

## School Registration Form (page 1 of 6) Vancouver Public Schools

Please Print	Shaded Area for School Use Only				Please Print
Alpha Key	Entity No.	Entity Name	Admission Date	Most Recent District Entry Date	
Other ID	Birth Date Verified By (last name, initial):		Program	School Year	
Grade	Home Room/Advisory	Bus Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Bus Route	Home School Student <input type="checkbox"/> Yes <input type="checkbox"/> No	

STUDENT INFORMATION

Student's full legal name (last, first, middle): \_\_\_\_\_ Also known as: \_\_\_\_\_

Has student previously attended a school within the Vancouver Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, last school attended: _____  Last school year attended: _____	Has student previously attended a school within Washington state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, last school attended: _____  Last school year attended: _____
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Birth date (mm/dd/yyyy):	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace (city, state/country, county)
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Has anyone in the family moved across school district lines to obtain seasonal or temporary work in any agriculture or fishing activity within the last 36 months?  
 Yes  No

**Please complete this section.**

Is a boundary exception needed for student to attend this school?  Yes  No  
 If yes, school district currently residing in \_\_\_\_\_ Resident school: \_\_\_\_\_  
 Has student ever been enrolled in a special program within the last 24 months?  Yes  No  
 If yes, please indicate which program:  AVID  Challenge/Gifted  Remedial  Special Ed/IEP  ELL  504  
 Other \_\_\_\_\_  
 Is any member of this household an employee of Vancouver Public Schools?  Yes  No  
 If yes, full name of employee(s): \_\_\_\_\_

**Please complete only if your student's most recent school attended is OUTSIDE the Vancouver Public Schools.**

Previous school name: \_\_\_\_\_  
 School district name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Does your student have a history of disciplinary actions?  Yes  No  
 Are there any current or pending disciplinary actions for your student?  Yes  No  
 Does your student have a history of violent behavior?  Yes  No  
 Or a Criminal Offense related to:  Controlled Substance  Arson  Assault  
 Sexual Misconduct  Firearm Date of incident for firearm: \_\_\_\_\_

According to federal law, it is assumed that directory information may be disclosed for the remainder of the current school year.

**Directory Information (DI):**

DI for elementary/middle schools includes student's name; height and weight for members of athletic teams; date of birth; participation in activities and sports; dates of attendance; awards received; and current and most recent school attended. For high school students, DI includes the above, plus major field of study; address; telephone number; email; and parent's name. DI is released when requested to the public, i.e. reporters, colleges, and universities, **unless** the parent has requested DI not be released.

YES you can release directory information on my child.  
 NO you cannot release directory information on my child.  
 Release my e-mail as part of DI?  YES  NO

**Attendance and District Notifications:**

Send phone and/or text notifications to my cell phone number.  
 YES  NO

**Photographs, Videos or Other Images:**

Release my child's photograph, video or other images for district or public use in publications or media.  
 YES  NO

**Yearbook, Annuals, Memory Books:**

Publish my child's photograph in the school yearbook.  
 YES  NO

PRIVACY



# Notification of Military Status

RCW 28A.300.505(2)(b) (page 2 of 6)

As of the 2016-2017 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation. This information will allow educators and policymakers to monitor critical elements of educational success. The goal is to more effectively transition students to a new school/district and to implement best educational practices to provide support.

<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>

Please check the appropriate box and return to your school:

- Parent or guardian is a current member of the active duty U.S. Armed Forces.
- Parent or guardian is member of the National Guard of Washington or other State.
- More than one parent or guardian is currently either a member of the active duty U.S. Armed Forces, Reserves of the U.S Armed Forces or the National Guard of Washington or other State.
- No parent or guardian has any military affiliation
- Parent or guardian is a current member of the reserves of the U.S. Armed Forces.

Student Name	Grade	School

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Ethnicity and Race Data Collection Form (page 3 of 6)

Please answer BOTH Question 1 and Question 2. If a response is not provided, the District is required to assign one.

**QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> NOT HISPANIC/LATINO<br><input type="checkbox"/> CUBAN<br><input type="checkbox"/> DOMINICAN<br><input type="checkbox"/> SPANIARD<br><input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO<br><input type="checkbox"/> CENTRAL AMERICAN<br><input type="checkbox"/> SOUTH AMERICAN<br><input type="checkbox"/> LATIN AMERICAN<br><input type="checkbox"/> OTHER HISPANIC/LATINO |
|--|--|

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

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

**List ALL children/siblings living in your home and attending Vancouver Public Schools.**

Last Name	First Name	Middle Name	Gender Male/Female	Birth Date (mm/dd/yyyy)	School Attending

**List ALL children/siblings living in your home and are PRE-SCHOOL age.**


## School Registration Form (page 4 of 6) Vancouver Public Schools

Student's Name:

Alpha Key:

### Residential (CUSTODIAL) Parent/Guardian (With whom the student lives)

<b>#1 Parent/Guardian name</b> (last, first, middle):		<u>Relationship to Student</u> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address (where student lives):	Apt. #	City	State	Zip
Mailing address if different from above:		City	State	Zip
Primary Phone: (    ) _____ Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No    Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work				
2 <sup>nd</sup> Phone: (    ) _____ Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Employer:		
E-mail address:		Primary language used in home:		Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>#2 Parent/Guardian name</b> (last, first, middle):		<u>Relationship to Student</u> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Primary Phone: Same as above.		2 <sup>nd</sup> Phone: (    ) _____ Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
3 <sup>rd</sup> Phone: (    ) _____ Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Employer:		
E-mail address:		Emergency contact/may pick up student : <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Non-Residential (NON-CUSTODIAL) Parent (With whom student does not live)

Should this household receive report cards or other mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>#1 Non-custodial parent name</b> (last, first, middle):		<u>Relationship to Student</u> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Address:	Apt. #	City	State	Zip
Mailing address if different from above:		City	State	Zip
Primary Phone: (    ) _____ Confidential: <input type="checkbox"/> Yes <input type="checkbox"/> No    Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work				
2 <sup>nd</sup> Phone: (    ) _____ Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Emergency contact /may pick up student : <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail address:		Employer:		

<b>#2 Non-custodial parent name</b> (last, first, middle):		<u>Relationship to Student</u> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		
Primary Phone: Same as above.		2 <sup>nd</sup> Phone: (    ) _____ Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
3 <sup>rd</sup> Phone: (    ) _____ Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Employer:		
E-Mail address:		Emergency contact /may pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports, or removing your student from school?  
 Yes     No    If yes, legal papers must be on file with the school for enforcement.

Are there any current Washington State restraining court orders in effect?     Yes     No    If yes, legal papers must be on file with the school for enforcement.

If yes, who is the restraining order against? \_\_\_\_\_

FAMILY INFORMATION

## School Registration Form (page 5 of 6) Vancouver Public Schools

Student's Name: \_\_\_\_\_

Alpha Key: \_\_\_\_\_

**Child Care/Day Care, if applicable: If this does NOT apply to your student, you do not need to complete this section.**

Does your student attend day care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when does your student attend? <input type="checkbox"/> Before school <input type="checkbox"/> After school		
Child care provider name (last, first, middle):				Phone (    )
Address:	Apt. #	City	State	Zip

**Emergency Contacts: (Local area only, please)**  
If an injury, illness, or other non-emergency situation occurs involving your student, we need to be able to reach families or other responsible adults.

**EMERGENCY INFORMATION**

<b>#1 Emergency contact other than parent/guardian</b> (last, first, middle name):				<u>May pick up student</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Apt. #	City	State	Zip
1 <sup>st</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Relationship to student: _____		
2 <sup>nd</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Primary Language: _____		
3 <sup>rd</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>#2 Emergency contact other than parent/guardian</b> (last, first, middle name):				<u>May pick up student</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Apt. #	City	State	Zip
1 <sup>st</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Relationship to student: _____		
2 <sup>nd</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Primary Language: _____		
3 <sup>rd</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>#3 Emergency contact other than parent/guardian</b> (last, first, middle name):				<u>May pick up student</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Apt. #	City	State	Zip
1 <sup>st</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Relationship to student: _____		
2 <sup>nd</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Primary Language: _____		
3 <sup>rd</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>#4 Emergency contact other than parent/guardian</b> (last, first, middle name):				<u>May pick up student</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Apt. #	City	State	Zip
1 <sup>st</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Relationship to student: _____		
2 <sup>nd</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Primary Language: _____		
3 <sup>rd</sup> Phone: (    ) _____	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature of registering parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

# School Registration Form (page 6 of 6) Vancouver Public Schools

Student's Name: \_\_\_\_\_

Alpha Key: \_\_\_\_\_

Please check (✓) any of the following conditions your child has had or does have:

**Hearing problems (H99)** When? \_\_\_\_\_  Tubes? When? \_\_\_\_\_ Other \_\_\_\_\_

**Vision problems (E99)**  Wears glasses  Wears contacts Other \_\_\_\_\_

**Diagnosed with ADD or ADHD (M40)** When? \_\_\_\_\_ Health Care Provider \_\_\_\_\_

List all current medications: \_\_\_\_\_

Will medications be needed at school?  Yes  No If yes, parent must provide medication and Health Care provider release.

**Allergies (A99)** List: \_\_\_\_\_

Describe what happens: \_\_\_\_\_

Is EpiPen prescribed for allergies?  Yes  No If yes, parent must provide EpiPen and Health Care Provider release.

**Bee Sting Allergy (A10)** Describe what happens: \_\_\_\_\_

Is EpiPen prescribed for allergy?  Yes  No If yes, parent must provide EpiPen and Health Care Provider release.

**Asthma (B10)** Is an Inhaler used?  Yes  No How often? \_\_\_\_\_ Triggers: \_\_\_\_\_

Will an inhaler be needed at school?  Yes  No

List medications taken for asthma: \_\_\_\_\_

If medications will be needed at school, parent must provide medication and Health Care Provider release.

**Seizures (F99)** What type? \_\_\_\_\_ Last seizure date: \_\_\_\_\_ Medications: \_\_\_\_\_

**Diabetes** When was it diagnosed? \_\_\_\_\_  Type 1 (D10)  Type 2 (D12)  Pen  Pump

**Cerebral Palsy (S19)**

**Heart Condition (C99)**

Physical condition which limits participation in classroom activities and/or physical education?

If yes, parents must provide a note from their Health Care Provider.

Describe: \_\_\_\_\_

Orthopedic concerns/specify: \_\_\_\_\_

Other conditions or changes not listed in the above/specify: \_\_\_\_\_

This medical information can be shared with personnel working with your student (i.e., school bus driver, staff assistant, etc.)?  Yes  No

I authorize the emergency service of any physician.  Yes  No Initial: \_\_\_\_\_

I assume financial responsibility for medical care.  Yes  No Legal parent/guardian signature: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

List any other recurrent medical problem or unusual illness you would like the nurse to be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Health History Informed Consent

The disclosure of student health information within the school, is limited to the information necessary to serve the student's health or educational interest. Your signature is an informed consent to share health history, precautions and procedure information with school staff for academic success and emergency plans, as determined by the nurse.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

MEDICAL INFORMATION