

**TOUTLE LAKE SCHOOL DISTRICT #130  
STUDENT REGISTRATION FORM**

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY					
SCHOOL	OUT OF DISTRICT YES      NO	SCHOOL ENTRY DATE	STUDENT #	HOMEROOM	BUS NUMBER

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name
BIRTHDATE (Month/Day/Year)	GENDER (Male or Female) Male      Female	BIRTHPLACE: City	State	Country
PRIMARY LANGUAGE SPOKEN BY STUDENT: (Please check one) <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> RUSSIAN <input type="checkbox"/> OTHER _____				
PRIMARY LANGUAGE SPOKEN AT HOME: (Please check one) <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> RUSSIAN <input type="checkbox"/> OTHER _____				
NATIVE LANGUAGE: (Please check one) <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> RUSSIAN <input type="checkbox"/> OTHER _____				

**PRIMARY HOUSEHOLD (PARENT/GUARDIAN WHERE STUDENT RESIDES)**

PRIMARY HOUSEHOLD STUDENT LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other			PRIMARY PHONE (Include Area Code)	
PARENT/GUARDIAN #1 Last Name                      First Name		PARENT/GUARDIAN #2 Last Name                      First Name		
Work Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)	Cell Phone (Include Area Code)	
EMAIL ADDRESS		EMAIL ADDRESS		
RESIDENT STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP

**SECONDARY HOUSEHOLD (NON-CUSTODIAL PARENT NOT RESIDING WITH STUDENT)**

SECONDARY HOUSEHOLD STUDENT LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other			PRIMARY PHONE (Include Area Code)	
PARENT/GUARDIAN #1 Last Name                      First Name		PARENT/GUARDIAN #2 Last Name                      First Name		
Work Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)	Cell Phone (Include Area Code)	
EMAIL ADDRESS		EMAIL ADDRESS		
RESIDENT STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, plan must be on file with the school for enforcement)
IS THERE A LEGAL RESTRICTION PREVENTING THE NON-CUSTODIAL PARENT FROM VISITING THE SCHOOL, HAVING ACCESS TO SCHOOL REPORTS/RECORDS OR REMOVING THE STUDENT FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, papers must be on file with the school for enforcement)
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, legal papers must be on file with the school for enforcement)
RESTRAINING ORDER IS AGAINST: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER _____

HAS YOUR CHILD EVER ATTENDED SCHOOL IN THE STATE OF WASHINGTON?  YES  NO  
 IF YES, NAME OF SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_  
 HAS YOUR CHILD EVER ATTENDED TOUTLE LAKE SCHOOL DISTRICT?  YES  NO

HAS YOUR CHILD ATTENDED PRE-SCHOOL?  YES  NO  
 NAME OF PRE-SCHOOL \_\_\_\_\_ PRE-SCHOOL TYPE  
 HEADSTART  EARLY START  PRE-KINDERGARTEN

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN AN IEP (INDIVIDUAL EDUCATION PROGRAM)?  YES  NO  
 IF YES, IS YOUR CHILD CURRENTLY ON AN IEP?  YES  NO  
 HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN?  YES  NO  
 IF YES, IS YOUR CHILD CURRENTLY ON A 504 PLAN?  YES  NO  
 HAS YOUR CHILD EVER PARTICIPATED IN:  TITLE 1  LAP  SPEECH  OTHER \_\_\_\_\_  
 HAS YOUR CHILD EVER BEEN RETAINED?  YES  NO IF YES, AT WHAT GRADE LEVEL? \_\_\_\_\_

HAS YOUR CHILD EVER BEEN SUSPENDED FOR A WEAPON VIOLATION?  YES  NO DATE: \_\_\_\_\_  
 HAS YOUR CHILD EVER BEEN LONG-TERM SUSPENDED OR EXPELLED?  YES  NO DATE: \_\_\_\_\_  
 HAS YOUR CHILD EVER BEEN SUSPENDED FOR A DRUG VIOLATION?  YES  NO DATE: \_\_\_\_\_  
 HAS YOUR CHILD EVER HAD AN ALCOHOL VIOLATION?  YES  NO DATE: \_\_\_\_\_

**PLEASE LIST OTHER SIBLINGS ATTENDING TOUTLE LAKE SCHOOL DISTRICT**

Last Name	First Name	School	Grade

**ETHNICITY AND RACE**

**PLEASE ANSWER BOTH QUESTIONS #1 AND #2, BOTH RESPONSES NEEDED PER WASHINGTON OSPI AND FEDERAL REQUIREMENTS**

<b>QUESTION #1</b> Is your child of Hispanic or Latino origin? (Check all that apply)	<input type="radio"/> NOT HISPANIC/LATINO	<input type="radio"/> DOMINICAN	<input type="radio"/> PUERTO RICAN
	<input type="radio"/> CENTRAL AMERICAN	<input type="radio"/> LATIN AMERICAN	<input type="radio"/> SOUTH AMERICAN
	<input type="radio"/> CUBAN	<input type="radio"/> SPANIARD	<input type="radio"/> OTHER HISPANIC/LATINO
	<input type="radio"/> MEXICAN/MEXICAN AMERICAN/CHICANO		
<b>QUESTION #2</b> What race do you consider your child? (Check all that apply)	<input type="radio"/> AFRICAN AMERICAN/BLACK	<input type="radio"/> FIJIAN	<input type="radio"/> NISQUALLY
	<input type="radio"/> WHITE	<input type="radio"/> GUAMANIAN CHAMORRO	<input type="radio"/> NOOKSACK
	<input type="radio"/> ASIAN INDIAN	<input type="radio"/> MARIANA ISLANDER	<input type="radio"/> PORT GAMABLE CLALLAM
	<input type="radio"/> CAMBODIAN	<input type="radio"/> MELANESIAN	<input type="radio"/> PUYALLUP
	<input type="radio"/> CHINESE	<input type="radio"/> MICRONESIAN	<input type="radio"/> QUILEUTE
<b>OFFICE USE ONLY</b>	<input type="radio"/> FILIPINO	<input type="radio"/> SAMOAN	<input type="radio"/> QUINAULT
	<input type="radio"/> HMONG	<input type="radio"/> TONGAN	<input type="radio"/> SAMISH
<b>Q - #1 DATA</b> <input type="radio"/> STAFF <input type="radio"/> PARENT	<input type="radio"/> INDONESIAN	<input type="radio"/> OTHER PACIFIC ISLANDER	<input type="radio"/> SAUK-SUATTLE
	<input type="radio"/> JAPANESE	<input type="radio"/> ALASKA NATIVE	<input type="radio"/> SHOALWATER
	<input type="radio"/> KOREAN	<input type="radio"/> CHEHALIS	<input type="radio"/> SKOKOMISH
	<input type="radio"/> LAOTIAN	<input type="radio"/> COLVILLE	<input type="radio"/> SNOQUALMIE
	<input type="radio"/> MALAYSIAN	<input type="radio"/> COWLITZ	<input type="radio"/> SPOKANE
	<input type="radio"/> PAKISTANI	<input type="radio"/> HOH	<input type="radio"/> SQUAXIN ISLAND
<b>Q - #2 DATA</b> <input type="radio"/> STAFF <input type="radio"/> PARENT	<input type="radio"/> SINGAPOREAN	<input type="radio"/> JAMESTOWN	<input type="radio"/> STILLAGUAMISH
	<input type="radio"/> TAIWANESE	<input type="radio"/> KALISPEL	<input type="radio"/> SUQUAMISH
	<input type="radio"/> THAI	<input type="radio"/> LOWER ELWHA	<input type="radio"/> SWINOMISH
	<input type="radio"/> VIETNAMESE	<input type="radio"/> LUMMI	<input type="radio"/> TULALIP
	<input type="radio"/> OTHER ASIAN	<input type="radio"/> MAKAH	<input type="radio"/> YAKAMA
	<input type="radio"/> NATIVE HAWAIIAN	<input type="radio"/> MUCKLESHOOT	<input type="radio"/> OTHER WASHINGTON INDIAN
			<input type="radio"/> OTHER AMERICAN INDIAN