

FERNDALE SCHOOL DISTRICT
STUDENT REGISTRATION FORM

TODAY'S DATE: _____
 CASCADIA ELEMENTARY

Do Not Write In Shaded Area – For Office Use Only

Student ID #	Entry Date	Sch Entry Code	Waiver/Overflow	Court Order	Medical Alert	Locker #	Records Requested
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(Please Print)

Student Name LEGAL Last Name	LEGAL First Name	LEGAL Middle Name	Also Known As:
Birth date: (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace: City	State Country
Student Social Security # (Optional)	Ethnic Code (Check One) <input type="checkbox"/> A-Asian Or Pacific Islander <input type="checkbox"/> I-American Indian Or Alaska Native <input type="checkbox"/> W-White, Not Hispanic Origin	<input type="checkbox"/> B-Black, Not Hispanic Origin <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Pacific Islander	Primary Language Spoken At Home <input type="checkbox"/> English <input type="checkbox"/> Other _____
			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT LIVES WITH: Both Parents Father Only Mother Only Grandparents Father/Stepmother Mother/Stepfather
#1 Primary Household Stepfather/Stepmother Guardian Self Agency Other _____

Primary Household (Father/Stepfather/Guardian Where Student Resides) Last Name First Name	HOME PHONE (WHERE STUDENT RESIDES) () Unlisted <input type="checkbox"/> EMERGENCY CONTACTS: If I cannot be reached or am unavailable to pick up my child FOR ANY REASON, I give permission to release my child to: #1 Name _____ Phone () _____ Relationship _____ #2 Name _____ Phone () _____ Relationship _____ #3 Name _____ Phone () _____ Relationship _____
Cell Ph: _____ Email add: _____ Wkplace: _____ Wk Ph: _____	
(Mother/Stepmother/Guardian Where Student Resides) Last Name First Name	
Cell Ph: _____ Email add: _____ Wkplace: _____ Wk Ph: _____	
STREET ADDRESS WHERE STUDENT RESIDES STREET ADDRESS (INCLUDE APT #)	
CITY ST ZIP	
MAILING ADDRESS IF DIFFERENT FROM ABOVE STREET/PO Box #	
CITY ST ZIP	

#2 SECOND HOUSEHOLD RELATIONSHIP Father Only Mother Only Grandparents Father/Stepmother Mother/Stepfather
 Stepfather/Stepmother Guardian Agency Self Other _____

Second Household (Father/Stepfather/Guardian NOT residing with student) LAST NAME FIRST NAME	SECOND HOUSEHOLD HOME PHONE () Unlisted <input type="checkbox"/> Second Household STREET Address (Street address City, State, Zip) Second Household MAILING Address (Street/Po Box, City, State, Zip)
Cell Ph: _____ Email: _____ Wkplace: _____ Wk Ph: _____	
(Mother/Stepmother/Guardian Not residing with student) LAST NAME FIRST NAME	
Cell Ph: _____ Email: _____ Wkplace: _____ Wk Ph: _____	
Second Household School Mailings Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of School Last Attended	Name of School District	Previous School Address (Street/PO Box, City, State, Zip)
Previous School Phone:	Fax:	
Are there any unpaid fines or fees at your child's previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever attended Ferndale School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school attended	Date attended (month/year)

(PLEASE PRINT)

Has your child ever been under disciplinary action (suspension/expulsion/etc.) at another school? Yes No When? _____
Reason: _____
Does your child have a history of violent behavior? Yes No Explain: _____

Is there ANY court order(s) currently in effect pertaining to your child? (i.e., custody/parenting plans, school attendance orders, restraining orders, etc.) Yes No (If yes, legal papers must be on file with the school for enforcement)
Please Explain: _____

➤ Has your child ever qualified for or received **SPECIAL EDUCATION** services? Yes No
Has your child ever qualified for or had a 504 plan? Yes No
Has your child ever received Chapter/Lap services? Yes No If yes, Math Reading
Has your child ever participated in: Gifted Title1 ESL Other _____
Has your child ever been retained? Yes No If yes, at what grade level(s) _____.
Has your child ever received migrant services? Yes No

Does student attend childcare? Before school After school Before and after school

Child care provider	NAME	ADDRESS	PHONE NUMBER
Additional child care arrangements (Please provide information to school in writing)			

Please list other siblings attending Ferndale school district

LAST NAME	FIRST NAME	SCHOOL	GRADE

Consent for student's picture/video to be taken for news release: Yes No
I wish to become a parent volunteer Yes No
Permission for my phone number to be given to parent support group for projects: Yes No
I give permission for my phone number to be used by parent support group for an emergency phone tree (situations such as snow or power outages). In the event there should be an emergency dismissal, please call:
Name: _____ Phone number (Include area code): _____

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 Ferndale School District.

LEGAL PARENT/GUARDIAN SIGNATURE _____ DATE _____