



HUMBOLDT COUNTY SCHOOL DISTRICT REGISTRATION FORM

Every child will graduate; beginning with Kindergarten, each will be prepared and confident to succeed.

Revised 8/11/16

Date _____

Student Information

Student _____ Grade: _____ Male Female
LEGAL Name (Last) (First) (Middle)

Birth Date: ____/____/____ Age: _____ Birthplace: _____
mm dd yyyy City State Country

Address: _____
Physical Street Address Apt #/Unit # City State Zip Code

Mailing Address _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian Name(s) _____

Additional Student Information

Ethnicity: Is your child Hispanic/Latino? Yes, Hispanic or Latino No, not Hispanic or Latino

Race: American Indian Asian Black Hispanic/Latino White Pacific Islander

Birth Country _____ Date Entered US School _____ Date Entered NV School _____

Is student ¼ (25%) AMERICAN INDIAN or enrolled in a tribe? Yes No

If not, was the student's parent/grandparent enrolled in a tribe? Yes No

Did the family move here for work that is seasonal agricultural fishing work temporary employment

Who has legal custody of the student? (check all that apply) Father Mother Guardian Other

If other, please explain: _____

If guardian, please list nature of guardianship: Court Appointed Power of Attorney Informal

Is there anyone who legally cannot have contact with this student? Yes No

If yes, please indicate which type of legal document you are providing: Custody Papers Order of Protection

Home Language Survey

Humboldt County School District needs to determine the language spoken in the home of each student. This information is essential so that the school can provide appropriate instruction for all students. We ask your cooperation in helping us comply with this important requirement. Thank you.

First language learned by the student: _____

Language spoken by student with friends: _____

Language Used in the Home: _____

If a language other than English is answered, please provide copy of registration form to ESL staff.

Student Living Arrangements

Humboldt County School District has access to resources for students who are experiencing challenges in their living arrangements that may affect their academic success. In order to see if your child may be eligible, please check the choice that best describes the student's living situation: Own/Rent Doubled with another family Unemployed Evicted Hotel/Motel RV Park Foster Care _____

If a family is living in transition, please copy the registration paperwork and submit to Special Services Administrative Assistant.

Transportation

Is bus transportation being requested? Yes No

Do you reside in Malheur County? Yes No

Do you reside in Pershing County? Yes No

School / Educational History

Previous schools attended (including HCSD schools)

Grades	Years	School Name	District	City	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has this student ever been referred or assessed by a school district for special services? Yes No

Does your child have a current Individualized Education Plan? Yes No

If yes, specific category: _____

Does your child have a 504 Accommodation Plan? Yes No

Is your child currently suspended OR expelled from any school district? Yes No

If yes, please explain: _____

ALL SCHOOLS MEDIA NEWS

Occasionally throughout the school year, students receive public recognition for their participation in school activities. This recognition could include television interviews, highlights, newspaper articles, a list of honor roll students, sports team members, school contests, and classroom projects, etc... If you **do not** want to have your child's name and/or photograph (or any other general information, such as age and grade level released to the media, please sign below.

Please **do not** release my child's name, photograph, or any other information to the media.

_____ Parent(s) Signature

Emergency Contacts

In the event the parents/guardians cannot be reached, please provide contact information for up to three individuals to whom the student may be released. (Please write down in order of preference.)

Name	Relationship to Student	Gender	Home Phone	Cell Phone
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

Verification Statement

I attest that all the above information is current and correct. I further attest that the student named on this document resides at the address stated.

Name: _____ Relationship to student: _____

Signature: _____ Date: _____

For School Use Only

Date Enrolled: _____ Entry Code: _____ Student ID#: _____ Records Requested: _____ Grad Yr: _____
 Birth Certificate (NRS 392) Health (NRS 392) Guardianship Form SPED Proof of Residency Variance

Student Name _____

HOUSEHOLD CENSUS INFORMATION

Primary Household (Home in which student resides MORE than 50% of the time.)

Adult #1 (first contact)

Name: _____ Male Female

Email Address: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Adult #1 Education Level: (check highest grade level completed)

- Elementary Some High School High School Some College College Degree

Adult #2

Name: _____ Male Female

Email Address: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Adult #2 Education Level: (check highest grade level completed)

- Elementary Some High School High School Some College College Degree

Household Address: _____
Street Address Apartment/Unit #

City State Zip

Home Phone: _____ Alternate Phone: _____

Military Status of Adult 1 or 2: Active Duty National Guard or Reserve Not Military

Student Relationship to Adults in Primary Household

FULL NAME of students who are enrolling or are Currently enrolled in school and living in household	Birth Date mm/dd/yy	Adult #1 Relationship to Student					Adult #2 Relationship to Student				
		Parent	Step Parent	Guardian	Foster	Other	Parent	Step Parent	Guardian	Foster	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Name _____

HOUSEHOLD CENSUS INFORMATION

Secondary Household (Home in which student resides LESS than 50% of the time.)

Adult #3

Name: _____ Male Female

Email Address: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Adult #1 Education Level: (check highest grade level completed)

- Elementary Some High School High School Some College College Degree

Adult #4

Name: _____ Male Female

Email Address: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Adult #2 Education Level: (check highest grade level completed)

- Elementary Some High School High School Some College College Degree

Household Address: _____
Street Address Apartment/Unit #

City State Zip

Home Phone: _____ Alternate Phone: _____

Military Status of Adult 3 or 4: Active Duty National Guard or Reserve Not Military

Student Relationship to Adults in Secondary Household

FULL NAME of students who are enrolling or are Currently enrolled in school and living in household	Birth Date mm/dd/yy	Adult #3					Adult #4				
		Relationship to Student					Relationship to Student				
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Name _____

Voice Messenger for Primary Household (Adult 1)

Voice Messenger: Used to notify parents/guardians of announcements such as school closings, early releases, etc.
Please Note: All phone numbers listed on the Primary Census Household Form will be used for Voice Messenger if checked below. Please check these numbers for accuracy.

Adult 1 Name (from census page): _____

Check boxes below for the phone numbers to be used for contact purposes with Voice Messenger:

	Contact Reason				
	Emergency <small>(School Cancellations, etc.)</small>	Attendance	Behavior	General	Teacher <small>(Failing grades)</small>
Household Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Household Phone Preferences apply to all active members of this household.

Voice Messenger for Primary Household (Adult 2)

Adult 2 Name (from census page): _____

Check boxes below for the phone numbers to be used for contact purposes with Voice Messenger:

	Contact Reason				
	Emergency <small>(School Cancellations, etc.)</small>	Attendance	Behavior	General	Teacher <small>(Failing grades)</small>
Household Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Voice Messenger for Primary Household (Adult 3)

Adult 3 Name (from census page): _____

Check boxes below for the phone numbers to be used for contact purposes with Voice Messenger:

	Contact Reason				
	Emergency <small>(School Cancellations, etc.)</small>	Attendance	Behavior	General	Teacher <small>(Failing grades)</small>
Household Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Voice Messenger for Primary Household (Adult 4)

Adult 4 Name (from census page): _____

Check boxes below for the phone numbers to be used for contact purposes with Voice Messenger:

	Contact Reason				
	Emergency <small>(School Cancellations, etc.)</small>	Attendance	Behavior	General	Teacher <small>(Failing grades)</small>
Household Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Name _____