

**MERIDIAN SCHOOL DISTRICT #505
MERIDIAN HIGH SCHOOL
NEW STUDENT REGISTRATION FORM**

DATE _____

DO NOT WRITE IN SHADED AREA- FOR OFFICE USE ONLY													
STUDENT SCHOOL NUMBER		SCHOOL ENTRY DATE		MEDICAL ALERT		HOMEROOM NUMBER		LOCKER NUMBER		BUS ROUTE			
										AM PM			
STUDENT NAME Legal Last Name			Legal First Name			Legal Middle Name			Also known as:				
BIRTHDATE (Month/Day/Year)		GENDER (M/F)	BIRTHPLACE		City	State	Country		Grade Level		Home e-mail address:		
ETHNIC CODE (Check One)			Primary language spoken at home										
<input type="checkbox"/> A-Asian <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> H- Hispanic			<input type="checkbox"/> I- American Indian or Alaska Native <input type="checkbox"/> W- White, not of Hispanic origin			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other _____							
PRIMARY HOUSEHOLD (parent/guardian where student resides)				STUDENT LIVES WITH				Primary Phone:		Work Phone:			
Legal Last Name Legal First Name				<input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Guardian <input type="checkbox"/> Other				(Include area code)		(Include area code)		Cell Phone:	
(parent/guardian where student resides)								<input type="checkbox"/> Please check if unlisted		Cell Phone:			
Legal Last Name Legal First Name								(Include area code)		(Include area code)			
								<input type="checkbox"/> Please check if unlisted		Cell Phone:			
RESIDENT ADDRESS		STREET				APT#		City State Zip					
MAILING ADDRESS (If different from above)		STREET				APT#		City State Zip					
SECOND HOUSEHOLD (non-custodial parent not residing with student)				RELATIONSHIP				Primary Phone:		Work Phone:			
Last Name First Name				<input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Stepmother <input type="checkbox"/> Other				(Include area code)		(Include area code)		Cell Phone:	
(Non-custodial parent not residing with student)								<input type="checkbox"/> Please check if unlisted		Cell Phone:			
Last Name First Name								(Include area code)		(Include area code)			
								<input type="checkbox"/> Please check if unlisted		Cell Phone:			
SECOND HOUSEHOLD ADDRESS (Street PO Box, City, State ,Zip)						ADDITIONAL MAILING REQUESTED							
						<input type="checkbox"/> Yes <input type="checkbox"/> No							
SCHOOL PREVIOUSLY ATTENDED			SCHOOL DISTRICT PREVIOUSLY ATTENDED			PREVIOUS SCHOOL LOCATION (City and State)							
HAS STUDENT EVER ATTENDED MERIDIAN PUBLIC SCHOOLS? IF YES, NAME OF SCHOOL ATTENDED						DATE ATTENDED (Month/Year)							
<input type="checkbox"/> Yes <input type="checkbox"/> No													
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO													
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, plan 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 _____													
HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED INA SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No									HAS YOUR CHILD EVER BEEN RETAINED?				
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504? <input type="checkbox"/> Yes <input type="checkbox"/> No									<input type="checkbox"/> Yes <input type="checkbox"/> No				
HAS YOUR CHILD EVER PARTICIPATED IN <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____									If yes, at what grade level _____				

OVER

PLEASE LIST OTHER SIBLINGS ATTENDING MERIDIAN PUBLIC SCHOOLS

Last Name	First Name	School

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

ETHNICITY AND RACE

School districts in Washington State are required to report student data by ethnicity and race categories to the state’s Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.

Please complete the following:

1. Is your child of Hispanic or Latino origin?

- No, My child is not Hispanic or Latino
- Yes, my child is Hispanic or Latino (check all that apply)
 - Cuban
 - Puerto Rican
 - South American
 - Dominican
 - Mexican/Mexican/Mexican American/Chicano
 - Latin American
 - Spaniard
 - Central American
 - Other Hispanic /Latino

2. What race do you consider your child? (check all that apply)

- African American or Black
- Thai
- Colville
- Samish
- White or Caucasian
- Vietnamese
- Cowlitz
- Sauk-Sulattle
- Asian Indian
- Other Asian
- Hoh
- Shoal water Bay
- Cambodian
- Native Hawaiian
- Jamestown S’Klallam
- Skokomish
- Chinese
- Fijian
- Kalispel
- Snoqualmie
- Filipino
- Guamanian or or Chamorro
- Lower Elwa Klallam
- Spokane
- Hmong
- Mariana Islander
- Lummi
- Squaix Island
- Indonesian
- Melanesian
- Makah
- Stillaguamish
- Japanese
- Micronesian
- Muckleshoot
- Suquamish
- Korean
- Samoan
- Nisqually
- Swinomish
- Laotian
- Tongan
- Nooksack
- Tulalip
- Malaysian
- Other Pacific Islander
- Port Gamble S’Klallam
- Yakima
- Pakistani
- Alaska Native
- Puyallup
- Other Washington Indian Tribe
- Singaporean
- Chehalis
- Quileute
- Other American Indian Tribe/
Alaska Native
- Taiwanese
- Quinault

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.
Legal Parent/Guardian Signature _____ Date _____

Does student have health insurance? _____ **Yes** _____ **No**

When injury, illness or other situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child, or to whom you child may be

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE 1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
--	-----------------------	--

SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE 1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
--	-----------------------	--

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person (s) listed above.
Legal Parent/Guardian Signature _____ Date _____

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student’s enrollment or assignment to a school in the NWRDC Public Schools.
Legal Parent/Guardian Signature _____ Date _____