

# KELSO SCHOOL DISTRICT NO. 458

## STUDENT REGISTRATION FORM

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

**DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY**

School Entry Date:  Records Requested on:  	<b>Office Information:</b>	<b>Identification Verified:</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Physical/Hospital Cert <input type="checkbox"/> Adoption Record/Other	<b>Nutrition Services:</b>	<b>Choice Information:</b>	<b>Critical Information:</b> <input type="checkbox"/> Medical <input type="checkbox"/> Legal
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**STUDENT INFORMATION**

<b>Legal Last Name</b>		<b>Legal First Name</b>		<b>Legal Middle Name</b>		<b>Also known as:</b>	
<b>Birthdate</b> (Month/Day/Year)	<b>Gender:</b> M F	<b>Birthplace:</b> City State Country		<b>Grade Level</b>		<b>Graduation Year</b>	

**PREVIOUS SCHOOL INFORMATION**

<b>School Name</b>		<b>City, State</b>		<b>Phone</b>	
Has student ever attended a Kelso Public School? If yes, which school(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Grade(s)</b>
Has student ever attended any other school in Washington State? If yes, which school and district? <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Grade(s)</b>
Has student ever been suspended or expelled? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No					

**PRIMARY HOUSEHOLD (student's primary residence)****PARENT/GUARDIAN 1**

<b>Last Name</b>		<b>First Name</b>		<b>Birthdate</b> (Month/Day/Year)		<b>Relationship to student:</b>	
<b>Email Address</b>				<b>Cell Phone</b> ( )		<b>Home Phone</b> ( ) <b>Work Phone</b> ( )	

**PARENT/GUARDIAN 2**

<b>Last Name</b>		<b>First Name</b>		<b>Birthdate</b> (Month/Day/Year)		<b>Relationship to student:</b>	
<b>Email Address</b>				<b>Cell Phone</b> ( )		<b>Home Phone</b> ( ) <b>Work Phone</b> ( )	
<b>Parent/Guardian 1 Employer</b>				<b>Parent/Guardian 2 Employer</b>			
<b>Resident's Address</b>	<b>Street</b>			<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address</b> (If different)	<b>Street or PO Box</b>			<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**SECONDARY HOUSEHOLD****PARENT/GUARDIAN 1**

<b>Last Name</b>		<b>First Name</b>		<b>Birthdate</b> (Month/Day/Year)		<b>Relationship to student:</b>	
<b>Email Address</b>				<b>Cell Phone</b> ( )		<b>Home Phone</b> ( ) <b>Work Phone</b> ( )	

**PARENT/GUARDIAN 2**

<b>Last Name</b>		<b>First Name</b>		<b>Birthdate</b> (Month/Day/Year)		<b>Relationship to student:</b>	
<b>Email Address</b>				<b>Cell Phone</b> ( )		<b>Home Phone</b> ( ) <b>Work Phone</b> ( )	
<b>Parent/Guardian 1 Employer</b>				<b>Parent/Guardian 2 Employer</b>			
<b>Resident's Address</b>	<b>Street</b>			<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address</b> (If different)	<b>Street or PO Box</b>			<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**SPECIAL SERVICES**

Is your student currently enrolled in a Special Education Program or do they have an IEP? ☐ Yes ☐ No

Has your student ever qualified for or been enrolled in a Special Education Program or IEP? ☐ Yes ☐ No

Please indicate other special programs in which your student has been enrolled: ☐ Speech ☐ Physical Therapy ☐ Occupational Therapy

Has your student ever qualified for or had a 504 Plan? ☐ Yes ☐ No

Has your student ever participated in: ☐ Title 1/LAP ☐ Gifted ☐ Other \_\_\_\_\_

Has your student attended an English Language Development (ELD) Program or English as a Second Language (ESL) Program? ☐ Yes ☐ No

Has your student ever been retained? ☐ Yes ☐ No ☐ If yes, at what grade? \_\_\_\_\_

**LEGAL ISSUES**

Is there a parenting plan in effect? ☐ Yes ☐ No

Is there a restraining order in effect? ☐ Yes ☐ No

If yes, who is the restraining order is against? ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Copies of legal papers **MUST** be on file in the school office for enforcement. Have copies been provided?? ☐ Yes ☐ No

**MILITARY AFFILIATION (REQUIRED)**

Does your student have a parent/guardian currently serving as a member of the U.S. Armed Forces (active duty), Reserves of the U.S. Armed Forces, or Washington National Guard?

**PLEASE CHECK ALL THAT APPLY**

- ☐ U.S. Armed Forces (Active Duty) ☐ Both Parents/Guardians are Affiliated ☐ Information applies to Primary Household
- ☐ U.S. Armed Forces (Reserves) ☐ No Military Service Affiliation ☐ Information applies to Secondary Household
- ☐ National Guard (Washington/Oregon) ☐ No Response/Refuse to State

**SIBLING INFORMATION (list school and grade if applicable)**

Last Name	First Name	Age	School	Grade

**EMERGENCY CONTACT INFORMATION (other than parents/guardians)**

Last Name	First Name	Relationship to Student	Primary Phone	Second Phone

**STUDENT RELEASE AUTHORIZATION:** In the event the school is unable to contact the parent/guardian, I authorize that my student may be released to the person(s) listed above.

**Legal Parent/Caregiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of an accident or illness, every effort will be made to contact a parent/guardian immediately. If a parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my student.

**Legal Parent/Caregiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or attendance in the Kelso School District.

**Legal Parent/Caregiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Kelso School District Statement of Residence

**If you qualify as "homeless" per the KSD Student Housing Questionnaire on page 4, you do not need to complete this form.**

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

Address: \_\_\_\_\_

As per state requirements and KSD Policy 3120 Enrollment, all students must provide proof of residency to enroll in the Kelso School District, unless the student qualifies as homeless.

- **Residency is defined as the physical location where the student spends the majority of their time, where they consistently spend a minimum of four nights a week.**

Please provide a copy of one the following documents to be kept in your student's permanent file as proof of residency.

## PROOF OF RESIDENCY DOCUMENTATION

- **If you own your home:**

- Cowlitz County Assessor website (print property info)
- Escrow papers
- Current phone bill (land line, not cell phone)
- Current utility bill with a full month charge (Cowlitz County PUD)

- **If you are renting or leasing your home:**

- Lease or Rental Agreement – **AND** one of the following:
  - Current phone bill (land line, not cell phone)
  - Current utility bill with a full month charge (Cowlitz County PUD)

- **If you are purchasing a home or building a home:**

- **IF YOU ARE MOVING FROM OUT-OF-DISTRICT, YOU WILL NEED TO FILL OUT AND SUBMIT YOUR BOUNDARY PAPERWORK TO THE STUDENT SERVICES DEPARTMENT AT THE DISTRICT OFFICE.**
- You will also need one of the following:
  - Final closing papers with move in date/commitment papers
  - Acceptance contract from seller with closing date
  - Building permit from Cowlitz County and a contract from your general contractor showing a completion date and a move-in date
  - Purchase agreement contract from the bank
- **NOT ACCEPTABLE PROOF OF PENDING RESIDENCY:**
  - Title insurance just showing plot of land cleared and purchased

As the parent/guardian of the student listed above, I hereby declare that my student resides at the address listed. Should this address change during the school year, I will notify the school within two (2) days.

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





# Kelso School District

## Student Housing Questionnaire

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

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 do not own or rent your own home, please check all that apply to your current housing.

- |   |   |
|---|---|
| <input type="checkbox"/> Living in a motel  | <input type="checkbox"/> Living in a car, park, campsite, or similar location |
| <input type="checkbox"/> Living in a shelter  | <input type="checkbox"/> Living in transitional housing                       |
| <input type="checkbox"/> Moving from place to place/couch surfing   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Living in someone else's house or apartment with another family                      |   |
| <input type="checkbox"/> Living 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 any Kelso School District Office, email to [nancy.baldwin@kelsosd.org](mailto:nancy.baldwin@kelsosd.org), or mail to Family & Community Resource Center, Youth & Family Support Specialist, 2001 Allen St., Kelso WA 98626.

If you have any questions regarding this form, please call 360-501-1993.

**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 11032(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 11032(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://center.serve.org/nche/ibt/parent_res.php)

<https://naehcy.org/resources/>

<http://www.schoolhouseconnection.org/>



# Kelso School District

## NONDISCLOSURE FORM (Optional) FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Kelso School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student's education records. However, the Kelso School District may disclose appropriately designated "directory information" (which consists of name, age, and photo likeness) without written consent, unless you have advised the district that you wish to opt out of the disclosure of directory information regarding your student. The primary purpose of disclosures of directory information is to allow the Kelso School District to include student information in school-related publications.

**To request withholding of information pursuant to FERPA, please complete this form (one form per family) and return it to your school office.** If this form is not completed and filed with the district, directory information listed below may be disclosed. If this form is completed and filed, it will remain effective for the duration of your student's enrollment in the district unless you notify your school office in writing that you would like to revoke this nondisclosure form.

☐

**DO NOT DISCLOSE TO MILITARY:**

Federal law requires Kelso School District to provide military recruiters a list of all juniors and seniors. This list will include your student's name, address, telephone number, and school they are currently attending. High schools must provide student information to the Defense Department upon request unless parents/guardians object.

☐

**DO NOT DISCLOSE DIRECTORY INFORMATION:**

Educational institutions may release directory information without parental consent, in accordance with FERPA, for non-commercial, non-fundraising purposes. Directory information is defined as parent/guardian name(s) and address(es), student name, address, telephone number, date and place of birth, dates of attendance, participation in school sports and activities, weight and height of members of athletic teams, diplomas and awards received, and the most recent school attended.

☐

**DO NOT DISCLOSE TO HIGHER EDUCATION:**

Federal law requires the Kelso School District, upon request, to release the name, home address, and telephone number of all high school students to institutions of higher education (such as colleges and universities) unless the student or the student's parent/guardian have directed the school not to release this information.

☐

**DO NOT DISCLOSE PUBLIC PHOTO:**

Names and/or photographs of students in school and school-sponsored activities could be published on school and district websites and newsletters, school/district social media accounts, and in the media (e.g., honor roll, newspaper articles). Generally, photos are published to show the "Great Things Happening in Kelso School District." Names and/or photographs could be published with the student's grade and school of attendance.

☐

**DO NOT DISCLOSE TO YEARBOOK:**

School yearbook staff publishes students' photographs, names, and grade level in their school yearbooks, which are made available for sale to the student body.

Procedure 2022P allows for group and action photos (video or still) to be published when students are not identified. If this is still a concern, please make an appointment with your student's principal to discuss it.

Legal Last	Legal First	Legal Middle	School Student Attends	Grade
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Parent/Guardian Legal Name (Please Print Clearly)

Parent/Guardian Signature

Date





# Kelso School District

## Student Health History & Emergency Medical Treatment Consent Form



**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Student's Doctor/Healthcare Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Kelso School District requires that a parent/guardian complete a Student Health History Form. The district may use this information to advise families of the need for further medical attention, and to plan for potential health concerns during the school day.*

*NOTE: If your student has a life-threatening condition, such as severe bee sting or severe food allergies, asthma, diabetes, seizure, etc., they are required by Washington State Law to have a medication, treatment order, and nursing plan in place BEFORE they can attend school. The medication and treatment order must be from the student's licensed health care provider and needs to be reviewed/renewed before the start of EACH school year in accordance with RCW 28A.210.320. The law defines life-threatening condition as a "health condition that will put the student in danger of death during the school day if a medication, treatment order, and a nursing plan are not in place".*

**INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:**

HEALTH CONDITION	YES	NO	EXPLANATION
Medication Allergies			List:
Food Allergies			Food(s): Peanut___ Dairy___ Eggs___ Other:_____ <b>Life Threatening: Yes (requires IHP &amp; Epi-pen at school)___ No___</b>
Allergy to Bee Stings			<b>Life Threatening: Yes (requires IHP &amp; Epi-pen at school)___ No___</b>
Asthma (requires an IHP)			Last date inhaler was used:
History of Asthma			<b>Has resolved: No longer requires inhaler</b>
Diabetes (requires an IHP)			Type 1:___ Insulin Injection:___ Insulin Pump:___ Type 2:___ Insulin Injection:___ Oral Medication___ Diet:___
Seizure Disorder (requires an IHP)			Type: _____ Medications: _____ Date of last seizure: _____
Neurological Disorders			Specify:
Heart Condition			Specify:
Blood Disorder			Specify: Treatment:
Cancer			Specify: Treatment:
Bowel/Bladder Issues			Specify: Treatment:
Bone/Muscle Problems			Specify:
Scoliosis			Treatment:
ADD/ADHD			Medication: Needed at school: Yes___ No___
Mental Health/Behavioral			Specify: Treatment:
Wears Glasses/Contacts			Glasses:___ Contacts:___
Hearing Loss			Right Ear:___ Left Ear:___
Other Health Concerns			Specify: Treatment:
Medication Taken at Home			List (if not listed above):

*The information on this form may be shared confidentially with school staff and emergency responders as needed. In the event of a medical emergency with my student, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis, and any necessary emergency treatment. I understand that the school district assumes no financial liability for expenses incurred due to accident, injury, and/or unforeseen circumstances. I understand that Washington law requires that my student's immunizations are complete or conditional before starting school. I give permission to my student's school to add immunizations into the Washington State Immunization Information System to maintain my student's immunization record.*

Parent/Guardian Printed Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Reviewed by Health Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **School Year:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Grad Year:** \_\_\_\_\_