

Twin Harbors, A Branch of New Market Skills Center

SCHOOL REGISTRATION INFORMATION

DATE _____ HOME HIGH SCHOOL _____

PROGRAM ☐ Automotive ☐ Electrical Engineering and Refrigeration Careers
☐ Professional Medical Careers –Nursing ☐ Criminal Justice
☐ Medical Assistant ☐ Cosmetology

For District Use	
Student # _____	
Entry Date _____	
Withdrawal Date _____	
Assigned Grade Level _____	

STUDENT INFORMATION

STUDENT'S LAST NAME		FIRST NAME		MIDDLE NAME		GENDER M F	
STUDENT'S LEGAL NAME (If different than above)				NAME STUDENT GOES BY (If different than above)			
STUDENT'S PRIOR NAME (If applicable)						CURRENT GRADE LEVEL	
DATE OF BIRTH	CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH	DATE ENTERED THE U.S.			
MAILING ADDRESS					APT.	PRIMARY PHONE	
PHYSICAL STREET ADDRESS (If different than above)			CITY			ZIP CODE	
<p>Is a language other than English the primary language used in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list languages _____</p> <p>¿Habra un lenguaje con el excepcion del ingles es la lengua primaria que utiliza su hogar? Si es si, lista de lenguajes _____</p> <p>Is your child's primary language a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list languages _____</p> <p>¿El lenguaje primario de su hijo es un lenguaje que no ingles? Si es si, lista de lenguajes _____</p> <p>Reference to WAC 392-160-005: "Primary language" means the language most often used by a student (not necessarily parents or others) for communication in the student's place of residence. "Lenguaje Primaria" significa la lengua más de uso frecuente por un estudiante (no necesariamente por los padres, los guardianes, o' otros) para la comunicación en el hogar de los estudiantes.</p>							
<p>Is your current address a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is this temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							

PRIMARY HOUSEHOLD INFORMATION

STUDENT LIVES WITH			
<input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY			
<input type="checkbox"/> OTHER (Please list relationship) _____			
PARENT/GUARDIAN			RELATIONSHIP
WORKPLACE	WORK PHONE	EXTENSION	CELL PHONE
EMAIL ADDRESS			
PARENT/GUARDIAN			RELATIONSHIP
WORKPLACE	WORK PHONE	EXTENSION	CELL PHONE
EMAIL ADDRESS			
MILITARY <input type="checkbox"/> Yes <input type="checkbox"/> No BRANCH _____			

EMERGENCY INFORMATION

NEIGHBORS OR RELATIVES WHO MIGHT, BY MUTUAL AGREEMENT, HELP IN CASE OF ILLNESS/ACCIDENT OR EMERGENCY CLOSURE

NAME AND RELATIONSHIP	ADDRESS	PHONE
NAME AND RELATIONSHIP	ADDRESS	PHONE

FAMILY PHYSICIAN	PHONE
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SCHOOL HISTORY

HAS THIS STUDENT EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
HAS THIS STUDENT RECEIVED SPECIAL EDUCATION/SPECIAL CLASSES IN THE LAST YEAR?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check those that apply
<input type="checkbox"/> SPEECH/LANGUAGE THERAPY	<input type="checkbox"/> MIGRANT	<input type="checkbox"/> SPECIAL EDUCATION
<input type="checkbox"/> GIFTED/HIGHLY CAPABLE	<input type="checkbox"/> TITLE I/LAP	<input type="checkbox"/> INDIAN EDUCATION
<input type="checkbox"/> SECTION 504	<input type="checkbox"/> BILINGUAL/ESL	<input type="checkbox"/> OTHER _____

STUDENT HEALTH INFORMATION

DOES THIS STUDENT HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE?			
<input type="checkbox"/> NOSEBLEEDS	<input type="checkbox"/> EAR PROBLEM	<input type="checkbox"/> ORTHOPEDIC PROBLEM	<input type="checkbox"/> BLADDER OR KIDNEY PROBLEM
<input type="checkbox"/> SPEECH CONCERN	<input type="checkbox"/> EATING PROBLEM	<input type="checkbox"/> NEUROLOGICAL DISORDER	<input type="checkbox"/> DENTAL PROBLEM
<input type="checkbox"/> HEARING PROBLEM	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> MENTAL HEALTH CONCERN	<input type="checkbox"/> SKIN DISORDER
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> EYE OR VISION PROBLEM	<input type="checkbox"/> FAINTING	<input type="checkbox"/> HEART/RESPIRATORY PROBLEM
<input type="checkbox"/> ASTHMA If checked, does he/she use an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> DIABETES If checked, does he/she take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> OTHER (Please describe) _____		<input type="checkbox"/> SEIZURE DISORDER If checked, does he/she take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YOU HAVE CHECKED ANY OF THE ABOVE, PLEASE EXPLAIN			
PLEASE LIST ANY ALLERGIES			
ARE THESE ALLERGIES A MEDICAL EMERGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe emergency treatment			
DOES THIS STUDENT HAVE A LIFE-THREATENING ILLNESS OR DISORDER?			
PLEASE DESCRIBE ANY HEALTH PROBLEMS THAT MAY AFFECT OR PREVENT THIS STUDENT'S PARTICIPATION IN ANY SCHOOL CLASSES OR ACTIVITIES			

PLEASE INFORM THE SCHOOL OF ANY CHANGES TO YOUR CHILD'S HEALTH STATUS. THIS INFORMATION WILL BE SHARED WITH THOSE WHO NEED TO KNOW, IN ORDER TO PROVIDE SAFE CARE FOR YOUR CHILD WHILE IN SCHOOL.

MEDICATION AT SCHOOL

PLEASE LIST ANY MEDICATIONS REQUIRED AT SCHOOL	PLEASE LIST ANY ROUTINE MEDICATIONS THIS STUDENT TAKES
WASHINGTON STATE LAW REQUIRES THAT A MEDICATION AUTHORIZATION FORM BE COMPLETED AND SIGNED BY BOTH THE STUDENT'S PARENT AND DOCTOR BEFORE MEDICATIONS CAN BE TAKEN AT SCHOOL. THIS LAW APPLIES TO BOTH PRESCRIPTION AND OVER THE COUNTER MEDICATIONS. FORMS AND PARENT INFORMATION ARE AVAILABLE IN THE OFFICE, IF NECESSARY.	

PHOTO/VIDEO RELEASE

YOUR CHILD'S PHOTO/VIDEO MAY BE TAKEN FOR INCLUSION IN DISTRICT PUBLICATIONS, PROGRAM OR DISTRICT WEB PAGES, LOCAL NEWSPAPERS, OR LETTERS RELATING TO SCHOOL ACTIVITIES. PLEASE CHECK BELOW.

☐ YES, I GIVE MY PERMISSION

☐ NO, I DO NOT GIVE MY PERMISSION

RESIDENCY VERIFICATION AND AUTHORIZATION

I AUTHORIZE THE BUILDING PRINCIPAL AND HIS/HER DESIGNEE TO GIVE CONSENT TO EMERGENCY MEDICAL TREATMENT FOR MY CHILD BY A PHYSICIAN OR HOSPITAL IN THE STATE OF WASHINGTON. THIS AUTHORIZATION SHALL REMAIN IN EFFECT DURING THE TIME MY CHILD IS ENROLLED IN THE ABERDEEN SCHOOL DISTRICT.

NAME OF STUDENT _____

THE RESIDENCY INFORMATION IS TRUE AND CORRECT AS OF THIS DATE. I UNDERSTAND THAT FALSIFICATION OF AN ADDRESS OR THE USE OF ANY OTHER FRAUDULENT MEANS TO ACHIEVE AN ENROLLMENT OR ASSIGNMENT SHALL BE CAUSE FOR REVOCATION OF THE STUDENT'S ENROLLMENT AND ASSIGNMENT TO THE SCHOOL SERVING THE HOME ATTENDANCE AREA.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ABERDEEN SCHOOL DISTRICT NO. 5
ETHNICITY AND RACE DATA COLLECTION FORM

SCHOOL	GRADE
STUDENT NAME	DATE

Is your child of Hispanic or Latino origin? (Check all that apply.)
¿Es su niño hispano/latino? (marque todo que aplica)

<input type="checkbox"/>	NOT HISPANIC/LATINO	<input type="checkbox"/>	MEXICAN/MEXICAN AMERICAN/CHICANO
<input type="checkbox"/>	CUBAN	<input type="checkbox"/>	CENTRAL AMERICAN
<input type="checkbox"/>	DOMINICAN	<input type="checkbox"/>	SOUTH AMERICAN
<input type="checkbox"/>	SPANIARD	<input type="checkbox"/>	LATIN AMERICAN
<input type="checkbox"/>	PUERTO RICAN	<input type="checkbox"/>	OTHER HISPANIC/LATINO

What race(s) do you consider your child? (Check all that apply.)
¿Qué raza se considera usted su niño? (marque todo que aplica)

<input type="checkbox"/>	AFRICAN AMERICAN/BLACK	<input type="checkbox"/>	ALASKA NATIVE
<input type="checkbox"/>	WHITE	<input type="checkbox"/>	CHEHALIS
<input type="checkbox"/>	ASIAN INDIAN	<input type="checkbox"/>	COLVILLE
<input type="checkbox"/>	CAMBODIAN	<input type="checkbox"/>	COWLITZ
<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	HOH
<input type="checkbox"/>	FILIPINO	<input type="checkbox"/>	JAMESTOWN
<input type="checkbox"/>	HMONG	<input type="checkbox"/>	KALISPEL
<input type="checkbox"/>	INDONESIAN	<input type="checkbox"/>	LOWER ELWHA
<input type="checkbox"/>	JAPANESE	<input type="checkbox"/>	LUMMI
<input type="checkbox"/>	KOREAN	<input type="checkbox"/>	MAKAH
<input type="checkbox"/>	LAOTIAN	<input type="checkbox"/>	MUCKLESHOOT
<input type="checkbox"/>	MALAYSIAN	<input type="checkbox"/>	NISQUALLY
<input type="checkbox"/>	PAKISTANI	<input type="checkbox"/>	NOOKSACK
<input type="checkbox"/>	SINGAPOREAN	<input type="checkbox"/>	PORT GAMBLE KLALLAM
<input type="checkbox"/>	TAIWANESE	<input type="checkbox"/>	PUYALLUP
<input type="checkbox"/>	THAI	<input type="checkbox"/>	QUILEUTE
<input type="checkbox"/>	VIETNAMESE	<input type="checkbox"/>	QUINULT
<input type="checkbox"/>	OTHER ASIAN	<input type="checkbox"/>	SAMISH
<input type="checkbox"/>	NATIVE HAWAIIAN	<input type="checkbox"/>	SAUK-SUIATTLE
<input type="checkbox"/>	FIJIAN	<input type="checkbox"/>	SHOALWATER
<input type="checkbox"/>	GUAMANIAN OR CHAMORRO	<input type="checkbox"/>	SKOKOMISH
<input type="checkbox"/>	MARIANA ISLANDER	<input type="checkbox"/>	SHIQUALMIE
<input type="checkbox"/>	MELANESIAN	<input type="checkbox"/>	SPOKANE
<input type="checkbox"/>	MICRONESIAN	<input type="checkbox"/>	SQUAXIN ISLAND
<input type="checkbox"/>	SAMOAN	<input type="checkbox"/>	STILLAGUAMISH
<input type="checkbox"/>	TONGAN	<input type="checkbox"/>	SUQUAMISH
<input type="checkbox"/>	OTHER PACIFIC ISLANDER	<input type="checkbox"/>	SWINOMISH
		<input type="checkbox"/>	TULALIP
		<input type="checkbox"/>	YAKAMA
		<input type="checkbox"/>	OTHER WASHINGTON INDIAN
		<input type="checkbox"/>	OTHER AMERICAN INDIAN/
		<input type="checkbox"/>	ALASKA NATIVE - INDICATE TRIBAL
			AFFILIATION:

ABERDEEN SCHOOL DISTRICT NO 5

BUILDING AND DISTRICT NETWORK GUIDELINES

The Aberdeen School District board of directors recognizes that an effective public education system develops students who are globally aware, civically engaged, and capable of managing their lives and careers. The board also believes that students need to be proficient and safe users of information, media, and technology to succeed in a digital world.

As a network user on the Aberdeen School District No. 5 network, I will follow the building and District guidelines.

I also understand and will abide by the following expectations:

1. Review **District Policy 2022** (available at www.asd5.org) and accompanying procedures.
2. Keep my logins and password secure and safe. I will not share my passwords.
3. Use all computers and other technology in a safe and responsible manner.
4. Not use social media for harassment, cyber-bullying, or unethical practices.
5. Obey all school and library rules concerning web site use.
6. Use the District network and the Internet for school-related projects only.
7. Contact an administrator or teacher about any security problems.
8. Contact an administrator or teacher if I receive inappropriate messages.
9. Return any borrowed or checked out technology in good condition.
10. Complete the required training as scheduled in Advisory on network and computer use, Internet use student expectations for online safety.
11. Not send out personal information over the District network or the Internet.

It is the responsibility of every user to understand the expectations and follow the guidelines set in place in district Policy/Procedures 2022. Any attempts to defeat or circumvent the network security, or disregard acceptable use procedures, is a violation of policy and may result in loss of network and Internet access privileges as well as device usage while in the Aberdeen School District.

Student Initial _____

Parent Initial _____

Aberdeen School District No. 5

STUDENT - ELECTRONIC INFORMATION NETWORKS
INDIVIDUAL USER ACCEPTABLE USE POLICY (AUP) CONSENT FORM

I verify that I have reviewed the District's Policy and Procedures 2022 for Electronic Resources (available at www.asd5.org) and will follow the building and district guidelines listed on the back of this form. I agree to abide by the policy and procedures which I have reviewed and understand. I acknowledge and agree that I should not have any expectation of privacy when using the district's computer or network system, email system, or information stored locally or on district servers. The district reserves the right to disclose any electronic documents to law enforcement officials or third parties as appropriate. All documents are subject to review by district staff at any time and the public disclosure laws of the State of Washington.

All users of the district's electronic resources are responsible for the care of their device(s). Violation of any of the district's policies and procedures may result in disciplinary action including, but not limited to, suspension of network privileges, computer access privileges, and/or termination of employment. I hereby waive any right of privacy to any and all material located in any location through the use of district equipment and networks.

Printed Name of Student

Date

Signature of Student

School or Location

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

For Official Use Only

_____ Original to Student Cumulative File

_____ Signed AUP marked in student's Skyward account