



Moses Lake School District
Elementary Registration Form

SCHOOL: _____

DATE: _____

STUDENT INFORMATION

Form containing student information fields: Last Name, First Name, Middle Name, Gender (M, F), Birth Date, Place of Birth, Current Grade, Student Lives With (checkboxes for Both Parents, Father Only, Mother Only, etc.), and a section for legal situations regarding the student.

ETHNICITY & RACE INFORMATION (Please complete Section 1 & Section 2)

SECTION 1: HISPANIC OR LATINO ORIGIN

Form for Section 1: HISPANIC OR LATINO ORIGIN, including a question 'Is your child of Hispanic or Latino Origin?' and checkboxes for various ethnicities like Central America, Cuban, Dominican, etc.

SECTION 2: RACE

Form for Section 2: RACE, including a question 'What race do you consider your child?' and checkboxes for various racial categories such as African American or Black, White, American Indian or Alaskan Native, Asian, and Native Hawaiian.

HOME LANGUAGE INFORMATION

SEE HOME LANGUAGE SURVEY FOR THIS INFORMATION

HEALTH ALERT INFORMATION

Does the student have any current health concerns of which the school should be made aware? No Yes If yes, please fill out a Student Health Form.

PREVIOUS SCHOOL INFORMATION

Form for Previous School Information: Has the student attended Moses Lake schools? No Yes If yes, please list: Name of School(s):

SIBLING INFORMATION

Form for Sibling Information: Does the student have siblings enrolled in the Moses Lake School District? No Yes If yes, please list: Sibling Name: School Name: (repeated for multiple siblings)

PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)

Form for Primary Family Information, including fields for Home Address, Mailing Address, City, State, Zip Code, and contact information for Parent/Guardian #1 and #2 (Last Name, First Name, Phone, and E-mail Address).

FAMILY #2 INFORMATION (WHERE STUDENT DOES NOT RESIDE) (If applicable)

| | | | |
|---|--|---|--|
| Home Address <i>(include apt. #)</i> | | City, State, Zip Code | |
| Mailing Address <i>(if different)</i> | | City, State, Zip Code | |
| Parent/Guardian #1 Last Name | | Parent/Guardian #2 Last Name | |
| First Name | | First Name | |
| Primary ()Cell ()Work ()Other Phone | Second ()Cell ()Work ()Other Phone | Primary ()Cell ()Work ()Other Phone | Second ()Cell ()Work ()Other Phone |
| Third ()Cell ()Work ()Other Phone | Relationship To Student | Third ()Cell ()Work ()Other Phone | Relationship To Student |
| Parent/Guardian #1 E-mail Address | | Parent/Guardian #2 E-mail Address | |

EMERGENCY CONTACT AUTHORIZATION

The following individuals may pick up the student from school with written permission from the legal parent/guardian **OR** when contacted by school personnel in an emergency. In the event of an accident or illness, every effort will be made to contact the student's legal parent/guardian first.

Parent/Guardian Initials: _____

#1 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

| |
|---|
| Last Name |
| First Name |
| Primary ()Cell ()Work ()Other Phone |
| Second ()Cell ()Work ()Other Phone |
| Third ()Cell ()Work ()Other Phone |
| Relationship To Student |

#2 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

| |
|---|
| Last Name |
| First Name |
| Primary ()Cell ()Work ()Other Phone |
| Second ()Cell ()Work ()Other Phone |
| Third ()Cell ()Work ()Other Phone |
| Relationship To Student |

#3 EMERGENCY CONTACT INFORMATION
(Other than Parent/Guardian)

| |
|---|
| Last Name |
| First Name |
| Primary ()Cell ()Work ()Other Phone |
| Second ()Cell ()Work ()Other Phone |
| Third ()Cell ()Work ()Other Phone |
| Relationship To Student |

SPECIAL PROGRAMS/SERVICES

Has the student received special classes/special education services within the last year? No Yes If yes, please mark all that apply below:

ESL/ELL Gifted OT/PT Self-Contained Special Ed. Resource Room Speech Title I Math Title I Reading 504 Care Plan

Other: _____

PHOTO RELEASE AUTHORIZATION

The student's photo may be taken for inclusion in: District publications, District websites, and/or other District-related websites; local newspaper articles, magazine articles, and/or letters relating to school activities. Please choose one of the following options:

Yes, I give my permission for photos to be used. **No**, I do not give permission for photos to be used.

STUDENT DISCIPLINE INFORMATION

Has the student been suspended or expelled from school in the past 12 months? No Yes If yes, please explain below:

Date(s): _____ Reason(s): _____

PARENT/GUARDIAN SIGNATURE

Signature: _____ Date: _____

OFFICE USE ONLY

Proof of Birth Date on file Proof of Residency verified (Initials _____)

Updated May 23, 2016