

MOSCOW SCHOOL DISTRICT No. 281

ELEMENTARY REGISTRATION FORM – 20__/20__ School Year

Student's **Legal Name** _____ / _____ / _____ **Preferred Name** _____ **Grade Entering** _____
Last First Middle

Address _____ **Home Phone #** _____ Gender: Male Female
Street City

Birthplace _____ **Date of Birth** ____/____/____
City State/Country Mo Day Yr

Is the student a dependent of a member of the US Military Service on active duty in the Army, Navy, Air Force, Marine Corps, or Coast Guard? Yes No Decline to Answer

Is the student a dependent of a part-time or full-time member of the National Guard or Reserve Force of the US Military (Army, Navy, Air Force, Marine Corps, or Coast Guard)? Yes No Decline to Answer

Student's Primary Language _____ **Secondary Language** _____

Ethnicity: (choose one) Hispanic/Latino **Not** Hispanic/Latino

Race: (can choose one or more regardless of Ethnicity)

White Asian Black or African American American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

Student lives with: Father/Mother Mother Only Father Only Blended Family Guardian
 Grandparent(s)/Relatives Friend Foster Parent(s) Other _____

Parent(s)/Guardian(s) Information:

Parent #1 Guardian Other _____

Name _____ **Phone #** _____ **Email** _____

Parent #2 Guardian Other _____

Name _____ **Phone #** _____ **Email** _____

Student Residency (identifying students who may qualify to receive additional services): Where does the student stay at night?

In a home you own or rent Other: _____
 Temporarily with another family in a house, mobile home, or apartment

Has your child previously received any of the following services?

Counseling Speech/Language Hearing Title I Math Even Start
 Gifted/Talented Special Education Vision Title I Reading Head Start

HEALTH HISTORY

Please check the boxes that pertain to your child. Your signature authorizes medical information to be placed in your child's cumulative file.

ADD/ADHD Diabetes Seizures Mild Asthma Severe Asthma Other _____
 Allergies (specify) _____

Does your child have a **LIFE THREATENING** illness/condition that may require the attention of the school nurse? Yes No

School Last Attended _____ **Phone #** _____ **Grade** _____

Street Address _____ **City** _____ **ST** _____ **Zip** _____

Has your child previously attended a school in Moscow? Yes, school _____ Grade _____ No

Date _____ Signature of Parent/Guardian _____