

# TOLEDO MIDDLE SCHOOL REGISTRATION FORM

(Please Print)

(For Office Use Only) *Teacher's Name* \_\_\_\_\_ *Grade* \_\_\_\_\_ *Enrollment Date* \_\_\_\_\_

<b>Student Name: LEGAL Last Name</b>	<b>LEGAL First Name</b>	<b>Middle</b>	<b>Also Known As:</b>	
<b>Method of Transportation: Fill in route #</b> _____ <b>Walk</b> _____ <b>Pick up</b> _____			<b>Birth date:</b>	<b>Sex</b>
<i>Notes:</i>				
<b>Has student ever attended Toledo Schools?</b> ___ Yes ___ No				
If yes, circle school attended: TES TMS THS     Dates Attended (M/Y) _____				
<b>Ethnic Identity:</b> White _____ Hispanic _____ Am. Indian _____ African American _____ Other _____				
Are languages other than English spoken in the home? Yes     No     If yes, what Language? _____				
<b>Previous School Attended</b>				
<b>School Name</b> _____		<b>Phone</b> _____	<b>Address</b> _____	

## Household Information

<b>Primary Household Parent/Guardian 1</b> <i>Last Name</i> <i>First Name</i>	<b>Relationship to Student</b>	<b>Phone#1 Home</b> (include area code)	<b>Unlisted?</b>
		_____	
		<b>Phone #2 Work</b> ___ <b>Cell</b> ___ (include area code)	
		_____	
<b>Primary Household Parent/Guardian 2</b> <i>Last Name</i> <i>First Name</i>	<b>Relationship to Student</b>	<b>Phone#1 Home</b> (include area code)	<b>Unlisted?</b>
		_____	
		<b>Phone #2 Work</b> ___ <b>Cell</b> ___ (include area code)	
		_____	
<b>Primary Resident Address (Street, Apt#)</b>		<b>City</b>	<b>State</b> <b>Zip</b>
		_____	_____                      _____
<b>Primary Mailing Address (If different from above)</b>		<b>City</b>	<b>State</b> <b>Zip</b>
		_____	_____                      _____
<b>Secondary Household Parent/Guardian 1</b> <i>Last Name</i> <i>First Name</i>	<b>Relationship to Student</b>	<b>Phone#1 Home</b> (include area code)	<b>Unlisted?</b>
		_____	
		<b>Phone #2 Work</b> ___ <b>Cell</b> ___ (include area code)	
		_____	
<b>Secondary Household Parent/Guardian 2</b> <i>Last Name</i> <i>First Name</i>	<b>Relationship to Student</b>	<b>Phone#1 Home</b> (include area code)	<b>Unlisted?</b>
		_____	
		<b>Phone #2 Work</b> ___ <b>Cell</b> ___ (include area code)	
		_____	
<b>Secondary Resident Address (Street, Apt#)</b>		<b>City</b>	<b>State</b> <b>Zip</b>
		_____	_____                      _____
<b>Secondary Mailing Address (If different from above)</b>		<b>City</b>	<b>State</b> <b>Zip</b>
		_____	_____                      _____

Is there a joint custody or parenting plan in effect? \_\_\_ Yes \_\_\_ No (If yes, plan must be on file with the school for enforcement).  
 Is there a restraining order in effect? \_\_\_ Yes \_\_\_ No (If yes, plan must be on file with the school for enforcement).  
 Restraining order against: \_\_\_ Father     \_\_\_ Mother     \_\_\_ Other (Name: \_\_\_\_\_)

Has your child ever qualified for or been enrolled in a Special Ed Program (IEP)? \_\_\_ Yes \_\_\_ No  
 Has your child ever qualified for or had a 504 Plan? \_\_\_ Yes \_\_\_ No  
 Has your child ever participated in: \_\_\_ Title     \_\_\_ LAP     \_\_\_ Gifted     \_\_\_ ESL  
 \_\_\_ Other \_\_\_\_\_

Student Name \_\_\_\_\_

<b>Student's Medical History</b> (check appropriate boxes and describe nature of problem).	
Doctor's Name _____	Doctor's Phone Number _____
_____ Allergies:	_____ Other health concerns:

Please list other siblings attending Toledo School District			
Last Name	First Name	School	Grade

**Emergency Information**

When injury, illness, or other non-emergency situation 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 (local area only please).

<b>First Emergency Contact (other than parent/guardian)</b>	<b>Relationship to child:</b>	<b>Phone #1 (area code)</b>	<b>Phone #2 (area code)</b>
Name: _____			
First Contact address: _____	Street or PO Box _____	City _____	State _____ Zip _____
<b>Second Emergency Contact (other than parent/guardian)</b>	<b>Relationship to child:</b>	<b>Phone #1 (area code)</b>	<b>Phone #1 (area code)</b>
Name: _____			
Second Contact address: _____	Street or PO Box _____	City _____	State _____ Zip _____
<b>Third Emergency Contact (other than parent/guardian)</b>	<b>Relationship to child:</b>	<b>Phone #1 (area code)</b>	<b>Phone #1 (area code)</b>
Name: _____			
Third Contact address: _____	Street or PO Box _____	City _____	State _____ Zip _____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact the parent/guardian immediately. If the 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.

PARENT CONSENT: My child has permission to leave the school campus under the supervision/approval of TMS office to participate in local school related activities.

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.

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

Name of Student: \_\_\_\_\_

RACE - ETHNICITY DATA COLLECTION 2021-2022

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).

Hispanic		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hispanic (Write In)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Honduran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mexican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Native	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paraguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Peruvian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	So. Georgia Sandwich Islands	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Spaniard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surinamese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Uruguayan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Venezuelan	<input type="checkbox"/>	<input type="checkbox"/>

American Indian/Alaskan Native		Washington State Tribes
<input type="checkbox"/>	Chinook Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation	<input type="checkbox"/>
<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Confederated Tribes of the Colville Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Cowlitz Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Duwamish Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Hoh Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Jamestown S'Klallam Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Kikialus Indian Nation	<input type="checkbox"/>
<input type="checkbox"/>	Lower Elwha Tribal Community	<input type="checkbox"/>
<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Marietta Band of Nooksack Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Muckleshoot Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Nisqually Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Nooksack Indian Tribe of Washington	<input type="checkbox"/>
<input type="checkbox"/>	Port Gamble S'Klallam Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Quinault Indian Nation	<input type="checkbox"/>
<input type="checkbox"/>	Samish Indian Nation	<input type="checkbox"/>
<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington	<input type="checkbox"/>
<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Skokomish Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Snohomish Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Snoqualmie Indian Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Snoqualmoo Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Spokane Tribe of the Spokane Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin Island Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Stellacoom Tribe	<input type="checkbox"/>
<input type="checkbox"/>	Stillaguamish Tribe of Indians of Washington	<input type="checkbox"/>
<input type="checkbox"/>	Suquamish Indian Tribe of the Port Madison Reservation	<input type="checkbox"/>
<input type="checkbox"/>	Swinomish Indian Tribal Community	<input type="checkbox"/>
<input type="checkbox"/>	Tulalip Tribes of Washington	<input type="checkbox"/>
<input type="checkbox"/>	Alaskan Native (Write In)	<input type="checkbox"/>
<input type="checkbox"/>	American Indian (Write In)	<input type="checkbox"/>

Asian	
<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Bhutanese
<input type="checkbox"/>	Burmese/Myanmar
<input type="checkbox"/>	Cambodian/Khmer
<input type="checkbox"/>	Cham
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Fillpino
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Indonesian
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Asian (Write In)
<input type="checkbox"/>	Lao
<input type="checkbox"/>	Malaysian
<input type="checkbox"/>	Mien
<input type="checkbox"/>	Mongolian
<input type="checkbox"/>	Nepali
<input type="checkbox"/>	Okinawan
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	Singaporean
<input type="checkbox"/>	Sri Lankan
<input type="checkbox"/>	Taiwanese
<input type="checkbox"/>	Thai
<input type="checkbox"/>	Tibetan
<input type="checkbox"/>	Vietnamese

Black/ African-American	
African American	African Canadian
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Anguillian
<input type="checkbox"/>	Antiguan
<input type="checkbox"/>	Bahamian
<input type="checkbox"/>	Barbadian
<input type="checkbox"/>	Barthélemois/Barthé emoises (Saint
<input type="checkbox"/>	British Virgin Islander
<input type="checkbox"/>	Caymanian (Cayman Island)
<input type="checkbox"/>	Cuba Dominican
<input type="checkbox"/>	Caribbean (Write In)
<input type="checkbox"/>	Central African
<input type="checkbox"/>	Angolan
<input type="checkbox"/>	Cameroonian
<input type="checkbox"/>	Central African (Gen. African RC)
<input type="checkbox"/>	Chadian
<input type="checkbox"/>	Congolese (RC of the Congo)
<input type="checkbox"/>	Central African (Write In)
<input type="checkbox"/>	East African
<input type="checkbox"/>	Burundian
<input type="checkbox"/>	Comoran
<input type="checkbox"/>	Djiboutian
<input type="checkbox"/>	Eritrean
<input type="checkbox"/>	Ethiopian
<input type="checkbox"/>	Kenyan
<input type="checkbox"/>	Malagasy (Madagascar)
<input type="checkbox"/>	Malawian
<input type="checkbox"/>	Mauritian (Mauritius)
<input type="checkbox"/>	Mahoran (Mayotte)
<input type="checkbox"/>	Mozambican
<input type="checkbox"/>	East African (Write In)
<input type="checkbox"/>	West African
<input type="checkbox"/>	Beninese
<input type="checkbox"/>	Bissau-Gulnean
<input type="checkbox"/>	Burkinabé (Burkina Faso)
<input type="checkbox"/>	Cabo Verdean
<input type="checkbox"/>	Ivorian (Cote d'Ivoire)
<input type="checkbox"/>	Gambian
<input type="checkbox"/>	Ghanalian
<input type="checkbox"/>	West African (Write In)
<input type="checkbox"/>	Reunionese
<input type="checkbox"/>	Rwandan
<input type="checkbox"/>	Seychellois
<input type="checkbox"/>	Seychelloise
<input type="checkbox"/>	Somali
<input type="checkbox"/>	South Sudanese
<input type="checkbox"/>	Sudanese
<input type="checkbox"/>	Ugandan
<input type="checkbox"/>	Tanzanian (United RC of Tanzania)
<input type="checkbox"/>	Zambian
<input type="checkbox"/>	Zimbabwean
<input type="checkbox"/>	Dominican (Dominican Republic)
<input type="checkbox"/>	Dutch Antillean (Netherlands Antilles)
<input type="checkbox"/>	Grénadian
<input type="checkbox"/>	Guadeloupian
<input type="checkbox"/>	Haitian
<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Martiniquais/ Martiniquaise
<input type="checkbox"/>	Montserratian
<input type="checkbox"/>	Puerto Rican

Black/ African-American Continued	
<input type="checkbox"/>	South African
<input type="checkbox"/>	Botswanan
<input type="checkbox"/>	Mosotho (Lesotho)
<input type="checkbox"/>	Namibian
<input type="checkbox"/>	South African
<input type="checkbox"/>	Swazi
<input type="checkbox"/>	South African (Write In)
<input type="checkbox"/>	Black (Write In)
<input type="checkbox"/>	Latin American
<input type="checkbox"/>	Argentine
<input type="checkbox"/>	Belizean
<input type="checkbox"/>	Bolivian
<input type="checkbox"/>	Brazilian
<input type="checkbox"/>	Chilean
<input type="checkbox"/>	Colombian
<input type="checkbox"/>	Costa Rican
<input type="checkbox"/>	Ecuadorian
<input type="checkbox"/>	El Salvadoran
<input type="checkbox"/>	Falkland Islander
<input type="checkbox"/>	French Guianese
<input type="checkbox"/>	Latin American (Write In)
<input type="checkbox"/>	Guatemalan
<input type="checkbox"/>	Guyanese
<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	So. Georgia/So. Sandwich Islands
<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Venezuelan

Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Carolinian
<input type="checkbox"/>	Chamorro
<input type="checkbox"/>	Chuukese
<input type="checkbox"/>	Fijian
<input type="checkbox"/>	i-Kiribati/Gilbertese
<input type="checkbox"/>	Kosraean
<input type="checkbox"/>	Maori
<input type="checkbox"/>	Marshallese
<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Ni-Vanuatu
<input type="checkbox"/>	Native Hawaiian (Write In)
<input type="checkbox"/>	Palauan
<input type="checkbox"/>	Papuan
<input type="checkbox"/>	Pohpeian
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Solomon Islander
<input type="checkbox"/>	Tahitian
<input type="checkbox"/>	Tokelauan
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Tuvaluan
<input type="checkbox"/>	Yapese
<input type="checkbox"/>	Other Pac. Islander (Write In)

White	
<input type="checkbox"/>	White
<input type="checkbox"/>	Eastern European
<input type="checkbox"/>	Bosnian
<input type="checkbox"/>	Herzegovinian
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Romanian
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Ukrainian
<input type="checkbox"/>	Middle Eastern and North African
<input type="checkbox"/>	Algerian
<input type="checkbox"/>	Amazigh or Berber
<input type="checkbox"/>	Arab or Arabic
<input type="checkbox"/>	Assyrian
<input type="checkbox"/>	Bahraini
<input type="checkbox"/>	Bedouin
<input type="checkbox"/>	Chaldean
<input type="checkbox"/>	Copt
<input type="checkbox"/>	Druze
<input type="checkbox"/>	Egyptian
<input type="checkbox"/>	Emirati
<input type="checkbox"/>	Iranian
<input type="checkbox"/>	Iraqi
<input type="checkbox"/>	Israeli
<input type="checkbox"/>	Jordanian
<input type="checkbox"/>	Kurdish Kuwaiti
<input type="checkbox"/>	Lebanese
<input type="checkbox"/>	Libyan
<input type="checkbox"/>	Moroccan
<input type="checkbox"/>	Omani
<input type="checkbox"/>	Palestinian
<input type="checkbox"/>	Qatari
<input type="checkbox"/>	Saudi Arabian
<input type="checkbox"/>	Syrian
<input type="checkbox"/>	Tunisian
<input type="checkbox"/>	Yemeni
<input type="checkbox"/>	Middle Eastern (Write In)
<input type="checkbox"/>	North African (Write In)



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

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
<p><b>Right to Translation and Interpretation Services</b></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><b>Eligibility for Language Development Support</b></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><b>Prior Education</b></p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><b><i>This form is not used to identify students’ immigration status.</i></b></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-12<sup>th</sup> 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-12<sup>th</sup> 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**  
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

**PARENT/STUDENT SIGNATURE FORM**

**CELL PHONES IN SCHOOL**

All students are expected to keep their cell phones in their lockers. No cell phones will be allowed in classes. Students who do not follow this expectation will face immediate disciplinary actions. Repeated offenses will not be tolerated.

\_\_\_\_\_

Print Student Name

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature



**LEAVE CAMPUS CONSENT**

My child has permission to leave the school campus under the supervision/approval of TMS office to participate in local school-related activities.

\_\_\_\_\_

Print Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature



**STUDENT HANDBOOK**

I have read the TMS Student Handbook and understand its contents. I realize that it is my responsibility to keep it and refer to it when needed.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

# Toledo School District Annual Health History

Student Name _____	Date of Birth _____	<input type="checkbox"/> Male	Grade _____	School _____
--------------------	---------------------	-------------------------------	-------------	--------------

**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.**

**Current Medical Concerns**

Asthma

If yes, are there

Inhaler(s)

Nebulizer

Hay Fever

Diabetes

Heart Disease

Seizures/Spells

Color Blindness

Vision Problems

Hearing Problems

Speech Difficulty

Bone Disease

Fainting

Headaches

Dental Problems

Physical Handicap

Other \_\_\_\_\_

Are there any special medical problems of concerns that the school staff should note?  Yes  No

If yes, please specify: \_\_\_\_\_

**Allergies (Check all that apply)**

Plants

Specify type/Reaction: \_\_\_\_\_

Insects

Specify type/Reaction: \_\_\_\_\_

Drugs

Specify type/Reaction: \_\_\_\_\_

Foods

Specify type/Reaction: \_\_\_\_\_

Animals

Specify type/Reaction: \_\_\_\_\_

Bees

Specify type/Reaction: \_\_\_\_\_

Other

Specify: \_\_\_\_\_

If there is an allergy present, does student have an Epi-Pen or have ever had one ordered for allergies?  Yes  No

Does your child wear:

Eye Glasses  Contact Lenses  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?  Yes  No

If no, please explain what action you desire the school to take: \_\_\_\_\_

Is medication required for either an allergy or another medical condition? (Please note, medication requires written physician and parent permission)

At home?  Yes  No    At school?  Yes  No

Name of medication(s): \_\_\_\_\_

Do you have medical insurance?  Yes  No

Do you need assistance in accessing medical insurance?  Yes  No

Was there a health problem or handicap present at birth?  Yes  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:  Limited  Not Limited

If activity is limited, please explain: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_