

Student Registration Form

Orin C. Smith Elementary School

Grades 3, 4, & 5

1240 Bishop Rd. Chehalis, WA 98532 (360) 807-7225

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	Name student goes by:
BIRTHDATE (Month/Day/Year)	GENDER M F	BIRTHPLACE: City State		Country	SCHOOL YEAR _____ GRADE LEVEL (CIRCLE ONE) 3rd 4th 5th
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		PREVIOUS SCHOOL LOCATION (City and State)		IF AT PREVIOUS SCHOOL LESS THAN 3 MONTHS, SCHOOL ATTENDED PRIOR TO THAT: Name of School/City, State:	
HAS STUDENT ATTENDED CHEHALIS SCHOOLS BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No *IF YES, NAME OF SCHOOL(S): _____					

HOUSEHOLD #1 (WHERE STUDENT RESIDES):

PRIMARY GUARDIAN Household 1 (parent/guardian where student resides) <i>Last Name First Name</i>		HOUSEHOLD 1 PRIMARY PHONE (Include area code)		PRIMARY GUARDIAN (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell		RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents	
SECONDARY GUARDIAN Household 1 (parent/guardian where student resides) <i>Last Name First Name</i>		Please check if unlisted <input type="checkbox"/>		SECONDARY GUARDIAN (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell		<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	
RESIDENT ADDRESS	<i>Street</i>	<i>Apt #</i>	<i>City</i> <i>State</i> <i>ZIP</i>				
MAILING ADDRESS (If different from above)	<i>Street</i>	<i>Apt #</i>	<i>P O Box</i>	<i>City</i> <i>State</i> <i>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 (SECOND FAMILY)

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

LEGAL OR CUSTODY ISSUES:

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

