

**FERNDALE SCHOOL DISTRICT**  
**STUDENT REGISTRATION FORM**

TODAY'S DATE: \_\_\_\_\_  
 NORTH BELLINGHAM 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

**(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 Grade:
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 Cell Ph: _____ Email add: _____ Wkplace: _____ Wk Ph: _____	<b>HOME PHONE (WHERE STUDENT RESIDES)</b> ( ) _____ Unlisted <input type="checkbox"/> <b>EMERGENCY CONTACTS:</b> 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 _____
(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 Cell Ph _____ Email: _____ Wkplace: _____ Wk Ph: _____	<b>SECOND HOUSEHOLD HOME PHONE</b> ( ) _____ Unlisted <input type="checkbox"/> Second Household STREET Address (Street address City, State, Zip) Second Household MAILING Address(Street/Po Box, City, State, Zip)
(Mother/Stepmother/Guardian Not residing with student) LAST NAME FIRST NAME Cell Ph: _____ Email: _____ Wkplace: _____ Wk Ph: _____	

Second Household School Mailings Requested  Yes  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): \_\_\_\_\_

**For High School Parents/Guardians Only** -- In order to provide current financial, educational, and occupational information to young men and women graduating from Washington schools and colleges the military ask for current student directory information. (Name, address, and telephone number.) Per Section 9528 of Title IX of H.R.1, No Child Left Behind Act of 2001  Yes, release  No, withhold my student's name and address  
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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 \_\_\_\_\_  
REVISED 5-10-2005