

Home Address:

Copy of Correspondence?

Moscow High School Registration Form

Date: **Legal Middle Name** Student's Legal Last Name **Legal First Name** Nickname Grade] Male] 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 **Previously attended Moscow School District** Other languages student speaks:] Yes [] No Ethnicity: (Circle one) **Hispanic/Latino** not Hispanic/Latino Race: (Circle one or more regardless of Ethnicity) White **Black or African American** Native Hawaiian/Other Pacific Islander Asian American Indian or Alaskan Native Custody Student lives with: [] Both Parents [] Joint Custody []Both Parents [] Guardian [] Father Only [] Legal Guardian [] Father []Agency [] Mother Only] Foster [] Mother []Foster Parents [] Grandparent Only 10ther [] Self/Independent Adult [] Stepfather [] Social Agency [] Stepmother []Self []Grandparent(s) []Relatives Student Residency (identifying students who may qualify to receive additional services): Where does the student stay at night? [] In home you own or rent [] Temporarily with another family in a house, mobile home or apartment [] Other _ Father's Name: Mother's Name: Primary Parent/Guardian Information: Name(s) of person(s) with whom student is living. Relationship to student **Employer Work Phone Cell Phone** Name Relationship to student **Work Phone Employer Cell Phone Home Telephone Number Email Address:** APT.# **Home Address:** City / State / Zip Second Parent/ Guardian Information: Non-custodial parent not residing with student Name **Work Phone** Relationship to student **Employer Cell Phone** Relationship to student **Work Phone** Name **Employer Cell Phone** Home Telephone Number **Email Address:**

APT. #

1 NO

] YES

City / State / Zip

Siblings: Please list all siblings atte	ending school in the Moscow School	l District		
Last Name First Name		School		Grade
	Emerg	ency Information		
Name of Contact	Relation to Student		Day Phone	Cell Phone
Name of Contact	Relation to Student		Day Phone	Cell Phone
	Previous	School Information		
ast School Attended Address of Former School, City / State / Zip			Phone Number	
	Other Per	tinent Information		
Has your student been home-scho	oloda [] Cholo	If you what grado(s)		
,		If yes, what grade(s)	<u> </u>	
	or been enrolled in Special Educatio		S []NO	
Has your student ever qualified for		[] No	- []ECL/ENL [10:ft - d/T-land -d
	he following services: [] Counseling	g []Speecn/Language	e []ESL/ENL [JGiffed/Talented
Has your student ever been retaine				
Has your student ever been susper				
		ense		
Has your student ever been expelle				
	Offe			
•	ciplinary actions pending? [] Ye			
If yes, what are they?				
	He	alth History		
Has a physician or health care prof	essional diagnosed your child as havi	ing any of the following: [ladd/adhd [ldia	abetes [
[]Asthma []Heart o				
	y what student is allergic to and treat			
	ve, please explain:			
Does your child take any medication		If yes, will medication be n		— Yes
		•	-	
Does your chid have a life threaten	ing health condition? []Yes	[]No If yes, a me	eeting with school nurs	e is required.
If student lives with someone othe effective through the last day of th	r than parent and is under the age of e current year.	18, please present educat	ional guardianship pap	ers. The document must be

(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.)

Parent/Guardian Signature

Today's Date