

White Pass School District

Student Registration

White Pass Elementary School White Pass Jr./Sr. High School White Pass Learning Academy

Today's Date _____ School Entry Date: _____ Current Grade Level: _____

Student's **LEGAL** Name: _____

Birth Date: _____ Last _____ First _____ Middle _____ Birth City: _____ Birth State: _____ Birth Country _____

Home Phone: _____ Cell Phone: _____

Sex: Male Female

Ethnic Category: Please fill out the attached Ethnicity and Race Data Collection Form which is required for state and federal reporting purposes by OSPI (Office of Superintendent of Public Instruction).

Does your child have a first language other than English? () Yes () No If yes, what language? _____

Student is living with: (circle one)

Both Parents
Mother Only
Father Only

Mother/Stepfather
Father/Stepmother
Legal Guardian

Self
Grandparent
Other

Confidential Information: Complete only if it shows (1) your child's current living situation; or (2) your situation if you are a youth not living with a parent or guardian. Check the appropriate area:

- () with relatives or others due to lack of housing () in a park, or car, or similar vehicle
() in a motel/hotel, camping ground or other similar situation due to the lack of alternative, adequate housing
() in abandoned apartment/building () other _____
() temporarily housed in shelter awaiting DCFS permanent foster care placement
() disaster victim? explain _____

Is there a current Order of Protection or No Contact order which concerns this student? () Yes () No If yes, please attach a copy.

Do you reside within White Pass School District? _____ If no, list resident district. _____

If not residing within White Pass School District have you completed "Choice" or "Out of District" paperwork at the District Office? _____

Previous School Attended: _____

Date Last Attended: _____ School Name _____ City _____ State _____ Zip _____ Phone _____

List any Special Education/Lap or Title Classes: _____

If your student was enrolled in Special Education do you have a copy of their current I.E.P.? _____ If yes, please attach a copy.

Does your child have a 504 plan? Explain: _____

Household Information (Where the student is living)

Mr. Mrs. Ms _____
Last Name First Name Work Phone Cell Phone

Mr. Mrs. Ms _____
Last Name First Name Work Phone Cell Phone

Mailing Address _____
Street Address/PO Box City State Zip

Physical Address _____

Parent's email address _____

Emergency Information

Emergency Contact Person _____ Home Phone _____ Cell Phone _____

Emergency Contact Person _____ Home Phone _____ Cell Phone _____

Doctor's Name _____ Phone _____

List Any Medical Problems: _____

If your student is a 7th or 8th grader are they going to be enrolling in Band? _____

Has your child been in a "Gifted" program? _____

Is there another Parent/Guardian who has joint custody we may contact in case of an emergency or who needs to receive information normally sent home? If so, please fill in the information below:

Relationship to Student: _____

Mr. Mrs.

Ms _____
Last Name First Name Home Phone Cell Phone

Mailing

Address: _____
Street Address/PO Box City State Zip

We realize that it is difficult for students to change schools. If your child is new or returning to White Pass School District please use the area below to write any additional information that would be helpful in making your child's transition smoother.

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date.

Legal Parent/Guardian Signature _____ Date _____