

FERNDALE SCHOOL DISTRICT
STUDENT REGISTRATION FORM

TODAY'S DATE: _____

Do Not Write In Shaded Area – For Office Use Only				Walker	Y	N	Rides Bus #	
Student ID #	Entry Date	Sch Entry Code	Waiver/Overflow	Court Order	Medical Alert	Locker #	Records Requested	

(Please Print)

Student Name LEGAL Last Name		LEGAL First Name		LEGAL Middle Name		Also Known As:	
Birth date: (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace: City	State		Country	Grade:	
Student Social Security # (Optional)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity and Race Information – PLEASE SEE ADDITIONAL PAGE				Primary Language at Home <input type="checkbox"/> English <input type="checkbox"/> Other _____	

#1 Primary Household

STUDENT LIVES WITH: Both Parents Father Only Mother Only Grandparents Father/Stepmother Mother/Stepfather
 Stepfather/Stepmother Guardian Self Agency Other _____

HOME PHONE (WHERE STUDENT RESIDES)

() _____ Unlisted
 Number for Autocalling if different than Home Phone (snow/power outages/other emergency): () _____

Primary Household (Father/Stepfather/Guardian Where Student Resides)		
Last Name	First Name	Cell Ph:
Email:	Wkplace:	Wk Ph:
(Mother/Stepmother/Guardian Where Student Resides)		
Last Name	First Name	Cell Ph:
Email:	Wkplace:	Wk Ph:

EMERGENCY CONTACTS: If I cannot be reached or am unavailable to pick up my child FOR ANY REASON, I give permission to release my child to:

#1 Name _____
 Phone () _____
 Relationship _____

#2 Name _____
 Phone () _____
 Relationship _____

#3 Name _____
 Phone () _____
 Relationship _____

STREET ADDRESS → <small>WHERE STUDENT RESIDES</small>	STREET ADDRESS (INCLUDE APT #)		
	CITY	ST	ZIP
MAILING ADDRESS → <small>IF DIFFERENT FROM ABOVE</small>	STREET/PO Box #		
	CITY	ST	ZIP

#2 SECOND HOUSEHOLD RELATIONSHIP Father Only Mother Only Grandparents Father/Stepmother Mother/Stepfather
 Stepfather/Stepmother Guardian Agency Self Other _____

Second Household (Father/Stepfather/Guardian NOT residing with student)		
LAST NAME	FIRST NAME	Cell Ph
Email:	Wkplace:	Wk Ph:
(Mother/Stepmother/Guardian Not residing with student)		
LAST NAME	FIRST NAME	Cell Ph:
Email:	Wkplace:	Wk Ph:

SECOND HOUSEHOLD HOME PHONE
 () _____
 Unlisted

Second Household STREET Address (Street address City, State, Zip)

Second Household MAILING Address (Street/Po Box, City, State, Zip)

Second Household School Mailings Requested Yes No

Name of School Last Attended	Name of School District	Previous School Address (Street/PO Box, City, State, Zip)
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Previous School Phone:	Fax:	
Are there any unpaid fines or fees at your child's previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever attended Ferndale School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school attended	Date attended (month/year)

HEALTH INSURANCE
 Does your child have health insurance? Yes No
 Contact information may be shared with Whatcom Alliance for Healthcare Access (WAHA) to help with insurance Yes No

Has your child ever been under disciplinary action (suspension/expulsion/etc.) at another school? Yes No When? _____
 Reason: _____
 Does your child have a history of violent behavior? Yes No Explain: _____

Is there ANY court order(s) currently in effect pertaining to your child? (i.e., custody/parenting plans, school attendance orders, restraining orders, etc.) Yes No (If yes, legal papers must be on file with the school for enforcement)
 Please Explain: _____

➤ Has your child ever qualified for or received **SPECIAL EDUCATION** services? Yes No
 Has your child ever qualified for or had a 504 plan? Yes No
 Has your child ever received Chapter/LAP services? Yes No If yes, Math Reading
 Has your child ever participated in: Gifted Title1 ESL Other _____
 Has your child ever been retained? Yes No If yes, at what grade level(s) _____
 Has your child ever received migrant services? Yes No

Does student attend childcare? Before school After school Before and after school

Child care provider	NAME	ADDRESS	PHONE NUMBER
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 Additional child care arrangements (Please provide information to school in writing)

Please list other siblings attending Ferndale school district

LAST NAME	FIRST NAME	SCHOOL	GRADE

Consent for student's picture/video to be taken for news release: Yes No
 I wish to become a parent volunteer Yes No
 Permission for my phone number to be given to parent support group for projects: Yes No

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 Ferndale School District.

LEGAL PARENT/GUARDIAN SIGNATURE _____ DATE _____

(NOTE: Ethnicity and race categories used in Ferndale School District are the same as are used in all Washington school districts. They are set by the federal government, the Washington State Legislature and the Office of Superintendent of Public Instruction (OSPI).)

SCHOOL _____ STUDENT'S NAME _____

Date of Birth _____

ETHNICITY AND RACE DATA

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

- | | | | |
|--------------------------|---------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN / MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> | CUBAN | <input type="checkbox"/> | CENTRAL AMERICAN |
| <input type="checkbox"/> | DOMINICAN | <input type="checkbox"/> | SOUTH AMERICAN |
| <input type="checkbox"/> | SPANIARD | <input type="checkbox"/> | LATIN AMERICAN |
| <input type="checkbox"/> | PUERTO RICAN | <input type="checkbox"/> | OTHER HISPANIC/LATINO |

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

- | | | | |
|--------------------------|-------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> | ALASKA NATIVE |
| <input type="checkbox"/> | WHITE | <input type="checkbox"/> | CHEHALIS |
| <input type="checkbox"/> | ASIAN INDIAN | <input type="checkbox"/> | COLVILLE |
| <input type="checkbox"/> | CAMBODIAN | <input type="checkbox"/> | COWLITZ |
| <input type="checkbox"/> | CHINESE | <input type="checkbox"/> | HOH |
| <input type="checkbox"/> | FILIPINO | <input type="checkbox"/> | JAMESTOWN |
| <input type="checkbox"/> | HMONG | <input type="checkbox"/> | KALISPEL |
| <input type="checkbox"/> | INDONESIAN | <input type="checkbox"/> | LOWER ELWHA |
| <input type="checkbox"/> | JAPANESE | <input type="checkbox"/> | LUMMI |
| <input type="checkbox"/> | KOREAN | <input type="checkbox"/> | MAKAH |
| <input type="checkbox"/> | LAOTIAN | <input type="checkbox"/> | MUCKLESHOOT |
| <input type="checkbox"/> | MALAYSIAN | <input type="checkbox"/> | NISQUALLY |
| <input type="checkbox"/> | PAKISTANI | <input type="checkbox"/> | NOOKSACK |
| <input type="checkbox"/> | SINGAPOREAN | <input type="checkbox"/> | PORT GAMBLE KLALLAM |
| <input type="checkbox"/> | TAIWANESE | <input type="checkbox"/> | PUYALLUP |
| <input type="checkbox"/> | THAI | <input type="checkbox"/> | QUILEUTE |
| <input type="checkbox"/> | VIETNAMESE | <input type="checkbox"/> | QUINAULT |
| <input type="checkbox"/> | OTHER ASIAN | <input type="checkbox"/> | SAMISH |
| <input type="checkbox"/> | NATIVE HAWAIIAN | <input type="checkbox"/> | SAUK-SUIATTLE |
| <input type="checkbox"/> | FIJIAN | <input type="checkbox"/> | SHOALWATER |
| <input type="checkbox"/> | GUAMANIAN OR CHAMORRO | <input type="checkbox"/> | SKOKOMISH |
| <input type="checkbox"/> | MARIANA ISLANDER | <input type="checkbox"/> | SNOQUALMIE |
| <input type="checkbox"/> | MELANESIAN | <input type="checkbox"/> | SPOKANE |
| <input type="checkbox"/> | MICRONESIAN | <input type="checkbox"/> | SQUAXIN ISLAND |
| <input type="checkbox"/> | SAMOAN | <input type="checkbox"/> | STILLAGUAMISH |
| <input type="checkbox"/> | TONGAN | <input type="checkbox"/> | SUQUAMISH |
| <input type="checkbox"/> | OTHER PACIFIC ISLANDER | <input type="checkbox"/> | SWINOMISH |
| | | <input type="checkbox"/> | TULALIP |
| | | <input type="checkbox"/> | YAKAMA |
| | | <input type="checkbox"/> | OTHER WASHINGTON INDIAN |
| | | <input type="checkbox"/> | OTHER AMERICAN INDIAN/ALASKA NATIVE |

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