

Stanwood-Camano School District #401
STUDENT REGISTRATION FORM

Date _____

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ENROLLED IN THE STANWOOD-CAMANO PUBLIC SCHOOLS?

YES NO

• STUDENT INFORMATION:

WAC 392-415-070: The following information must meet the statutory requirement under RCW 28A.230.125, including the student's legal name (last name, first name, and middle name(s) or middle initial(s)); and other or former names used; student's birth date; name(s) of parent(s) or guardian(s); name and location of previous schools attended where credit was attempted; and, student's academic history for all high school level courses attempted.

STUDENT NAME: <i>Legal Last Name</i>		<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Also Known As (Nickname)</i>
BIRTHDATE <i>(Month/Day/Year)</i>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Gender not exclusively Male or Female	BIRTHPLACE: <i>City</i> <i>State</i> <i>Country</i>		GRADE LEVEL
HOME LANGUAGE SURVEY <i>(Must complete form on page 6)</i>				

• PRIMARY HOUSEHOLD:

STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Foster Parent		U.S. MILITARY <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> More than one parent/guardian	EMAIL ADDRESS
<i>Legal Last Name</i>		<i>Legal First Name</i>	PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted
<i>Work Place</i>			Home: () Cell: () Work: ()
<i>Legal Last Name</i>		<i>Legal First Name</i>	Home: () Cell: () Work: ()
<i>Work Place</i>			
RESIDENT ADDRESS	<i>Street</i>	<i>Apt. #</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
MAILING ADDRESS	<i>Street</i>	<i>Apt. # or P.O. Box</i>	<i>City</i> <i>State</i> <i>Zip Code</i>

• SECOND HOUSEHOLD:

RELATIONSHIP TO STUDENT: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Foster Parent		EMAIL ADDRESS
SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student)		PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted
<i>Legal Last Name</i>		<i>Legal First Name</i>
<i>Work Place</i>		Home: () Cell: () Work: ()
<i>Legal Last Name</i>		<i>Legal First Name</i>
<i>Work Place</i>		Home: () Cell: () Work: ()
SECOND HOUSEHOLD MAILING ADDRESS <i>(Street/P.O. Box, City, State, Zip Code)</i>		ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT HOUSING QUESTIONNAIRE <i>(Must complete form on page 7)</i>		

Please Complete all registration information.

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• ETHNICITY AND RACE

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

- | | | | | |
|--|------------------------------------|---|---|--|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Dominican | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Central American | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> South American | <input type="checkbox"/> Other Hispanic/Latino |

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

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> White | | | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Korean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Filipino | | | | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Tongan | |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Lummi | <input type="checkbox"/> Quileute | <input type="checkbox"/> Spokane | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Makah | <input type="checkbox"/> Quinault | <input type="checkbox"/> Squaxin Island | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Samish | <input type="checkbox"/> Stillaguamish | |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Suquamish | <input type="checkbox"/> Other American Indian/Alaska Native |
| <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:

USA SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION <i>(City/State)</i>
HAS STUDENT EVER ATTENDED STANWOOD-CAMANO PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, NAME OF SCHOOL ATTENDED:		DATE ATTENDED <i>(Month/Year)</i>
IF BIRTH COUNTRY IS NOT USA, DID STUDENT ATTEND SCHOOL IN A COUNTRY OTHER THAN USA? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, HOW MANY MONTHS DID STUDENT ATTEND SCHOOL OUT OF COUNTRY? _____ months WHAT IS THE INITIAL PLACEMENT DATE STUDENT ATTENDED USA PUBLIC SCHOOL? <i>(Month/Year)</i> _____/_____		

• OTHER LEGAL INFORMATION:

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, plan must be on file with the school)</i>	<input type="checkbox"/> Copy attached
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, legal papers must be on file with the school)</i>	<input type="checkbox"/> Copy attached
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

Please Complete all registration information.

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• **STUDENT SERVICES:**

HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS STUDENT EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Lap <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:		

• **STUDENT HISTORY:**

HAS STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN PETITIONED FOR BECCA?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN RETAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what grade level(s)		

• **FAMILY HISTORY:**

PLEASE LIST OTHER SIBLINGS ATTENDING STANWOOD-CAMANO PUBLIC SCHOOLS			
<i>Last Name</i>	<i>First Name</i>	<i>School</i>	<i>Grade</i>

• **CHILD CARE INFORMATION:**

DOES STUDENT ATTEND CHILD CARE: <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Both	
CHILD CARE PROVIDER: <i>Name:</i>	<i>Address:</i>
ADDITIONAL CHILD CARE ARRANGEMENTS (<i>Please provide information to school in writing</i>)	

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (<i>Please provide information to school in writing</i>)

Any additional comments regarding your child:
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** If yes, copy of registration form to School Psychologist

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• STUDENT RELEASE AUTHORIZATION

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.

PRIMARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
SECONDARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
THIRD CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	

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:

Legal Parent/Guardian Signature

Date

• EMERGENCY MEDICAL AUTHORIZATION:

DOCTOR'S NAME (Full Name)	PHONE (INCLUDE AREA CODE)
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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

• VERIFICATION OF INFORMATION:

The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Stanwood-Camano School District.

Legal Parent/Guardian Signature

Date

DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY

STUDENT SCHOOL #	SCHOOL ENTRY DATE	MEDICAL ALERT	HOME ROOM #	LOCKER NUMBER	BUS ROUTE AM PM
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**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• **AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION**

Student name: _____	Birthdate: _____	Grade: _____
Preferred student start date (if applicable): _____		Today's date: _____

• **I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION WITH THE AGENCY/ PERSON(S) LISTED BELOW:**

Records To / From (circle one): _____ Name of previous school/agency/person _____ Street address _____ City, State, Zip	Send Records To/From (circle one): Stanwood-Camano School District Please check the appropriate school/department below.
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• **RELEASE THE FOLLOWING INFORMATION RELEVANT TO EDUCATIONAL PLACEMENT:**

School records: <input type="checkbox"/> Student Cum file <input type="checkbox"/> Special Education Records <input type="checkbox"/> Immunization records <input type="checkbox"/> Discipline records <input type="checkbox"/> State Test Assessments Purpose for Exchange: <input type="checkbox"/> to discuss and/or place student in program	Medical records: <input type="checkbox"/> WA State History <input type="checkbox"/> Attendance <input type="checkbox"/> Transcripts <input type="checkbox"/> BECCA <input type="checkbox"/> Other Assessments <input type="checkbox"/> Diagnostic information of medical condition that may impact educational placement decisions <input type="checkbox"/> Medical records <input type="checkbox"/> Other: <input type="checkbox"/> to complete assessment/evaluation <input type="checkbox"/> to update records <input type="checkbox"/> other:
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• **IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:**

<input type="checkbox"/> Cedarhome Elementary 27911 – 68 th Ave NW Stanwood, WA. 98292 Ph: (360) 629-1280 Fax: (360) 629-1289 cesinfo@stanwood.wednet.edu	<input type="checkbox"/> Twin City Elementary 26211 – 72 nd Ave NW Stanwood, WA. 98292 Ph: (360) 629-1270 Fax: (360) 629-1279 tceinfo@stanwood.wednet.edu	<input type="checkbox"/> Port Susan Middle 7506 – 267 th St NW Stanwood, WA. 98292 Ph: (360) 629-1360 Fax: (360) 629-1365 psmsinfo@stanwood.wednet.edu	<input type="checkbox"/> Saratoga School 9307 - 271 st St. NW Stanwood, WA 98292 Ph: (360) 629-1372 Fax: (360) 629-1256 sarinfo@stanwood.wednet.edu
<input type="checkbox"/> Elger Bay Elementary 1810 Elger Bay Rd Camano Island, WA. 98282 Ph: (360) 629-1290 Fax: (360) 629-1291 ebeinfo@stanwood.wednet.edu	<input type="checkbox"/> Utsalady Elementary 608 Arrowhead Rd Camano Isl., WA. 98282 Ph: (360) 629-1260 Fax: (360) 629-1261 uesinfo@stanwood.wednet.edu	<input type="checkbox"/> Stanwood High School 7400 – 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1330 Fax: (360) 629-1331 shsinfo@stanwood.wednet.edu	<input type="checkbox"/> Lincoln Hill High School Lincoln Academy 7600 - 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1340 Fax: (360) 629-1341 lhhsinfo@stanwood.wednet.edu
<input type="checkbox"/> Stanwood Elementary 10227 - 273 rd Pl NW Stanwood, WA. 98292 Ph: (360) 629-1250 Fax: (360) 629-1252 sesinfo@stanwood.wednet.edu	<input type="checkbox"/> Stanwood Middle 9405 – 271 st St NW Stanwood, WA. 98292 Ph: (360) 629-1350 Fax: (360) 629-1354 smsinfo@stanwood.wednet.edu	<input type="checkbox"/> Special Services 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1236 Fax: (360) 629-1233 spedinfo@stanwood.wednet.edu	<input type="checkbox"/> Open Doors 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1200 Fax: (360) 629-1242 djohnston@stanwood.wednet.edu

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. Parent or guardian may revoke this authorization in writing at any time.

Legal Parent/Guardian Signature: _____ **Date:** _____

ADDRESS (Street/PO Box, City, State, ZIP) _____

The confidential exchange of medical information expires after 90 days.

**Stanwood-Camano School District #401
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English/November 2016



**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>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>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>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>	<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</p> <p>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)</p> <p>_____</p> <p>Month Day Year</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.



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McKinney-Vento Act 42 U.S.C. 11435 02/27/2018

Please Complete all registration information.

Stanwood-Camano School District #401
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Student Housing Questionnaire

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. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
-

Other _____

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____
 Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

ADDRESS 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: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return to your student's school to be forwarded to:

Cayli Odegard 360-629-1286 26920 Pioneer Hwy, Stanwood WA 98292
District Liaison Phone Number Location

For School Personnel Only: For data collection purposes and student information system coding

- (N) Not Homeless
- (A) Shelters
- (B) Doubled-Up
- (C) Unsheltered
- (D) Hotels/Motels

Please Complete all registration information.

Stanwood-Camano School District #401
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NONDISCRIMINATION STATEMENT:

The Stanwood-Camano School District does not discriminate in employment, programs, or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Affirmative Action Officer and Civil Rights Compliance Coordinator, Maurene Stanton, or the Section 504/American Disabilities Act Coordinator, Robert Hascall, Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood, WA 98292. Telephone: (360) 629-1200.

El Distrito Escolar de Stanwood-Camano School District no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación:

Título IX / Oficial de Acción Afirmativa y Coordinador de Cumplimiento de Derechos Civiles, Maurene Stanton, o la Sección 504 / Coordinador de la Ley de Discapacidades Estadounidenses, Robert Hascall, Distrito Escolar Stanwood-Camano, 26920 Pioneer Hwy, Stanwood, WA 98292. Teléfono: (360) 629-1200.

Please Complete all registration information.