

**NORTH BEACH SCHOOL DISTRICT #64  
2019-2020**

**REGISTRATION / MEDICAL CARE-EMERGENCY AUTHORIZATION FORM** rev 07/17/19

<b>STUDENT</b>	SSID # (School Will Provide)		ENROLLMENT DATE:			
	Students Legal Name: ( Last, First, Middle)		Other Names Used:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Grade	Home Phone
	Mailing Address:		City/State/Zip Code:		Birth Date (MO/DAY/YR):	
	Physical Address:		City/State Zip Code:		Birthplace (City, State, <b>COUNTRY required</b> )	
	Previous School Attended: Address: City/State/Zip Code:			<b>Has your child ever attended the North Beach School District:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school(s): _____ Years: _____		

Has your child ever been enrolled in Special Education?  Yes  No When: \_\_\_\_\_  
 Has your child ever been enrolled in 504?  Yes  No When: \_\_\_\_\_  
 Has your child ever been in a Gifted Program?  Yes  No When: \_\_\_\_\_

**PRIMARY HOUSEHOLD INFO:** Name(s) of person(s) with whom student lives

<b>PRIMARY HOUSEHOLD</b>	Adult #1: Last: _____ First: _____		Occupation/Workplace		Work #:	Ext.	Cell #:	
	Adult #2: Last: _____ First: _____		Occupation/Workplace		Work #:	Ext.	Cell #:	
	Living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Other							
	Legal Guardian if different from above:						Contact #:	
	Address/City/State/Zip							
	Is this a temporary living situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it due to economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Other Children Living With Family:							
	(1) Name:	Grade	Age	(5) Name:	Grade	Age		
	(2) Name:	Grade	Age	(6) Name:	Grade	Age		
	(3) Name:	Grade	Age	(7) Name:	Grade	Age		
(4) Name:	Grade	Age	(8) Name:	Grade	Age			
Email Address:								

**Secondary Household Information - Name of Parent(s) and/or Guardian(s) other than those listed under Primary Household Information**

<b>SECONDARY HOUSEHOLD</b>	Adult #1: Last: _____ First: _____		Relationship to Student		Address		Home #	Work #
	Adult #2: Last: _____ First: _____		Relationship to Student		Address		Home #	Work #
	Parent/Guardian Mailing Address					City/State/Zip		
	Email Address:							

**Should school mailings be sent to the above household also?**  Yes  No

**EMERGENCY CONTACT:**

List one or two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. WE ATTEMPT TO CALL PARENTS FIRST. Update form when changes occur.

Name:	Relationship to Student:	Address:	Home #:
			Work/Ext. #:
Name:	Relationship to Student:	Address:	Home #:
			Work/Ext. #:

Is there anyone restrained from picking your child up from school? If yes, a copy of the restraining order must be on file in the school office.

Yes  No Name of restrained individual: \_\_\_\_\_

Does your child have any life threatening allergies or illnesses? \_\_\_\_\_

Additional comments that will assist us in caring for your student (daycare, health, restraining orders, etc.): \_\_\_\_\_

Enter the name of your family physician who may be contacted by school staff member when parent cannot be reached and medical assistance is indicated. Please note that when Fire Department medical unit responds, they will contact available emergency room physician who may in turn contact your family physician. If you have no family doctor, you can state any local physician.

Family Doctor (Last, First)	Phone #:	Address/City State

The North Beach School District receives additional funding for some federal programs. These programs require us to report student ethnicity. The information is confidential.

Local Race: White, non-Hispanic  Yes  No

Ethnic Code:  1. American Indian or Alaska Native  2. Asian  3. Black or African American  4. Native Hawaiian or Pacific Islander  
 5. White – Caucasian

Language: Language \_\_\_\_\_ Native Language \_\_\_\_\_ Home Language \_\_\_\_\_  
(spoken at school) (first language spoken) (spoken at home)

**RELEASE OF STUDENT INFORMATION:** Branches of the United States military request the names and contact information of 11th and 12th grade students annually. Our schools, on occasion, also receive requests from the news media to take photographs or videotape in the classroom (all grade levels). We also like to celebrate our scholars on Facebook, Twitter, Etc. Please check the box below if you do not agree to allow your child's name or image to be used in these and other circumstances as listed.

- \_\_\_\_\_ No, I do not want my child's name released to the military.
- \_\_\_\_\_ No, I do not want my child's name released to college recruiters.
- \_\_\_\_\_ No, I do not want my child's name released to graduation supplies vendors.
- \_\_\_\_\_ No, I do not want my child's photo/name to appear in the school yearbook.
- \_\_\_\_\_ No, I do not want my child's name released to school photographers.
- \_\_\_\_\_ No, I do not want my child to be photographed or videotaped by the media.
- \_\_\_\_\_ No, I do not want my child's photo or name used on social media (Facebook, Twitter, etc.)
- \_\_\_\_\_ No, I do not want my child in a school related video, posted on You Tube or any other like website.

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

**NONDISCRIMINATION POLICY**

The North Beach School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights, Title IX, and Section 504 Coordinator: Andrew E. Kelly - akelly@northbeachschools.org., 336 St. Rt. 115, Ocean Shores, WA 98569, 360-289-2447 Rev. 07/17/2019