

Immunization  
compliance and initials:

STUDENT FILE

ATTENDANCE

HEALTH FILE

COUNSELOR

GRADE LEVEL ADMIN

FOR OFFICE USE:

Enrollment Start Date \_\_\_\_\_

(ALL FIELDS MUST BE FILLED IN AND ALL QUESTIONS MUST BE ANSWERED)

|                                                        |  |                                                                                                                                       |             |                             |                                        |       |
|--------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|----------------------------------------|-------|
| STUDENT'S Last Name                                    |  | First Name                                                                                                                            | Middle Name | Male/Female<br>(Circle One) | Grad Year                              | Grade |
| Physical Address Apt. #                                |  | City                                                                                                                                  | State       | Zip Code                    | Parent/Guardian's BEST contact phone # |       |
| Has the student ever had Chicken Pox? Yes ____ No ____ |  | Does the student have a medical or mental health condition? Yes ____ No ____<br>If yes, please list the diagnosis/condition(s): _____ |             |                             |                                        |       |
| Previous Washoe County School Name / Year Attended     |  | Birth City/State                                                                                                                      | Birth Date  |                             | Student's Cell Phone Number            |       |
| Name of Most Recent High School Attended:              |  |                                                                                                                                       | City        |                             | State                                  |       |
| Name of Most Recent Middle School Attended:            |  |                                                                                                                                       | City        |                             | State                                  |       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------|
| Parent/Guardian's Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Parent/Guardian's First Name | Email address that you used to complete Online Registration |
| Are you: Check One)<br>Natural Parent <input type="checkbox"/> Temporary Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                             |
| <ul style="list-style-type: none"><li>❖ If the student does not live with his/her natural parent, then the adult with whom the student lives and the legal parent/guardian must fill out a Washoe County School District Temporary Guardianship Form. You can find this form on the internet by going to <a href="http://washoecountyschools.org/docs/public-policy-accountability-assessment/Procedures_Manual/Forms/Temp_Guardian_Eng.pdf">http://washoecountyschools.org/docs/public-policy-accountability-assessment/Procedures_Manual/Forms/Temp_Guardian_Eng.pdf</a></li><li>❖ If the student's guardian has legal guardianship, A copy of the court order must be provided</li></ul> |                              |                                                             |

Have you taken the ACT with Writing? Yes \_\_\_\_ No \_\_\_\_ If yes, where and when? \_\_\_\_\_  
What activities or sports was student involved in and/or is there any information you would like the counselor to know?  
\_\_\_\_\_

\*\*\*\*\*

Please answer ALL of the following Questions TRUTHFULLY. DO NOT leave ANY questions blank.

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1. Does your student have an: IEP (Individualized Education Plan) Yes \_\_\_\_ No \_\_\_\_
2. 504 Plan (Americans with Disabilities) Yes \_\_\_\_ No \_\_\_\_
3. Qualify for ESL or ELL (English is Second Language) Yes \_\_\_\_ No \_\_\_\_
4. Has the student ever been expelled from a school? YES \_\_\_\_ NO \_\_\_\_
5. If yes, on what date was the student expelled and from what school and school district?

| Date of Expulsion | Name of School | School District | City | State |
|-------------------|----------------|-----------------|------|-------|
|-------------------|----------------|-----------------|------|-------|

6. Does student currently have a parole officer? YES \_\_\_\_ NO \_\_\_\_

7. Does student currently have a probation officer? YES \_\_\_\_ NO \_\_\_\_

MEDICAL NOTICE: When I/we cannot be located after reasonable efforts under the circumstances, the principal (or his/her representative) is authorized under NRS.129.040, to seek medical care for the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medical costs incurred on the student's behalf.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Washoe County School District**

Every Child, By Name And Face, To Graduation™

## Records Release and Request

(Please do not send cumulative folders)

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Former School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

FERPA allows schools to disclose education records to other schools to which a student is transferring, (34 CFR §99.31).

Please send the following items to:

School name: McQueen High School

ATTN: Mary Hall

6055 Lancer St

Reno, NV 89523

Phone: 775-337-9878 Fax: 775-747-6883

**Email: [mahall@washoeschools.net](mailto:mahall@washoeschools.net)**

\_\_\_\_ Email Unofficial Transcript

**X** Email Official Transcript

\_\_\_\_ Email Withdrawal Grades

\_\_\_\_ Special Education

\_\_\_\_ Email Immunization Records

\_\_\_\_ Email Birth Certificate

\_\_\_\_ Proof of Custody/Guardianship

Date (1st request) \_\_\_\_\_

Date 2nd request) \_\_\_\_\_





Washoe County  
School District

## WASHOE COUNTY SCHOOL DISTRICT

*Fill out this form if the student was born in another country.*

### TITLE III-IMM Grant Information Form

**Important!** Please note: this information will only be used to determine if Washoe County School District qualifies to receive extra funds for classroom materials, school supplies and instructional services for immigrant children.

*Are you new to Washoe County School District? Do not fill out this form unless you are enrolling in WCSD for the first time.*

Please print and complete ALL information.

Student's First Name \_\_\_\_\_ Student's Last Name \_\_\_\_\_

Month Day Year

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ Birth country \_\_\_\_\_

Date entered the United States \_\_\_\_\_ Student/Parent language \_\_\_\_\_

Foreign Exchange Student? Yes \_\_\_\_ No \_\_\_\_

Was the student born on a U.S. military base? Yes \_\_\_\_ No \_\_\_\_

Name of school student is now registering at for the 2026-27 year \_\_\_\_\_

Previous schools attended (School Name):

2025-2026 \_\_\_\_\_ State/Country \_\_\_\_\_

2024-2025 \_\_\_\_\_ State/Country \_\_\_\_\_

2023-2024 \_\_\_\_\_ State/Country \_\_\_\_\_

2022-2023 \_\_\_\_\_ State/Country \_\_\_\_\_

2021-2022 \_\_\_\_\_ State/Country \_\_\_\_\_

#### **Students with Limited or Interrupted Formal Education (SLIFE)**

1. Is your student more than 7 years old? \_\_\_\_ Yes \_\_\_\_ No

*-If not, the student is not considered SLIFE: Do not complete the next question.*

2. Has your student missed more than 12 total months of school (does not have to be consecutive)?

\_\_\_\_ Yes \_\_\_\_ No *\*If yes, the student is considered SLIFE.*

\*Note that this information is for tracking purposes only. Please enroll the student as you would any other student. **Definition:** SLIFE students are English learners who are new or returning to U.S. schools, above the age of seven, who have missed at least 12 cumulative months of formal schooling prior to enrolling or re-entering a school in the United States.

**We may contact you at home if this form is incomplete.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Secretaries: Make sure this form is complete and send this form immediately to the EL Office.*