



Moses Lake School District
Middle School Registration Form

SCHOOL: _____
DATE: _____

STUDENT INFORMATION

Last Name		First Name		Middle Name	
Gender	M F	Birth Date	Place of Birth	Current Grade	
Has the student been suspended or expelled from school in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain below: Date(s): _____ Reason(s): _____					

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
 Micronesia
 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

Previous School Name	Previous School City & State
Has student attended Moses Lake Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of School(s) & Dates of Attendance

PRIMARY FAMILY INFORMATION (WHERE STUDENT RESIDES)

Home Address (include apt. #)		City, State, Zip Code	
Mailing Address (if different)		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	

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