

Olympia School District STUDENT REGISTRATION FORM

AM Bus: Route # _____

PM Bus: Route # _____

SCHOOL _____ Date Received: _____

ALERT FLAG

Legal Medical

Please check here if you have recently registered students at another school or have/will have other students attending another school within our district.

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY				
SCHOOL START DATE (M/D/Y)	TEACHER/ADVISOR	HOMEROOM NUMBER	LOCKER NUMBER	WITHDRAWAL DATE (M/D/Y)

STUDENT'S NAME: LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	BIRTHDATE: (M/D/Y)
Has student's name been legally changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was previous name(s)? _____			Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENT ADDRESS: (where student resides) Street _____ Apt.# _____ City _____ State _____ Zip _____	LEGAL GENDER	GRADE LEVEL
Verification of Residency Statement Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		

BIRTHPLACE: City _____ State _____ Country _____	MILITARY? <input type="checkbox"/> Both Primary Guardians <input type="checkbox"/> Primary Guardian 1 <input type="checkbox"/> Primary Guardian 2	District Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No, Transfer Student <input type="checkbox"/> Out-of-District Transfer <input type="checkbox"/> Within-District Transfer
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STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____	PRIMARY GUARDIAN 1 (parent/legal guardian where student resides) Last Name _____ First Name _____	PRIMARY GUARDIAN 1 PHONE (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____
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MAILING ADDRESS (If different from above) (Street/Apt. #, City, State, Zip) _____	PRIMARY GUARDIAN 2 (parent/legal guardian where student resides) Last Name _____ First Name _____	PRIMARY GUARDIAN 2 PHONE (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____
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PRIMARY GUARDIAN 1 EMPLOYER (Company Name) _____	Employer Phone _____	PRIMARY GUARDIAN 2 EMPLOYER (Company Name) _____	Employer Phone _____
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SECOND HOUSEHOLD (non-custodial parent not residing with student) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other _____	SECOND HOUSEHOLD PHONE (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email Address _____
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SECOND HOUSEHOLD ADDRESS (Street/Apt #, City, State, ZIP) _____	Additional Mailings Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State) _____
HAS STUDENT EVER ATTENDED OLYMPIA SCHOOL DISTRICT SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, School: _____		DATE ATTENDED (Month/Year) _____
HAS YOUR CHILD EVER BEEN ENROLLED IN A PRESCHOOL PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAS STUDENT EVER ATTENDED A WASHINGTON STATE SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IS THERE A CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a copy for your child's school file.)
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement.)
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION? If yes, additional information is required prior to your child attending school. Please complete and return the supplemental Life Threatening Conditions packet. According to RCW 28A.210.320: <i>Children with life-threatening health conditions – Medication or treatment orders – Rules</i> , the medication or treatment order must address the life-threatening condition and it must be on file with the school prior to the child attending school. Under the law, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. The law provides that a child may not attend school in the absence of a medication or treatment order if the child has a life-threatening condition that might require medical services to be provided at school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	This box is for Office Use only. <input type="checkbox"/> Packet given to parent Date packet given: _____ <input type="checkbox"/> Office staff signed <input type="checkbox"/> Parent/Legal Guardian signed
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ETHNICITY and RACE: 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. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State legislature, and the state Superintendent of Public Instruction.

Please complete the following:

Question 1: Is your child of Hispanic or Latino origin?

- No, my child is not Hispanic or Latino (continue to next question). (10)
- Yes, my child is Hispanic or Latino (check all that apply and continue to next question).
- | | | |
|-----------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Cuban (55) | <input type="checkbox"/> Puerto Rican (70) | <input type="checkbox"/> South American (80) |
| <input type="checkbox"/> Dominican (60) | <input type="checkbox"/> Mexican/Mexican American/Chicano (30) | <input type="checkbox"/> Latin American (85) |
| <input type="checkbox"/> Spaniard (65) | <input type="checkbox"/> Central American (75) | <input type="checkbox"/> Other Hispanic/Latino (90) |

Question 2: What race(s) do you consider your child (check all that apply)?

- | | | |
|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> African American / Black (200) | | |
| <input type="checkbox"/> White or Caucasian (300) | | |
| <input type="checkbox"/> Asian Indian (505) | <input type="checkbox"/> Alaska Native (405) | <input type="checkbox"/> Samish (457) |
| <input type="checkbox"/> Cambodian (507) | <input type="checkbox"/> Chehalis (410) | <input type="checkbox"/> Sauk-Suiattle (460) |
| <input type="checkbox"/> Chinese (510) | <input type="checkbox"/> Colville (413) | <input type="checkbox"/> Shoalwater Bay (463) |
| <input type="checkbox"/> Filipino (520) | <input type="checkbox"/> Cowlitz (416) | <input type="checkbox"/> Skokomish (466) |
| <input type="checkbox"/> Hmong (525) | <input type="checkbox"/> Hoh (418) | <input type="checkbox"/> Snoqualmie (469) |
| <input type="checkbox"/> Indonesian (530) | <input type="checkbox"/> Jamestown (421) | <input type="checkbox"/> Spokane (472) |
| <input type="checkbox"/> Japanese (535) | <input type="checkbox"/> Kalispel (424) | <input type="checkbox"/> Squaxin Island (475) |
| <input type="checkbox"/> Korean (540) | <input type="checkbox"/> Lower Elwa Klallam (427) | <input type="checkbox"/> Stillaguamish (478) |
| <input type="checkbox"/> Laotian (545) | <input type="checkbox"/> Lummi (430) | <input type="checkbox"/> Suquamish (481) |
| <input type="checkbox"/> Malaysian (550) | <input type="checkbox"/> Makah (433) | <input type="checkbox"/> Swinomish (484) |
| <input type="checkbox"/> Pakistani (555) | <input type="checkbox"/> Muckleshoot (436) | <input type="checkbox"/> Tulalip (487) |
| <input type="checkbox"/> Singaporean (560) | <input type="checkbox"/> Nisqually (439) | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Taiwanese (565) | <input type="checkbox"/> Nooksack (442) | <input type="checkbox"/> Yakama (490) |
| <input type="checkbox"/> Thai (570) | <input type="checkbox"/> Port Gamble Klallam (445) | <input type="checkbox"/> Other Washington Indian Tribe (495) |
| <input type="checkbox"/> Vietnamese (575) | <input type="checkbox"/> Puyallup (448) | <input type="checkbox"/> Other American Indian Tribe (499) |
| <input type="checkbox"/> Other Asian (599) | <input type="checkbox"/> Quileute (451) | |
| | <input type="checkbox"/> Quinault (454) | |
| <input type="checkbox"/> Native Hawaiian (605) | | |
| <input type="checkbox"/> Fijian (520) | | |
| <input type="checkbox"/> Guamanian or Chamorro (620) | | |
| <input type="checkbox"/> Mariana Islander (625) | | |
| <input type="checkbox"/> Melanesian (630) | | |
| <input type="checkbox"/> Micronesian (632) | | |
| <input type="checkbox"/> Samoan (635) | | |
| <input type="checkbox"/> Tongan (640) | | |
| <input type="checkbox"/> Other Pacific Islander (699) | | |

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 Olympia School District.

Legal Parent/Guardian's Signature: _____

Date _____

Printed Name: _____