

TOLEDO MIDDLE SCHOOL REGISTRATION FORM

(Please Print)

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

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

Household Information

Primary Household Parent/Guardian 1 <i>Last Name First Name</i>	Relationship to Student	Phone#1 Home (include area code)	Unlisted? Yes No
		Phone #2 Work ___ Cell ___ (include area code)	
Primary Household Parent/Guardian 2 <i>Last Name First Name</i>	Relationship to Student	Phone#1 Home (include area code)	Unlisted? Yes No
		Phone #2 Work ___ Cell ___ (include area code)	
Primary Resident Address (Street, Apt#)		City	State Zip
Primary Mailing Address (If different from above)		City	State Zip
Secondary Household Parent/Guardian 1 <i>Last Name First Name</i>	Relationship to Student	Phone#1 Home (include area code)	Unlisted? Yes No
		Phone #2 Work ___ Cell ___ (include area code)	
Secondary Household Parent/Guardian 2 <i>Last Name First Name</i>	Relationship to Student	Phone#1 Home (include area code)	Unlisted? Yes No
		Phone #2 Work ___ Cell ___ (include area code)	
Secondary Resident Address (Street, Apt#)		City	State Zip
Secondary Mailing Address (If different from above)		City	State Zip

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 _____

Student's Medical History (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).

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

Student's Full Legal Name: _____

Grade: _____

Teacher: _____

Ethnicity and Race Data Collection Form

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- NOT HISPANIC/LATINO
- CUBAN
- DOMINICAN
- SPANIARD
- PUERTO RICAN

- MEXICAN / MEXICAN AMERICAN/ CHICANO
- CENTRAL AMERICAN
- SOUTH AMERICAN
- LATIN AMERICAN
- OTHER HISPANIC/LATINO

QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

- AFRICAN AMERICAN/ BLACK
- WHITE
- ASIAN INDIAN
- CHINESE
- FILIPINO
- HMONG
- INDONESIAN
- JAPANESE
- KOREAN
- LAOTIAN
- MALAYSIAN
- PAKISTANI
- SINGAPOREAN
- TAIWANESE
- THAI
- VIETNAMESE
- OTHER ASIAN
- NATIVE HAWAIIAN
- FIJIAN
- GUAMANIAN or CHAMORRO
- MARIANA ISLANDER
- MELANESIAN
- MICRONESIAN
- SAMOAN
- TONGAN
- OTHER PACIFIC ISLANDER

- ALASKA NATIVE
- CHEHALIS
- COLVILLE
- COWLITZ
- HOH
- JAMESTOWN
- KALISPEL
- LOWER ELWHA
- LUMMI
- MAKAH
- MUCKLESHOOT
- NISQUALLY
- NOOKSACK
- PORT GAMBLE KLALLAM
- PUYALLUP
- QUILEUTE
- QUINAULT
- SAMISH
- SAUK-SUIATTLE
- SHOALWATER
- SKOKOMISH
- SNOQUALMIE
- SPOKANE
- SQUAXIN ISLAND
- STILLAGUAMISH
- SUQUAMISH
- SWINOMISH
- TULALIP
- YAKAMA
- OTHER WASHINGTON INDIAN
- OTHER AMERICAN INDIAN/ALASKA NATIVE



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

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 Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
<p>Eligibility for Language Development Support 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 did your child learn first? _____</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 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? (Kindergarten - 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 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.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.





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).

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

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

Student Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade	School	Date
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The following information is required in order that we may 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

Inhaler(s) ___ Nebulizer Speech difficulty

Hay fever Fainting

Diabetes Nosebleeds

Heart disease Headaches

Seizures/Spells Dental problems

Bone disease Color Blindness

Vision problem Physical handicap

Hearing problem Other

ALLERGIES (check all that apply)

Plants Foods Bees Insects

Drugs Animals Other (specify) _____

Do you have an Epi-pen or have you ever had one ordered for allergies? _____

Please describe the allergic reaction: _____

MEDICATION (Medication requires written physician and parent permission)

Is medication required for either an allergy or another medical condition?
At home? Yes No At school? Yes No

Name of medication: _____

Detailed information: _____

Does your child have any special medical problems or concerns that the school staff should note? _____

Signature of Parent _____ Date _____

MEDICAL INFORMATION

Was there a health problem or handicap present at birth? No Yes

What age was the diagnosis made? _____

Diagnosis: _____

Name of physician treating for above diagnosis: _____

Any operations, injuries, or hospitalizations related to diagnosis: _____

Physical education activity: Limited Not Limited

If activity is to be limited, please explain: _____

Does your child wear: Contact lenses? _____ Glasses? _____ Hearing aides? _____

Last eye examination: _____ Date _____ Doctor _____

Last dental examination: _____

Last medical examination: _____

DO YOU HAVE MEDICAL INSURANCE? _____

DO YOU NEED ASSISTANCE IN ACCESSING MEDICAL INSURANCE? _____

AUTHORIZATION

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 above, 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: _____

Signature of Parent _____ Date _____

If a medical condition is diagnosed or there is a change in medication during the school year, please notify the School Nurse.