



REGISTRATION FORM

Current student

Former student

New student

For office use only.

| | | | | | | | | |
|------------|----------|------------------------|-----------|----------|------------------------------|-----|------|------|
| Student ID | Rec'd by | Residence verification | Bdate ver | Photo ID | Gave SpEd &/or Health Packet | CIS | eSIS | ACES |
|------------|----------|------------------------|-----------|----------|------------------------------|-----|------|------|

| | | | | |
|----------------------------------|-------------------|-----------------|-------------------------------------|------------------|
| Student's last name | First name | Middle name | Birth date Month / Day / Year | |
| Home street address | | Apt # | City | State / Zip code |
| Home phone (including area code) | Check if unlisted | PO Box (if any) | Other names student has used if any | |

| | | | | | |
|-----|---|-------|---|-------|---|
| Sex | ETHNIC CODE | Box 1 | If you wish to enter a second ethnic code for this student, select the appropriate code and enter in Box 2 . | Box 2 | Office use |
| | <p>Male</p> <p>The ethnic code entered in Box 1 will be used by Seattle Public Schools primarily to meet various Federal, State and District requirements. Select a code from the list that describes the student's ethnicity and enter in Box 1.</p> <p>Female</p> <p>If you choose not to respond to this item, please indicate by signing here. (If the ethnic code is left blank, Federal reporting regulations require that a code be assigned for the student.)</p> | | (Optional) If code is AI, AN or NA, indicate tribal affiliation below. | | Conf Program <input type="checkbox"/> Olympia # |

Has student received SPECIAL EDUCATION services . . .

During the past three years? Yes No

During the past year? Yes No

If yes, estimated amount of time student receives special education services

1/2 day or less (0 to 4 hours) More than 1/2 day (more than 4 hours)

PREVIOUS SCHOOL (if not a Seattle Public School)

Name of school

Street address

City/State/Zip

Grade of last attendance Date of last attendance Month / Day / Year

Was student suspended or expelled from this school? Yes No

Is student's first learned or **home language** a language other than English? Yes No

(If yes, student must go to the Bilingual Family Center for assessment.)

MEDICAL AND HEALTH INFORMATION

Physician, clinic or health care provider

Phone including area code

During school hours, does your child require a non-oral medication? (Ex: injection, eye/ear drops, application to skin, suppository, central line) Yes No

During school hours, does your child need help with a medical procedure? (Ex: blood sugar, NG feeding, sterile catheterization) Yes No

DOES YOUR CHILD HAVE A CONDITION WHICH CAUSES THE DAILY POSSIBILITY OF A LIFE-THREATENING EMERGENCY?

Comments: Yes No

If you answered "Yes" to any of the medical/health questions, please request a Health Packet when you register and contact your school nurse, if available, or Nursing Services at 252-0750.

Has student been suspended or expelled from any school? Yes No

Seattle Public Schools provides Equal Educational Opportunity for all students without regard to national origin, race, religion, economic status, sex, sexual orientation, gender identity, pregnancy, marital status, or physical, mental or sensory handicap. The District complies with all applicable State and Federal laws and regulations in District programs, courses, and activities, including extra-curricular activities, services, and access to facilities. The office with overall responsibility for monitoring and ensuring compliance is the Equity and Compliance Office, MS 33-162, PO Box 34165, Seattle WA 98124. Phone (206) 252-0371. Individuals who need accommodations should contact this office to request an accommodation. Individuals who believe they have been discriminated against in any of the District's educational activities may file a discrimination complaint with this office.

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