

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY							
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	GRADUATION YEAR	HOMEROOM NAME	HOMEROOM #	BUS ROUTE AM PM	STUDENT ACCESS LOG IN:	STUDENT ACCESS PASSWORD:



NEW STUDENT REGISTRATION FORM

Date: _____

Grades K-4

Grades 5-6

Grades 7-12

SWA Applicant

STUDENT NAME: Legal Last Name	Legal First Name	Legal Middle Name	Also known as:
BIRTHPLACE (City, State, County)	GENDER (M/F/X)	BIRTHDATE	GRADE LEVEL

PARENT/GUARDIAN INFORMATION:

PRIMARY HOUSEHOLD where all school mail will be sent. Robo Calls/texts/emails will be sent as noted.

PRIMARY HOUSEHOLD (parent/guardian ONE) <i>Last Name</i> <i>First Name</i> RELATIONSHIP TO STUDENT: <i>Place of Work</i>	ROBO & ATTENDANCE CALLS - PRIMARY # (include area code) Home Work Cell Please check if unlisted	ROBO TEXT & ATTENDANCE CALL (include area code) Home Work Cell	ROBO TEXT (include area code) Home Work Cell
(parent/guardian TWO) <i>Last Name</i> <i>First Name</i> RELATIONSHIP TO STUDENT: <i>Place of Work</i>	ROBO CALL (include area code) Home Work Cell	ROBO TEXT (include area code) Home Work Cell	ROBO TEXT (include area code) Home Work Cell
Family 1, Guardian 1 EMAIL ADDRESS (Robo & Attendance notifications) Family 1, Guardian 2 EMAIL ADDRESS (Robo & Attendance notifications)	STUDENT LIVES WITH: Both parents Father only Mother only Father/Stepmother Mother/Stepfather Grandparents Stepfather/Stepmother Guardian Agency Self Other		

STREET ADDRESS

<i>Street</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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MAILING ADDRESS (If different from above)

<i>Street</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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SECOND HOUSEHOLD where all school mail will be sent. Robo Calls/texts/emails will be sent as noted

SECOND HOUSEHOLD (parent/guardian ONE) <i>Last Name</i> <i>First Name</i> RELATIONSHIP TO STUDENT: <i>Place of Work</i>	ROBO & ATTENDANCE CALLS AND TEXTS (include area code) Home Work Cell Please check if unlisted	ROBO TEXTS (inc. area code) Home Work Cell	PHONE 3 (include area code) Home Work Cell
(parent/guardian TWO) <i>Last Name</i> <i>First Name</i> RELATIONSHIP TO STUDENT: <i>Place of Work</i>	PHONE 1 (include area code) Home Work Cell	PHONE 2 (include area code) Home Work Cell	PHONE 3 (include area code) Home Work Cell
Family 2, Guardian 1 EMAIL ADDRESS (Robo & Attendance notifications) Family 2, Guardian 2 EMAIL ADDRESS (Robo & Attendance notifications)	SECOND HOUSEHOLD STREET ADDRESS <i>(Street/PO Box, City, State, ZIP)</i> SECOND HOUSEHOLD MAILING ADDRESS <i>(Street/PO Box, City, State, ZIP)</i>		ADDITIONAL MAILINGS REQUESTED Yes No

Student Last Name: _____ First Name: _____ Grade: _____

Student History:

School Previously Attended: _____ School District Previously Attended: _____ Previous School Location (City & State): _____

Has student ever attended South Whidbey Public Schools? Yes No

If Yes, Name of school attended: _____ Date Attended (Month/Year): _____

If Out of State, has student ever attended school in WA State? Yes No If Yes, What District? _____

Is there a joint-custody or parenting plan in effect? Yes No

If Yes, plan must be on file with the school Copy Attached

Is there a restraining order in effect? Yes No

If Yes, legal papers must be on file with the school Copy Attached

Restraining order is against: Mother Father Other: _____

Has the student ever been suspended for a weapons violation? Yes No Date: _____

Has your child ever qualified for or been enrolled in a special education program? Yes No

Has your child ever qualified for or had a 504 plan? Yes No

Has your child ever been retained? Yes No

If Yes, at what grade level(s)? _____

Has your child ever participated in: Title Speech Gifted ELL Other: _____

Does student attend child care? Before school After school Before & after school No

Child Care Provider

Name

Address

Phone Number

Additional child care arrangements (Please provide information to school in writing)

Please list other siblings attending public school within South Whidbey School District:

Last Name

First Name

School

Grade

Special instructions regarding religious beliefs (Please provide information to school in writing)

Student Release Authorization

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child. **PLEASE PUT ONLY ONE NAME PER BOX.**

EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE # (include area code) Home Work Cell	PHONE # (include area code) Home Work Cell
EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE # (include area code) Home Work Cell	PHONE # (include area code) Home Work Cell
EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE # (include area code) Home Work Cell	PHONE # (include area code) Home Work Cell
EMERGENCY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE # (include area code) Home Work Cell	PHONE # (include area code) Home Work Cell

Student Release Authorization: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) I have listed for student release.

Legal Parent/Guardian Signature _____ *Date* _____

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.

Legal Parent/Guardian Signature _____ *Date* _____

Volunteer Access Authorization: In case of early dismissal, attendance questions or emergencies, I give permission for the work and emergency numbers that I have listed for my child to be used by volunteers.

Legal Parent/Guardian Signature _____ *Date* _____

ROBO Call/Text/Email Authorization: I understand that it is the policy of the South Whidbey School District to keep our staff, students and families as informed as possible. In the event of an emergency and in the event that there is a school or district update to school events or functionality, every effort will be made to contact parent/guardian immediately at one or all of the numbers and emails above. I give permission to the South Whidbey School District to notify me and my family at all of the numbers, emails, and addresses as noted to receive notifications above. To receive Text/SMS messages, I understand that I must "opt in" to the service by texting YES to the number 67587.

Legal Parent/Guardian Signature _____ *Date* _____

Student Information Release:

The South Whidbey School District (SWSD) seeks publicly to keep parents and caregivers informed of upcoming events, recruit volunteers, recognize students and increase community involvement. You can assist us by allowing photographs, videos, or recordings of your student or their work to appear in newsletters, flyers, the press, the district's websites and social media accounts.

In addition, the SWSD will provide your child the ability to access the internet, Google apps for education and district email accounts. All computer use is monitored by staff and an internet content filtering system is in place to protect your child.

You do have a right to ask that the school district refrain from releasing your child's information and limit access to the internet. To do so, please contact the main office of your child's school.

Student Last Name: _____ First Name: _____ Grade: _____

Military Status: The state legislature has passed a law requiring Washington State public schools to collect information, yearly on military affiliation beginning with the 2016-17 school year. The legislature requires this data collection to accurately monitor critical elements of academic progress and proficiency for students from military families. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices to meet the needs of our military family students.

No (please sign and date below) (N)

Yes (Please check the appropriate option below that indicates the type of service, and then sign and date below)

U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. (A)

National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. (G)

More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. (M)

U.S. Armed Forces Reserves – Student/family has a parent/guardian who is a current member of the U.S. Armed Forces reserves. (R)

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 South Whidbey Public Schools.

Legal Parent/Guardian Signature _____ Date _____

Student Last Name: _____ First Name: _____ Grade: _____

STUDENT INFO: IMMUNIZATION RECORDS & VERIFICATION OF AGE REQUIRED:

Proof of Verification of Age includes: birth certificate, passport, hospital or physician's certificate showing date of birth, adoption record, an entry in a family bible; an affidavit from a parent; a birth certificate; previously verified school records; or any other documents permitted by law. School districts should

The South Whidbey School District #206 does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, marital status, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Affirmative Action/Title IX/ RCW 28A.640 /RCW 28A.642 compliance officer, Dan Poolman, dpoolman@sw.wednet.edu, or Section 504/ADA coordinator, Jeff Fankhauser, jfankhauser@sw.wednet.edu, 5520 Maxwelton Road, Langley, WA 98260, 360-221-6100, fax 360-221-3835.