

# Seaside School District

## STUDENT REGISTRATION FORM

Welcome to the Seaside School District. Your student's enrollment form is a required official student record and it is very important for you and for the district. The information you provide must be accurate and complete. Its contents are protected by the Family Educational Rights and Privacy Act (FERPA).

The information you provide allows our schools to:

- Communicate important information to you, including report card and attendance notifications.
- Offer appropriate services to your student, such as language learner or special education services.
- Respond appropriately in the event of an emergency.
- Ensure compliance with civil rights laws.
- Better respond to students' racial and ethnic identities.

If you need assistance completing this form, please let a school staff member know.

### For Office Use Only:

Enter Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSD Student ID #: \_\_\_\_\_

**Please print clearly, using a blue or black pen, and complete all pages.**

### STUDENT INFORMATION

1. LEGAL LAST NAME \_\_\_\_\_ 2. LEGAL FIRST NAME \_\_\_\_\_ 3. LEGAL MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

4. GRADE \_\_\_\_\_ 5. GENDER  Female (F)  Male (M)  Non-Binary (X) 6. HOME LANGUAGE \_\_\_\_\_

7. FIRST NAME "GOES BY" \_\_\_\_\_ 8. LAST NAME "GOES BY" \_\_\_\_\_

9. BIRTHDATE \_\_\_\_\_ 10. BIRTH COUNTRY \_\_\_\_\_ 11. BIRTH STATE/PROVINCE \_\_\_\_\_

12. STUDENT E-MAIL ADDRESS \_\_\_\_\_

Federal and State Regulations require schools to gather the information in 13a and 13b for statistical reports. For more information, your school can help.

13a. ETHNICITY - HISPANIC/LATINO? Yes  No  **(Note: both Ethnicity & Race must be selected)**

13b. RACE *select at least one*  American Indian/Alaska Native  Asian  Black  Native Hawaiian or Other Pacific Islander  White

14. HOME ADDRESS \_\_\_\_\_

15. CITY \_\_\_\_\_ 16. STATE \_\_\_\_\_ 17. ZIP \_\_\_\_\_

18. MAILING ADDRESS (if different) \_\_\_\_\_

19. CITY \_\_\_\_\_ 20. STATE \_\_\_\_\_ 21. ZIP \_\_\_\_\_

22. FAMILY PRIMARY PHONE\* (cell? Yes  No ) \_\_\_\_\_

23. STUDENT CELL PHONE \_\_\_\_\_

\*Note: Family primary phone number will be used for attendance and emergency notifications.

### PREVIOUS SCHOOL INFORMATION

24. School (most recent first) \_\_\_\_\_ 25. City and State \_\_\_\_\_ 26. Years Attended (ex 2012-2014) \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**—Contact phone numbers and email addresses will be used to distribute important information.

**PARENT/RESPONSIBLE ADULT #1:** 27. LIVING WITH STUDENT: Y  N  (If no, provide mailing address on #34; check if you want copy of correspondence )

28.  MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

29. LAST NAME \_\_\_\_\_ 30. FIRST NAME \_\_\_\_\_

31. PRIMARY LANGUAGE \_\_\_\_\_ 32. E-MAIL ADDRESS \_\_\_\_\_

33. MILITARY STATUS: **Active?** Yes  No  **Reserve?** Yes  No  **Veteran?** Yes  No

34. MAILING ADDRESS \_\_\_\_\_ 35. CITY \_\_\_\_\_ 36. STATE \_\_\_\_\_ 37. ZIP \_\_\_\_\_

38. PRIMARY PHONE \_\_\_\_\_ Cell? Yes  No  39. SECONDARY PHONE \_\_\_\_\_ Cell? Yes  No

40. WORK PHONE \_\_\_\_\_ 41. EMPLOYER \_\_\_\_\_

42. Contact allowed with student? Yes  No  43. Has Custody of student? Yes  No  44. Permission to pick up? Yes  No

45. Interested in volunteering? Yes  No

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**PARENT/RESPONSIBLE ADULT #2:** 46. LIVING WITH STUDENT: Y  N  (If no, provide mailing address on #53; check if you want copy of correspondence )

47.  MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

48. LAST NAME \_\_\_\_\_ 49. FIRST NAME \_\_\_\_\_

50. PRIMARY LANGUAGE \_\_\_\_\_ 51. E-MAIL ADDRESS \_\_\_\_\_

52. MILITARY STATUS: **Active?** Yes  No  **Reserve?** Yes  No  **Veteran?** Yes  No

53. MAILING ADDRESS \_\_\_\_\_ 54. CITY \_\_\_\_\_ 55. STATE \_\_\_\_\_ 56. ZIP \_\_\_\_\_

57. PRIMARY PHONE \_\_\_\_\_ Cell? Yes  No  58. SECONDARY PHONE \_\_\_\_\_ Cell? Yes  No

59. WORK PHONE \_\_\_\_\_ 60. EMPLOYER \_\_\_\_\_

61. Contact allowed with student? Yes  No  62. Has Custody of student? Yes  No  63. Permission to pick up? Yes  No

64. Interested in volunteering? Yes  No

PARENTS

**ADDITIONAL EMERGENCY CONTACTS** - In an emergency, parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached.

65. RELATIONSHIP TO STUDENT \_\_\_\_\_ 66. FIRST AND LAST NAME \_\_\_\_\_

67. PRIMARY PHONE \_\_\_\_\_ 68. WORK PHONE \_\_\_\_\_ 69. CELL PHONE \_\_\_\_\_

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70. RELATIONSHIP TO STUDENT \_\_\_\_\_ 71. FIRST AND LAST NAME \_\_\_\_\_

72. PRIMARY PHONE \_\_\_\_\_ 73. WORK PHONE \_\_\_\_\_ 74. CELL PHONE \_\_\_\_\_

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75. RELATIONSHIP TO STUDENT \_\_\_\_\_ 76. FIRST AND LAST NAME \_\_\_\_\_

77. PRIMARY PHONE \_\_\_\_\_ 78. WORK PHONE \_\_\_\_\_ 79. CELL PHONE \_\_\_\_\_

EMERGENCY

**SIBLINGS** - Please list student's sibling(s) currently attending a district school.

80. SIBLING LAST NAME \_\_\_\_\_ 81. SIBLING FIRST NAME \_\_\_\_\_

82. RELATIONSHIP TO STUDENT \_\_\_\_\_ 83. SCHOOL \_\_\_\_\_ 84. GRADE \_\_\_\_\_

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85. SIBLING LAST NAME \_\_\_\_\_ 86. SIBLING FIRST NAME \_\_\_\_\_

87. RELATIONSHIP TO STUDENT \_\_\_\_\_ 88. SCHOOL \_\_\_\_\_ 89. GRADE \_\_\_\_\_

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90. SIBLING LAST NAME \_\_\_\_\_ 91. SIBLING FIRST NAME \_\_\_\_\_

92. RELATIONSHIP TO STUDENT \_\_\_\_\_ 93. SCHOOL \_\_\_\_\_ 94. GRADE \_\_\_\_\_

SIBLINGS

**STUDENT NAME**

LEGAL FIRST NAME: \_\_\_\_\_ LEGAL LAST NAME: \_\_\_\_\_

MEDICAL

**STUDENT MEDICAL INFORMATION**—School staff must know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

95. PHYSICIAN'S NAME \_\_\_\_\_ 96. PHONE \_\_\_\_\_

97. PREFERRED HOSPITAL \_\_\_\_\_  
EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

98. DENTIST'S NAME \_\_\_\_\_ 99. PHONE \_\_\_\_\_

100. INSURANCE CARRIER \_\_\_\_\_  
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HEALTH

101. CURRENT MEDICAL CONDITIONS: Complete the HEALTH QUESTIONAIRE included in your registration packet.

102. MEDICATIONS TO BE TAKEN AT SCHOOL: Talk to the school office to complete required forms.

ENROLLMENT

**KINDERGARTEN STUDENTS ONLY**

103. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a **preschool or preschool classroom** (such as in a school, Head Start, or childcare center)?  Yes  No

104. Name of preschool \_\_\_\_\_

**STUDENTS AGE 7 AND UNDER ONLY**

105. Did this student receive a dental screening or exam by a provider other than at school? Yes  No

106. If you answered No, what is the reason for no dental screening? (select only one)  
 Burden to student or parent/guardian  Religious Reasons  Submitted to prior education provider

PERMISSIONS / AUTHORIZATIONS

**PERMISSIONS / AUTHORIZATIONS**—For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the District *Student Rights and Responsibilities Guide*.

▶ Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request.**

▶ Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request.**

▶ If parents or authorized contact persons cannot be reached at the time of an emergency, and immediate observation or treatment is urgent in the judgment of the school authorities, the school will send the child (properly accompanied) to the hospital or doctor most accessible.

▶ Occasionally students participate in walking and bus field trips within Clatsop County. When students will be participating in a field trip which takes them outside of Clatsop County, a detailed Field Trip Permission Request form will be sent home prior to the trip for parent authorization.

**I have read and understand the Permissions /Authorizations information above \_\_\_\_\_ (Initials of parent or responsible adult)**

107. High School Only: I do not want my child's name, address and phone number released to:  Military Recruiters  College Recruiters  
Federal law requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check one or both of the categories above.

**STUDENT NAME**

LEGAL FIRST NAME: \_\_\_\_\_ LEGAL LAST NAME: \_\_\_\_\_

PROGRAMS

**PROGRAM INFORMATION**

- 108. Does your student have a CURRENT Individualized Education Plan (IEP)? Yes  No
- 109. Does your student have a CURRENT Section 504 Plan? Yes  No
- 110. Has your student ever had any of the following?  Individualized Education Plan (IEP)  504 Plan  Other Special Education Services
- 111. Has your student been identified as Talented and Gifted (TAG)? Yes  No

LANGUAGE

**LANGUAGE INFORMATION**

- 112. What was the first language your child learned to speak? \_\_\_\_\_
- 113. What language does the student speak at home most of the time? \_\_\_\_\_  
If a language other than English is given to any of the above questions, your child will be referred for English language assessment to determine if he/she qualifies for ESL services.
- 114. Is the student in, or has the student been in, an English as a Second Language Program? Yes  No
- 115. In a Bilingual/Dual Language Program? Yes  No
- If Yes to 114 or 115, what was the student's first day in a U.S. school? \_\_\_\_\_  
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- Your family has the right to receive information in your home language.
- 116. Does your family need an interpreter for school meetings? Yes  No

FEDERAL PROGRAMS

**FEDERAL TITLE PROGRAM QUESTIONS** (note to school staff: if a family checks 'yes' for any of these questions, please notify the program director)

**Indian Education Program** - This information establishes the district's eligibility for a federal grant. You may receive more information if you mark "Yes" to the question below.

- 117. Is the student, or a parent or grandparent, a member of a U.S. federally recognized American Indian Tribe (including Alaska native)?  
Yes  No  If YES, please fill in tribe name: \_\_\_\_\_ Membership # \_\_\_\_\_

**Migrant Education Program** - This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

- 118. A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Yes  No  Have you moved in the past 3 years for a job? Yes  No

**McKinney-Vento Program** - This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative may be in touch if you check a box.

- 119. Please place a check in the appropriate box if it applies:  
 You are staying in a motel, car or campsite until you can find affordable housing \_\_\_\_\_  
 You are sharing housing with another family due to economic hardship \_\_\_\_\_  
 Your child is living with a relative/friend/or anyone other than his/her custodial parents \_\_\_\_\_  
 You are living in a shelter, temporary housing or moving from place to place without permanent housing \_\_\_\_\_

**BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT COULD BE IMMEDIATELY REMOVED FROM THE SCHOOL.**

- 120. SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) \_\_\_\_\_ DATE \_\_\_\_\_
- 121. SIGNATURE OF PARENT/RESPONSIBLE ADULT \_\_\_\_\_ DATE \_\_\_\_\_

**USDA and this institution are equal opportunity providers and employers.**