

WASHINGTON UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

Has your student ever attended Washington USD public schools before: ☐ Yes ☐ No

PLEASE PRINT—STUDENT'S LEGAL NAME

Legal First Name	Legal Middle Name	Legal Last Name	Other Legal Name (if applicable)

Male ☐ Female ☐ Non-Binary ☐ Birth Date: ____/____/____ Entering Grade ____
Month Day Year

PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES (with whom the student lives)

Is the below person(s) the student's LEGAL guardian? Yes ☐ No ☐ If no, please complete a "Caregiver Affidavit:

Check One: ☐ Father ☐ Mother ☐ Step-Father ☐ Step-Mother
☐ Legal Guardian ☐ Foster/Group Home ☐ Other
Is there a legal Custody agreement: Joint ☐ Sole ☐
Are you on active military duty: Yes ☐ No ☐

Name: _____
First Last

Home Address: _____
Street Address & Apt #

City Zip Code

Primary Phone: (____) _____

Secondary Phone: (____) _____

Work Phone: (____) _____

E-Mail Address _____

Highest Level of Education: (check one):

- ☐ Not a High School Graduate (1)
☐ High School Graduate (2)
☐ Some College or Assoc. Degree (3)
☐ College Graduate (4)
☐ Post Graduate Degree (5)

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WHAT IS YOUR CHILD'S ETHNICITY? (Please check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

- | | | |
|---|--|---|
| <input type="checkbox"/> Am. Indian or Alaskan Native (100) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Samoan (303) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | <input type="checkbox"/> White (700) |

BELOW FOR SCHOOL USE ONLY

Proof of Birth: Type: _____ Verified by: _____	Proof of Residence: Type: _____ Verified by: _____	Proof of Immunization: Type: _____ Verified by: _____	Entry Reason:	Enroll Date	Assigned Grade:	Permanent ID:
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First and Last Name	Date of Birth	Lives at Home	School Attending/Grade
_____	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____
_____	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____
_____	____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/____

☐ In a single family permanent residence (house, apartment, condo, mobile home)

☐ Sharing Housing (A long-term cooperative living arrangement with other families or individuals.)

☐ Doubled-up (Temporarily shared housing with other families or individuals due to economic hardship or loss)

☐ In a motel/hotel

☐ In a Shelter or transitional housing program

☐ Unsheltered (car/campsite)

☐ Other—Please specify _____

If divorced/separated & joint custody allows duplicate mailing/information to be given to other parent, please include their name, address, and phone number:

Address: _____ City: _____ State _____ Zip _____

☐ Public ☐ Private ☐ Preschool ☐ Home School ☐ None

SCHOOL	ADDRESS/CITY/STATE/ZIP	GRADE(S)	DATE(S)
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OTHER: ☐ Visually Impaired Program ☐ 504 Plan ☐ English Language Development ☐ Gifted & Talented (GATE)

My signature certifies that all information provided on this form is accurate. I understand that changes in address, telephone number and/or emergency information must be reported to the school with 24 hours for the safety of my child.

DATE _____