

K-12 NEW NON-RESIDENT STUDENT

ZILLAH SCHOOL DISTRICT NO. 205

GENERAL REGISTRATION INFORMATION

Grade

Last Name		First Name		Middle Name	
Date of Birth	City of Birth	State of Birth	Country of Birth		<input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address			City		Zip Code
Home Phone	Mailing Address		City		Zip Code

FAMILY INFORMATION

Student Lives With: Both Parents Mother Only Father Only Adoptive Parent(s) Foster Parent Other Legal Guardian
 Status of Parents: Married Divorced Widowed Separated Single/Never Married

If a parenting plan is in place, please provide a copy at time of registration.

Parent or Legal Guardian	Relationship to Student	Date of Birth	Cell Phone
E-mail Address	Employer		Work Phone
Parent or Legal Guardian	Relationship to Student	Date of Birth	Cell Phone
E-mail Address	Employer		Work Phone

SIBLING'S NAMES	M/F	AGE	GRADE	DATE OF BIRTH

SECOND FAMILY INFORMATION (OPTIONAL)

Parent or Legal Guardian	Relationship to Student	Date of Birth	Cell Phone
E-mail Address	Employer		Work Phone
Street Address	City		State
Mailing Address	City		State
			Zip Code

EMERGENCY CONTACT INFORMATION— In the event the parent or guardian is not able to be reached ONLY the following adults may be notified and are authorized to accept responsibility for this child in case of illness/emergency or in the event the child is dismissed before the close of the school day.

Emergency Contact	Relationship to Student	Home Phone	Cell Phone
Emergency Contact	Relationship to Student	Home Phone	Cell Phone

SPECIAL SERVICES

Is translation needed for parent or guardian? Yes No
 Has your child received services through the following programs? Special Education Migrant Program Bilingual Program
 Did parents or guardian move in the last 36 months to work or seek work in agriculture, fishing or related food processing activity? Yes No

STUDENT MODE OF TRANSPORTATION

AM---- Bus Walk Drop-off PM---- Bus Walk Pick-up

FIELD TRIP/EMERGENCY CARE PERMISSION

Does your child have permission to go on field trips during the school year? Yes No
 In case of emergency, I give permission for school personnel to call 911 or transport my child to the hospital? Yes No
 Hospital Preference: _____
 Does your child have a life threatening health condition that a coach or teacher needs to be aware of? Yes No
 It is the parent's or legal guardian's responsibility to inform classroom teachers and coaches of any health concerns the student has when participating in classroom and/or athletic activities for example the use or need of an EpiPen or Inhaler.

HANDBOOK DECLARATION

"I will read the student handbook and will be responsible for sharing all of its information with my student." (Initial inside the box)

Parent/Guardian Signature

Relationship to Student

Date

ZILLAH SCHOOL DISTRICT NO. 205

ETHNICITY AND RACE DATA COLLECTION (*You must answer questions 1. and 2.)

Grade

Last Name	First Name	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
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Federal requirements dictate that schools collect race and ethnicity in a two part question. The first part of the question asks the parent or guardian to identify their child, or the student (if adult or emancipated) to self-identify, as either Hispanic/Latino or Not Hispanic/Latino.

The second part of the question asks the parent or guardian to identify their child, or the student (if adult or emancipated) to self-identify, as belonging to one or more race. More than one race category can be checked. For example, both “African American/Black” and “White” can be selected. A key reason for the new requirements is to obtain better information about our students, including an increasing number who identify with more than one race. The new requirements eliminate “multiracial” or “more than one race” categories for data collection, requiring the various categories that make a student multiracial.

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

Parent/Guardian Signature

Date

**ZILLAH SCHOOL DISTRICT NO. 205
HOME LANGUAGE SURVEY**

Last Name		First Name		Date of Birth	Grade <input type="checkbox"/> Female <input type="checkbox"/> Male
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The Home Language Survey is given to *all* students enrolling in Washington schools.

<p>Right to Translation and Interpretation Services</p> <p>Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p>Eligibility for Language Development Support</p> <p>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.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade) _____ Month Day Year</p>

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Parent/Guardian Signature

Date

**ZILLAH SCHOOL DISTRICT NO. 205
MEDICAL DEVELOPMENTAL HISTORY FORM**

Grade

Last Name	First Name	Middle Name	
Home Phone		Date of Birth	Female Male
Street Address		City	Zip Code
Mailing Address		City	Zip Code

PRIMARY LEGAL PARENT OR GUARDIAN CONTACT INFORMATION

Parent or Legal	Relationship to Student	Cell Phone	Work Phone
Parent or Legal Guardian	Relationship to Student	Cell Phone	Work Phone

HEALTH INFORMATION

Does your child have a medical condition that would put them in **DANGER OF DEATH** without a medication or treatment? Yes No **MEDICAL CONDITION:** _____

If yes the school requires a medication/treatment order and a meeting with the nurse before your child can attend school. **Any medication** that your child will carry or needs to be administered to your child by a school nurse or secretary during school hours requires a completed authorization form from the prescribing provider.

PRIMARY HEALTH CARE PHYSICIAN OR CLINIC: _____

GENERAL HEALTH HISTORY: Does your child have any of the following health conditions?

Medical Condition	Y	N	If yes, please describe condition.
Allergy to Food <input type="checkbox"/> intolerance <input type="checkbox"/> reaction <input type="checkbox"/> EpiPen	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy to Bee Sting <input type="checkbox"/> EpiPen	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy to Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes <input type="checkbox"/> Insulin <input type="checkbox"/> other medication	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures <input type="checkbox"/> Diastat <input type="checkbox"/> medication at home	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma <input type="checkbox"/> inhaler <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral/Emotional Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Problem <input type="checkbox"/> hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Problem <input type="checkbox"/> glasses <input type="checkbox"/> contacts	<input type="checkbox"/>	<input type="checkbox"/>	
Urinary Problem	<input type="checkbox"/>	<input type="checkbox"/>	
Other Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	

If your child is currently under treatment or experiencing any medical conditions, please describe the current condition and include any information about current treatment including medications, restrictions, etc.

I give permission to share the above information with school district personnel on a "need to know" basis only. To be handled in a confidential manner.

Parent/Guardian Signature

Date

ZILLAH SCHOOL DISTRICT NO. 205**FAMILY MEMBER MILITARY STATUS**

FAMILY MEMBER MILITARY STATUS			Grade
Last Name	First Name	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male

Starting in the fall of 2016 according to **RCW 28A.300.505(2)(b)**, school districts are required to collect data that indicates whether or not a student's parent or guardian is currently an active duty military family member which includes active reserves, all branches, and the Washington National Guard.

1st Parent/Guardian: _____

Please check the appropriate box for parent/guardian information.

<input type="checkbox"/>	No parent/guardian is currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard	(Code N)
<input type="checkbox"/>	Parent/guardian is a current member of the active duty U.S. Armed Forces.	(Code A)
<input type="checkbox"/>	Parent/guardian is a current member of the reserves of the U.S. Armed Forces	(Code R)
<input type="checkbox"/>	Parent/guardian is a current member of the Washington National Guard.	(Code G)
<input type="checkbox"/>	More than one parent or guardian is currently either a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington Nation Guard	(Code M)
<input type="checkbox"/>	No Response/Refused to State	(Code Z)

2nd Parent/Guardian (if applicable): _____

Please check the appropriate box for parent/guardian information.

<input type="checkbox"/>	No parent/guardian is currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard	(Code N)
<input type="checkbox"/>	Parent/guardian is a current member of the active duty U.S. Armed Forces.	(Code A)
<input type="checkbox"/>	Parent/guardian is a current member of the reserves of the U.S. Armed Forces	(Code R)
<input type="checkbox"/>	Parent or guardian is a current member of the Washington National Guard.	(Code G)
<input type="checkbox"/>	More than one parent or guardian is currently either a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington Nation Guard	(Code M)
<input type="checkbox"/>	No Response/Refused to State	(Code Z)

Parent/Guardian Signature

Date

**ZILLAH SCHOOL DISTRICT NO. 205
NEW STUDENT QUESTIONNAIRE**

The RCW section 28A.225.330 establishes the authority for each school district to include the following questions for new students enrolling. Zillah School District has established student and staff safety and quality student performance as priorities. We ask that you answer the following questions so that we can provide the best possible educational experience to all of our students.

Grade		
Last Name	First Name	Middle Name
Home Phone	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
Parent or Legal Guardian	Relationship to Student	Cell Phone
Parent or Legal Guardian	Relationship to Student	Cell Phone

Name student wants to be used in the classroom:

Name of previous school attended, city and state:

Check any school infractions which resulted in you receiving disciplinary action at school and check any out of school infractions resulting in arrest and/or court action.	Mark Yes or No if Consequences were handled by the school		Mark Yes or No if Consequences resulted in legal/court or police action		Note: current or outstanding disciplinary actions from the previous district will be honored; progressive discipline will be followed for resident and non-resident students (policy 3131). If you answered yes to any infraction, please give a brief explanation below.
	YES	NO	YES	NO	
Truancy/Excessive Absence or Tardies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suspension or Expulsion from School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disruptive Behavior/Insubordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fighting/Intimidation/Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs or Alcohol (use or possession)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Firearms/Weapons/Knives (use or possession)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Theft/Destruction of Property/Arson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gang Affiliation/Gang Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sex Offense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Harassment/Stalking/Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any unpaid fees or fines from your previous schools? Yes No If yes, the amount owed is \$. Briefly describe the unpaid fees or fines:

INFORMATION ON THIS FORM WILL BE CONFIRMED WITH YOUR PREVIOUS SCHOOL(S)

Last Name	First Name	Grade
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PART II – NEW STUDENT QUESTIONNAIRE

Please answer the following questions by checking yes or no. If your answer is yes, explain in the space

YES	NO	1. Are there any health conditions affecting your child’s educational needs? If yes, explain:
		2. Is your child on any medication? If yes, explain:
		3. Has your child received any special services in school such as Bilingual, 504, title I, LAP, or Migrant? If yes, explain:
		4. Has your child had any history of placement in Special Education programs? If yes, explain:
		5. Has there been a recent event (death, divorce, illness) which might affect your child at this time? If yes, explain:
		6. Is your child currently under suspension or expulsion from another school district? If yes, explain:
		7. Are there any legal documents we need to be aware of or have on file, such as court custody papers? If yes, explain:
		8. Do you celebrate birthdays or holidays in your home?
		9. Is there any additional information that would be helpful for the school to know? If yes, explain:

10. What language is spoken most frequently at home?

11. Should school forms be sent home in English and Spanish?

12. What is the best time for the school to reach you at home? Work?

13. What is your child’s favorite subject? Why?

14. List school activities in which your child participates:

15. Parent/Teacher Conferences are held regularly. Please indicate the time of day that works best for you to attend a parent conference?

Thank you for your time in completing this questionnaire. Enrollment may be terminated if it is found that the information provided is incomplete or was materially misrepresented. Your child’s permanent record including records of disciplinary action; history of violent behavior or behavior listed in RCW 13.044.155; attendance; immunization records; and academic performance will be requesting from the school your child previously

You are encouraged to keep in close contact with your child’s teacher, in order to address your questions and concerns. The Zillah School District values a home-school partnership in educating

Students’ Signature: _____

Parent/Guardian Signature: _____ Date: _____

**ZILLAH SCHOOL DISTRICT NO. 205
TRANSPORTATION INFORMATION**

		Grade	
Last Name		First Name	
		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Street Address		City	Zip Code
Mailing Address		City	Zip Code

Parent or Legal Guardian	Relationship to Student	Cell Phone	Work Phone
Parent or Legal Guardian	Relationship to Student	Cell Phone	Work Phone

It is important that all students conduct themselves in a safe manner on or near the school bus. We would like your assistance in making sure your child understands the expectations for riding the school bus and the discipline procedures should a problem arise.

- RULES:**
1. Driver is in charge of bus & passengers at all times.
 2. Stop, Look, Listen & Cross **only in front of bus** at the driver's signal.
 3. Avoid pushing, shoving, playing in the roadway while waiting for the bus. Stand back from the curb at a safe distance.
 4. Keep all body parts inside windows.
 5. Stay seated while bus is moving.
 6. Talk quietly and be courteous to all. The use of profane language will not be tolerated.
 7. Help keep the bus clean and aisles clear.
 8. Eating or drinking on the bus is an unsafe practice.
 9. Respect the property of others. Destructive behavior will not be tolerated.
 10. Smoking or use of any tobacco, alcohol or drug related products are prohibited on the bus.
 11. Weapons or other objectionable objects are not permitted on the bus.
 12. Glass, balloons and other breakable items are not allowed on the bus.
 13. Emergency procedure drills will be conducted on routes 3 timer per school year and prior to field or extra-curricular trips.

If a student fails to observe these rules, the bus driver will attempt to work the problem out with the student. The transportation supervisor or principal may be alerted for assistance.

If the problem continues, the driver will write a K-12 Student Referral. The consequence may be assigned seating on the bus and/or in school penalty. A parent contact will be made by phone or in writing.

If a second offense occurs, the driver will write a K-12 Student Referral. The consequence may be a short-term (1-3 days) suspension of riding privileges. There will be a meeting with parents, student, driver, principal and/or supervisor to establish a behavior contract.

In the case of a third offense, the driver will write a K-12 Student Referral. The consequence may be a long-term suspension of riding privileges for 2 weeks, semester, or rest of the school year. Parent will be notified by phone and/or in writing.

Consequences may vary depending on the severity of the problem and the cooperation of the student. In a very severe, unsafe or life threatening situation any or all steps may be eliminated.

Please discuss the above issues with your child(ren) to help them understand the importance of safety on the bus. If you have any questions or concerns please feel free to contact the Zillah School District Office at 829-5911.

Parent/Guardian Signature

Date

Zillah School District No. 205

213 Fourth Avenue Zillah, WA 98953
Phone 509-829-5911 Fax 509-829-6290

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL EDUCATIONAL INFORMATION AND RECORDS

Records to be released to: Zillah School District No. 205
213 Fourth Avenue
Zillah, Washington 98953
Attn: Cindy Gamache

<input type="checkbox"/>	Unofficial Request for Records: If checked this is non-resident student requesting enrollment into Zillah schools. Therefore this is an unofficial request for records to review before an official transfer can be made. Please fax items checked below to the listed fax number. Thank you.
<input type="checkbox"/>	Official Request for Records and Transfer: If checked this is an official request for records and transfer. Please fax items checked below to the listed fax number and send cumulative file by mail to the above address as soon as possible. Thank you.
FAX (509) 829-6290	<input type="checkbox"/> Current Academic Grade Report/Transcript <input type="checkbox"/> Attendance Record <input type="checkbox"/> Discipline Report <input type="checkbox"/> Immunization Record <input type="checkbox"/> Special Program Records

Student's Full Legal Name

Date of Birth

Grade

PREVIOUS SCHOOL INFORMATION

School Name: _____

City/Town: _____

Phone: _____ **Fax:** _____

In order to receive the necessary records from your son/daughter's previous school, the district requires that a release form be signed. The following form, signed by the **LEGAL** parent or guardian of the above named student, will grant the Zillah School District the necessary permission to request and receive all previous school records including Special Program Records.

I hereby authorize the release of records for the above named student to Zillah School District No. 205.

Date: _____ **Signature:** _____

(Legal Parent/Guardian or Student if over 18)

Relationship to Student