



Tukwila School District No. 406
4640 South 144th Street Tukwila, WA 98168

STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA-FOR OFFICE USE ONLY

Other ID	Grade/Advisor	Proof of Residency	District Entry Date	School Entry Date	CV TH TUK SMS FHS
----------	---------------	--------------------	---------------------	-------------------	----------------------

STUDENT 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	Country
STUDENT LANGUAGE		STUDENT NATIVE LANGUAGE		HOME LANGUAGE
Interpreter needed by parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter needed by student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student been in the US over 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student entered the US Day - Month - Year	
Student's Country of Origin?		**OPTIONAL** Are you a refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Answer		
RACE/ETHNICITY Is your child of Hispanic or Latino origin? <input type="checkbox"/> Yes (Complete Section 1 & 2) <input type="checkbox"/> No (Complete Section 2)				
SECTION 1: HISPANIC OR LATINO ORIGIN (Check all that apply)				
<input type="checkbox"/> Central American	<input type="checkbox"/> Dominican	<input type="checkbox"/> Mexican/Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Spaniard
<input type="checkbox"/> Cuban	<input type="checkbox"/> Latin American	<input type="checkbox"/> American/Chicano	<input type="checkbox"/> South American	<input type="checkbox"/> Other Hispanic/Latino
SECTION 2: RACE (Check all that apply)				
<input type="checkbox"/> African American/Black	<input type="checkbox"/> White			
ASIAN				
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Korean	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Thai
<input type="checkbox"/> Chinese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian				
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER				
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Fijian		<input type="checkbox"/> Melanesian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Islander
AMERICAN INDIAN OR ALASKAN NATIVE				
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Puyallup	<input type="checkbox"/> Snoqualmie	<input type="checkbox"/> Yakama
<input type="checkbox"/> Chehalis	<input type="checkbox"/> Lummi	<input type="checkbox"/> Quileute	<input type="checkbox"/> Spokane	<input type="checkbox"/> Other Washington
<input type="checkbox"/> Colville	<input type="checkbox"/> Makah	<input type="checkbox"/> Quinault	<input type="checkbox"/> Squaxin Island	<input type="checkbox"/> Indian
<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Samish	<input type="checkbox"/> Stillaquamish	<input type="checkbox"/> Other Native Indian/ Alaska Native
<input type="checkbox"/> Hoh	<input type="checkbox"/> Nisqually	<input type="checkbox"/> Sauk-Suiattle	<input type="checkbox"/> Suquamish	
<input type="checkbox"/> Jamestown	<input type="checkbox"/> Nooksack	<input type="checkbox"/> Shoalwater	<input type="checkbox"/> Swinomish	
<input type="checkbox"/> Kalispel	<input type="checkbox"/> Port Gamble Klallam	<input type="checkbox"/> Skokomish	<input type="checkbox"/> Tulalip	

PREVIOUS SCHOOL INFORMATION

Name of School	Address	City/State/Zip	Grade	Entry Date	Withdrawal Date
HAS STUDENT EVER ATTENDED TUKWILA PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE ATTENDED (Month/Year)		
If yes, name of school attended					
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____					
DOES STUDENT ATTEND CHILD CARE? AND IF SO WHEN? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school					

FAMILY INFORMATION

PRIMARY HOUSEHOLD (parent/guardian where student resides) <u>Last Name</u> <u>First Name</u>	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<input type="checkbox"/> Please check if unlisted E-Mail _____	<input type="checkbox"/> Please check if unlisted

Relationship to Student Father Mother Stepmother Stepfather Grandmother Grandfather Guardian Agency
 Self Other _____

PRIMARY HOUSEHOLD (parent/guardian where student resides) <u>Last Name</u> <u>First Name</u>	Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<input type="checkbox"/> Please check if unlisted E-Mail _____	<input type="checkbox"/> Please check if unlisted

Relationship to Student Father Mother Stepmother Stepfather Grandmother Grandfather Guardian
 Agency Self Other _____

RESIDENT ADDRESS	City	State	Zip
MAILING ADDRESS (if different from resident address)	City	State	Zip

SECOND HOUSEHOLD (parent/guardian not residing with student) <u>Last Name</u> <u>First Name</u> <u>Spouse Name</u>	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<input type="checkbox"/> Please check if unlisted	<input type="checkbox"/> Please check if unlisted
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, Zip)		ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No
RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____		

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

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

Restraining order is against: Mother Father Other _____

EMERGENCY CONTACT INFORMATION

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.

Emergency Contact #1 <u>Last Name</u> <u>First Name</u> <u>Address</u>	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship	Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Please check if unlisted		
Emergency Contact #2 <u>Last Name</u> <u>First Name</u> <u>Address</u>	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship	Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Please check if unlisted		
Baby Sitter/Daycare Day care Name	Address		Phone #

SPECIAL SERVICES

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? Yes No

HAS YOUR CHILD EVER BEEN RETAINED?

Yes No

If yes, what grade level(s) _____

PLEASE LIST OTHER SIBLINGS ATTENDING TUKWILA SCHOOL DISTRICT

Last Name	First Name	School	Grade

HEALTH INFORMATION

What prescriptions or over the counter medications is your child taking?

Do you need assistance in obtaining State Health Insurance? Yes No

Local Physician:

Name

Address

Phone#

Please check if your child has any of these medical conditions:

Allergy to _____ Attention Deficit Disorder Any physical limitations Serious vision problems

Mental/Emotional Heart Disease Convulsions/seizures Asthma Diabetes

Other _____

RELEASE

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 on Page 2.

Legal Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ Date _____

Release of Student Information

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. Parents and eligible students have a right to "opt out" of the inclusion of information about the student as directory information.

Tukwila School District Board Procedure 3231P defines directory information as the student's name, photograph, address, telephone number, date and place of birth, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received and the most recent previous school attended. **If you choose to opt out, please complete the "Opt out" form that is available at your student's school office no later than September 30th or 10 days after registration whichever is later.** Your choice will be good for the remainder of the school year and will need to be completed annually. FERPA information is provided on Tukwila School District Board Procedure 3231P on the district website at <http://www.tukwila.wednet.edu/UserFiles/File/schoolboard/policies/3231P.pdf>

Electronic Network Access

We are pleased to provide students of Tukwila School District access to the District's electronic network. This network includes Internet access, computer services, video-conferencing, and computer equipment for educational purposes. This network helps prepare students for success in life and work in the 21st Century by enabling them to explore thousands of libraries, databases, and web sites for purposes of research and the exchange of ideas. **If you do not wish to allow your child access to these resources, an "Opt Out" form is available at your school's main office.**

MILITARY INFORMATION RELEASE (HIGH SCHOOL ONLY) (Please Check and Sign) Do you give the Tukwila School District permission to release information to the Armed Forces of America regarding your son/daughter for recruiting purposes? Yes No

Legal Parent/Guardian Signature _____ Date _____