

# 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 \_\_\_\_\_