMPLOYER		Guardian Work Phone		GUARDIAN EMAIL ADDRESS		
GUARDIAN 2 EMPLOYER		Guardian Work Phone		GUARDIAN EMAIL ADDRESS (if different from above)		

SECOND HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name		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
Relationship		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
Last Name First Name (non-custodial parent not residing with student)			
Relationship		SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)	
		ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY FAMILY INFORMATION (Please mark appropriate box)	
<input type="checkbox"/> Student has parent/guardian who is a member of active duty U.S. Armed Forces (A)	<input type="checkbox"/> Student has parent/guardian who is a member of the Reserves of the U.S. Armed Forces (R)
<input type="checkbox"/> Student has parent/guardian who is a member of the Washington National Guard (G)	<input type="checkbox"/> Student has <u>more than one</u> parent/guardian who is a member of any of the above (M)
<input type="checkbox"/> No affiliation (N)	<input type="checkbox"/> No Response/Refuse to State (Z)

HAS YOUR CHILD EVER ATTENDED CHENEY SCHOOL DISTRICT BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what Cheney School _____
HAS YOUR CHILD EVER ATTENDED A WASH. STATE SCHOOL OR PUBLIC PRESCHOOL BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what School _____

SCHOOLS PREVIOUSLY ATTENDED (MOST RECENT FIRST)	SCHOOL DISTRICTS PREVIOUSLY ATTENDED	PREVIOUS SCHOOLS LOCATION (City & State)	DATE FROM	DATE TO

IS THERE A RESTRICTIVE PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school for enforcement)

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <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"/> Gifted <input type="checkbox"/> ELL/ESL <input type="checkbox"/> Other _____ DOES YOUR CHILD HAVE A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No DOES YOUR CHILD HAVE ANY PAST, CURRENT OR PENDING DISCIPLINARY ACTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No DOES YOUR CHILD HAVE ANY HISTORY OF VIOLENT BEHAVIOR OR CONVICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No ARE THERE ADJUDICATIONS OR DIVERSION AGREEMENTS RELATED TO A VIOLENT OFFENSE, A SEX OFFENSE, INHALING TOXIC FUMES, A DRUG OFFENSE, A LIQUOR VIOLATION, ASSAULT, KIDNAPPING, HARASSMENT, STALKING OR ARSON? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____ ARE THERE ANY UNPAID FINES OR FEES FROM OTHER SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No ARE THERE ANY HEALTH CONDITIONS AFFECTING YOUR STUDENT'S EDUCATIONAL NEEDS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
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ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

PLEASE LIST OTHER SIBLINGS ATTENDING SCHOOLS IN THIS DISTRICT			
Last Name	First Name	School	Grade

PLEASE LIST OTHER SIBLINGS LIVING IN THE HOUSEHOLD		
Last Name	First Name	Age

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.

STUDENT RELEASE AUTHORIZATION: In case of injury, illness or other emergency or non-emergency situations occur involving my child, when a parent/guardian cannot be contacted, I authorize Cheney Public Schools to call and/or release my child to one of the following.

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
PRIMARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
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
SECONDARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
THIRD 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
THIRD CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			

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 this school district.

Legal Parent/Guardian Signature _____ Date _____