

Toledo Elementary School Registration Form

BC
 IMM

Student LEGAL Last Name	LEGAL First Name	LEGAL Middle Name	Gender
Other names student may go by (past/or present):		Birthdate	Grade
Method of Transportation: <input type="checkbox"/> Bus Route #____ <input type="checkbox"/> Walk <input type="checkbox"/> Pick Up		Has student ever attended Toledo schools? <input type="checkbox"/> Yes Dates Attended: _____ <input type="checkbox"/> No	
Is student residing in Toledo School District? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, have you filled out choice paperwork with the district office? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Primary Guardian/Household <i>Last Name First Name</i>		Relationship	Phone #1
<i>Last Name First Name</i>			Phone #2
Email			
Resident Address	<i>Street</i>	<i>City</i>	<i>State ZIP</i>
Mailing Address	<i>Street</i>	<i>City</i>	<i>State ZIP</i>
Secondary Guardian/Household <i>Last Name First Name</i>		Relationship	Phone #1
<i>Last Name First Name</i>			Phone #2
Email			
Mailing Address	<i>Street</i>	<i>City</i>	<i>State ZIP</i>
Is there a joint custody or parenting plan in effect? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, plan must be on file with the school for enforcement.</i> Is there a restraining or protection order in effect? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, plan must be on file with the school for enforcement.</i>			

Ethnicity and Race

Is your child of Hispanic or Latino origin? (Check all that apply)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Central American | |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> South American | |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Latin American | |

What race(s) do you consider your child? (Check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Samish |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Sauk Suiattle |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Colville | <input type="checkbox"/> Shoalwater |
| <input type="checkbox"/> White | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Melanesian | <input type="checkbox"/> HOH | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samon | <input type="checkbox"/> Jamestown | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Tongan | <input type="checkbox"/> Kalispel | <input type="checkbox"/> Squaxin Island |
| <input type="checkbox"/> Indonesian | | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Japanese | | <input type="checkbox"/> Lummi | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Laotian | | <input type="checkbox"/> Makah | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Malaysian | | <input type="checkbox"/> Muckelshoot | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Fijian | | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Yakima |
| <input type="checkbox"/> Chinese | | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Other |
| <input type="checkbox"/> Guamanian / Chamorro | | <input type="checkbox"/> Port Gamble Klallam | Washington Indian |
| <input type="checkbox"/> Singaporean | | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Other American/
Alaska Native |
| <input type="checkbox"/> Taiwanese | | <input type="checkbox"/> Quileute | |
| <input type="checkbox"/> Thai | | <input type="checkbox"/> Quinault | |

Previous School Program Participation

Please check appropriate boxes

- | | | |
|--|---|--|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Title/LAP | <input type="checkbox"/> Occupational/Physical Therapy |
| <input type="checkbox"/> Gifted/Highly Capable | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> 504 Accommodation Plan |
| <input type="checkbox"/> Other (<i>Please explain</i>) _____ | | |

FIELD TRIPS

I hereby give permission for my child _____ to participate in short trips walking from Toledo Elementary School. An example would be to the Toledo Park for a nature study. In case of an emergency involving my child, I give permission for the teacher to attend the situation.

PHOTO RELEASE

When you children work on lessons or participate in special events, we often have many great photo opportunities. We would like your permission to use their photos internally in classrooms, hallways, and for teacher education. We occasionally will post photos on our district website or Facebook pages. The child will never be identified without prior permission.

 Parent/Guardian Signature

 Date

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Emergency Information

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 first and last names of persons you trust who are available during the day to provide care for your child (local area only please).

Emergency Contact <i>(Other than parent/guardian)</i>	Relationship	Phone #1
		Phone #2
Emergency Contact <i>(Other than parent/guardian)</i>	Relationship	Phone #1
		Phone #2
Emergency Contact <i>(Other than parent/guardian)</i>	Relationship	Phone #1
		Phone #2

Does student attend childcare? YES NO
 Before school only After school only Both before and after school

Childcare Provider Name:

Please list other siblings attending Toledo School District

Last Name	First Name	School	Grade

EMERGENCY MEDICAL AUTHORIZATION:

I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

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.

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 Toledo School District.

 Parent/Guardian Signature

 Date

**Electronic Information System (K-20 Network)
Individual User Access Informed Consent Form**

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Toledo School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or in the Toledo School District's acceptable use guidelines. Further, my child and I agree to abide by the district's policy and procedures for electronic information systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Toledo School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or district's system including e-mail and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the internet through the school district's system is waived.

Signature of User

Signature of Parent/Guardian
(Required if user is under age 18)

Printed Name of User

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child’s education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>		
<p>Eligibility for Language Development Support</p> <p>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(s) did your child first speak or understand? _____</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</p> <p>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? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-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.



Toledo School District Annual Health History

Student Name _____	Date of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade _____	School _____
<p>The following information is required in order to create an appropriate plan for your child in the event of an emergency. This information may be shared with school staff on a "need to know basis" only.</p>				
Current Medical Concerns (Check all that apply)				
<input type="checkbox"/> Asthma If yes, are there Inhaler(s) <input type="checkbox"/> Nebulizer <input type="checkbox"/> <input type="checkbox"/> Hay Fever <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizures/Spells <input type="checkbox"/> Color Blindness	<input type="checkbox"/> Vision Problems <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Speech Difficulty <input type="checkbox"/> Bone Disease <input type="checkbox"/> Fainting <input type="checkbox"/> Headaches <input type="checkbox"/> Dental Problems <input type="checkbox"/> Physical Handicap <input type="checkbox"/> Other _____	<input type="checkbox"/> Plants Specify type/Reaction: _____ <input type="checkbox"/> Insects Specify type/Reaction: _____ <input type="checkbox"/> Drugs Specify type/Reaction: _____ <input type="checkbox"/> Foods Specify type/Reaction: _____ <input type="checkbox"/> Animals Specify type/Reaction: _____ <input type="checkbox"/> Bees Specify type/Reaction: _____ <input type="checkbox"/> Other Specify: _____	Are there any special medical problems of concerns that the school staff should note? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	
Is medication required for either an allergy or another medical condition? (Please note, medication requires written physician and parent permission) At home? <input type="checkbox"/> Yes <input type="checkbox"/> No At school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of medication(s): _____				
Do you have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need assistance in accessing medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was there a health problem or handicap present at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the diagnosis? _____ What age was the diagnosis? _____ Name of physician? _____ Any operations, injuries, or hospitalizations related to diagnosis? _____				
Physical education activity: <input type="checkbox"/> Limited <input type="checkbox"/> Not Limited If activity is limited, please explain: _____				
If there is an allergy present, does student have an Epi-Pen or have ever had one ordered for allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child wear: <input type="checkbox"/> Eye Glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Hearing Aides Last eye exam: _____ Eye Dr: _____ Last dental exam: _____ Dentist: _____ Last medical exam: _____ Doctor: _____ If emergency treatment is required for your child and you cannot be reached immediately, may the school authorities use their own judgment in calling one of the local doctors indicated in this form, or if not available, another doctor, to give treatment necessary for the health and welfare of your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain what action you desire the school to take: _____				
Signature of Parent _____				Date _____

TOLEDO SCHOOL DISTRICT #237

116 Ramsey Way, P.O. Box 469 Toledo, WA 98591

360-864-6325 FAX 360-864-6326

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW 28A.300.507.

Please mark all that apply:

- No parent or guardian currently serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- Yes, a parent/guardian is a current member of the active duty U.S. Armed Forces.
- Yes, a parent/guardian is a current member of the Reserves of the U.S. Armed Forces.
- Yes, a parent/guardian is a current member of the Washington National Guard.
- Yes, more than one parent or guardian is currently either a member on active duty in the U.S. Armed Forces Reserves of the U.S. Armed Forces or Washington National Guard.
- No response/Refused to state.

Student Name

Grade

Siblings

Siblings

Parent/Guardian Signature

Date

If at any time throughout the school year the military status changes for your family, please contact the Toledo School District Office or your student's school to report the change.



Toledo School District
116 Ramsey Way
PO Box 469
Toledo, WA 98591

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)

If you own/rent your own home, you do not need to complete this form.

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

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____ Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

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:

Angela Bacon
District Liaison

360-864-4761
Phone Number

Toledo Elementary School
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/>