

**FERNDALE SCHOOL DISTRICT**  
**STUDENT REGISTRATION FORM**

TODAY'S DATE: \_\_\_\_\_

<b>Do Not Write In Shaded Area – For Office Use Only</b>				<b>Walker</b>	<b>Y</b>	<b>N</b>	<b>Rides Bus #</b> _____
Student ID #	Entry Date	Sch Entry Code	Waiver/Overflow	Court Order	Medical Alert	Locker #	Records Requested

**(Please Print)**

Student Name	LEGAL Last Name	LEGAL First Name	LEGAL Middle Name	Also Known As:
Birth date: (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace: City	State	Country
				Grade:

<b>Ethnicity and Race Information – PLEASE SEE ADDITIONAL PAGE</b>	<i>If your child was born outside the United States:</i>	Primary Language at Home
	Date of Initial Enrollment in US Public School: _____	<input type="checkbox"/> English
	Number of Months of K-12 Schooling Outside US: _____	<input type="checkbox"/> Other _____

**Military Survey**

U.S. Armed Forces active duty     U.S. Armed Forces reserves     More than one member of Armed Forces/NatlGd

National Guard member     No affiliation     Prefer not to answer

**#1 Primary Household**

**STUDENT LIVES WITH:**     Both Parents     Father Only     Mother Only     Grandparents     Father/Stepmother     Mother/Stepfather

Stepfather/Stepmother     Guardian     Self     Agency     Other \_\_\_\_\_

**HOME PHONE (WHERE STUDENT RESIDES)**

(    ) \_\_\_\_\_ Unlisted

Primary Household (where student resides) Last Name                      First Name	Cell Ph: _____	<b>EMERGENCY CONTACTS:</b> If I cannot be reached or am unavailable to pick up my child FOR ANY REASON, I give permission to release my child to:
Email: _____      Wkplace: _____	Wk Ph: _____	
Primary Household (where student resides) Last Name                      First Name	Cell Ph: _____	
Email: _____      Wkplace: _____	Wk Ph: _____	
<b>STREET ADDRESS</b> → WHERE STUDENT RESIDES	STREET ADDRESS (INCLUDE APT #)	
	CITY                                      ST                                      ZIP	
<b>MAILING ADDRESS</b> → IF DIFFERENT FROM ABOVE	STREET/PO BOX #	
	CITY                                      ST                                      ZIP	
		#1 Name _____ Phone (    ) _____ Relationship _____
		#2 Name _____ Phone (    ) _____ Relationship _____
		#3 Name _____ Phone (    ) _____ Relationship _____

**#2 SECOND HOUSEHOLD RELATIONSHIP**     Father Only     Mother Only     Grandparents     Father/Stepmother     Mother/Stepfather

Stepfather/Stepmother     Guardian     Agency     Self     Other \_\_\_\_\_

Second Household - NOT student's residence LAST NAME                      FIRST NAME	Cell Ph: _____	<b>SECOND HOUSEHOLD HOME PHONE</b> (    ) _____ Unlisted <input type="checkbox"/>
Email: _____      Wkplace: _____	Wk Ph: _____	
Second Household - NOT student's residence LAST NAME                      FIRST NAME	Cell Ph: _____	Second Household STREET Address (Street address City, State, Zip)
Email: _____      Wkplace: _____	Wk Ph: _____	
		Second Household MAILING Address (Street/Po Box, City, State, Zip)

Second Household School Mailings Requested  Yes     No

Name of School Last Attended	Name of School District	Previous School Address (Street/PO Box, City, State, Zip)
Previous School Phone:	Fax:	
Are there any unpaid fines or fees at your child's previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever attended Ferndale School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school attended	Date attended (month/year)

**HEALTH INSURANCE**  
 Does your child have health insurance?  Yes  No  
 Contact information may be shared with Whatcom Alliance for Healthcare Access (WAHA) to help with insurance  Yes  No

Has your child ever been under disciplinary action (suspension/expulsion/etc.) at another school?  Yes  No When? \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Does your child have a history of violent behavior?  Yes  No Explain: \_\_\_\_\_

Is there ANY court order(s) currently in effect pertaining to your child? (i.e., custody/parenting plans, school attendance orders, restraining orders, etc.)  Yes  No (If yes, legal papers must be on file with the school for enforcement)  
 Please Explain: \_\_\_\_\_

➤ Has your child ever qualified for or received **SPECIAL EDUCATION** services?  Yes – Last year services received: \_\_\_\_\_  No  
 Has your child ever qualified for or had a 504 plan?  Yes  No  
 Has your child ever received Title/LAP services?  Yes  No If yes,  Math  Reading  
 Has your child ever participated in:  Gifted/Talented  Title1  LEP/ELL  Other \_\_\_\_\_  
 Has your child ever been retained?  Yes  No If yes, at what grade level(s) \_\_\_\_\_  
 Has your child ever received migrant services?  Yes  No

Does student attend childcare?  Before school  After school  Before and after school

Child care provider	NAME	ADDRESS	PHONE NUMBER
Additional child care arrangements (Please provide information to school in writing)			

Please list other siblings attending Ferndale school district

LAST NAME	FIRST NAME	SCHOOL	GRADE

Consent for student's picture/video to be taken for news release:  Yes  No  
 I wish to become a parent volunteer:  Yes  No  
 Permission for my phone number to be given to parent support group for projects:  Yes  No

### VERIFICATION OF INFORMATION

The information on this form is true and accurate as of this date.  
 I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Ferndale School District.

LEGAL PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Ethnicity and race categories used in Ferndale School District are the same as are used in all Washington school districts. They are required by the federal government, the Washington State Legislature and the Office of Superintendent of Public Instruction (OSPI).)

SCHOOL \_\_\_\_\_ STUDENT'S NAME \_\_\_\_\_  
 (First) (Last)

Date of Birth \_\_\_\_\_

**ETHNICITY AND RACE DATA**

**QUESTION 1.** Is your child of Hispanic or Latino origin? (Check all that apply.)

<input type="checkbox"/>	NOT HISPANIC/LATINO – 10	<input type="checkbox"/>	MEXICAN / MEXICAN AMERICAN/ CHICANO - 30
<input type="checkbox"/>	CUBAN - 55	<input type="checkbox"/>	CENTRAL AMERICAN - 75
<input type="checkbox"/>	DOMINICAN - 60	<input type="checkbox"/>	SOUTH AMERICAN - 80
<input type="checkbox"/>	SPANIARD - 65	<input type="checkbox"/>	LATIN AMERICAN - 85
<input type="checkbox"/>	PUERTO RICAN - 70	<input type="checkbox"/>	OTHER HISPANIC/LATINO - 90

**QUESTION 2.** What race(s) do you consider your child? (Check all that apply.)

<input type="checkbox"/>	AFRICAN AMERICAN/ BLACK - 200	<input type="checkbox"/>	ALASKA NATIVE - 405
<input type="checkbox"/>	WHITE - 300	<input type="checkbox"/>	CHEHALIS - 410
<input type="checkbox"/>	ASIAN INDIAN - 505	<input type="checkbox"/>	COLVILLE - 413
<input type="checkbox"/>	CAMBODIAN - 507	<input type="checkbox"/>	COWLITZ - 416
<input type="checkbox"/>	CHINESE - 510	<input type="checkbox"/>	HOH - 418
<input type="checkbox"/>	FILIPINO - 520	<input type="checkbox"/>	JAMESTOWN - 421
<input type="checkbox"/>	HMONG - 525	<input type="checkbox"/>	KALISPEL - 424
<input type="checkbox"/>	INDONESIAN - 530	<input type="checkbox"/>	LOWER ELWHA - 427
<input type="checkbox"/>	JAPANESE - 535	<input type="checkbox"/>	LUMMI - 430
<input type="checkbox"/>	KOREAN - 540	<input type="checkbox"/>	MAKAH - 433
<input type="checkbox"/>	LAOTIAN - 545	<input type="checkbox"/>	MUCKLESHOOT - 436
<input type="checkbox"/>	MALAYSIAN - 550	<input type="checkbox"/>	NISQUALLY - 439
<input type="checkbox"/>	PAKISTANI - 555	<input type="checkbox"/>	NOOKSACK - 442
<input type="checkbox"/>	SINGAPOREAN - 560	<input type="checkbox"/>	PORT GAMBLE S'KLALLAM - 445
<input type="checkbox"/>	TAIWANESE - 565	<input type="checkbox"/>	PUYALLUP - 448
<input type="checkbox"/>	THAI - 570	<input type="checkbox"/>	QUILEUTE - 451
<input type="checkbox"/>	VIETNAMESE - 575	<input type="checkbox"/>	QUINAULT - 454
<input type="checkbox"/>	OTHER ASIAN - 599	<input type="checkbox"/>	SAMISH - 457
<input type="checkbox"/>	NATIVE HAWAIIAN - 605	<input type="checkbox"/>	SAUK-SUIATTLE - 460
<input type="checkbox"/>	FIJIAN - 615	<input type="checkbox"/>	SHOALWATER - 463
<input type="checkbox"/>	GUAMANIAN OR CHAMORRO – 620	<input type="checkbox"/>	SKOKOMISH - 466
<input type="checkbox"/>	MARIANA ISLANDER - 625	<input type="checkbox"/>	SNOQUALMIE - 469
<input type="checkbox"/>	MELANESIAN - 630	<input type="checkbox"/>	SPOKANE - 472
<input type="checkbox"/>	MICRONESIAN - 632	<input type="checkbox"/>	SQUAXIN ISLAND - 475
<input type="checkbox"/>	SAMOAN - 635	<input type="checkbox"/>	STILLAGUAMISH - 478
<input type="checkbox"/>	TONGAN - 640	<input type="checkbox"/>	SUQUAMISH - 481
<input type="checkbox"/>	OTHER PACIFIC ISLANDER 699	<input type="checkbox"/>	SWINOMISH - 484
		<input type="checkbox"/>	TULALIP - 487
		<input type="checkbox"/>	UPPER SKAGIT - 488
		<input type="checkbox"/>	YAKAMA - 490
		<input type="checkbox"/>	OTHER WASHINGTON INDIAN - 495
		<input type="checkbox"/>	OTHER AMERICAN INDIAN/ALASKA NATIVE - 499

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Becca Notification and Attendance Requirements Agreement  
Ferndale School District**

Student Information School Year \_\_\_\_\_

Student Name		Grad Year		Gender	
Student Number		Birthdate		Age	

Under state law (RCW 28A.225), students are required to attend school full-time, without unexcused absences, skips or tardies. When a student accumulates seven (7) days of unexcused absences in any month (one day consists of more than half a school day) or ten (10) days of unexcused absences in a school year may possibly result in a Becca Petition being filed with juvenile court where sanctions can be imposed. These sanctions may include essays, study club, community service, detention alternatives and detention. Parent fines may also be imposed of up to \$25.00 for each day of unexcused absence from school.

**Communication**

- I understand that for each day I have been absent from school, my parent/guardian will submit a written note, email or call the school within two (2) days of returning to school to have the absence excused.
- They must provide the reason for the absence.
- If no reason is provided or the reason does not meet the excused absence criteria which is defined in school Policy No. 3122P, the absence will be considered unexcused.

**Unexcused:**

- I understand that when I accumulate seven (7) days of unexcused absences in any month (one day consists of more than half a school day) or ten (10) unexcused absences in a school year, this will result in a Becca Petition being filed with juvenile court.
- I understand that if I miss twenty (20) consecutive days of school, I will be withdrawn from my school of attendance.

**Excused:**

- I understand that when I accumulate fifteen (15) days of excused absences in a year, a doctor's note may be required for every two days in a week of excused absences in order for them to be considered excused. Without a doctor's note, the absences may be considered unexcused.
- When twenty (20) consecutive absences have occurred, I will be withdrawn from school and a Becca Petition will be filed with juvenile court.

**Withdrawal:**

- I understand that if the School Secretary or Registrar does not receive a request for records within ten (10) days of my withdrawal, a Becca Petition will be filed with juvenile court.

**Student Acknowledgement**

I, \_\_\_\_\_, will attend all scheduled classes every day, on time, without any unexcused absences, skips or tardies.

\_\_\_\_\_  
Student or Legal Parent/Guardian Signature for student

\_\_\_\_\_  
Date

**Parent/Guardian Acknowledgement**

With my/our signature/acceptance below as the Guardian(s) of \_\_\_\_\_, I/we agree to send him/her to school every day, on time without unexcused absences, skips or tardies.

\_\_\_\_\_  
Legal Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Parent/Guardian Signature

\_\_\_\_\_  
Date

Excused absence criteria (Please refer to Policy No. 3122P for more details):

A. Participation in school-approved activity	B. Excused absences for chronic health condition
C. Absences due to illness, health condition, family emergency or religious purposes	D. Extended illness or health condition
E. Absences for parental-approved activities – REG Becca.2 Rev 6/2016	F. Absence resulting from disciplinary actions – or short-term suspension