

# 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: \_\_\_\_\_

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.

<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> 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><b>Eligibility for Language Development Support</b> 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><b>Prior Education</b> 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><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 - 12<sup>th</sup> grade) ___Yes ___No</p> <p style="margin-left: 40px;">If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12<sup>th</sup> grade)</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">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.*





**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 _____
--------------------	---------------------	--	-------------	--------------	------------

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? \_\_\_\_\_  
Date \_\_\_\_\_ Doctor \_\_\_\_\_

Last eye examination: \_\_\_\_\_  
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.**