

Parent or guardian: Please furnish information on this form.

Fields with * are required.

STUDENT INFORMATION

Office Use Only: Student #: _____ Homeroom: _____ Teacher: _____

* Legal Last Name: _____ Legal First Name: _____ Middle Name: _____
 Usual Last Name: _____ Preferred First Name: _____ Third Initial: _____ Grade: _____
 * Gender (circle one): Male Female * Birthdate: _____ Home Phone: () _____

RACIAL INFORMATION

Please check all boxes that best describe your child's race.

Black	White	Asian			Native Hawaiian/Other Pacific Islander	
African <input type="checkbox"/>	White <input type="checkbox"/>	Asian Indian <input type="checkbox"/>	Japanese <input type="checkbox"/>	Singaporean <input type="checkbox"/>	Native Hawaiian <input type="checkbox"/>	Micronesian <input type="checkbox"/>
African American <input type="checkbox"/>	White, Hispanic Origin <input type="checkbox"/>	Cambodian <input type="checkbox"/>	Korean <input type="checkbox"/>	Taiwanese <input type="checkbox"/>	Fijian <input type="checkbox"/>	Samoan <input type="checkbox"/>
Other Black <input type="checkbox"/>		Chinese <input type="checkbox"/>	Laotian <input type="checkbox"/>	Thai <input type="checkbox"/>	Guamanian or Chamorro <input type="checkbox"/>	Tongan <input type="checkbox"/>
		Filipino <input type="checkbox"/>	Malaysian <input type="checkbox"/>	Vietnamese <input type="checkbox"/>	Mariana Islander <input type="checkbox"/>	Other Pacific Islander <input type="checkbox"/>
		Hmong <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Melanesian <input type="checkbox"/>	
		Indonesian <input type="checkbox"/>				

RACIAL INFORMATION (continued)

Tribal Affiliation					
Alaska Native <input type="checkbox"/>	Jamestown <input type="checkbox"/>	Muckleshoot <input type="checkbox"/>	Quileute <input type="checkbox"/>	Skokomish <input type="checkbox"/>	Suquamish <input type="checkbox"/>
Chehalis <input type="checkbox"/>	Kalispel <input type="checkbox"/>	Nisqually <input type="checkbox"/>	Quinault <input type="checkbox"/>	Snoqualmie <input type="checkbox"/>	Swinomish <input type="checkbox"/>
Colville <input type="checkbox"/>	Lower Elwha <input type="checkbox"/>	Nooksack <input type="checkbox"/>	Samish <input type="checkbox"/>	Spokane <input type="checkbox"/>	Tulalip <input type="checkbox"/>
Cowlitz <input type="checkbox"/>	Lummi <input type="checkbox"/>	Port Gamble Klallam <input type="checkbox"/>	Sauk-Suiattle <input type="checkbox"/>	Squaxin Island <input type="checkbox"/>	Yakima <input type="checkbox"/>
Hoh <input type="checkbox"/>	Makah <input type="checkbox"/>	Puyallup <input type="checkbox"/>	Shoalwater <input type="checkbox"/>	Stillaguamish <input type="checkbox"/>	Other Washington Indian <input type="checkbox"/>
					Other American Indian <input type="checkbox"/>

ETHNIC INFORMATION

Everyone is required to check at least one of the following categories:

Not Hispanic/Latino <input type="checkbox"/>	Mexican/Mexican American/Chicano <input type="checkbox"/>
Central American <input type="checkbox"/>	Puerto Rican <input type="checkbox"/>
Cuban <input type="checkbox"/>	South American <input type="checkbox"/>
Dominican <input type="checkbox"/>	Spaniard <input type="checkbox"/>
Latin American <input type="checkbox"/>	Other Hispanic/Latino <input type="checkbox"/>

ADDRESS INFORMATION

* Residence Address

Is this Temporary Housing? (circle one) YES NO If Yes, ask office staff for available services.

House # and Street: _____
 Apt. #: _____
 City: _____
 State: _____
 Zip: _____ Plus 4: _____

FOR TRANSPORTATION:
 Will this address be used for (circle all that apply):
 Pick-up Drop-off
 Eligibility to be determined

* Mailing Address

Same as Residence Address? (circle one) YES NO If Yes, leave Mailing Address blank.

House # and Street: _____
 Apt. #: _____
 City: _____
 State: _____
 Zip: _____ Plus 4: _____

Previous School/District attended:

*District: _____
 *School: _____
 Address: _____

PARENT/GUARDIAN INFORMATION

* Who has custody of this student?

Release Restricted by Court Order (check if applicable)

Office Use Only: Student #

Student name _____

* Who does this student live with?

COMPLETE THE FOLLOWING FOR EACH GUARDIAN

	G1	G2	G3	G4
* Relationship to Student:	_____	_____	_____	_____
* Last Name:	_____	_____	_____	_____
* First Name:	_____	_____	_____	_____
Is this person an emergency contact: (circle one for each guardian)	YES NO	YES NO	YES NO	YES NO
* Home Address: (leave blank if same as student)	_____	_____	_____	_____
* Language spoken:	_____	_____	_____	_____
* Work Place:	_____	_____	_____	_____
Is work place on government property?	YES NO	YES NO	YES NO	YES NO
Is this a military employee?	YES NO	YES NO	YES NO	YES NO
Work Phone Number:	() _____ Unlisted? YES NO (Circle)	() _____ Unlisted? YES NO (Circle)	() _____ Unlisted? YES NO (Circle)	() _____ Unlisted? YES NO (Circle)
Ok to call at work?	YES NO	YES NO	YES NO	YES NO
* Home Phone Number:	() _____	() _____	() _____	() _____
Cell Phone Number:	() _____	() _____	() _____	() _____
E-mail Address:	_____	_____	_____	_____
Call Sequence:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Call sequence (also see below) helps the school office staff determine who should be called first in the event of an emergency, illness or disciplinary action. Please indicate for each parent/guardian and emergency contact what their call sequence should be. Start with #1 (call first). You may have multiple number ones, twos, etc., if needed.

EMERGENCY CONTACT INFORMATION

* Relationship to Student: _____

* Last Name: _____

* First Name: _____

* Languages spoken: _____

* Home Phone Number: () _____ Unlisted?
YES NO
(Circle)

Cell Phone Number: () _____

Work Phone Number: () _____

E-mail Address: _____

RELEASE OF INFORMATION AND/OR PHOTOGRAPHS

*(check all that apply):

- Do not release directory information about my child without my permission.
Directory information is described in "Student Records, Photographs and Information" of the Rights, Rules & Regulations Handbook (RRR)
- Do not release my child's name, address or telephone number to military recruiters.
- Do not provide my child access to the Internet at school. *Access to the Internet is described in "Use of Digital Resources" of the RRR Handbook*
- Do not allow photographs/videotapes of my child for television, newspaper or school district publications without my permission.

MISCELLANEOUS INFORMATION

*In case of emergency, school staff should (check one):

- Call Parent or Emergency Contact
- Send Home
- Public Transportation
- Retain at School

Student's First Spoken Language: _____

Student's Language Spoken at Home: _____

Country of Citizenship: _____

City of Birth: _____

State of Birth: _____

Country of Birth: _____

* MEDICAL INFORMATION

Is this allergy life threatening?
(circle one)

Allergies: [] YES NO

Allergies: [] YES NO

Allergies: [] YES NO

Doctor's Name: []

Doctor's Phone: ()

Dentist's Name: []

Dentist's Phone: ()

Other Health Conditions:

*Does this student have any life threatening conditions? (circle one) YES NO Please specify _____

SIBLING INFORMATION

First/Last Name: _____

Relationship to student: _____

Does this student attend Tacoma School District _____

If Yes, put school name here:

Age _____ Grade _____ Gender: M F

If Yes, put school name here:

Age _____ Grade _____ Gender: M F

If Yes, put school name here:

Age _____ Grade _____ Gender: M F

If Yes, put school name here:

Age _____ Grade _____ Gender: M F

ALTERNATE ADDRESS INFORMATION #1

House # and Street: []

Apt. #: []

City: []

State: []

Zip: [] Plus 4: []

FOR TRANSPORTATION:
Will this address be used
for (circle all that apply):
Pick-up Drop-off
Eligibility to be determined

Alternate transportation address or daycare (no transportation): []

Contact name for this address: []

Contact phone for this address: ()

ALTERNATE ADDRESS INFORMATION #2

House # and Street: []

Apt. #: []

City: []

State: []

Zip: [] Plus 4: []

FOR TRANSPORTATION:
Will this address be used
for (circle all that apply):
Pick-up Drop-off
Eligibility to be determined

Alternate transportation address or daycare (no transportation): []

Contact name for this address: []

Contact phone for this address: ()

In the event my child is injured or becomes seriously ill, and the parent/guardian cannot be reached, the school may seek emergency medical assistance for my child. Parent/guardian initials _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

*Signature _____

Date _____