

Spokane Public Schools Student Registration

OFFICE USE

School:

Student Identification	PERMIT	FTE	PROGRAM	TEACHER	ROOM	Entry Date
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Student Name (Must be LEGAL name) Last _____ First _____ Middle _____

Preferred Name (If different from LEGAL NAME) _____

Entering Grade _____ Birthdate _____ SPS Sibling(s) _____

Gender Male Female Student Cell Phone _____

PARENT / GUARDIAN INFORMATION EMANCIPATED STUDENT UNACCOMPANIED YOUTH FOSTER CARE

PRIMARY RESIDENCE Student resides with this household Yes No

1. Relationship to Student: Mother Father Name _____
 Other _____ Responsible for Student

Residence Address _____ Zip _____

Mailing Address if Different _____ Zip _____

Primary Phone Number _____ Unlisted Cell/Other Phone _____

Employer _____ Work Phone _____

E-mail _____

2. Relationship to Student: Mother Father Name _____
 Other _____ Responsible for Student

Primary Phone Number _____ Unlisted Cell/Other Phone _____

Employer _____ Work Phone _____

E-mail _____

SECONDARY RESIDENCE Student resides with this household Yes No

1. Relationship to Student: Mother Father Name _____
 Other _____ Responsible for Student

Address _____ Zip _____

Mailing Address if Different _____ Zip _____

Primary Phone Number _____ Unlisted Cell/Other Phone _____

Employer _____ Work Phone _____

E-mail _____

2. Relationship to Student: Mother Father Name _____
 Other _____ Responsible for Student

Primary Phone Number _____ Unlisted Cell/Other Phone _____

Employer _____ Work Phone _____

E-mail _____

I authorize my child to participate in field trips conducted under the supervision of Spokane Public Schools:

Yes No

I authorize emergency treatment of this child by staff of any hospital emergency room:

Yes No

OTHER EMERGENCY CONTACTS In case of illness/injury or other emergency, when household cannot be contacted, I authorize Spokane Public Schools to call and/or release my child to one of the following:

Name _____ Relationship _____

Primary Phone _____ Cell/Other _____

Name _____ Relationship _____

Primary Phone _____ Cell/Other _____

Daycare _____ Phone _____ Before School After School
M T W TH F

Doctor _____ Phone _____ HOSPITAL _____

Name and Address of Other Responsible Legal Agency _____

Contact person _____ Phone _____

Military Parent or Guardian:

(N) No parent/guardian currently serving in the U.S. Military.

One parent/guardian currently serving in the U.S. Military:

(A) Armed Forces (R) Reserves (G) National Guard

(M) More than one parent or guardian currently serving in A, R or G above.

PHYSICIAN ORDERS AND NURSING CARE PLAN MUST BE IN PLACE BEFORE ANY CHILD WITH A LIFE-THREATENING HEALTH CONDITION MAY ATTEND SCHOOL. RWA28A.210

IF MEDICATION WILL BE TAKEN AT SCHOOL, PLEASE OBTAIN THE NECESSARY FORMS FOR AUTHORIZATION FROM THE SCHOOL OFFICE.

Is a language other than English spoken at home? No Yes What Language _____

What is the student's country of birth? _____ If NOT the U.S., please list the student's U.S. entry date: _____

Does your child speak a language other than English at home? Yes No If yes, is the student's first learned or home language anything other than

English? Yes No Child's Primary Language _____ Interpreter needed? Yes No

PRIVACY INFORMATION

Spokane Public Schools policy defines directory information as: name, address, telephone numbers, date of birth, field of study, photographs, participation in officially recognized activities/sports, weight/height, attendance data, awards, previous schools attended, and other similar information that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information is NOT deliberately given to solicitors for commercial purposes.

PLEASE CHECK **ONE** OF THE BOXES BELOW

It is OK for Spokane Public Schools to release directory information to various agencies such as parent organizations, the media, colleges/universities, Free Application for Federal Student Aid (FAFSA) Information and the military.

Withhold directory information. Student's Name/Photo will NOT appear on Rosters, Honor Rolls, Yearbook, arts performance programs, Grad Announcements, etc.

Withhold directory information ONLY from the military.

STUDENT EMAIL (This section for Middle School & High School Student Parent/Guardians only.)

Purposes and Benefits of Student Email

With parent/guardian approval we are offering students in grades 8 -12 an unrestricted e-mail account that will have full access to communicate with any other Internet e-mail account. This account will be important to your student in college and career preparation activities, collaboration work with other students and communication regarding school activities and events. If you choose to not authorize your student for district email it may be difficult for them to fully participate and benefit from some classroom and career/college readiness activities as more and more services require students to provide an email address for communication and registration. While the account is unrestricted, this email account is intended to be used by students solely and exclusively for purposes consistent with Spokane Public Schools' curricular and educational needs.

The School District will not voluntarily share student e-mail addresses with any party outside of the school district. However, the School District may be compelled by public records laws or other laws to disclose district-provided student e-mail addresses and/or e-mail messages. Students have no right to privacy or expectations of privacy when using a District issued e-mail account because, among other reasons, student e-mail accounts are subject to inspection by the District at any time and shall be monitored by the District to assure compliance with district policy.

Email Assumption of Risk

Email accounts carry with them certain inherent risks, which may include but are not limited to: the inadvertent dissemination of personal information or other information that is desired to be private whether by the sender or as a result of an email being forwarded; receiving communication from unwanted, unauthorized and/or dangerous persons; access to the email account by unauthorized persons; accessing email account when such distractions could result in harm, such as while driving; and receiving threatening, harassing, sexually explicit, obscene or illegal emails.

PLEASE CHECK BOX IF APPROVED

It is OK for Spokane Public Schools to issue my student an unrestricted email address pursuant to the above information. I understand that this authorization will remain in effect for my student unless I provide further communication withdrawing my approval.

ETHNICITY AND RACE

Question 1. Is your child of Hispanic or Latino origin? *(Check all that apply.)*

- NOT HISPANIC/LATINO
- CUBAN
- DOMINICAN
- SPANIARD
- PUERTO RICAN
- MEXICAN / MEXICAN AMERICAN / CHICANO
- CENTRAL AMERICAN
- SOUTH AMERICAN
- LATIN AMERICAN
- OTHER HISPANIC/LATINO

Question 2. What race(s) do you consider your child? *(Check all that apply.)*

- AFRICAN AMERICAN/BLACK
- WHITE
- ASIAN INDIAN
- CAMBODIAN
- CHINESE
- FILIPINO
- HMONG
- INDONESIAN
- JAPANESE
- KOREAN
- LAOTIAN
- MALAYSIAN
- PAKISTANI
- SINGAPOREAN
- TAIWANESE
- THAI
- VIETNAMESE
- OTHER ASIAN
- NATIVE HAWAIIAN
- FIJIAN
- GUAMANIAN or CHAMORRO
- MARIANA ISLANDER
- MELANESIAN
- MICRONESIAN
- SAMOAN
- TONGAN
- OTHER PACIFIC ISLANDER
- ALASKA NATIVE
- CHEHALIS
- COLVILLE
- COWLITZ
- HOH
- JAMESTOWN

- KALISPEL
- LOWER ELWHA
- LUMMI
- MAKAH
- MUCKLESHOOT
- NISQUALLY
- NOOKSACK
- PORT GAMBLE KLALLAM
- PUYALLUP
- QUILEUTE
- QUINAULT
- SAMISH
- SAUK-SUIATTLE
- SHOALWATER
- SKOKAMISH
- SNOQUALMIE
- SPOKANE
- SQUAXIN ISLAND
- STILLAGUAMISH
- SUQUAMISH
- SWINOMISH
- TULALIP
- YAKAMA
- OTHER WASHINGTON INDIAN
- OTHER AMERICAN INDIAN / ALASKAN NATIVE

ELEMENTARY GRADES:

Did your child attend any of the following prior to kindergarten? Special Ed Preschool HeadStart ECEAP Child Care Preschool
 Other _____

Please indicate any behavior problems At home In class Playground Towards: Students School Staff Family

Has your child been retained? YES NO If YES, in what grade? _____

PLACEMENT (Information will be kept confidential.)

WE BELIEVE THOUGHTFUL PLACEMENT IMPROVES THE LIKELIHOOD OF SCHOOL SUCCESS.

Does student have a history of placement in a Special Education Program? YES NO Current IEP? YES NO

Please indicate special programs in which your child has been enrolled. Speech Physical Therapy

Does the student have a current 504 plan? YES NO

Please describe any physical limitations that would necessitate special accommodations. _____

Has the student attended an English Language Development (ELD) Program, or English as a Second Language (ESL) Program? YES NO

Has the student been involved in any of the following programs? LAP (Learning Assistance) Title 1

Has the student been involved in any of the following?

Suspension(s) Weapons Expulsion(s) Attendance Problems Violence (fighting, harassment, etc.)
 BECCA Petition (Court order to attend school)

Does student have unpaid fines or fees imposed by other schools? YES NO

Is middle or high school student planning to participate in extra curricular activities, sports, or clubs. YES NO
 (If Yes, student must be passing all classes and have current physical on file.)

Please give any additional information that may help in the placement of this student in our school: _____

SCHOOLS ATTENDED AT OTHER SCHOOL DISTRICTS 9 - 12 GRADE

(This information is required content for the Washington State High School Transcript)

SCHOOL NAME, CITY, STATE	FROM DATE	TO DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attended SPOKANE PUBLIC SCHOOLS before? Yes No If YES, indicate school and year _____

If transferring from another School District, what District/School? _____

City/State: _____, _____ Does student now reside within Spokane School's boundary? Yes No

If NO, what District/School? _____

PLEASE VERIFY ALL INFO IS COMPLETE and ACCURATE, COMPLETE PRIVACY INFORMATION ON PAGE 2 and PLACEMENT INFORMATION ON PAGE 3, THEN SIGN AND DATE BELOW:

 PARENT / GUARDIAN SIGNATURE

 DATE