

**REGISTRATION FORM**

Wahkiakum School District

Julius A. Wendt Elementary/Wahkiakum Middle School/Wahkiakum High School  
Cathlamet, Washington

**Student's Name:** \_\_\_\_\_ **Entry Date:** \_\_\_\_\_  
Last First Middle

**Birthdate:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:**

**P. O. Box No.:** \_\_\_\_\_ **City** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
No. and Street State

**Email address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work/Emergency No.:** \_\_\_\_\_

**Ethnic Category** (Circle One): Indian Black White Asian Hispanic Sex: \_\_\_\_\_ M \_\_\_\_\_ F

**Primary Language Spoken in the Home:** \_\_\_\_\_

**Place of birth:** \_\_\_\_\_  
City County State

**Child is living with:**

Father (Natural \_\_\_ Step \_\_\_) \_\_\_\_\_  
Name Employer/ Occupation

Mother (Natural \_\_\_ Step \_\_\_) \_\_\_\_\_  
Name Employer/Occupation

Foster Parent/Guardian: \_\_\_\_\_  
Name Employer/ Occupation

**Children in family:** Boys: \_\_\_\_\_ Girls: \_\_\_\_\_  
Number & Ages Number & Ages

**School last attended:** \_\_\_\_\_  
Name Address

**Was your child receiving any special services at his or her last school such as:**

Speech \_\_\_\_\_ LAP \_\_\_\_\_ Special Ed. \_\_\_\_\_ Chapter 1 Reading or Math \_\_\_\_\_ Gifted \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Over)

**Local persons other than parents to contact in case of emergency such as illness or injury:**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ City/State \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

**In case of emergency requiring immediate medical attention you have my permission to take my child to:**

Dr.: \_\_\_\_\_ and/or any qualified Physician \_\_\_\_\_

**Special instruction such as health problems:** \_\_\_\_\_

**Regularly taking medication?** \_\_\_\_\_ Medication Name \_\_\_\_\_

**Allergies** \_\_\_\_\_ Bee Sting? \_\_\_\_\_

**Does this student have a history of any of the following? Please check all that apply.**

Any past, current or pending disciplinary? \_\_\_\_\_ What? \_\_\_\_\_

Any history of violent behavior? \_\_\_\_\_ What? \_\_\_\_\_

Convictions, adjudications or diversion agreements related to a violent offense? \_\_\_\_\_

A sex offense? \_\_\_\_\_ Inhaling toxic fumes? \_\_\_\_\_ A drug offense? \_\_\_\_\_ A liquor violation? \_\_\_\_\_

Assault? \_\_\_\_\_ Kidnapping? \_\_\_\_\_ Harassment? \_\_\_\_\_ Stalking? \_\_\_\_\_ Arson? \_\_\_\_\_

**Does this student have any unpaid fines or fees from other schools?** Yes \_\_\_\_\_ No? \_\_\_\_\_

Please remember that student records will be held if there are any unpaid fines.

WHEN YOU CHANGE ADDRESSES OR PHONE NUMBERS PLEASE INFORM THE SCHOOL

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_