

CHEHALIS MIDDLE SCHOOL STUDENT REGISTRATION FORM

Please check here if you have recently registered students at another school or have/will have other students attending another school within our district.

STUDENT NAME: <u>Legal</u> Last Name		<u>Legal</u> First Name		<u>Legal</u> Middle Name	Also known as (Nickname):
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country	GRADE LEVEL 2020-2021 School Year (CIRCLE ONE) 6 7 8
DISTRICT RESIDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No (IF NO, NAME OF DISTRICT YOU RESIDE IN): _____ SUBMITTED AN OUT-OF-DISTRICT RELEASE FORM <input type="checkbox"/> Yes <input type="checkbox"/> No					
SCHOOL PREVIOUSLY ATTENDED		SCHOOL DISTRICT PREVIOUSLY ATTENDED		PREVIOUS SCHOOL LOCATION (City and State)	
HAS STUDENT EVER ATTENDED CHEHALIS DIST SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No *IF YES, NAME OF SCHOOL(S)		DATE ATTENDED (Month/Year)		HAS YOUR CHILD EVER QUALIFIED FOR FREE or REDUCED LUNCH PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD #1 (WHERE STUDENT RESIDES):

PRIMARY GUARDIAN Household 1 (parent/guardian where student resides) <i>Last Name First Name</i>		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents		HOUSEHOLD 1 PRIMARY PHONE <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)		GUARDIAN 1 PHONE <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)	
SECONDARY GUARDIAN Household 1 (parent/guardian where student resides) <i>Last Name First Name</i>		<input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		Please check if unlisted <input type="checkbox"/>		GUARDIAN 2 PHONE <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)	
RESIDENT ADDRESS	<i>Street</i>	<i>Apt #</i>	<i>City State ZIP</i>				
MAILING ADDRESS (If different from above)	<i>Street</i>	<i>Apt #</i>	<i>P O Box</i>	<i>City State ZIP</i>			
GUARDIAN 1 EMPLOYER		Guardian Employer Phone		Guardian 1 Work Phone			
GUARDIAN 2 EMPLOYER		Guardian Employer Phone		Guardian 2 Work Phone			
HOUSEHOLD 1 EMAIL ADDRESS				HOUSEHOLD 2 EMAIL ADDRESS (if additional mailing requested)			

HOUSEHOLD #2 (SECOND FAMILY)

SECOND HOUSEHOLD (non-custodial parent not residing with student) <i>Last Name First Name</i>		RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents		HOUSEHOLD 2 PRIMARY PHONE (Include area code)		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
(non-custodial parent not residing with student) <i>Last Name First Name</i>		<input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		Please check if unlisted <input type="checkbox"/>		PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)						SECOND HOUSEHOLD TO RECEIVE MAIL <input type="checkbox"/> Yes <input type="checkbox"/> No	

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school for enforcement)
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement)
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
LEGAL DOCUMENTS: I have provided a legal parenting plan or restraining order that must be on file for my student: <input type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAMS QUALIFIED FOR:

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED?
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
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DISCIPLINE: ? Any current or pending Becca Bill petitions filed with Juvenile Court? Yes No
 Any current or pending school disciplinary action or legal system sanction? Yes No If yes, explain. _____

PLEASE LIST OTHER SIBLINGS WHO ARE ENROLLED IN THE CHEHALIS SCHOOL DISTRICT				
Last Name	First Name	School	Grade	Age

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child (local area only please).

PRIMARY CONTACT (other than parent/guardian) <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS <i>Street City, State, ZIP</i>			
SECONDARY CONTACT (other than parent/guardian) <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street City, State, ZIP</i>			
THIRD CONTACT (other than parent/guardian) <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT ADDRESS <i>Street City, State, ZIP</i>			

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of 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.

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Chehalis Community Schools.

Legal Parent/Guardian Signature _____ **Date** _____

THE FOLLOWING MUST BE COMPLETED IN ORDER TO BE ACTIVE AT CHEHALIS MIDDLE SCHOOL

- Choice Release Form/ Transfer Waiver (if student resides out of district)
- Student Support Registration Forms (if student has an IEP)
- Chehalis Middle School New Student Registration forms turned into the Office
- Copy of IMMUNIZATION Records
- Copy of WITHDRAWAL Grades from Previous School
- Note(s) _____