

**GENERAL REGISTRATION INFORMATION**

2019/2020 SY

Grade

Last Name		First Name		Middle Name	
Date of Birth	City of Birth	State of Birth	Country of Birth		Gender
Street Address			City		Zip Code
Mailing (if different from street address) Address			City		Zip Code

**FAMILY INFORMATION**

Student Lives With:  Both Parents  Mother Only  Father Only  Adoptive Parent(s)  Other Legal Guardian \_\_\_\_\_  
 Status of Parents:  Married  Divorced  Widowed  Separated  Single/Never Married  
**If a court order parenting plan or restraining order is in place, please provide a copy at the time of registration.**

1 <sup>st</sup> Parent or Legal Guardian	Relationship to Student	Date of Birth	Cell/Home Phone
1 <sup>st</sup> Parent or Legal Guardian's Employer		Work Phone	
2 <sup>nd</sup> Parent or Legal Guardian	Relationship to Student	Date of Birth	Cell Phone
2 <sup>nd</sup> Parent or Legal Guardian's 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/Home Phone
Street Address	City	State	Zip Code
Mailing (if different from street address) Address	City	State	Zip Code

**EMERGENCY CONTACT INFORMATION**– In the event the parent/guardian is not able to be reached **ONLY** the following adults 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.

**RELEASE OF DIRECTORY INFORMATION**

"I give permission for the Zillah School District to release directory information and my student's picture for the purpose of parent mailing lists, school newsletters, community newspapers, commencement programs, publication of honor rolls, sport pictures, and other school information about students in public media."  Yes  No

**HANDBOOK DECLARATION**

"I will read the student handbook and will be responsible for sharing all of its information with my student." Initials in Box

\_\_\_\_\_  
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="margin-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)</p> <p style="margin-left: 40px;">_____ 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	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**

			Grade
Last Name	First Name	Date of Birth	Gender

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
<input type="checkbox"/>	Parent/guardian is a current member of the active duty U.S. Armed Forces.
<input type="checkbox"/>	Parent/guardian is a current member of the reserves of the U.S. Armed Forces
<input type="checkbox"/>	Parent/guardian is a current member of the Washington National Guard.
<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
<input type="checkbox"/>	No Response/Refused to State

**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
<input type="checkbox"/>	Parent/guardian is a current member of the active duty U.S. Armed Forces.
<input type="checkbox"/>	Parent/guardian is a current member of the reserves of the U.S. Armed Forces
<input type="checkbox"/>	Parent or guardian is a current member of the Washington National Guard.
<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
<input type="checkbox"/>	No Response/Refused to State

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

\_\_\_\_\_  
Date

# ZILLAH SCHOOL DISTRICT NO. 205

## TRANSPORTATION INFORMATION - (There is no transportation provided for Preschool)

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.

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

\_\_\_\_\_  
**Date**



**Zillah School District No. 205**  
**213 Fourth Avenue, Zillah WA 98953**  
**(509) 829-5911**

**Student Housing Questionnaire**

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Name of Student: \_\_\_\_\_  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 (Month/Day/Year)

Gender: \_\_\_\_\_  Student is unaccompanied (not living with a parent or legal guardian)  
 Student is living with a parent or legal guardian

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)

DO YOU OWN OR RENT THE HOME YOU LIVE IN?  YES  NO If you answered yes, stop here you do not need to complete this form.

If you do not own or rent the home you live, please check all that apply below.

- In a motel  A car, park, campsite, or similar location
- In a shelter  Transitional Housing
- Moving from place to place/couch surfing

Other \_\_\_\_\_

- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
 (Or unaccompanied youth)

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Or unaccompanied youth)

\*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

**Please return completed form to:**

<u>Sonia Ruggles</u>	<u>(509) 829-5911 ext. 5104</u>	<u>213 Fourth Avenue, Zillah, WA</u>
<u>98953</u>		
District/JR High Liaison	Phone Number	Location
<u>Veronica Reed</u>	<u>(509) 829-5911 ext. 5106</u>	<u>213 Fourth Avenue, Zillah, WA</u>
<u>98953</u>		
District/SR High Liaison	Phone Number	Location

**For School Personnel Only:** For data collection purposes and student information system coding

- (N) Not Homeless  (A) Shelters  (B) Doubled-Up  (C) Unsheltered  (D) Hotels/Motels

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

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**The Telephone Consumer Protection Act (TCPA)**

The TCPA was created in 1991 and is administered by the Federal Communications Commission (FCC). Updated in 2015, the rules, among other things, prohibit calls made using automatic telephone dialing equipment or a prerecorded message to any telephone number assigned to a cell phone or any service for which the called party is charged for the call without prior express consent, unless the call is for “emergency purposes” as defined by the TCPA.

- *Reiterated that consent is required from the “called party,” who is designated as the consumer (e.g., parent or guardian) assigned to the number dialed and billed for the call or the non-subscriber customary user of a number in a family or business calling plan;*
- *Reaffirmed that called parties must be able to revoke consent at any time and in any reasonable manner, and that the sender of the message (e.g., school or district) bears the burden of the proof of the consent; and*
- *Repeated that consent is not required for calls for “emergency purposes,” defined as a call “made necessary in any situation affecting the health and safety of consumers.”*

Please list the phone numbers and email addresses in which you give Zillah schools permission to contact you by automatic telephone dialing equipment or prerecorded message, voice or text messaging regarding attendance, food service, school events, weather related issues, school day emergencies and general information.

**1<sup>st</sup> Guardian Telephone Numbers**

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**2<sup>nd</sup> Guardian Telephone Numbers**

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**1<sup>st</sup> Guardian Email**

Email: \_\_\_\_\_

**2<sup>nd</sup> Guardian Email**

Email: \_\_\_\_\_

I give Zillah schools permission to contact me on any of the above listed numbers by voice, text messaging or email regarding non-emergency announcements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_