

# Twin Harbors, A Branch of New Market Skills Center SCHOOL REGISTRATION INFORMATION

**For District Use**

Student # \_\_\_\_\_

Entry Date \_\_\_\_\_

Assigned Grade Level \_\_\_\_\_

DATE \_\_\_\_\_ HOME HIGH SCHOOL \_\_\_\_\_

- PROGRAM  Automotive  Electrical Engineering  Cosmetology  
 Professional Medical Careers –Nursing  Criminal Justice

## 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 _____          ¿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 _____          ¿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									

**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"/> SECTION 504 <input type="checkbox"/> BILINGUAL/ESL <input type="checkbox"/> GIFTED/HIGHLY CAPABLE <input type="checkbox"/> TITLE I/LAP <input type="checkbox"/> INDIAN EDUCATION <input type="checkbox"/> OTHER _____

**STUDENT HEALTH INFORMATION**

DOES THIS STUDENT HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE?
<input type="checkbox"/> BOWEL CONCERNS <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> ORTHOPEDIC PROBLEM <input type="checkbox"/> BLADDER OR KIDNEY PROBLEM <input type="checkbox"/> CANCER <input type="checkbox"/> EYE OR VISION PROBLEM <input type="checkbox"/> NEUROLOGICAL DISORDER <input type="checkbox"/> FAINTING <input type="checkbox"/> AUTISM <input type="checkbox"/> HEADACHES <input type="checkbox"/> SOCIAL/EMOTIONAL CONCERNS <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? If yes, please explain.
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
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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 \_\_\_\_\_