

**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	BIRTHPLACE: <i>City State Country</i>		GRADE LEVEL
CURRENT LANGUAGE STUDENT SPEAKS <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		FIRST LANGUAGE SPOKEN BY STUDENT <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

**• 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		
												PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted		
<i>Legal Last Name</i>			<i>Legal First Name</i>						Home: ( )					
<i>Work Place</i>									Cell: ( )					
<i>Legal Last Name</i>			<i>Legal First Name</i>						Home: ( )					
<i>Work Place</i>									Cell: ( )					
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>						Home: ( )		
<i>Work Place</i>									Cell: ( )		
<i>Legal Last Name</i>			<i>Legal First Name</i>						Home: ( )		
<i>Work Place</i>									Cell: ( )		
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		

**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 (City/State)
HAS STUDENT EVER ATTENDED STANWOOD-CAMANO PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, NAME OF SCHOOL ATTENDED:		DATE ATTENDED (Month/Year)
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? (Month/Year) _____/_____		

**• 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> )
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<b>Any additional comments regarding your child:</b>
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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.*

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

<b>DOCTOR'S NAME</b> (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	HOMEROOM #	LOCKER NUMBER	BUS ROUTE AM                  PM

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**• AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION**

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

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

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

<p><b><u>School records:</u></b></p> <input type="checkbox"/> Student Cum file <input type="checkbox"/> Immunization records <input type="checkbox"/> Discipline records <input type="checkbox"/> State Test Assessments <input type="checkbox"/> WA State History <input type="checkbox"/> Other Assessments	<p><b><u>Special Education records:</u></b></p> <input type="checkbox"/> Special education IEP & evaluation report <input type="checkbox"/> Assessment information <input type="checkbox"/> Behavioral assessment <input type="checkbox"/> Other:	<p><b><u>Medical records:</u></b></p> <input type="checkbox"/> Diagnostic information of medical condition that may impact educational placement decisions <input type="checkbox"/> Medical records <input type="checkbox"/> Other:
<p><b><i>Purpose for Exchange:</i></b></p> <input type="checkbox"/> to discuss and/or place student in program <input type="checkbox"/> to complete assessment/evaluation <input type="checkbox"/> to update records <input type="checkbox"/> other:		

**• IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:**

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

**Legal Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

The confidential exchange of medical information expires after **90 days**.