

MOSCOW SCHOOL DISTRICT No. 281

ELEMENTARY REGISTRATION FORM – 2023-2024 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

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

Please list other siblings in the family in order of birth (use back of sheet if needed):

name	date of birth	school	/	grade
name	date of birth	school	/	grade
name	date of birth	school	/	grade

Date _____ **Signature of Parent/Guardian** _____