

FERNDALE SCHOOL DISTRICT
STUDENT REGISTRATION FORM

TODAY'S DATE: _____

Do Not Write In Shaded Area – For Office Use Only				Walker	Y	N	Rides Bus # _____
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:

Ethnicity and Race Information – PLEASE SEE ADDITIONAL PAGE	<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:	EMERGENCY CONTACTS: 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:	
STREET ADDRESS → WHERE STUDENT RESIDES	STREET ADDRESS (INCLUDE APT #)	
	CITY	ST ZIP
MAILING ADDRESS → 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:	SECOND HOUSEHOLD HOME PHONE () _____ Unlisted <input type="checkbox"/>
Email: Wkplace:	Wk Ph:	
Second Household - NOT student's residence LAST NAME FIRST NAME	Cell Ph:	Second Household STREET Address (<i>Street address City, State, Zip</i>)
Email: Wkplace:	Wk Ph:	
		Second Household MAILING Address (<i>Street/Po Box, City, State, Zip</i>)

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