

Entry Date _____ Student Number _____ Advisor _____ Locker # _____	<b>CASHMERE SCHOOL DISTRICT</b>  <b>STUDENT REGISTRATION FORM PAGE ONE</b>	Verification of Residence in District: Yes <input type="checkbox"/> No <input type="checkbox"/>  If no, Choice Student (Form Provided): Yes <input type="checkbox"/> No <input type="checkbox"/>  Home-Based Instruction (Form Provided): Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--	--

Student Preferred Last Name:	Preferred First Name:	Middle Name:
------------------------------	-----------------------	--------------

Legal Last Name:	Legal First Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
------------------	-------------------	--

Birth Date:	Entry Grade:
-------------	--------------

<b>Student Resides With:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Single Parent - Mother <input type="checkbox"/> Single Parent - Father <input type="checkbox"/> Self <input type="checkbox"/> Agency/Social Services	<input type="checkbox"/> Guardian (Legal Custody) <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other _____	<b>Do Custody Restrictions Apply?</b> <input type="checkbox"/> Restraining Order <input type="checkbox"/> Custody Agreement
---	---	---

Has your child ever been retained? Yes  No  If yes, what grade level \_\_\_\_\_  
 Has your child ever been suspended or expelled for any reason? Yes  No   
 Reason: \_\_\_\_\_

Please list other brothers/sisters in your family enrolling or currently attending Cashmere School District:  
 Vale \_\_\_\_\_ CMS \_\_\_\_\_ CHS \_\_\_\_\_

Has your child ever received special education services: Yes  No  Dates in Program: \_\_\_\_\_  
 Speech Therapy: Yes  No  Resource Room: Yes  No

Has your child received other services/assistance in:

Math	Yes <input type="checkbox"/> No <input type="checkbox"/>	Highly Capable	Yes <input type="checkbox"/> No <input type="checkbox"/>	504 Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reading	Yes <input type="checkbox"/> No <input type="checkbox"/>	Bilingual	Yes <input type="checkbox"/> No <input type="checkbox"/>	Counseling Services	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Household #1 – Registering Parent(s)/Guardian (Who the student lives with primarily)**

Parent/Guardian: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Mailing Street Address (if different) \_\_\_\_\_ City, State: \_\_\_\_\_  
 Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Mailing Street Address (if different) \_\_\_\_\_ City, State: \_\_\_\_\_  
 Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Household #2 –Parent(s)/Guardian (Does not have primary custody of student)**

Parent/Guardian: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Mailing Street Address (if different) \_\_\_\_\_ City, State: \_\_\_\_\_  
 Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_

Should Household #2 receive report cards/mailings? Yes  No

**Emergency Contacts**

	Name	Relationship to Student	Phone #1	Phone #2
Emergency #1				
Emergency #2				
Emergency #3				
Emergency #4				

I hereby authorize and give my consent to the authorities of Cashmere School District to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary medical or surgical treatment to the above named student. District authorities are not excused from attempting to contact me before relying upon this authorization.

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

**CASHMERE SCHOOL DISTRICT  
STUDENT REGISTRATION FORM – PAGE TWO**

(These questions are required by the state for all new and returning families to our district.)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

1. **Where was your child born?**  
Birth City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

2. **Has your child ever attended school in the Cashmere School District?** Yes  No   
If yes, last name enrolled in school: \_\_\_\_\_ Last Grade/Year \_\_\_\_\_

3. **Last school attended by student:** \_\_\_\_\_  
City/State \_\_\_\_\_ Last Grade/Year \_\_\_\_\_

4. **Has your child ever attended school in Washington State?** Yes  No

\*\*\*\*\*

5. **Will parents need an interpreter to speak with student's teachers?** Yes  No

6. **Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended?** Yes  No

7. **What language did your child first learn to speak?\*** \_\_\_\_\_

**What language does YOUR CHILD use the most at home?\*** \_\_\_\_\_

**What language(s) do parents/guardians use the most when you speak to your child?** \_\_\_\_\_

A. **Has your child ever attended a school outside of the United States?** Yes  No   
If yes, in what language(s) was instruction given? \_\_\_\_\_ For how many months? \_\_\_\_\_

B. **Has your child attended school in the United States before enrolling in this district? (K-12)**  
Yes  No  For how many months? \_\_\_\_\_ months (One (1) school year =10 months)

**\*Reference to WAC392-160-005: "Primary Language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.**

\*\*\*\*\*

8. **Do your grandparents(s) or parents(s) have a tribal affiliation?** Yes  No

9. **Has your family moved in the last three years?** Yes  No

10. **Did you move to this area to work in agriculture, fishing or related food processing within the last three (3) years?** Yes  No

11. **Did your family move across school boundaries?** Yes  No

\*\*\*\*\*

These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers you give to the housing information helps determine the services your child may be eligible to receive.

12. **Is your family sharing housing at this time?** Yes  No

13. **Is your current residency a temporary arrangement due to loss of housing or economic hardship or other reasons?** Yes  No

**If you answered YES to the above questions, please check the box which best describes your current housing situation:**

- |   |   |
|---|---|
| <input type="checkbox"/> In a hotel/motel   | <input type="checkbox"/> Moving from place to place   |
| <input type="checkbox"/> In a shelter – emergency or transitional   | <input type="checkbox"/> Disaster victim  |
| <input type="checkbox"/> With more than one family in a house or apartment  | <input type="checkbox"/> Eviction Notice  |
| <input type="checkbox"/> In a place not designated for ordinary sleeping accommodations such as a car, bus or train station, park or campsite | <input type="checkbox"/> Housing that does not meet city standard codes (basements, attics and garages) |
| <input type="checkbox"/> Other: _____   |   |

\*\*\*\*\*

**IF A FAMILY ANSWERS "YES" TO ANY OF THESE QUESTIONS, PLEASE FORWARD A COPY TO THE APPROPRIATE OFFICE.**