



WALLOWA SCHOOL DISTRICT
STUDENT REGISTRATION

STUDENT INFORMATION

Student's Legal Name: _____
(First) (Middle) (Last)

Preferred Name: _____
(First) (Middle) (Last)

Social Security # _____

Grade Entering: _____ Student's Date of Birth: __/__/__

City/State of Student's Birth: _____, _____

Ethnicity—Hispanic /Latino? YES NO (Note: both Ethnicity and Race must be selected)

Race—select at least one American Indian or Alaska Native Asian Black
 Native Hawaiian or Other Pacific Islander White

Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? Yes No

SPECIAL SERVICES: Did student receive **Special Education Services?** Yes No
Title I services? Yes No

LANGUAGE INFORMATION: What is the student's first language? _____

What language does the student speak at home most of the time? _____

If a language other than English is given to either of the above questions, your student will be referred for English language assessment to determine if he/she qualifies for ESL services.

Is the student in, or has the student been in, an English as a Second Language Program Yes No

Student lives with: (Circle one) Mother Father Both Other _____

If child lives with a guardian, has guardianship been legalized? Yes No

DOES/WILL the student ride the school bus: Yes No

PARENT INFORMATION – Contact Phone numbers and email addresses will be used to distribute important information.

**** Who should be the primary contact for Attendance Alert System: (check one)** Mother Father Guardian

1. Parent/Responsible Adult: Mother Father Guardian Other _____

Legal Last Name _____ Legal First Name _____

Living with Student: Yes No **Receive Mailings:** Yes No

Physical Address: _____

Mailing Address: _____

City State Zip

Primary Phone: _____ Secondary Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Interested in volunteering: Yes No **Permission to pick student up:** Yes No

2. Parent/Responsible Adult: Mother Father Guardian Other _____

Legal Last Name _____ Legal First Name _____

Living with Student: Yes No **Receive Mailings:** Yes No

Physical Address: _____

Mailing Address: _____

City State Zip

Primary Phone: _____ Secondary Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Interested in volunteering: Yes No **Permission to pick student up:** Yes NO

LIST ANY PERSON WHOM YOUR STUDENT MAY BE RELEASED TO IN CASE OF EMERGENCY SITUATION. PLEASE BE AWARE THAT YOUR STUDENT CANNOT BE RELEASED TO ANYONE WHOSE NAME IS NOT LISTED HERE.

Name of Individual	Relationship to Student	Phone Number(s)

Brothers/Sisters ages 3-21:

	Name	Age	Grade (If applicable)	School (If applicable)
1				
2				
3				
4				

MEDICAL INFORMATION Please check any current medical conditions:

- Serious Allergies _____ Life Threatening? Yes No
 Asthma Heart Disease Seizure Disorder Diabetes Type I Type II

Other special health needs at school. _____

Medication to be taken at school (please list and also complete the Authorization for Medication Form)

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11432(a). Your answers will help the administrator determine residency documents necessary for enrollment of your student(s).

Student _____ Parent/Guardian _____
School _____ Phone _____
Age _____ Grade _____ D.O.B. _____
Address _____ City _____
Zip Code _____ Is this address Temporary or Permanent?

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- With friends or family members (other than parent/guardian)
- Shelter or other temporary housing

If you are living in shared housing, please check all of the following reasons that apply:

- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- To enable child to attend _____ Schools
- Loss of employment
- Other (Please explain)

Are you a student under the age of 18 and living without your parents or guardians? Yes No

Residency and Educational Rights

Students who are in temporary, inadequate, and/or homeless living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the school in whose attendance area they are currently staying even if they do not have all of the documents normally required at the time of enrollment;
- 2) Access to free meals and textbooks, Title I and other educational programs, and other comparable services including transportation;
- 3) To attend the same classes and activities that students in other living situations also participate in without fear of being separated or treated differently due to their housing situations.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at (541) 886-2061 Ext. 4331.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth *Date*

Signature of McKinney-Vento Liaison *Date*

Photo Release: I approve of my student's photo being released for recognition purposes to the newspaper, District and school publications. Yes No

Field Trips: I allow my student to attend ALL school-sanctioned field trips. I understand field trips are official school activities and that all rules and regulations found in the Student Handbook are in effect. I acknowledge that in case of serious violation of the rules outlined in the Student Handbook a student's parent(s) will be called and will be sent home at their parent's expense.

Parent Signature: _____

Military Connected Student

Are you a member of the Armed Forces on active duty or full-time National Guard: YES NO

If **YES**, please check the item/s that pertains to your situation.

Students whose parent(s) are deployed, including:

- Student(s) are placed with a temporary guardian while one or both parents are deployed.
- Students whose parents(s) or guardian(s) are:
 - Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard active or training duty.
 - Students at a school designated as a service school, while in active military.
 - Full-time National Guard members
 - Active Duty Reserves (members of the reserves who have been called to active duty for at least 180 consecutive days)
 - Dual status Military Technicians

Does not include:

- *Members of other uniformed services, such as the commissioned corps of the National Oceanic and Atmospheric Administration and the commissioned corps of the Public Health Service.
- *Retired or discharged former service members.
- *Part-time National Guard members who are not deployed.
- *Members of the reserves who have not been called active duty.
- *Civilian (Title 5) employees of the Department of Defense.
- *A relative is in the armed forces other than the student's parent or guardian.

High School Only: I do not want my child's name, address and phone number released to: Military College Recruiters

The No Child Left Behind Act of 2001 requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check one or both of the categories above.

By signing this form, I agree that all the information is true.

PARENT/GUARDIAN SIGNATURE: _____

TODAY'S DATE: _____