



WELCOME

**Cedarcrest High School is excited about the
2022-2023 school year!**

Items required for enrollment at Cedarcrest High School

- () Verification of Legal Name**
(Copy of birth certificate, passport, and/or court paperwork for name change.)
- () Proof of District Residency or () waiver form-out of district**
(i.e. water bill, or power bill)
- () Completed Registration Packet (all forms must be completed)**
- () Transportation Request**
- () Current Medically verified Immunization Records**
Completed Certificate of Immunization Status (CIS) in one of the following formats:
 - (1) A completed CIS form with a healthcare provider signature
 - (2) A CIS form printed from <https://myirmobile.com/>
 - (3) A CIS form with accompanying immunization records from a healthcare provider
(will need to be verified and signed by school staff).
- If you choose to exempt your child from any immunizations, a physician signed Certificate of Exemption if required
- () Discipline Records (if any-provide **before** new student registration appointment)**
- () Current Transcript or Withdrawal Grades**
- () Opt out of Military Form (if applicable)**
- () Court Documents if applicable regarding guardianship**
- () If student is currently on an IEP**
Provide IEP and current Evaluation **before new student registration appointment**

Return complete packet to: Sharla Hall, Registrar, hallsh@rsd407.org or
drop off at Cedarcrest Main Office.





STUDENT REGISTRATION FORM

CHS

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

FOR OFFICE USE ONLY					Age/Name Verification <input type="checkbox"/>	Proof of Residency <input type="checkbox"/>	Medical Alert <input type="checkbox"/>	Speech/SpED <input type="checkbox"/>	ELL <input type="checkbox"/>
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:			

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:	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).

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) <input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)	
	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:
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Parent/Guardian Name _____ Parent/Guardian Signature _____

<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child’s education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p>Eligibility for Language Development Support 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 did your child learn first? _____</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 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? (Kindergarten – 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 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.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.

PHOTO RELEASE AUTHORIZATION: I give permission for my child's photo to be used for school district publications, newspaper articles, and/or on the district website. Yes No If NO – Allow Yearbook photo? Yes No

FAMILY

PRIMARY HOUSEHOLD (parent/guardian where student resides)			Phone Numbers (w/ area code) Checkmark # to call 1st ↓	
<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: _____	
<u>Last Name</u>			Phone Numbers (w/ area code) Checkmark # to call 1st ↓	
2.			Home	
E-Mail			Work	
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>	<u>Street</u>	<u>Apt #</u>	<u>City</u>	<u>State</u>
<u>Mailing Address</u> (If different)	<u>Street or PO Box</u>	<u>Apt #</u>	<u>City</u>	<u>State</u>
SECONDARY HOUSEHOLD			Phone Numbers (w/ area code) Checkmark # to call 1st ↓	
<u>Last 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: _____	
<u>Last Name</u>			Phone Numbers (w/ area code) Checkmark # to call 1st ↓	
2.			Home	
E-Mail			Work	
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>	<u>Street</u>	<u>Apt #</u>	<u>City</u>	<u>State</u>
<u>Mailing Address</u> (If different)	<u>Street or PO Box</u>	<u>Apt #</u>	<u>City</u>	<u>State</u>
ADDITIONAL MAILINGS REQUESTED Yes <input type="checkbox"/> No <input type="checkbox"/>				
PLEASE LIST OTHER SIBLINGS ATTENDING RIVERVIEW SCHOOL DISTRICT				
<u>Last Name</u>	<u>First Name</u>	<u>Birth Date</u>	<u>School</u>	<u>Grade</u>



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><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>
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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.			
<i>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.</i>			

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:		Physical Activity / Mobility Issues:
	<input type="checkbox"/> Other medical devices:		<input type="checkbox"/> Wheelchair
			<input type="checkbox"/> Crutches
			<input type="checkbox"/> Other List:

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 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
<u>Baby Sitter/Daycare</u> 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

- U.S. Armed Forces active duty (A) More than one member of Armed Forces/National Guard (M)
- U.S. Armed Forces reserves (R) No affiliation (N)
- 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 _____

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. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page.)

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

ADDRESS OF CURRENT RESIDENCE: _____

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

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

*Signature of parent/legal guardian: _____ Date: _____
(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.

Please return completed form to:

District Liaison Phone Number Location

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

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/>



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

CEDARCREST HIGH SCHOOL

29000 N.E. 150TH St.

Duvall, WA 98019

**Consent to Opt Out-
Release of Student Directory Information**

In response to the NCLB (No Child Left Behind) act and NDAA (National Defense Authorization Act), schools have been directed to release student directory information to the military. The information requested is to be used solely for military recruitment purposes. In response to this directive, parents/guardians may object to the disclosure of student directory information. This can be accomplished by completing the information below to “opt out”. Upon parent/guardian completion of this information, the privacy interests of the student can be protected and schools will not allow the release of their student’s information to the military recruiters.

[] I hereby choose to “opt out” my student for military recruitment purposes. I grant permission to Cedarcrest High School to *withhold my student’s directory information* for any requests made by the military for the sole purpose of recruitment.

Student Name _____ Birth Date _____ Grade _____

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Phone _____