



# STUDENT REGISTRATION FORM

DATE: \_\_\_\_\_

Do not write in shaded area – for office use only

Student Other ID	School	Homeroom #	Locker #	Bus Route AM    PM
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Check here if you have recently registered students at another school or have/will have other students attending another school within our district.

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	BIRTHDAY (MM/DD/YYYY)
GENDER EXPRESSION	PREVIOUS NAME OF RECORD	GRADE LEVEL	BIRTH PLACE/BIRTH COUNTRY	
DISTRICT RESIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____		
Has your student <b>ever</b> qualified for or been enrolled in a special education program (IEP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student <b>ever</b> qualified for or had a 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student <b>ever</b> participated in an academic support program (ie. Title, LAP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student <b>ever</b> participated in Advanced Academics, Gifted and Talented, or Highly Capable programs?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student <b>ever</b> been enrolled in an English as a Language (EL) program?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your student <b>ever</b> been retained?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you rent/own your own home?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>HOUSEHOLD 1</b> (Primary Guardian - parent/guardian where student resides) <i>Last Name    First Name</i>  Email: _____  Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HOUSEHOLD 1 - Primary Telephone</b> Include area code	<b>STUDENT LIVES WITH:</b> (check one per guardian)  <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other _____
	<b>Primary Guardian - 2<sup>nd</sup> phone</b>  <input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	
<b>HOUSEHOLD 1</b> (Secondary Guardian - parent/guardian where student resides) <i>Last Name    First Name</i>  Email: _____  Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Secondary Guardian - 2<sup>nd</sup> phone</b>  <input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	

<b>RESIDENT ADDRESS</b> (physical address)	Street/PO Box	Apt.#	City	State	Zip
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<b>MAILING ADDRESS</b> (if different from physical address)	Street/PO Box	Apt.#	City	State	Zip
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<b>HOUSEHOLD 2</b> (Primary Guardian - parent/guardian where student resides) <i>Last Name    First Name</i>  Email: _____  Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HOUSEHOLD 2 - Primary Telephone</b> Include area code	<b>STUDENT LIVES WITH:</b> (check one per guardian)  <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other _____
	<b>Primary Guardian - 2<sup>nd</sup> phone</b>  <input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	
<b>HOUSEHOLD 2</b> (Secondary Guardian - parent/guardian where student resides) <i>Last Name    First Name</i>  Email: _____  Did you attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Secondary Guardian - 2<sup>nd</sup> phone</b>  <input type="checkbox"/> cell _____ <input type="checkbox"/> work _____	

<b>RESIDENT ADDRESS</b> (physical address)	Street/PO Box	Apt.#	City	State	Zip
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<b>MAILING ADDRESS</b> (if different from physical address)	Street/PO Box	Apt.#	City	State	Zip
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Is there a Joint-custody or Parent 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 Restraining Order in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If YES, legal papers must be on file with school for enforcement)
Restraining Order is against	<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Other:

Has your student <u>ever</u> attended a Washington state school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, list name of school (s) and district(s))	
Has student <u>ever</u> attended Yelm Community Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Name of School(s) Attended)	Date Attended:
Last School Previously Attended (Name of School)	Previous District Name
Previous School Address Street/PO Box City State Zip	
Has your student <u>ever</u> been referred under the Washington State BECCA Law for Truancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list other siblings				
Last Name	First Name	School	Grade	Age

When injury, illness or other non-emergency situations occur involving your student, 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 in the **local area** during the day to provide care for your student.

Emergency Contact #1 (other than parent/guardian) Legal Last                      Legal First	Emergency Contact #2 (other than parent/guardian) Legal Last                      Legal First
Relationship to Student:	Relationship to Student:
Phone #1 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #1 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Phone #2 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone #2 (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Did this person attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO	Did this person attend Yelm Schools: <input type="checkbox"/> YES <input type="checkbox"/> NO

**TRANSPORTATION:** Yelm Community Schools provides bus service to and from the home address within the enrolled school boundaries. If your student will be picked up or dropped off at a location other than current residency within the enrolled school boundary, please request the Daycare/Alternate Transportation Form.

**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 student.

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my student may be released to the person(s) listed above.

**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 Yelm Community Schools.

**DISTRICT PHONE COMMUNICATION:** I understand that the district will use the guardian(s) phone contact for automated school announcements and emergency information.

Legal Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_