



STUDENT REGISTRATION FORM

RLC
(elem)

Has the student ever attended a school in Riverview School District? Yes No

FOR OFFICE USE ONLY				
Age/Name Verification <input type="checkbox"/>	Proof of Residency <input type="checkbox"/>	Medical Alert <input type="checkbox"/>	Speech/SpED <input type="checkbox"/>	ELL <input type="checkbox"/>
Bus Route _____	Student Number _____	Advisor _____	Entry Date: _____	

STUDENT INFORMATION (Please PRINT all information)

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M / F)	BIRTHPLACE: City	State	County
		Country		
ENTERING GRADE LEVEL		Has the student ever been retained? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what grade(s):	
Has the student ever been suspended/expelled for: Weapons <input type="checkbox"/> Drugs <input type="checkbox"/> Assault <input type="checkbox"/>		If yes, provide date:		

STUDENT SERVICES

Has your child ever qualified for or been enrolled in a SPECIAL ED PROGRAM ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever qualified for or had:	a 504 PLAN ? <input type="checkbox"/>	an IEP (Individual Education Plan)? <input type="checkbox"/>
Has your child ever participated in:	ELL (English Language Learner) <input type="checkbox"/>	Title/LAP <input type="checkbox"/>
	Gifted <input type="checkbox"/>	Speech <input type="checkbox"/>
Are there special instructions regarding religious beliefs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the information in writing to the school.		

ETHNICITY & RACE

Is your child of Hispanic or Latino origin? <input type="checkbox"/> Yes (Complete Section 1 & 2) <input type="checkbox"/> No (Complete Section 2) 10	
Section 1: HISPANIC OR LATINO ORIGIN (Check all that apply)	
<input type="checkbox"/> Central American 75	<input type="checkbox"/> Dominican 60
<input type="checkbox"/> Cuban 55	<input type="checkbox"/> Latin American 85
<input type="checkbox"/> Mexican / Mexican American / Chicano 30	<input type="checkbox"/> Puerto Rican 70
<input type="checkbox"/> Spanish 65	<input type="checkbox"/> South American 80
<input type="checkbox"/> Other Hisp./Latino 90	
Section 2: RACE (Check all that apply)	
<input type="checkbox"/> African American / Black 200	<input type="checkbox"/> White 300
ASIAN	
<input type="checkbox"/> Asian Indian 505	<input type="checkbox"/> Filipino 520
<input type="checkbox"/> Cambodian 507	<input type="checkbox"/> Hmong 525
<input type="checkbox"/> Chinese 510	<input type="checkbox"/> Indonesian 530
<input type="checkbox"/> Japanese 535	<input type="checkbox"/> Malaysian 550
<input type="checkbox"/> Korean 540	<input type="checkbox"/> Pakistani 555
<input type="checkbox"/> Laotian 545	<input type="checkbox"/> Singaporean 560
<input type="checkbox"/> Taiwanese 565	<input type="checkbox"/> Thai 570
<input type="checkbox"/> Vietnamese 575	<input type="checkbox"/> Other Asian 599
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
<input type="checkbox"/> Native Hawaiian 605	<input type="checkbox"/> Guamanian or Chamorro 620
<input type="checkbox"/> Fijian 615	<input type="checkbox"/> Mariana Islander 625
<input type="checkbox"/> Melanesian 630	<input type="checkbox"/> Micronesian 632
<input type="checkbox"/> Samoan 635	<input type="checkbox"/> Tongan 640
<input type="checkbox"/> Other Pacif. Islr. 699	
AMERICAN INDIAN OR ALASKAN NATIVE	
<input type="checkbox"/> Alaska Native 405	<input type="checkbox"/> Lower Elwha 427
<input type="checkbox"/> Chehalis 410	<input type="checkbox"/> Lummi 430
<input type="checkbox"/> Colville 413	<input type="checkbox"/> Makah 433
<input type="checkbox"/> Cowlitz 416	<input type="checkbox"/> Muckleshoot 436
<input type="checkbox"/> Hoh 418	<input type="checkbox"/> Nisqually 439
<input type="checkbox"/> Jamestown 421	<input type="checkbox"/> Nooksack 442
<input type="checkbox"/> Kalispel 424	<input type="checkbox"/> Prt. Gmbl. Klallam 445
<input type="checkbox"/> Puyallup 448	<input type="checkbox"/> Snoqualmie 469
<input type="checkbox"/> Quileute 451	<input type="checkbox"/> Spokane 472
<input type="checkbox"/> Quinault 454	<input type="checkbox"/> Squaxin Island 475
<input type="checkbox"/> Samish 457	<input type="checkbox"/> Stillaguamish 478
<input type="checkbox"/> Sauk-Suiattle 460	<input type="checkbox"/> Suquamish 481
<input type="checkbox"/> Shoalwater 463	<input type="checkbox"/> Swinomish 484
<input type="checkbox"/> Skokomish 466	<input type="checkbox"/> Tulalip 487
<input type="checkbox"/> Upper Skagit 488	<input type="checkbox"/> Yakama 490
<input type="checkbox"/> Other Washington Indian 495	<input type="checkbox"/> Other Native Indian/ Alaska Native 499

The new Federal requirements state that Unknown, Multiracial, and Not Provided are not valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.



**Office of Superintendent of Public Instruction (OSPI)
Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child’s education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ___ No ___ Don’t Know ___</p>		
<p>Eligibility for Language Development Support Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade) _____ Month Day Year</p>		
	<p>Prior Education Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.

PHOTO RELEASE AUTHORIZATION: I give permission for my child's photo to be used for school district publications, newspaper articles, and/or on the district website. Yes No If NO – Allow Yearbook photo? Yes No

PREVIOUS SCHOOL

School Name	District	City/State	Withdrawal Date
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FAMILY

PRIMARY HOUSEHOLD (parent/guardian where student resides)			Phone Numbers (w/ area code)		Checkmark # to call 1st ↓
<u>Last Name</u>		<u>First Name</u>	Home		
1.			Work		
E-Mail			Cell		
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/>			Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> _____			Language: _____		
<u>Last Name</u>		<u>First Name</u>	Phone Numbers (w/ area code)		Checkmark # to call 1st ↓
2.			Home		
E-Mail			Work		
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/>			Cell		
Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> _____			Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Language: _____					
<u>Residence Address</u>	<u>Street</u>	<u>Apt #</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
<u>Mailing Address (If different)</u>	<u>Street or PO Box</u>	<u>Apt #</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
SECONDARY HOUSEHOLD			Phone Numbers (w/ area code)		Checkmark # to call 1st ↓
<u>Last Name</u>		<u>First Name</u>	Home		
1.			Work		
E-Mail			Cell		
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/>			Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> _____			Language: _____		
<u>Last Name</u>		<u>First Name</u>	Phone Numbers (w/ area code)		Checkmark # to call 1st ↓
2.			Home		
E-Mail			Work		
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/>			Cell		
Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> _____			Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Language: _____					
<u>Residence Address</u>	<u>Street</u>	<u>Apt #</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
<u>Mailing Address (If different)</u>	<u>Street or PO Box</u>	<u>Apt #</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>
ADDITIONAL MAILINGS REQUESTED Yes <input type="checkbox"/> No <input type="checkbox"/>					

PLEASE LIST OTHER SIBLINGS ATTENDING RIVERVIEW SCHOOL DISTRICT

Last Name	First Name	Birth Date	School	Grade



Student Health Concerns

Student Name: _____	Birth date: _____
Parent/Guardian: _____	
Home Phone: () _____	Alternate Phone: () _____
Parent/Guardian email address: _____	
(Nurses may use email to obtain updates regarding student care plan information.)	

In order to provide a safe and healthy environment for your child, this information will be accessible to the following people: principal, nurse, your child's teachers, secretaries, health room assistant, and emergency medical personnel.

CURRENT HEALTH CONDITIONS - Answer #1 or #2

1. My child has **NO** health concerns at this time. _____
(Initial and date)

2. Check the ones below that may affect your child at school. Include all health concerns necessary for educational planning and potential needs for emergency care. Explain further details on lines below.

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Severe Allergy * <input type="checkbox"/> Asthma * <input type="checkbox"/> Behavior problems <input type="checkbox"/> Bladder/Bowel concerns <input type="checkbox"/> Diabetes *	<input type="checkbox"/> Hearing problems <input type="checkbox"/> Heart problems <input type="checkbox"/> Physical restrictions (that would limit activity) <input type="checkbox"/> Seizure disorder * <input type="checkbox"/> Vision problems <input type="checkbox"/> Other _____
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***ALERT TO PARENTS:** If your child has a life-threatening health condition (severe allergy, asthma, diabetes, seizures) requiring emergency medication, Washington State Law SHB2834 requires that a medication or treatment order and an Individual Health Plan (IHP) be in place before your child's first day of school each year. Contact your child's School Nurse immediately.

MEDICATION

Is medication given at home ?	Name of Medication	Used For Treatment Of
Yes <input type="checkbox"/> No <input type="checkbox"/>	1.	
	2.	

Is medication given at school **?	Name of Medication	Used For Treatment Of
Yes <input type="checkbox"/> No <input type="checkbox"/>	1.	
	2.	

** Before medication can be administered or carried at school, a **Medication Authorization form**, available on the district website or in the school office, must be completed by a Licensed Health Care Provider and signed by a parent/guardian.

IMPORTANT – EMERGENCY TREATMENT

*In case of serious injury, illness or other emergency at school, the district will make every attempt to reach the student's parents or designees. **In the event that the child's parents/guardians or physician cannot be reached**, the building administrator or designee will make a decision as to the most appropriate action to take in the student's best interest. **I authorize school authorities to obtain emergency care for my child.***

Parent Signature: _____ Date: _____

If your child needs health or dental insurance, please contact your school nurse.

EMERGENCY CONTACTS (Other than parents/guardians listed in Family section on page 3)

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. **In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.** (You are not required to list a total of four contacts.)

<u>Emergency Contact #1</u> <u>Last Name</u> <u>First Name</u>	PHONE #1 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	PHONE #2 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship
<u>Emergency Contact #2</u> <u>Last Name</u> <u>First Name</u>	PHONE #1 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	PHONE #2 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship
<u>Emergency Contact #3</u> <u>Last Name</u> <u>First Name</u>	PHONE #1 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	PHONE #2 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship
<u>Emergency Contact #4</u> <u>Last Name</u> <u>First Name</u>	PHONE #1 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	PHONE #2 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship
<u>Baby Sitter/Daycare</u> Name	Address		Phone #

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above. Yes No

MILITARY STATUS: Check the most appropriate box below for parent(s)/guardian(s).

<u>Choose One</u>	<input type="checkbox"/> U.S. Armed Forces active duty (A)	<input type="checkbox"/> More than one member of Armed Forces/National Guard (M)
	<input type="checkbox"/> U.S. Armed Forces reserves (R)	<input type="checkbox"/> No affiliation (N)
	<input type="checkbox"/> National Guard member (G)	

IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school.)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school.)

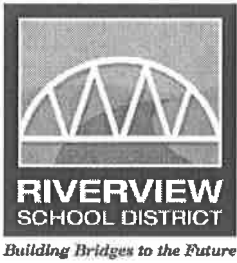
Restraining order is against: Father Mother Other _____

Will there be an adult/parent present when your student arrives home in the event of early dismissal? Yes No

<u>Choose One</u>	<input type="checkbox"/> I give permission for my student to arrive home WITHOUT adult supervision in the event of a school closure.
	<input type="checkbox"/> My student is to REMAIN AT SCHOOL until a parent/guardian or emergency contact is able to pick her/him up.

VERIFICATION OF INFORMATION: The information I have provided in this registration packet is true and accurate as of this date. I certify that I have read and signed where requested.

Legal Parent/Guardian Signature _____ Date _____



Transportation Request

Initial Request

Change Request

Student Name _____ Date of Birth _____

School _____ Grade _____

Primary Household Residence Address - both AM and PM

OR

AM Pick-Up Address _____
 Primary Household Secondary Household Daycare Other _____
Location Contact Person: _____
Location Phone Number(s): _____

PM Drop-Off Address _____
 Primary Household Secondary Household Daycare Other _____
Location Contact Person: _____
Location Phone Number(s): _____

Comments/Instructions _____

Print Parent/Guardian Name Parent/Guardian Signature Date



Student Housing Questionnaire

Please use one form per family. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

NAME OF STUDENT: _____
First Middle Last

NAME OF SCHOOL: _____ GRADE: _____ BIRTH DATE: ____/____/____ AGE: ____
MONTH DAY YEAR

OTHER CHILDREN LIVING IN THE HOME:

NAME: _____ SCHOOL: _____
NAME: _____ SCHOOL: _____
NAME: _____ SCHOOL: _____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement, other than rental? Yes ____ No ____
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes ____ No ____
3. Is this student in a temporary foster care placement or awaiting foster care? Yes ____ No ____
4. As a student, are you living with someone other than your parent or legal guardian? Yes ____ No ____

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (Check One)

- In a motel In a Shelter "Awaiting" Foster Care
 With more than one family in a house or apartment Moving from place to place
 In a location not designed for sleeping accommodations such as a car, park or campsite
 Transitional housing (through community agency)

Address of current Residence: _____

(Or)

Name of Motel / Shelter of Current Residence: _____

(Or)

Name of "General Area" of Current Residence: _____

Phone Number or Contact Number: _____ Name of Contact: _____

Print name of parent(s)/legal guardian(s): _____

(or unaccompanied youth)

Signature of parent/legal guardian: _____

(or unaccompanied youth)