



STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
BIRTH CERT. DATE VERIFIED	IMMUNIZATION RECORD	ASSIGNED GRADE	HOMEROOM	ENTRY DATE	BUS ROUTE
					AM PM

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country
				GRADE LEVEL

Student's Primary Language _____

Is a language other than English spoken at home? YES NO If yes, what language is spoken at home? _____

Does this student speak a language other than English at home? YES NO If yes, what language? _____

Has your child ever been enrolled in an English as a second language program? YES NO

Date your child first attended school **in the U.S.** _____ MM / DD / YR First attended school **in Washington** _____ MM / DD / YR

School Last Attended _____ Date of Last Attendance _____ Grade _____

Is your child currently enrolled in a special education program or have a current IEP? YES NO Does your child have a current 504 plan? YES NO

Is your child currently participating in: ELL / ESL TITLE I MATH TITLE I READING OTHER _____

KINDERGARTEN PLACEMENT PREFERENCE *(please note that not all requests can be honored):*

HALF-DAY KINDERGARTEN Morning Session Afternoon Session No Preference

FULL-DAY KINDERGARTEN (tuition based)

PRIMARY HOUSEHOLD INFORMATION *(where student resides)*

PRIMARY GUARDIAN HOUSEHOLD WHERE STUDENT RESIDES	PRIMARY GUARDIAN PHONE #	STUDENT LIVES WITH:
Last Name First Name Relationship	HOME _____ WORK _____ CELL _____	<input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____
SECOND GUARDIAN HOUSEHOLD WHERE STUDENT RESIDES	SECOND GUARDIAN PHONE #	
Last Name First Name Relationship	WORK _____ CELL _____	
RESIDENT ADDRESS	STREET ADDRESS	APT # CITY STATE ZIP
MAILING ADDRESS <small>(if different than above)</small>	MAILING ADDRESS	APT # CITY STATE ZIP
Is your current address a temporary living arrangement? <input type="checkbox"/> YES <input type="checkbox"/> NO Is your living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is your current residence inadequate for meeting physical and psychological needs? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there a court order regarding custody of this child? <input type="checkbox"/> YES <input type="checkbox"/> NO Is there a restraining order in effect? <input type="checkbox"/> YES, against _____ <input type="checkbox"/> NO		
<i>If yes to either question, you must provide the school with a copy of the most current court order within 10 days of registering your child.</i> _____ <small>Initials</small>		

PLEASE LIST OTHER SIBLINGS (living at primary residence)				
Last Name	First Name	School	Grade	Age

Parent/Guardian Signature _____ Date _____

Montesano School District No. 66
Ethnicity and Race Data Collection Form

Student Name: _____

Please answer both questions 1a or 1b about Hispanic/Latino origin and question 2 about race.
For this state questionnaire, Hispanic/Latino origins are not races.

QUESTION 1A. Is your child of Hispanic or Latino Origin? (check all that apply)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> CUBAN | <input type="checkbox"/> MEXICAN/MEXICAN AMERICAN/CHICANO |
| <input type="checkbox"/> DOMINICAN | <input type="checkbox"/> CENTRAL AMERICAN |
| <input type="checkbox"/> SPANIARD | <input type="checkbox"/> SOUTH AMERICAN |
| <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> LATIN AMERICAN |
| | <input type="checkbox"/> OTHER HISPANIC/LATINO |

QUESTION 1B. Child is not Hispanic/Latino

- NOT HISPANIC/LATINO

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

- | | |
|---|--|
| <input type="checkbox"/> AFRICAN AMERICAN/BLACK | <input type="checkbox"/> ALASKA NATIVE |
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CHEHALIS |
| <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> COLVILLE |
| <input type="checkbox"/> CAMBODIAN | <input type="checkbox"/> COWLITZ |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> HOH |
| <input type="checkbox"/> FILIPINO | <input type="checkbox"/> JAMESTOWN |
| <input type="checkbox"/> HMONG | <input type="checkbox"/> KALISPEL |
| <input type="checkbox"/> INDONESIAN | <input type="checkbox"/> LOWER ELWHA |
| <input type="checkbox"/> JAPANESE | <input type="checkbox"/> LUMMI |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> MAKAH |
| <input type="checkbox"/> LAOTIAN | <input type="checkbox"/> MUCKLESHOOT |
| <input type="checkbox"/> MALAYSIAN | <input type="checkbox"/> NISQUALLY |
| <input type="checkbox"/> PAKISTANI | <input type="checkbox"/> NOOKSACK |
| <input type="checkbox"/> SINGAPOREAN | <input type="checkbox"/> PORT GAMBLE KLALLAM |
| <input type="checkbox"/> TAIWANESE | <input type="checkbox"/> PUYALLUP |
| <input type="checkbox"/> THAI | <input type="checkbox"/> QUILEUTE |
| <input type="checkbox"/> VIETNAMESE | <input type="checkbox"/> QUINAULT |
| <input type="checkbox"/> OTHER ASIAN | <input type="checkbox"/> SAMISH |
| <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> SAUK-SUIATTLE |
| <input type="checkbox"/> FIJIAN | <input type="checkbox"/> SHOALWATER |
| <input type="checkbox"/> GUAMANIAN OR CHAMORRO | <input type="checkbox"/> SKOKOMISH |
| <input type="checkbox"/> MARIANA ISLANDER | <input type="checkbox"/> SNOQUALMIE |
| <input type="checkbox"/> MELANESIAN | <input type="checkbox"/> SPOKANE |
| <input type="checkbox"/> MICRONESIAN | <input type="checkbox"/> SQUAXIN ISLAND |
| <input type="checkbox"/> SAMOAN | <input type="checkbox"/> STILLAGUAMISH |
| <input type="checkbox"/> TONGAN | <input type="checkbox"/> SUQUAMISH |
| <input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> SWINOMISH |
| | <input type="checkbox"/> TULALIP |
| | <input type="checkbox"/> YAKAMA |
| | <input type="checkbox"/> OTHER WASHINGTON INDIAN |
| | <input type="checkbox"/> OTHER AMERICAN INDIAN |

For more information about the student data reporting categories, please visit the state's website at: <http://www.k12.wa.us/CEDARS/default.aspx>.