

Wellpinit School District Student Registration 2019-20

School: Elem K-5 MS 6-8 Wellpinit HS 9-12
 Wellpinit Alliance WFSOD WCBOD

Student Name (Must be LEGAL name) Last First Middle

Other Name(s) (If different from LEGAL NAME)

Gender: M F Birthdate ___/___/___ Grade Entering _____

Mailing Address: _____

P.O. Box/Street City State Zip Code

Physical Address: _____

(If Different) Number Street Name House/Apt City State Zip Code

PARENT/GUARDIAN INFORMATION:

Student Lives With: Both Parents Father Mother Grandparent(s) Guardian Foster Parent(s) Other

Parent/Guardian #1

Relationship to Student: Mother Father Other Grandparent Legal Guardian (Copy of Court Order, or other Legal Documents may be required)

Name _____ Home Phone Number _____ Cell Phone Number _____

Employer _____ Work Phone Number _____ Email _____

Address (if different than student's) _____

Parent/Guardian #2

Relationship to Student: Mother Father Other Grandparent Legal Guardian (Copy of Court Order, or other Legal Documents may be required)

Name _____ Home Phone Number _____ Cell Phone Number _____

Employer _____ Work Phone Number _____ Email _____

Address (if different than student's) _____

EMERGENCY CONTACT INFORMATION

Contact #1

Name _____ Relationship to Student _____

Phone # 1 _____ (Other/Cell) Phone #2 _____

Contact #2

Name _____ Relationship to Student _____

Phone #1 _____ (Other/Cell) Phone #2 _____

MISC. INFORMATION

Has student received Special Education Services in the 3 years? Yes No Not Sure

Has student received services/been identified ESL/ELL? Yes No Not Sure

Has student been enrolled in a Highly Capable Program? Yes No Not Sure

Has student attended school in the Wellpinit School District before? Yes If Yes when: _____ No

****NOTE: PLEASE CONTINUE TO BACK OF PAGE. . . .**

STUDENT NAME: _____

INSTRUCTIONS: Pursuant to the District's reporting requirements under State legislation, this form is to be filled out by the student's parent/guardian. Part A identifies the student's ethnicity and Part B identifies the student's race. These questions are required for federal education funding and accountability reporting. Please provide a response to BOTH questions.

A Is your child of Hispanic or Latino origin? If yes, Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Central American | <input type="checkbox"/> Puerto Rican |
| | <input type="checkbox"/> Cuban | <input type="checkbox"/> South American |
| | <input type="checkbox"/> Dominican | <input type="checkbox"/> Spaniard |
| | <input type="checkbox"/> Latin American | <input type="checkbox"/> Other Hispanic/Latino |
| | <input type="checkbox"/> Mexican/ Mexican American/ Chicano | |

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

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> White | <input type="checkbox"/> Korean | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Mariana Islands |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Melanesian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Micronesian |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai | <input type="checkbox"/> Tongan |
| | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (Non-U.S.) American Indian |
| | <input type="checkbox"/> Other Asian | |

B1 Is your student of Native American or Alaskan Native? If yes, check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Squaxin Island |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Quileute | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Quinault | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Samish | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Shaolwater | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> Lummi | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Other U.S. American Indian – What tribe: |
| <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Spokane | _____ |
| <input type="checkbox"/> Nisqually | | |

MILITARY INFORMATION:

Is the student's Parent/Guardian:

- A- Active duty Armed Forces R- Armed Forces Reserves G- Active Duty National Guard M- More than one parent/guardian in active or reserve military duty N- No parent/guardian in any of the above

VERIFICATION OF RESIDENCEDo you live on Federal Land? Yes NoIs your Physical Residence on..... Deeded Land or Trust Land

What is your TRACT /ALLOTMENT number if known? _____

Signature of Parent/Guardian: _____ Date: _____

Please Print Name: _____

Wellpinit School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights Coordinator/Title IX Officer, Terry Bartolino, terryb@wellpinit.org, PO Box 390, Wellpinit WA 99040. 509-258-4535. Section 504 Coordinator Ellen Schwannecke, ellens@wellpinit.org, PO Box 390, Wellpinit WA 99040. 509-258-4535