



*For our children, our community, our world, our future*

# CHENEY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

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

*For Office Use Only*

*Received by: \_\_\_\_\_*

Birth Certificate: <input type="checkbox"/>	Vaccination Records: <input type="checkbox"/>	Proof of Residence: <input type="checkbox"/>
Home Language Survey: <input type="checkbox"/>	Race/Ethnicity Form: <input type="checkbox"/>	Housing Questionnaire: <input type="checkbox"/>

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name		Also known as:	
BIRTHDATE (Month/Day/Year)		GENDER (M/F)		BIRTHPLACE: City State		Country GRADE LEVEL	
PRIMARY GUARDIAN: <b>Household 1</b> (parent/guardian where student resides) Last Name First Name		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"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		PHONE #1 (Include area code) Best contact number: Unlisted <input type="checkbox"/>		PHONE #2 Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>	
Relationship				PHONE #3 Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>			
PRIMARY GUARDIAN: <b>Household 1</b> (parent/guardian where student resides) Last Name First Name							
Relationship							
RESIDENT ADDRESS: Street Number and Name		Unit #		City, State, ZIP			
MAILING ADDRESS (if different): Street Number and Name		Unit #		City, State, ZIP			
GUARDIAN 1 EMPLOYER		WORK PHONE		GUARDIAN 1 EMAIL ADDRESS			
GUARDIAN 2 EMPLOYER		WORK PHONE		GUARDIAN 2 EMAIL ADDRESS			
SECOND HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name Relationship		PHONE #1 Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>		PHONE #2 Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>			
SECOND HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name Relationship		PHONE #1 Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>		PHONE #2 Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>			
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)						REQUEST ADDITIONAL MAILINGS <input type="checkbox"/> Yes <input type="checkbox"/> No	
MILITARY FAMILY INFORMATION (Please mark appropriate box)							
<input type="checkbox"/> Student has guardian who is a member of active duty U.S. Armed Forces (A)				<input type="checkbox"/> Student has guardian who is a member of the Reserves of the U.S. Armed Forces (R)			
<input type="checkbox"/> Student has guardian who is a member of the Washington National Guard (G)				<input type="checkbox"/> Student has more than one guardian who is a member of any of the above (M)			
<input type="checkbox"/> No affiliation (N)				<input type="checkbox"/> No Response/Refuse to State (Z)			
IS THERE A RESTRICTIVE 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 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)							

HAS YOUR CHILD EVER ATTENDED A CHENEY PUBLIC SCHOOL BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what school?				
HAS YOUR CHILD EVER ATTENDED A WASH. STATE SCHOOL OR PUBLIC PRESCHOOL BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what school?				
SCHOOLS PREVIOUSLY ATTENDED (most recent first)	SCHOOL DISTRICT NAME	PREVIOUS SCHOOL CITY/STATE	DATE FROM	DATE TO
HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL/ESL <input type="checkbox"/> Other:				
DOES YOUR CHILD HAVE A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s)?				
DOES YOUR CHILD HAVE ANY PAST, CURRENT OR PENDING DISCIPLINARY ACTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DOES YOUR CHILD HAVE ANY HISTORY OF VIOLENT BEHAVIOR OR CONVICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE THERE ADJUDICATIONS OR DIVERSION AGREEMENTS RELATED TO A VIOLENT OFFENSE, A SEX OFFENSE, INHALING TOXIC FUMES, A DRUG OFFENSE, A LIQUOR VIOLATION, KIDNAPPING, HARASSMENT, STALKING OR ARSON? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE THERE ANY UNPAID FINES OR FEES FROM OTHER SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE THERE ANY HEALTH CONDITIONS AFFECTING YOUR STUDENT'S EDUCATIONAL NEEDS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
DOES YOUR STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school				
CHILD CARE PROVIDER: Name:		Address:		Phone #:
(additional childcare arrangements must be provided to your child's school in writing)				
LIST OTHER SIBLINGS ATTENDING SCHOOLS IN CHENEY PUBLIC SCHOOL DISTRICT				
Last Name	First Name	School Name	Grade Level	
LIST OTHER SIBLINGS LIVING IN THE HOUSEHOLD				
Last Name	First Name	Age		

**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 child.

**STUDENT RELEASE AUTHORIZATION:** In case of injury, illness or other emergency or non-emergency situations occur involving my child, when a parent/guardian cannot be contacted, I authorize Cheney Public Schools to call and/or release my child to one of the following contacts.

PRIMARY CONTACT (other than parent/guardian) Last Name                      First Name		RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	PHONE #2 (include area code) <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
PRIMARY CONTACT ADDRESS:                      Street		City,	State	ZIP
SECONDARY CONTACT (other than parent/guardian) Last Name                      First Name		RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	PHONE #2 (include area code) <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
SECONDARY CONTACT ADDRESS:                      Street		City,	State	ZIP
THIRD CONTACT (other than parent/guardian) Last Name                      First Name		RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	PHONE #2 (include area code) <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
THIRD CONTACT ADDRESS:                      Street		City,	State	ZIP

**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 this school district.

Legal Parent/Guardian Signature:

Date: