

REGISTRATION FORM

Wahkiakum School District
Julius A. Wendt Elementary/Wahkiakum Middle School/Wahkiakum High School
Cathlamet, Washington

Student's Name: _____ **Entry Date:** _____
Last First Middle

Birthdate: _____ **Grade Entering:** _____ **Age:** _____

Address:

P. O. Box No.: _____ **City** _____

Street Address: _____
No. and Street State

Email address: _____

Phone: _____ **Work/Emergency No.:** _____

Ethnic Category (Circle One): Indian Black White Asian Hispanic Sex: _____ M _____ F

Primary Language Spoken in the Home: _____

Place of birth: _____
City County State

Child is living with:

Father (Natural ___ Step ___) _____
Name Employer/ Occupation

Mother (Natural ___ Step ___) _____
Name Employer/Occupation

Foster Parent/Guardian: _____
Name Employer/ Occupation

Children in family: Boys: _____ Girls: _____
Number & Ages Number & Ages

School last attended: _____
Name Address

Was your child receiving any special services at his or her last school such as:

Speech _____ LAP _____ Special Ed. _____ Chapter 1 Reading or Math _____ Gifted _____

COMMENTS:

(Over)

Local persons other than parents to contact in case of emergency such as illness or injury:

Name _____ Name _____
Address _____ Address _____
City/State _____ City/State _____
Phone _____ Phone _____

In case of emergency requiring immediate medical attention you have my permission to take my child to:

Dr.: _____ and/or any qualified Physician _____

Special instruction such as health problems: _____

Regularly taking medication? _____ Medication Name _____

Allergies _____ Bee Sting? _____

Does this student have a history of any of the following? Please check all that apply.

Any past, current or pending disciplinary? _____ What? _____

Any history of violent behavior? _____ What? _____

Convictions, adjudications or diversion agreements related to a violent offense? _____

A sex offense? _____ Inhaling toxic fumes? _____ A drug offense? _____ A liquor violation? _____

Assault? _____ Kidnapping? _____ Harassment? _____ Stalking? _____ Arson? _____

Does this student have any unpaid fines or fees from other schools? Yes _____ No? _____

Please remember that student records will be held if there are any unpaid fines.

WHEN YOU CHANGE ADDRESSES OR PHONE NUMBERS PLEASE INFORM THE SCHOOL

PARENT OR GUARDIAN SIGNATURE _____