



STUDENT REGISTRATION FORM

Has the student ever attended a school in Riverview School District? Yes No

FOR OFFICE USE ONLY Age/Name Verification Proof of Residency Medical Alert Speech/Spec Ed ML
 Bus Route _____ Student Number _____ Advisor _____ Entry Date: _____

STUDENT INFORMATION (Please PRINT all information)

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M / F / X)	BIRTHPLACE: City	State	County Country
ENTERING GRADE LEVEL		Has the student ever been retained? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what grade(s):	
Has the student ever been suspended/expelled for: Weapons <input type="checkbox"/> Drugs <input type="checkbox"/> Assault <input type="checkbox"/>			If yes, provide date(s):	

STUDENT SERVICES

Has your child ever qualified for or been enrolled in a SPECIAL ED PROGRAM ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever qualified for or had:	a 504 PLAN ? <input type="checkbox"/>	an IEP (Individual Education Plan)? <input type="checkbox"/>	
Has your child ever participated in:	ML/ELL (English Language Learner) <input type="checkbox"/>	Title/LAP <input type="checkbox"/>	Gifted <input type="checkbox"/> Speech <input type="checkbox"/>
Are there special instructions regarding religious beliefs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the information in writing to the school.			

PREVIOUS SCHOOL

School Name	District	City/State	Withdrawal Date
-------------	----------	------------	-----------------

ETHNICITY & RACE

Please continue to the Washington State Ethnicity and Race Collection Form on the following two pages.

Washington State Ethnicity and Race Data Collection Form

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 (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)				
	Hispanic	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorean (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	<input type="checkbox"/> Salvadoran (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) Hispanic/Latino Write In (H29)
RACE-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	Pacific Islander	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) Pacific Islander Write In (P21)
RACE-BLACK/AFRICAN-AMERICAN	Black/African	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> _____ Black Write In (C02)			
	Caribbean	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Rep.) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupean (B14) <input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) Caribbean Write In (B20)
	Central African	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Cntrl African Rep.) (B23) <input type="checkbox"/> Chadian (B24)	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)	<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> Príncipe (B30) Central African Write In (B31)	
	East African	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49)	<input type="checkbox"/> Tanzanian (United Rep. of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) East African Write In (B53)
	Latin American	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Ecuadorean (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74)	<input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) Latin American Write In (B77)
	South African	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Swazi (B82) South African Write In (B83)	
	West African	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87) <input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)	<input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96)	<input type="checkbox"/> Senegalese (B97) <input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) West African Write In (C01)

Washington State Ethnicity and Race Data Collection Form

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 (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00)	<input type="checkbox"/> _____ Alaska Native Write In (N36)	<input type="checkbox"/> _____ American Indian Write In (N37)
	Washington State Tribes	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35)	
RACE-ASIAN	Asian	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)	<input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)	<input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)
		<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> _____ Asian Write In (A27)		
RACE-WHITE	White	<input type="checkbox"/> White (W00)	<input type="checkbox"/> _____ White Write In (W36)	
	Eastern European	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)	<input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)	
	Middle Eastern and North African	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)	<input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23)	
	<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31)	<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> _____ Middle Eastern Write In (W34) <input type="checkbox"/> _____ North African Write In (W35)		

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child’s education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don’t Know ____</p>	
<p>Prior Education</p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.



FAMILY INFORMATION

PRIMARY HOUSEHOLD (parent/guardian where student resides)			Phone Numbers (w/ area code) Check number to call first ↓		
<u>Last Name</u> _____		<u>First Name</u> _____	Home _____		
1. _____		_____	Work _____		
E-Mail _____			Cell _____		
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/>			Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> _____			Language: _____		
SECONDARY HOUSEHOLD			Phone Numbers (w/ area code) Check number to call first ↓		
<u>Last Name</u> _____		<u>First Name</u> _____	Home _____		
2. _____		_____	Work _____		
E-Mail _____			Cell _____		
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/>			Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> _____			Language: _____		
<u>Residence Address</u>	<i>Street</i> _____	<i>Apt #</i> _____	<i>City</i> _____	<i>State</i> _____	<i>ZIP</i> _____
<u>Mailing Address</u> (If different)	<i>Street or PO Box</i> _____	<i>Apt #</i> _____	<i>City</i> _____	<i>State</i> _____	<i>ZIP</i> _____
SECONDARY HOUSEHOLD			Phone Numbers (w/ area code) Check number to call first ↓		
<u>Last Name</u> _____		<u>First Name</u> _____	Home _____		
1. _____		_____	Work _____		
E-Mail _____			Cell _____		
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/>			Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> _____			Language: _____		
SECONDARY HOUSEHOLD			Phone Numbers (w/ area code) Check number to call first ↓		
<u>Last Name</u> _____		<u>First Name</u> _____	Home _____		
2. _____		_____	Work _____		
E-Mail _____			Cell _____		
Relationship to Student: Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/>			Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> _____			Language: _____		
<u>Residence Address</u>	<i>Street</i> _____	<i>Apt #</i> _____	<i>City</i> _____	<i>State</i> _____	<i>ZIP</i> _____
<u>Mailing Address</u> (If different)	<i>Street or PO Box</i> _____	<i>Apt #</i> _____	<i>City</i> _____	<i>State</i> _____	<i>ZIP</i> _____
ADDITIONAL MAILINGS REQUESTED Yes <input type="checkbox"/> No <input type="checkbox"/>					

PLEASE LIST OTHER SIBLINGS ATTENDING RIVERVIEW SCHOOL DISTRICT				
Last Name	First Name	Birth Date	School	Grade



Student Health Record - MEDICAL HISTORY

Student Name: (Last) _____ (First) _____ Birthdate: _____

State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes, or seizures have a care plan completed prior to the first day of school. Contact the school nurse as soon as possible to complete the proper forms.

Does your student have a LIFE-THREATENING health condition? Yes No

(Check all that apply)

<p>Life-Threatening Conditions: (Care plan is REQUIRED)</p> <p>EG <input type="checkbox"/> Anaphylaxis (Epi-pen prescribed)</p> <p><input type="checkbox"/> Allergen/s:</p> <p>EK <input type="checkbox"/> Diabetes Type 1</p> <p>NP <input type="checkbox"/> Seizures - (Emergency medication required)</p> <p>RG <input type="checkbox"/> Asthma - Severe</p> <p><input type="checkbox"/> Other Life-Threatening Condition:</p> <p>Congenital / Genetic</p> <p>AH <input type="checkbox"/> Down Syndrome</p> <p>AJ <input type="checkbox"/> Fetal Alcohol Spectrum Disorder</p> <p><input type="checkbox"/> Please list:</p> <p>Blood / Hematology</p> <p>BA <input type="checkbox"/> Anemia</p> <p>BB <input type="checkbox"/> Hemophilia</p> <p>BC <input type="checkbox"/> Sickle Cell Disease Trait</p> <p>OJ <input type="checkbox"/> History of Severe Nosebleeds</p> <p><input type="checkbox"/> Other Blood Condition:</p> <p>Cardiac / Heart</p> <p>CC <input type="checkbox"/> Heart Birth Defect</p> <p>CD <input type="checkbox"/> Heart Murmur</p> <p><input type="checkbox"/> Other Cardiovascular Condition:</p> <p>Allergy, Immune, Endocrine, Metabolic and Nutritional</p> <p>ED <input type="checkbox"/> Allergy - Food</p> <p>EE <input type="checkbox"/> Allergy - Insect</p> <p><input type="checkbox"/> Allergy - Other List:</p> <p>EL <input type="checkbox"/> Diabetes Type 2</p> <p>EM <input type="checkbox"/> Medication Allergy:</p> <p><input type="checkbox"/> Other Endocrine, Immune, Nutritional or Metabolic:</p> <p>Gastrointestinal, Dental, and Oral</p> <p>GA <input type="checkbox"/> Celiac</p> <p>GG <input type="checkbox"/> Food Intolerance List:</p> <p>GL <input type="checkbox"/> Lactose Intolerance</p> <p>GF <input type="checkbox"/> Encopresis</p> <p>GO <input type="checkbox"/> Chronic Constipation</p> <p>GH <input type="checkbox"/> Gastric Reflux</p> <p>GJ <input type="checkbox"/> Inflammatory Bowel Disease</p> <p>GK <input type="checkbox"/> Irritable Bowel Syndrome</p> <p><input type="checkbox"/> Other Gastrointestinal, Liver, Dental, Oral Condition:</p> <p>Musculoskeletal</p> <p>MC <input type="checkbox"/> Juvenile Rheumatoid / Idiopathic Arthritis</p> <p>Cancer / Tumor</p> <p><input type="checkbox"/> Please list:</p>	<p>Nervous System</p> <p>NB <input type="checkbox"/> ADHD I ADD diagnosed by:</p> <p>NC <input type="checkbox"/> Autism Spectrum Disorder</p> <p>NE <input type="checkbox"/> Cerebral Palsy</p> <p>NF <input type="checkbox"/> Developmental Disability</p> <p>NH <input type="checkbox"/> Migraines</p> <p>NI <input type="checkbox"/> Headaches, Recurring</p> <p>NP <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Current <input type="checkbox"/> History Type:</p> <p>NU <input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Other Neurological Condition:</p> <p>Transplant</p> <p>OD <input type="checkbox"/> List organ:</p> <p>Mental or Behavioral Health</p> <p>PA <input type="checkbox"/> Anxiety</p> <p>PC <input type="checkbox"/> Depression</p> <p>PH <input type="checkbox"/> Sleep Disorder</p> <p><input type="checkbox"/> Other Mental or Behavioral Health Condition</p> <p>Respiratory / Breathing</p> <p>RG <input type="checkbox"/> Asthma - Current</p> <p>RH <input type="checkbox"/> Asthma – Ever Diagnosed</p> <p>RA <input type="checkbox"/> Asthma – Exercise Induced</p> <p>RE <input type="checkbox"/> Reactive Airway Disease</p> <p><input type="checkbox"/> Other Respiratory Condition:</p> <p>Skin</p> <p>SB <input type="checkbox"/> Eczema or Contact Dermatitis or Psoriasis</p> <p><input type="checkbox"/> Other Skin Condition:</p> <p>Renal / Kidney</p> <p><input type="checkbox"/> Please list:</p> <p>Ear / Hearing</p> <p>YA <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Currently <input type="checkbox"/> Historically</p> <p>YB <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Hearing Aid/s Cochlear Implant</p> <p><input type="checkbox"/> Other Ear Condition:</p> <p>Eye / Vision</p> <p>YF <input type="checkbox"/> Wears glasses / contacts</p> <p>YF <input type="checkbox"/> Color Vision Deficit</p> <p>YD <input type="checkbox"/> Visually Impaired</p> <p><input type="checkbox"/> Other Eye Condition:</p> <p>Other Health Concerns:</p> <p><input type="checkbox"/> Please list:</p>
---	---

OC **No known health concerns** Please initial: _____



Student Health Record - MEDICATIONS

Student Name: (Last) _____ (First) _____ Birthdate: _____

Please report all medications your student takes at home and/or at school.

Is medication needed at home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Please list:
Is medication needed at school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Please list:

Complete REQUIRED paperwork for medication at school.

State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.

Medical Devices		Stoma	
OLA	<input type="checkbox"/> Vagal Nerve Stimulator	OKA	<input type="checkbox"/> Gastrostomy
OLB	<input type="checkbox"/> Automatic Internal Cardiac Defibrillator	OKB	<input type="checkbox"/> Colostomy
OLC	<input type="checkbox"/> Pacemaker	OKD	<input type="checkbox"/> Tracheostomy
OLD	<input type="checkbox"/> Gastrostomy tube	OKE	<input type="checkbox"/> Urostomy
OLE	<input type="checkbox"/> Jejunostomy tube	OK	<input type="checkbox"/> Other:
	<input type="checkbox"/> Brace		
	<input type="checkbox"/> Prosthesis List:		
	<input type="checkbox"/> Other medical devices:		
MHW	<input type="checkbox"/> Medical Hardware:		
			Physical Activity / Mobility Issues:
			<input type="checkbox"/> Wheelchair
			<input type="checkbox"/> Crutches
			<input type="checkbox"/> Other:

I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered. **I understand that Washington law requires that my student's immunizations are complete or conditional before starting school.** I give permission to my child's school to add immunization information to the Immunization Information System to help the school maintain my child's school record.

Parent/Legal Guardian Signature: _____ Date: _____

IMMUNIZATION VERIFICATION (Office use only)

WAIS # _____ CIS Series: Preschool Grade K-6 Grade 7 Grade 8-12

Immunization Status is COMPLETE on the WAIS Certificate of Immunization Status (CIS).

OR

Immunization Status is CONDITIONAL on the WAIS CIS and the conditional status expiration date is after the first day of attendance.

Parent/Guardian has signed the conditional status acknowledgement on the CIS.

OR

Student is not in WAIS. **Medically verified immunization records must be provided.**

Medically verified immunization records provided Permission to enter statement signed

OR

Certificate of Exemption (COE) provided for all vaccines not in compliance on WAIS CIS or in WAIS.

COE is fully completed Permission to enter statement signed

OR

Immunization Status is NOT COMPLETE on the WAIS CIS **Student may not start school until documentation of missing immunizations is received that will change the CIS status to COMPLETE or CONDITIONAL.**

Student added to School Module Roster: Grade: _____

Staff who verified immunizations: _____ Date: _____

EMERGENCY CONTACTS (Other than parents/guardians listed in Family Information section)

When injury, illness or other non-emergency 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.** (You are not required to list a total of four contacts.)

Emergency Contact #1 <i>Last Name</i> <i>First Name</i>	PHONE #1 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	PHONE #2 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship
Emergency Contact #2 <i>Last Name</i> <i>First Name</i>	PHONE #1 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	PHONE #2 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship
Emergency Contact #3 <i>Last Name</i> <i>First Name</i>	PHONE #1 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	PHONE #2 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship
Emergency Contact #4 <i>Last Name</i> <i>First Name</i>	PHONE #1 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	PHONE #2 Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Relationship
Babysitter/Daycare Name	Address		Phone #

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. Yes No

MILITARY STATUS: Check the most appropriate box below for parent(s)/guardian(s).

Choose One	<input type="checkbox"/> U.S. Armed Forces active duty (A)	<input type="checkbox"/> More than one member of Armed Forces/National Guard (M)
	<input type="checkbox"/> U.S. Armed Forces reserves (R)	<input type="checkbox"/> No affiliation (N)
	<input type="checkbox"/> National Guard member (G)	

IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school.)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school.)

Restraining order is against: Father Mother Other _____

Will an adult/parent be present when your student arrives home in the event of early dismissal? Yes No

Choose One	<input type="checkbox"/> I give permission for my student to arrive home WITHOUT adult supervision in the event of a school closure.
	<input type="checkbox"/> My student is to REMAIN AT SCHOOL until a parent/guardian or emergency contact is able to pick her/him up.

VERIFICATION OF INFORMATION: The information I have provided in this registration packet is true and accurate as of this date. I certify that I have read and signed where requested.

Legal Parent/Guardian Signature _____ Date _____



Riverview School District #407

PO Box 519 - Duvall, WA 98019

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information.)

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____ Student is living with a parent or legal guardian

If you own/rent your own home, you do not need to complete the bottom portion of this form.

Please check the box and initial: Initial: _____

Student is unaccompanied (not living with a parent or legal guardian)

If you do not own/rent your own home, please check all that apply below.

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other _____

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

For School Personnel Only: For data collection purposes and student information system coding.

- (N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

District Liaison

Phone Number

Location

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms “enroll” and “enrollment” include attending classes and participating fully in school activities.
- (2) The term “homeless children and youths” —
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1); and
 - (B) includes —
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C);
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term “unaccompanied youth” includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

- http://center.serve.org/nche/ibt/parent_res.php
- <http://naehcy.org/educational-resources/naehcy-publications>
- <http://www.schoolhouseconnection.org/>



OPT-OUT OF RELEASE OF STUDENT PUBLICITY/INFORMATION

Parents/guardians should **only complete this form if they do not want** photos or information shared about their child per policy and procedure 3070. Otherwise, please disregard. If restriction is desired, please submit this form to your school or district office. This form must be submitted annually to keep the restriction active.

STUDENT PUBLICITY/INFORMATION OPT-OUT

Please do **not** publicly recognize my child for awards or release their name, photo, or other student information.

Checking this box restricts your child's name, photo, and directory information from being published in staff-produced district and school newsletters and publications (including events, activities, athletic and performance programs); recognition; public displays of student work with names, photos and/or videos, including digital tools like Seesaw; (this does not restrict a teacher from sending information, photos or videos related to a student to the parent or guardian only); honor roll and graduation lists; district/school websites and social media; district/school photos and video; classroom video recording by higher education/practicum students, etc. Parents/guardians may not authorize certain parts of school-related publicity and not others while having an active F3070-1 on file. Customized parent permission forms are not to be used for this purpose.

If no documentation is on file, it will be assumed that permission for release of information has been granted.

EXTERNAL MEDIA OPT-OUT

Please do **not** release my student's name, photo, or other student information to external media.

Please be aware that **ensuring student privacy is not possible at school or district-related public performances or athletic/activities and events where cameras are permitted.** The school or district may film games and other events after school (live streaming and/or recordings), and other students, parents, community members, and news media may record/photograph/film at events and publicly share this information. By choosing to have their children participate in such activities and programs, parents/guardians are agreeing to this condition. Also, student-produced news is not legally considered student directory information. Parents/guardians who do not want their children included in student-produced news should not have their children pose for these photos or participate in student media. In addition, the district has limited control of outside news media/publications. Access by news media, individuals, organizations, or television/film production companies to non-public locations and events, such as inside a classroom, will be conditioned upon agreement to honor parent/guardian preferences.

YEARBOOK AND CLASS PHOTO OPT-OUT

Please do **not** include my child (name, phone, etc.) in the elementary, middle, or high school yearbook/annual or class photo. By checking this box, your child will **not** be listed in the yearbook/annual or photographed for a class photo.

HIGH SCHOOL ONLY: MILITARY RECRUITMENT OPT-OUT

Please do **not** release student directory information (name, phone, address, etc.) to military recruiters as required by law.

SIGN AND SUBMIT/RETURN ONLY IF YOU ARE OPTING OUT.

Student Name: _____ School: _____ Grade: _____

Date: _____

SIGNATURE OF PARENT/GUARDIAN OR SIGNATURE OF STUDENT IF 18 YEARS OF AGE OR OLDER

(File in student's cumulative file.)

Riverview School District

Duvall, Washington



Transportation Request

Initial Request

Change Request

Student Name _____ Date of Birth _____

School _____ Grade _____

Primary Household Residence Address - both AM and PM

OR

AM Pick-Up Address _____

Primary Household Secondary Household Daycare Other _____

Location Contact Person: _____

Location Phone Number(s): _____

PM Drop-Off Address _____

Primary Household Secondary Household Daycare Other _____

Location Contact Person: _____

Location Phone Number(s): _____

Comments/Instructions _____

Print Parent/Guardian Name

Parent/Guardian Signature

Date