

Valley School District No. 070  
**Student Registration Form**

<b>Entry Date:</b>
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Student's Legal Last Name	Legal First Name	Legal Middle Name	Name student prefers	Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	City/State	Birth City/State		Birth Country	
<b>Ethnicity and Race:</b> Please complete the <i>Ethnicity and Race Data Collection Form</i> attached to this registration form. Schools must report student ethnicity and race data to the Office of Superintendent of Public Instruction (OSPI), and the total number of students in the state in various categories are reported to the federal government by OSPI.					
<b>Home Language:</b> Please complete the <i>OSPI Home Language Survey</i> attached to this registration form. This required information will assist staff in identifying a student's primary language, providing instructional support and services, and communication preferences.					
Will you need someone to help translate letter(s) or information sent home? <b>Yes</b> _____ <b>No</b> _____					

**Primary Parent/Guardian Information: Name(s) of person(s) with whom student is living.**

Parent/Guardian Last Name	Parent/Guardian First Name	Relationship to Student	Work Phone (    ) Cell Phone (    )
Parent/Guardian Last Name	Parent/Guardian First Name	Relationship to Student	Work Phone (    ) Cell Phone (    )
<b>Home Telephone Number:</b> (    )		Is this an unlisted number? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Home/Residence Street Address		Apt #	City
Mailing Address (if different than above)		Apt #	City
Zip Code			
<b>Email Address: (if you wish to have Skyward Family Access, an email address is needed)</b>			

**Second Household Information: Non-custodial parent/guardian not residing with student.**

Last Name	First Name	Relation to Student	Work Phone (    )	Cell Phone (    )
Last Name	First Name	Relation to Student	Work Phone (    )	Cell Phone (    )
Home Phone (    ) Check if unlisted <input type="checkbox"/>		Should the following mailings be sent to this household also? Report Cards <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> All mailings <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
Second Household Mailing Address		City	State	Zip

**Siblings: Please list all siblings attending school in the Valley School District.**

Last Name	First Name	School	Grade

**Legal Information (if applicable)**

Is there a joint-custody or parenting plan in effect?     **Yes**     **No**    If yes, plan must be on file with the school for enforcement.

Is there a restraining order in effect?                     **Yes**     **No**    If yes, legal papers must be on file with the school for enforcement.

The restraining order is against:                             **Mother**     **Father**     **Other:** \_\_\_\_\_

**Please see reverse side for Emergency, Medical, Previous School Information and Legal Parent/Guardian Signature.**

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**Emergency Information: List local persons (other than yourself)** usually available during the school day who have agreed to care for and provide transportation for your child if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents/guardians first.

Name of contact person	Relation to Student	Day Phone ( ) Cell Phone ( )	City or Town
Name of contact person	Relation to Student	Day Phone ( ) Cell Phone ( )	City or Town
Name of contact person	Relation to Student	Day Phone ( ) Cell Phone ( )	City or Town

**Medical Information:** Enter the name of your family physician who may be contacted by school staff members when parent/guardian cannot be reached and medical assistance is indicated. Please note that when a Fire Department/Medical Unit responds, they will contact the available hospital emergency room physician, who may contact your family physician.

Doctor	Telephone ( )	Ext.
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**Medical Alert Information:**

**Does this child have any medical condition(s) that may affect school activities or be considered life-threatening?** [ ] Yes [ ] No  
 Examples include: asthma, food or insect allergies, diabetes, seizures, disabilities or other serious medical conditions. If yes, please complete and return *Form 3413F1-STUDENT HEALTH CONDITIONS* (attached).

**Does this child take medication on a regular basis and/or need to take medication during school hours?** [ ] Yes [ ] No  
 Any medication to be administered at school requires completion and submission of *Form 3416F1-AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL* (attached).

**Emergency Medical Authorization:** I understand that in the event my child, \_\_\_\_\_, experiences an accident or illness during school hours or activities every effort will be made to contact me (parent/guardian) immediately. If I (parent/guardian) cannot be reached, I authorize school authorities to obtain emergency medical care for my child.

Legal Parent/Guardian Name / Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Previous School and Other Information**

Student records and information will be requested from and/or may be disclosed to school district officials with a legitimate educational interest as allowed by district policy and the Family Education Rights and Privacy Act (FERPA).

Last School Attended	Grade	Address of Former School, City, State, Zip and Phone/Fax Numbers
_____	_____	_____ _____

Has your child previously been enrolled in Valley School District? [ ] Yes [ ] No If yes, what school? \_\_\_\_\_ Year(s) attended \_\_\_\_\_

Has your student ever qualified for or been enrolled in a Special Education program? [ ] Yes [ ] No  
 Please check those that apply: [ ] Title I [ ] LAP (Learning Assistance Program) [ ] Other: \_\_\_\_\_

Has your student ever qualified for or had a Section 504 plan? [ ] Yes [ ] No  
 Has your student ever been retained? [ ] Yes [ ] No Has your student ever accelerated a grade? [ ] Yes [ ] No  
 Has your student ever participated in a gifted / highly capable program? [ ] Yes [ ] No  
 Has your student ever participated in an English Language Learners or similar program (ESL, TBIP)? [ ] Yes [ ] No  
 Has your student ever been or is currently being home-schooled? [ ] Yes [ ] No If yes, previously, in what grade(s)? \_\_\_\_\_

Is your student seeking ancillary services (co-curricular activities, healthcare or other services except "courses")? [ ] Yes [ ] No  
 Is your child a nonresident, "choice" student? [ ] Yes [ ] No  
 Has your student experienced any past, current or pending disciplinary or truancy actions while in school? [ ] Yes [ ] No  
 If yes, please provide a brief summary: \_\_\_\_\_

Does your student have any unpaid fines or fees imposed by other schools? [ ] Yes [ ] No  
 Does your student have a history of violent behavior or criminal behaviors listed in RCW 13.04.155? [ ] Yes [ ] No

**Residency Verification:** The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the resident attendance area.

Legal Parent/Guardian Name / Signature: \_\_\_\_\_ Date: \_\_\_\_\_