



MANSFIELD SCHOOL DISTRICT
NEW STUDENT REGISTRATION FORM

OFFICE USE

SSID

Date of Entry

Student Name: <u>LEGAL</u> Last Name	<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name
Student Preferred Name (if different than legal name:		Grade Entering
Birthdate (Month/Day/Year)	Gender ☐ M ☐ F	Student Cell Phone (if applicable)
Student Email Address (if applicable)		
What Language did your child first learn?		What language does your child primarily speak at home?

PRIMARY HOUSEHOLD INFORMATION

A student's primary residence is defined as the physical location where he/she lives for FOUR or MORE nights per week

Parent/Guardian 1	<u>LEGAL</u> Last Name	<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name
	Relationship to Student	Email Address	
	Primary Phone ()	Work Phone ()	Other Phone Number ()
Parent/Guardian 2	<u>LEGAL</u> Last Name	<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name
	Relationship to Student	Email Address	
	Primary Phone ()	Work Phone ()	Other Phone Number ()
Residential Address Street Apt/Unit City State & ZIP			
Mailing Address Street Apt/Unit PO Box City State & ZIP			
Do you want to receive Emergency Text Messages? ☐ YES ☐ NO			
Emergency Text Number (1): ()		Emergency Text Number (2): ()	

SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)

A student's primary residence is defined as the physical location where he/she lives LESS THAN FOUR nights per week

Parent/Guardian 1	<u>LEGAL</u> Last Name	<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name
	Relationship to Student	Email Address	
	Primary Phone ()	Work Phone ()	Other Phone Number ()
Parent/Guardian 2	<u>LEGAL</u> Last Name	<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name
	Relationship to Student	Email Address	
	Primary Phone ()	Work Phone ()	Other Phone Number ()
Residential Address Street Apt/Unit City State & ZIP			
Mailing Address Street Apt/Unit PO Box City State & ZIP			
Do you want to receive Emergency Text Messages? ☐ YES ☐ NO			
Emergency Text Number (1): ()		Emergency Text Number (2): ()	

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an 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. _____ **Parent initials**

EMERGENCY CONTACTS

In case of emergency, we will always attempt to contact parents or guardians first, Please list persons other than yourself who have agreed to care for and provide transportation for your student in the case of an illness or an emergency.

Emergency Contact 1	Name:	Relationship to Student:	
	Primary Phone ()	Work Phone ()	Other Phone ()
Emergency Contact 2	Name:	Relationship to Student:	
	Primary Phone ()	Work Phone ()	Other Phone ()
Emergency Contact 3	Name:	Relationship to Student:	
	Primary Phone ()	Work Phone ()	Other Phone ()

SIBLINGS (If Applicable) <i>Please list all siblings currently living at the same address. If more than three, please request a sibling addendum.</i>		
First and Last Name	Birthdate:	Current School (if Applicable)
First and Last Name	Birthdate:	Current School (if Applicable)
First and Last Name	Birthdate:	Current School (if Applicable)

EDUCATIONAL INFORMATION Previous School Information: <i>Please list all schools the student attended in the LAST THREE YEARS. Start with the most recent.</i>		
Name of Previous School	Grades Attended: Entry Date: Withdrawal Date:	Locations of School (City & State)
Name of Previous School	Grades Attended: Entry Date: Withdrawal Date:	Locations of School (City & State)
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TO BE COMPLETED BY INCOMING KINDERGARTEN STUDENTS ONLY:	
Did your child attend any of the following prior to kindergarten? ☐ Special Education Preschool ☐ Head Start ☐ Preschool ☐ Child Care ☐ ECAEP If yes, name and address of program: _____ Contact Person at Program _____	
In accordance with Washington State Law RCW28A.225.330, please answer the following questions: Attach additional sheet if necessary.	
Does your student have any history of violent behavior, sexual offense, and/or controlled substances violation? ☐ YES ☐ NO If so, please explain:	
Does your student have any past, current, or pending suspensions or expulsions from a current or previous school? ☐ YES ☐ NO If so, please explain:	
Has your student officially withdrawn from the current or previous school? ☐ YES ☐ NO Date:	Is your student currently under a Becca Petition? ☐ YES ☐ NO If so, from which district?

OTHER EDUCATIONAL SERVICES

Please describe any physical limitations that would need special accommodations. _____

Does the student have a current 504 plan? ☐ YES ☐ NO

If yes, describe the student's accommodations: _____

☐ YES ☐ NO Has the student received Special Education in the past three years? If yes, please fill out the **Special Education Screening Form**

☐ YES ☐ NO Is the student currently in the Highly Capable program? If yes, please provide documentation.

☐ YES ☐ NO Has the student been retained? If yes, in what grade: _____

ADDITIONAL INFORMATION

Are one or both parent active U.S. Armed Forces, Reserves of the U.S. Armed forces or Washington National Guard?

☐ Active-Duty U.S. Armed Forces

☐ YES ☐ NO

☐ Active-Duty Reserves of the U.S. Armed Forces

Name of parent(s):

☐ Current Member of the Washington National Guard

If yes, please select at least one of the following:

Is there a parenting plan? ☐ YES ☐ NO *If so, please provide a copy.*

Is there a Court Order that restrains / curtails any parental rights? ☐ YES ☐ NO *If so, please provide a copy.*

Is there a Restraining Order in effect? ☐ YES ☐ NO *If so, please provide a copy.*

Please provide any other legal documents that are pertinent to your student and his/her safety.

Does your child attend day care? ☐ YES ☐ NO If yes: ☐ Before School ☐ After School ☐ Before & After School
Child Care Provider Information:

Name:

Address:

Phone:

Please provide additional comments to assist us in the care of your child.

☐ I give permission for my child to attend field trips and school activities during the school year. Notice will be provided. _____ Parent Initials

Please verify all info is complete and accurate, complete the Race Ethnicity Data Collection Form, Special Program Screening Form and Health Information Form, then sign and date below:

I attest that the information here is complete, true, and accurate, and maybe verified with the appropriate institution(s). I understand that providing false information may be grounds for revocation of enrollment in the Eastmont School District.

Parent/Guardian Signature: _____ Date: _____

The Mansfield School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status or age. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to RCW Officer and ADA Coordinator. Issues related to 504 should be directed to the Administrator for Student and Support Services.

Drop off at: Mansfield School District, 491 Road 14 NE, Mansfield WA 98830 Or mail to: Mansfield School District, PO Box 188, Mansfield WA 98830

Race & Ethnicity

Race & Ethnicity Reported by: ☐ Parent/guardian or the student ☐ Not reported by parent/guardian or student. Observed

Race & Ethnicity Verified by: ☐ Not Verified ☐ District Staff ☐ Individual Student ☐ Family Access

Is your child of Hispanic or Latino origin? ☐ YES ☐ NO (if Yes, may check all that apply)

☐ Hispanic / Latino	☐ Dominican	☐ Panamanian
☐ Not Hispanic/Latino	☐ Ecuadorian	☐ Paraguayan
☐ Argentine	☐ Guatemalan	☐ Peruvian
☐ Bolivian	☐ Guyanese	☐ Puerto Rican
☐ Brazilian	☐ Honduran	☐ Salvadoran
☐ Chicano (Mexican American)	☐ Jamaican	☐ Spaniard
☐ Chilean	☐ Mexican	☐ Surinamese
☐ Columbian	☐ Mestizo	☐ Uruguayan
☐ Costa Rican	☐ Native	☐ Venezuelan
☐ Cuban	☐ Nicaraguan	☐ Other:

☐ White		
☐ Eastern European		
☐ Polish	☐ Ukranian	☐ Russian
☐ Romanian	☐ Bosnian	Other:

☐ Asian (Check all that apply)			
☐ Asian Indian	☐ Filipino	☐ Mien	☐ Sri Lankan
☐ Bangladeshi	☐ Hmong	☐ Mongolian	☐ Taiwanese
☐ Bhutanese	☐ Indonesian	☐ Nepali	☐ Thai
☐ Burmese / Myanmar	☐ Japanese	☐ Okinawan	☐ Tibetan
☐ Cambodian / Khmer	☐ Korean	☐ Pakistani	☐ Vietnamese
☐ Cham	☐ Lao	☐ Punjabi	☐ Singaporean
☐ Chinese	☐ Malaysian	☐ Other:	

☐ Black (May check categories and use write-in)	
☐ African American	☐ African Canadian

☐ Caribbean	☐ British Virgin Islands	☐ Dutch Antillean	☐ Jamaican
☐ Anguillian	☐ Caymanian	☐ Grenadian	☐ Martiniquais
☐ Antiguan	☐ Cuba Dominica	☐ Guadeloupian	☐ Montserratian
☐ Bahamian	☐ Dominican	☐ Haitian	☐ Puerto Rican
☐ Barbadian	☐ Other:		

☐ Central Africa	☐ Chadian	☐ Gabonese
☐ Principe	☐ Congolese – Republic of the Congo	☐ Sao Tomean
☐ Cameroonian	☐ Congolese (Democratic Republic of Congo Rep.)	☐ Principe
☐ Central African	☐ Equatorial Guinean	☐ Other:

☐ East Africa	☐ Kenyan	☐ Reunionese	☐ Ugandan
☐ Burundian	☐ Malagasy (Madagascar)	☐ Rwandan	☐ Tanzanian
☐ Comoran	☐ Malawian	☐ Seychellois	☐ Zambian
☐ Djiboutian	☐ Mauritian (Mauritius)	☐ Somali	☐ Zimbabwean
☐ Eritrean	☐ Mahoran (Mayotte)	☐ South Sudanese	☐ Other:
☐ Ethiopian	☐ Mozambican	☐ Sudanese	

☐ Latin America	☐ Colombian	☐ Guatemalan	☐ Paraguayan
☐ Argentine	☐ Costa Rican	☐ Guyanese	☐ Peruvian
☐ Belizean	☐ Ecuadorian	☐ Honduran	☐ South Georgia
☐ Bolivian	☐ El Salvadoran	☐ Mexican	☐ Surinamese
☐ Brazilian	☐ Falkland Islander	☐ Nicaraguan	☐ Uruguayan
☐ Chilean	☐ French Guianese	☐ Panamanian	☐ Venezuelan
☐ Other:			

☐ South Africa	☐ West Africa	☐ Ghanaian	☐ Saint Helenian
☐ Botswana	☐ Benin	☐ Guinea-Bissau	☐ Senegalese
☐ Mosotho	☐ Burkina Faso	☐ Liberian	☐ Sierra Leonean
☐ Namibian	☐ Cabo Verdean	☐ Malian	☐ Togolese
☐ South African	☐ Ivorian (Cote d'Ivoire)	☐ Mauritanian	☐ Other:
☐ Swazi	☐ Gambian	☐ Nigerien	

☐ Pacific Islander	☐ Kosraean	☐ Papuan	☐ Tongan
☐ Carolinian	☐ Marshallese	☐ Pohpeian	☐ Tuvaluan
☐ Chamorro	☐ Native Hawaiian	☐ Samoan	☐ Yapese
☐ Chuukese	☐ Maori	☐ Solomon Islander	☐ Other:
☐ Fijian	☐ Ni-Vanuatu	☐ Tahitian	
☐ I-Kiribati/Gilbertese	☐ Palauan	☐ Tokelauan	

☐ American Indian/Alaska Native (Washington Federally Recognized Tribes)	
☐ Chinook Tribe	☐ Quinault Indian Nation
☐ Confederated Tribes of the Chehalis Res.	☐ Samish Indian Nation
☐ Confederated Tribes of the Colville Res.	☐ Sauk-Suiattle Indian Tribe
☐ Confederated Tribes and Bands of the Yakama Nat	☐ Shoalwater Bay Indian Tribe
☐ Cowlitz Indian Tribe	☐ Skokomish Indian Tribe
☐ Hoh Indian Tribe	☐ Snohomish Tribe
☐ Jamestown S'Klallam Tribe	☐ Snoqualmie Indian Tribe
☐ Kalispel Indian Community	☐ Snoqualmoo Tribe
☐ Kikiallus Indian Nation	☐ Spokane Tribe of the Spokane Reservation
☐ Lower Elwha Tribal Community	☐ Squaxin Island Tribe of the Squaxin Island Res.
☐ Lummi Tribe of the Lummi Reservation	☐ Steilacoom Tribe
☐ Makah Indian Tribe	☐ Stillaguamish Tribe of Indians of WA
☐ Marietta Band of Nooksack Tribe	☐ Suquamish Indian Tribe of the Port Madison Res.
☐ Muckleshoot Indian Tribe	☐ Swinomish Indian Tribal Community
☐ Nisqually Indian Tribe	☐ Tulalip Tribes of WA
☐ Nooksack Indian Tribe	☐ Alaska Native Other:
☐ Port Gamble S'Klallam Tribe	
☐ Puyallup Tribe	☐ American Indian Other:
☐ Quileute Tribe	

Mansfield School District
SPECIAL PROGRAMS REGISTRATION SCREENING FORM – ALL NEW STUDENTS

Student Name:	Grade:	Birthdate:
Right to Translation and Interpretation Services: All families have the right to information about their child’s education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents when you need them.		
In what language(s) would your family prefer to receive written communication from the school?		
Do you need an interpreter for meetings and phone calls (including ASL)?		
☐ Yes ☐ No	Parent/Guardian Name #1:	Language:
☐ Yes ☐ No	Parent/Guardian Name #2:	Language:
Eligibility for Language Development Support: Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		
What language(s) did your child first speak or understand? _____	What language does your child use the most at home? _____	
What is the primary language used in the home, regardless of the language spoken by the child? _____	Has your child received English Language development support in a previous school? ☐ Yes ☐ No ☐ Don’t Know	
Prior Education: Your responses about your child’s birth country and previous education give us information about the knowledge and skills your child is bringing to school.		
In what country was your child born? _____	Has your child ever received formal education outside of the United States? ☐ Yes ☐ No If yes: Number of months: _____ Language(s) of instruction: _____	
When did your child first attend a school in the United States? (K-12th grade) Month/Day/Year:	Do grandparents(s) or parents(s) have a Native American tribal affiliation? ☐ YES ☐ NO	
WASHINGTONSTATE MIGRANT EDUCATION PROGRAM		
1. Have you or your family moved recently or within the past three years? ☐ YES ☐ NO 2. Was the purpose of the move to work in agricultural-related activities as a principal means of livelihood? ☐ YES ☐ NO		
Parent/Guardian’s Name (Please Print):		
Parent’s Signature:	Date:	

This form is not used to identify students’ immigration status.



SPECIAL EDUCATION SCREENING FORM

MANSFIELD SCHOOL DISTRICT

PO Box 188, 491 Rd 14 NE

Mansfield, WA 98830

(P) 509-683-1012

(F) 509-683-1281

Has your child received Special Education Services in the past three years?

☐ Yes – Complete form below

☐ No – Continue to the next page

Student Name:

Date of Birth:

Grade:

Previous School District Name:

City:

State:

District Phone Number:

Previous Case Manager/Service Provider Name:

Most Recent IEP Date:

Most Recent Evaluation Date:

Estimated Amount of time student receives Special Education services:

☐ ½ day or less (0-4 hours)

☐ More than ½ day (4+ hours)

Type(s) of Services student has received (Select all that apply):

☐ Social / Emotional

☐ Behavior Management

☐ Cognitive

☐ Reading

☐ Writing

☐ Math

☐ Communication/Speech

☐ Fine Motor/Occupational Therapy

☐ Vision

☐ Hearing

☐ Adaptive/Self-Help

☐ Social Skills

☐ Other (please specify:

OFFICE INFORMATION ONLY: Forward screening form to Special Education Department



STUDENT HOUSING QUESTIONNAIRE

MANSFIELD SCHOOL DISTRICT

PO Box 188, 491 Rd 14 NE

Mansfield, WA 98830

(P) 509-683-1012

(F) 509-683-1281

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness (Please see reverse side for more information).

If the student lives in a home owned or rented by the parent or guardian, you do not need to complete this form unless there are inadequate facilities (no water, heat, electricity, etc.)

If the student does not live in a home owned or rented by the parent or guardian, please check all that apply below. (Submit form to the district's designated McKinney-Vento liaison. Contact information can be found at the bottom of the page.)

- | | | |
|--|---|---|
| ☐ Transitional Housing | ☐ In a motel | ☐ In a shelter |
| ☐ In someone else's house or apartment with another person/family | ☐ Moving from place to place/couch surfing | ☐ A car, park, campsite, or similar location |
| ☐ In a residence with inadequate facilities (no water, heat, electricity, etc.) | ☐ Other _____ | |

Student Name: First Name		Middle:	Last:
Name of School:		Grade:	Birth Date:
Gender: ☐ Male ☐ Female	☐ Student is unaccompanied (not living with a parent or legal guardian) ☐ Student is living with a parent or legal guardian		
Address of current residence:			
Phone number or contact phone number:		Name of contact:	
Print name of parent(s)/legal guardian(s): (or unaccompanied youth)			
Signature of parent/legal guardian: (or unaccompanied youth)			Date:
☐ The student(s) named above have younger siblings/children (not yet school age) who are in need of developmental screening, community support, or referrals to early childhood services. The district's McKinney-Vento liaison may be able to assist you with age-appropriate resources.			

Please return completed form to:

Ms. Lisa Guzman, District McKinney-Vento Liaison / (509) 683-1012 / Mansfield School District

Mansfield School District
PO Box 188, Mansfield, WA 98830-0188

Phone: 509-683-1012
FAX: 509-683-1281

STUDENT HEALTH INFORMATION

The information below is to help school staff understand any health concerns that might affect your child's safety or learning

Student's Name: _____
First Middle Last

Date of Birth: _____ Sex: _____ Grade: _____

Parent/Guardian name(s): _____

Daytime phone: #1 _____ #2 _____ #3 _____

MEDICAL HISTORY Please mark if you child has any of the following health conditions:

☐ My child has **NO HEALTH PROBLEMS**

_____ Asthma ☐ Will need inhaler at school ☐ Seen in hospital/Emergency Room in last five years for asthma
_____ Severe allergy requiring Epi-pen? Allergy to: ☐ Food ☐ Bees/Insects ☐ Plants ☐ Animals ☐ Drugs
_____ Diabetes ☐ requires insulin injection
_____ Seizure disorder
_____ Heart Condition
_____ Frequent or severe headache
_____ Behavior or emotional concerns
_____ ADD/ADHD

_____ **Other – please explain any health concerns you think we should know about at school:**

Does your child wear hearing aids? ☐ Yes ☐ No Does your child wear glasses/contacts? ☐ Yes ☐ No

Do any of the above condition(s) limit/affect your child at school? ☐ No ☐ Yes, explain:

LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? ☐ No ☐ Yes* Describe:

If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan be in place prior to starting school.

MEDICATION

Does your child take any medications? ☐ No ☐ Yes, name medication:

Reason for taking medication:

Will medication be needed at school, please contact the school for the "Medication Authorization" form. **This form must be completed every year before any medication may be administered at school.**

MEDICAL

Does your child have a health care provider? ☐ Yes ☐ No

Name of child's health care provider _____ Phone number _____

DENTAL

Does your child have a dentist? ☐ Yes ☐ No

Name of child's dentist _____ Phone number _____

INSURANCE

Does your child have medical insurance coverage? ☐ Yes ☐ No ☐ Don't know

Does your child have dental insurance coverage? ☐ Yes ☐ No ☐ Don't know

Would you like assistance finding insurance for your child? ☐ Yes

AUTHORIZATION FOR SHARING HEALTH INFORMATION I understand that the information give above may be shared with some school staff to provide for the health and safety of my child.

Parent/Guardian Signature _____ Date _____

RN initials _____ Date _____

**AUTHORIZATION FOR RELEASE OF RECORDS**

Date: _____

Student Name:	DOB:	Grade:
Last School Attended:	Last School's Address:	
Phone Number:	Fax Number:	
Withdrawal Date from Last School:		

Please release the following confidential and non-confidential educational and health records that are marked below:

☐ Report cards / Transcripts	☐ Student Testing: State Testing, WIDA, etc.
☐ Attendance	☐ Immunization / Health
☐ Discipline	☐ Birth Certificate
☐ Withdrawal Grades	☐ Special Education, 504 Plan, Highly Capable

Other Information: _____

In accordance with the Family Educational Rights and Privacy Act, and Washington State Law, I hereby authorize the release of all records regarding the following student(s). I understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

*Parent/Guardian/Adult Student Signature*_____
Date

Office Use Only	PLEASE SEND RECORDS TO: Mansfield School District 491 Rd 14 NE, PO Box 188 Mansfield, WA 98830 Attention: Tammy Freels, District Secretary Email: tfreels@mansfield.wednet.edu
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