



Moscow High School Registration Form

Date:

Student's Legal Last Name	Legal First Name	Legal Middle Name	Preferred Name	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	Date of Birth	Home Phone	Student's Cell Number		
Home Address		City / State / Zip			

Student Speaks English? Yes No Student's email address:

Other languages student speaks: Do you live in the Moscow School District? Yes / No If No, you will need to apply for
Open Enrollment through the District Office. Student will not be enrolled until application is approved.

Ethnicity: (Circle one) Hispanic/ Latino or not Hispanic/Latino Previously attended Moscow School District Yes No

Race: (Circle one or more regardless of Ethnicity)
White Asian Black or African American American Indian or Alaskan Native Native Hawaiian/Other Pacific Islander

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard: Yes No

Is the student a dependent of a part-time or full-time member of the National Guard, or Reserve Force of the United States military (Army, Navy, Marine Corps or Air Force): Yes No

Custody		Student lives with:	
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Guardian
<input type="checkbox"/> Father Only	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father	<input type="checkbox"/> Agency
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Foster	<input type="checkbox"/> Mother	<input type="checkbox"/> Foster Parents
<input type="checkbox"/> Grandparent Only	<input type="checkbox"/> Self/Independent Adult	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other
<input type="checkbox"/> Social Agency		<input type="checkbox"/> Stepmother	<input type="checkbox"/> Self
		<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Relatives

Father's Name : Mother's Name:

Primary Parent/Guardian Information: Name(s) of person(s) with whom student is living.

Name	Relationship to student	Employer	Work Phone
			Cell Phone
Name	Relationship to student	Employer	Work Phone
			Cell Phone
Home Telephone Number	Email Address:		
Home Address:	APT. #	City / State / Zip	

Second Parent/ Guardian Information: Non-custodial parent not residing with student

Name	Relationship to student	Employer	Work Phone
			Cell Phone
Name	Relationship to student	Employer	Work Phone
			Cell Phone
Home Telephone Number:	Email Address:		
Home Address:	APT. #	City / State / Zip:	
Copy of Correspondence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Siblings: Please list all siblings attending school in the Moscow School District

Last Name	First Name	School	Grade

Emergency Information (Other than Parents listed)

Name of Contact	Relation to Student	Day Phone	Cell Phone

Previous School Information

Last School Attended	Address of Former School, City / State / Zip	Phone Number

Other Pertinent Information

Has your student been home-schooled? Yes No If yes, what grade(s) _____

Has your student ever qualified for or been enrolled in Special Education program? Yes No

Has your student ever qualified for or had a 504 plan? Yes No

Has your student received any of the following services: Counseling Speech/Language ESL/ENL Gifted/Talented

Has your student ever been retained? Yes No

Has your student ever been suspended? Yes No

Name of School _____ Offense _____

Has your student ever been expelled? Yes No

Name of School _____ Offense _____

Does student have any current disciplinary actions pending? Yes No

If yes, what are they? _____

Health History

Has a physician or health care professional diagnosed your child as having any of the following: ADD/ADHD Diabetes Seizures

Asthma Heart condition Other _____

Allergies Please specify what student is allergic to and treatment required. _____

If you have checked any of the above, please explain: _____

Does your child take any medications? Yes No If yes, will medication be needed at school? Yes No

Does your child have a life threatening health condition? Yes No If yes, a meeting with school nurse is required.

If student lives with someone other than parent and is under the age of 18, please present educational guardianship papers. The document must be effective through the last day of the current year.

Parent/Guardian Signature

Today's Date

(Note - By giving your email address to the school, you are providing consent to transfer confidential information in an electronic format. The Moscow School District makes every effort to protect their email system, but please be aware there is some security risk.)