

**ZILLAH SCHOOL DISTRICT NO. 205  
GENERAL REGISTRATION INFORMATION**

**PRESCHOOL/KINDERGARTEN**

Last Name			First Name			Middle Name			Grade		
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(s)  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	Zip Code	
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 Box)

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

\_\_\_\_\_  
Date

**ZILLAH SCHOOL DISTRICT NO. 205**

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

Grade
<input type="checkbox"/> Female
<input type="checkbox"/> Male

Last Name	First Name	Date of Birth
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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><b>Right to Translation and Interpretation Services</b></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><b>Eligibility for Language Development Support</b></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><b>Prior Education</b></p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <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 – 12<sup>th</sup> grade) ___Yes ___No</p> <p style="padding-left: 40px;">If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12<sup>th</sup> 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
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Last Name	First Name	Middle Name
Home Phone	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City	Zip Code
Mailing Address	City	Zip Code

### PRIMARY LEGAL PARENT OR GUARDIAN CONTACT INFORMATION

Parent or Legal Guardian	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.
<b>Allergy to Food</b> <input type="checkbox"/> intolerance <input type="checkbox"/> reaction <input type="checkbox"/> EpiPen	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Allergy to Bee Sting</b> <input type="checkbox"/> EpiPen	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Allergy to Medications</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Diabetes</b> <input type="checkbox"/> Insulin <input type="checkbox"/> other medication	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Seizures</b> <input type="checkbox"/> Diastat <input type="checkbox"/> medication at home	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Asthma</b> <input type="checkbox"/> inhaler <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Heart Condition</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Behavioral/Emotional Concerns</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Orthopedic Condition</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hearing Problem</b> <input type="checkbox"/> hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vision Problem</b> <input type="checkbox"/> glasses <input type="checkbox"/> contacts	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Urinary Problem</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Health Condition</b>	<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 medication, 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**

Grade
<input type="checkbox"/> Female
<input type="checkbox"/> Male

Last Name	First Name	Date of Birth
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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

## TRANSPORTATION INFORMATION

Last Name	First Name	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
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 times 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.

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**Parent/Guardian Signature**

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**Date**