



Moses Lake School District
Secondary 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 E-mail Address (Optional), and Student Cell Phone (Optional).

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

SECTION 1: HISPANIC OR LATINO ORIGIN

Is your child of Hispanic or Latino Origin? [] No [] Yes. If yes, please mark all that apply: [] Central America [] Cuban [] Dominican [] Latin American [] Mexican/Mexican American/Chicano [] Puerto Rican [] South American [] Spaniard [] Other Hispanic/Latino _____

SECTION 2: RACE

What race do you consider your child? (Please mark all that apply being sure to select at least one.)
[] African American or Black (200) [] White (300)
AMERICAN INDIAN OR ALASKAN NATIVE (400)
[] Alaska Native [] Chehalis [] Colville [] Cowlitz [] Hoh [] Jamestown S'Klallam [] Kalispel [] Lower Elwha Klallam [] Lummi [] Makah [] Muckleshoot [] Nisqually Nooksack [] Port Gamble S'Klallam [] Puyallup [] Quileute [] Quinault [] Samish [] Sauk-Suiattle [] Shoalwater Bay [] Skokomish [] Snoqualmie [] Spokane [] Squaxin Island [] Stillaquamish [] Suquamish [] Swinomish [] Tulalip [] Yakima [] Other Washington Indian [] Other American Indian
ASIAN (500)
[] Asian Indian [] Cambodian [] Chinese [] Filipino [] Hmong [] Indonesian [] Japanese [] Korean [] Laotian [] Malaysian [] Pakistani [] Singaporean [] Taiwanese [] Thai [] Vietnamese [] Other Asian
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (600)
[] Native Hawaiian [] Fijian [] Guamanian/Chamorro [] Mariana Islander [] Melanesian [] Micronesian [] Samoan [] Tongan [] Other Pacific Islander

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(S) INFORMATION

Form containing previous school information: Previous School Name, Previous School City & State, Has student attended Moses Lake Schools? [] No [] Yes, Name of School(s) & Dates of Attendance.

PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)

Form containing primary family information: Home Address (include apt. #), Mailing Address (if different), City, State, Zip Code for both, Parent/Guardian #1 and #2 (Last Name, First Name, Primary/Second/Third Phone, Relationship To Student, 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	

SIBLING INFORMATION

Does the student have siblings enrolled in the Moses Lake School District? No Yes If yes, please list the name(s) below:

Sibling Name: _____ School Name: _____
 Sibling Name: _____ School Name: _____
 Sibling Name: _____ School Name: _____

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 LAP Math LAP 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.

PARENT/GUARDIAN SIGNATURE

Signature: _____ Date: _____

OFFICE USE ONLY

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

Updated May 23, 2016