

Washakie County School District #1

Individual Student Registration Form

Date _____

Student's Full **Legal** Name _____
(Last) (First) (Middle)

Student Nickname (name student would like to go by at school) _____

Has this student been enrolled in our district before? Y or N If yes, which school: _____ Dates: _____

Birth Date _____ Age _____ Last Grade Completed _____ Male _____ Female _____

Is the student Hispanic or Latino?

- No, not Hispanic or Latino**
- Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

What is the student's race? (please check all that apply)

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Place of Birth – City _____ County _____ State _____ Country _____

If student was born outside of the United States, how many years of U.S. schooling has he/she attended? _____

FIELD TRIP PERMIT: I give permission for my child to participate in the learning experience of study trips sponsored by the school.

_____ Yes _____ No

FLUORIDE MOUTHRINSE PROGRAM (Elementary Students Only): Participants will rinse their mouths in school with a .2% neutral sodium fluoride solution for one minute once a week under the supervision of the school nurse.

_____ I wish my child to participate. _____ I **do not** wish my child to participate.

PHOTO PERMIT: I give Washakie County School District #1 permission to have my son/daughter's name, photograph, visual image, and/or pertinent school-related information as it relates to district activities or educational programs and be made available to media outlets such as radio, television, and the internet. Washakie County School District #1 does not control all information that is released by the various media outlets.

_____ Yes _____ No

HOME LANGUAGE SURVEY:

1. The language first spoken by the child. _____
2. The language(s) spoken in the home. _____
3. The language(s) spoken or understood by the child. _____

OVER ➡

Has your child received any of the following services? (Please circle which ones apply.)

Learning Support Speech/Language Occupational Therapy Physical Therapy ELL/LEP

Has your child ever received any special education or early intervention services? _____ Yes _____ No

If yes, does he/she have an Individualized Education Plan (IEP)? _____ Yes _____ No

Most Recent School Attended:

School Name _____ Phone No. _____

Mailing Address _____ Fax No. _____

List any other information which you feel would help us to assist you and your child:

THIS SECTION ONLY NEEDS TO BE COMPLETED FOR INCOMING KINDERGARTEN STUDENTS!

The following information will be used to complete a Kindergarten Readiness Survey for the Wyoming State Department of Education. No names are used on this survey; it just includes the information that is compiled from this section.

Did your child attend any of the following programs?

Early Head Start _____ Yes _____ No

Head Start _____ Yes _____ No

Even Start _____ Yes _____ No

Was your child enrolled in a pre-school program? (Not Head Start or Early Head Start) **Please check one of these boxes.**

___ No Pre-School ___ Privately Funded Pre-School ___ TANF Funded Pre-School
(Temporary Aid for Needy Families)

Did your child attend a childcare setting, including both part and/or full time care? _____ Yes _____ No

If yes, which type did he/she attend **most often**?

___ Licensed Child Care ___ Unlicensed Child Care ___ Legally Exempt Child Care *

*(Legally exempt is defined as: legal relative's care of child, occasional care by a neighbor or friend if person providing care does not regularly engage in this activity, or parents exchanging care on a cooperative basis, or child care provided by a person employed to come to the home, or facilities providing care for less than 3 minors, or facility is supervised by a government agency, or child care facilities providing care to the children of only one immediate family unit.)

We have been given: **All Schools:** School Bus Policies, Student Handbook, Parents Rights Notice and Asbestos Notification; **Middle School & High School:** Student Code of Conduct and Behavior; and, **HS only:** Student Eligibility Pamphlet.

Parent Signature _____ Home Phone # _____

Student Signature _____

1.12 DISCRIMINATION

a. It shall be the policy of Washakie County School District #1 that no discrimination on the account of age, sex, creed, religion, nationality, or disability be practiced in any aspect of the total operation of the district. This includes hiring and compensation.