

Medical Lake School District No. 326
Secondary Student Registration Form

Revised 02/13/2017

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Today's Date:

Student's Legal Last Name	Legal First Name	Middle Initial	Nickname	Entering Grade
Date of Birth:	[] Male [] Female	Choice Student [] Yes [] No District you live in _____ We must have a choice form signed by the releasing district before this student is enrolled		
Homeless [] Yes [] No If yes where are you living : [] in a shelter, [] hotel/motel [] doubled up with family or friends, [] unsheltered – living in car, tent, camper, on the streets Homeless have the right to access of all educational services including but not limited to preschool, after school activities, transportation, school meals, assistance in accessing other state and local agencies.				

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

Guardian 1 Last Name	Guardian First Name	Relationship to Student:	Primary Phone	Second Phone	Third Phone
			home work cell	home work cell	home work cell
Guardian 2 Last Name	Guardian First Name	Relationship to Student:	(circle one) home work cell	Second Phone	Third Phone
			home work cell	home work cell	home work cell
Home Resident Street Address:		Apt #	City		Zip Code
Mailing Address (if different than above)		Apt #	City		Zip Code
Guardian 1 Employed by the Department of Defense? [] Yes [] No	US Armed Forces [] A -Active Duty [] N -Retired	[] R -US Armed Forces Reserves [] G -National Guard [] N -Civil Service [] N - Civilian [] Z -Refused to state	Work Site		
Guardian 2 Employed by the Department of Defense? [] Yes [] No	US Armed Forces [] A -Active Duty [] N -Retired	[] R -US Armed Forces Reserves [] G -National Guard [] N -Civil Service [] N - Civilian [] Z - Refused to state	Work Site		
Do you have access to internet? [] Yes [] No Email Address:		Our primary means of communicating with parents/guardians is through Family Access, e-mail, and our website; www.mlisd.org . If you do not have internet access we will mail report cards and other information to you.			

Second Household Information: Non-custodial/Dual-custody parent not residing with student.

Last Name	First Name	Relation to Student	Primary Phone	Second Phone	Third Phone
			home work cell	home work cell	home work cell
Last Name	First Name	Relation to Student	(circle one) home work cell	Second Phone	Third Phone
			home work cell	home work cell	home work cell
Street Address		City	State	Zip	
Second Household Mailing Address (if different from above)		City	State	Zip	
[] A - Active duty U.S. Armed Forces [] G - National Guard [] M - Both members of Armed Forces/ National Guard		[] R - Armed Forces Reserves	[] N - No Military Affiliation	[] Z - Refused to state	
Do you have access to internet? [] Yes [] No Email Address:		Our primary means of communicating with parents/guardians is through Family Access, e-mail, and our website; www.mlisd.org . If you do not have internet access we will mail report cards and other information to you at your request.			

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.

Restraining order is against: Name: _____ Relationship: _____

Siblings: Please list all other siblings attending school in the Medical Lake School District.

Last Name	First Name	School	Grade

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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 student if he/she becomes ill or injured and you cannot be reached. **We attempt to contact parents first.**

Name of contact person	Relation to Student	Primary Phone home work cell	Second Phone home work cell	Third Phone home work cell
Name of contact person	Relation to Student	Primary Phone home work cell	Second Phone home work cell	Third Phone home work cell
Name of contact person	Relation to Student	Primary Phone home work cell	Second Phone home work cell	Third Phone home work cell

Please note any health conditions and medications:

For medication to be given at school, the subscribing physician is required to complete a medication form to be kept in the student's file.

Allergies (food, insect bites, medications, environmental, etc.)

1. (Circle One) Mild Moderate Severe

2. (Circle One) Mild Moderate Severe

3. (Circle One) Mild Moderate Severe

Severe reactions will require a school health plan to be developed which will include the medical protocol from the physician.

Does your child have asthma: Yes No If yes to medication please list medication name and where medication is to be located:

Asthma Medication Yes No

Mild () Moderate () Severe ()

Emergency Medical Authorization: In the event of an emergency, authorization is hereby given for any medical or surgical diagnosis or treatment and hospital service that may be rendered whether such diagnosis and /or treatment is rendered at a local physician's office or licensed hospital. It is understood this consent is given in advance of any specific diagnosis or treatment required, but is given to encourage said physician to exercise his/her best judgment as to requirements of such diagnosis or treatment. This consent shall remain in effect for the current school year only.

Legal Parent/Guardian Signature: _____ Date: _____

Previous School Information

Name of District		City	State
Last School Attended	Grade	Address of Former School, City, State, Zip	
Has your child ever attended the Medical Lake School District? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever attended a school in Washington State? <input type="checkbox"/> Yes No <input type="checkbox"/> If yes, district attended	

Student Driver Information (for High School only)

Student Driver's License Number: _____
License Plate: _____ Make/Model: _____ Year: _____ Color: _____

Other pertinent information:

- Has your student ever qualified for or been enrolled in a Special Ed program? Yes No
- Has your student ever qualified for or had a 504 plan? Yes No
- Has your student ever participated in: Title Lap Gifted ESL Other: _____
- Has your student ever been retained? Yes No
- Has your student been home-schooled? Yes No If yes, what grade(s)? _____
- Has your student ever been suspended or expelled? Yes No If yes, please explain:

Insurance Protection

Insurance coverage is mandatory for participation in any school activity. Our district's insurance coverage does not provide medical insurance coverage for school accidents. This means you are responsible for the medical bills if your child is hurt during school or school activities. The school's liability coverage will provide protection if the district is found negligent in some manner; however a slip or fall is rarely the fault of the school district. A brochure outlining student insurance is available from the main office. **Choose One:**

Please send home a brochure on the insurance program.

We have personal medical insurance **and our insurance carrier is:**

We do not have medical insurance and we decline to enroll in the school'

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Ethnicity and Race Data Collection Form

Each year, school districts in Washington are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories used in our district are the same as are used in all Washington school districts. They are set by the federal government, the Washington State Legislature and OSPI.

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> AFRICAN AMERICAN/ BLACK

<input type="checkbox"/> WHITE

<div style="text-align: center;">ASIAN RACES</div> <input type="checkbox"/> ASIAN INDIAN
<input type="checkbox"/> CAMBODIAN
<input type="checkbox"/> CHINESE
<input type="checkbox"/> FILIPINO
<input type="checkbox"/> HMONG
<input type="checkbox"/> INDONESIAN
<input type="checkbox"/> JAPANESE
<input type="checkbox"/> KOREAN
<input type="checkbox"/> LAOTIAN
<input type="checkbox"/> MALAYSIAN
<input type="checkbox"/> PAKISTANI
<input type="checkbox"/> SINGAPOREAN
<input type="checkbox"/> TAIWANESE
<input type="checkbox"/> THAI
<input type="checkbox"/> VIETNAMESE
<input type="checkbox"/> OTHER ASIAN

<div style="text-align: center;">PACIFIC ISLANDER RACES</div> <input type="checkbox"/> NATIVE HAWAIIAN
<input type="checkbox"/> FIJIAN
<input type="checkbox"/> GUAMANIAN or CHAMORRO
<input type="checkbox"/> MARIANA ISLANDER
<input type="checkbox"/> MELANESIAN
<input type="checkbox"/> MICRONESIAN
<input type="checkbox"/> SAMOAN
<input type="checkbox"/> TONGAN
<input type="checkbox"/> OTHER PACIFIC ISLANDER | <div style="text-align: center;">NATIVE AMERICAN RACES</div> <input type="checkbox"/> ALASKA NATIVE
<input type="checkbox"/> CHEHALIS
<input type="checkbox"/> COLVILLE
<input type="checkbox"/> COWLITZ
<input type="checkbox"/> HOH
<input type="checkbox"/> JAMESTOWN
<input type="checkbox"/> KALISPEL
<input type="checkbox"/> LOWER ELWHA
<input type="checkbox"/> LUMMI
<input type="checkbox"/> MAKAH
<input type="checkbox"/> MUCKLESHOOT
<input type="checkbox"/> NISQUALLY
<input type="checkbox"/> NOOKSACK
<input type="checkbox"/> PORT GAMBLE KLALLAM
<input type="checkbox"/> PUYALLUP
<input type="checkbox"/> QUILEUTE
<input type="checkbox"/> QUINAULT
<input type="checkbox"/> SAMISH
<input type="checkbox"/> SAUK-SUIATTLE
<input type="checkbox"/> SHOALWATER
<input type="checkbox"/> SKOKOMISH
<input type="checkbox"/> SNOQUALMIE
<input type="checkbox"/> SPOKANE
<input type="checkbox"/> SQIAXON ISLAND
<input type="checkbox"/> STILLAGUAMISH
<input type="checkbox"/> SUQUAMISH
<input type="checkbox"/> SWINOMISH
<input type="checkbox"/> TULALIP
<input type="checkbox"/> YAKAMA
<input type="checkbox"/> OTHER WASHINGTON INDIAN
<input type="checkbox"/> OTHER AMERICAN INDIAN |
|--|--|

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 home attendance area.

Legal Parent/Guardian Signature _____ Date: _____

Print Legal Student Name _____