



MANSFIELD SCHOOL DISTRICT

NEW STUDENT REGISTRATION FORM

2022-2023

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
SCHOOL ENTRY DATE	STUDENT SCHOOL ID #	STATE SSID #	OTHER ID #	HEALTH ALERT	FTE
STUDENT NAME Legal Last Name		Legal First Name	Legal Middle Name	Also known as	
BIRTHDATE (MM/DD/YYYY)	GENDER	BIRTHPLACE CITY	STATE	COUNTRY	GRADE LEVEL
WHAT LANGUAGE DID YOUR CHILD FIRST LEARN?		LANGUAGE <u>YOUR CHILD</u> PRIMARILY SPEAKS AT HOME?		Number of months attended school outside of the U.S.?	
PRIMARY HOUSEHOLD (Parent/Guardian where student resides) LAST NAME FIRST NAME M.I.		RELATIONSHIP <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Other:	PRIMARY PHONE NUMBER:		
PRIMARY HOUSEHOLD (2 ND Adult where student resides) LAST NAME FIRST NAME M.I.			PHONE #2		
RESIDENT ADDRESS: Street		Apt#	City	Zip	
MAILING ADDRESS: Street		Apt#	PO Box	City	Zip
SECOND HOUSEHOLD (parent not residing with student) LAST NAME FIRST NAME M.I.		RELATIONSHIP <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Other:	PHONE NUMBER:		
SECOND HOUSEHOLD (2 ND Adult) LAST NAME FIRST NAME M.I.			PHONE #2		
MAILING ADDRESS: Street		Apt#	PO Box	City	Zip
					ADDITIONAL MAILING REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No
Did guardian move to area to work or seek work in Agriculture, Fishing, or related Food Processing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has student ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF Yes, plan must be on file with the school for enforcement)					
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF Yes, plan must be on file with the school for enforcement)					
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:				Reason/School:	
HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No					HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No					
HAS YOUR CHILD EVER PARTICIPATED IN <input type="checkbox"/> Title <input type="checkbox"/> Lap <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:					

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment to Mansfield School District.

Legal Parent / Guardian Signature _____ **Date** _____

Additional registration information on back...

Does student attend child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child care provider: Name Address Phone #
<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before & After School	

Additional child care arrangements (Please provide information to school in writing)

Please list other siblings attending Mansfield School District			
Last Name	First Name	Elementary / Secondary (JH/HS)	Grade

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent / Guardian Signature _____ **Date** _____

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

1 st EMERGENCY CONTACT (Other than parent/guardian)	RELATIONSHIP TO CHILD	HOME PHONE	PHONE #2
			PHONE #3
RESIDENT ADDRESS			

2 nd EMERGENCY CONTACT (Other than parent/guardian)	RELATIONSHIP TO CHILD	HOME PHONE	PHONE #2
			PHONE #3
RESIDENT ADDRESS			

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/ guardian, I authorize that my child be release to the person(s) listed above.

Legal Parent / Guardian Signature _____ **Date** _____

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City, State)
HAS STUDENT EVER ATTENDED MANSFIELD SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE ATTENDED (Month/Year)

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BUS ROUTE AM / PM	DATE RECORDS REQUESTED	BIRTH CERT. ON FILE	IMMUN.RECORDS ON FILE	CLASSROOM	GRADUATING YEAR

The Mansfield School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status or age. This holds true for all staff and for students who are interested in participating in educational programs and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to RCW Officer and ADA Coordinator. Issues related to 504 should be directed to the Administrator for Student and Support Services.

Drop off at: Mansfield School District, 491 Road 14 NE, Mansfield WA 98830
Or mail to: Mansfield School District, PO Box 188, Mansfield WA 98830

Race & Ethnicity

2022-2023

Race & Ethnicity Reported by: Parent/guardian or the student Not reported by parent/guardian or student. Observed
 Race & Ethnicity Verified by: Not Verified District Staff Individual Student Family Access

<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Dominican	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Argentine	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Honduran	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Chicano (Mexican American)	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Spaniard
<input type="checkbox"/> Chilean	<input type="checkbox"/> Mexican	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Columbian	<input type="checkbox"/> Mestizo	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Native	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Cuban	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Other:

<input type="checkbox"/> White

<input type="checkbox"/> Asian (Check all that apply)			
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Mien	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Hmong	<input type="checkbox"/> Mongolian	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Nepali	<input type="checkbox"/> Thai
<input type="checkbox"/> Burmese / Myanmar	<input type="checkbox"/> Japanese	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Cambodian / Khmer	<input type="checkbox"/> Korean	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cham	<input type="checkbox"/> Lao	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Singaporean
<input type="checkbox"/> Chinese	<input type="checkbox"/> Malaysian	<input type="checkbox"/> Other:	

<input type="checkbox"/> Black (May check categories and use write-in)	
<input type="checkbox"/> African American	<input type="checkbox"/> African Canadian

<input type="checkbox"/> Caribbean	<input type="checkbox"/> British Virgin Islands	<input type="checkbox"/> Dutch Antillean	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Anguillan	<input type="checkbox"/> Caymanian	<input type="checkbox"/> Grenadian	<input type="checkbox"/> Martiniquais
<input type="checkbox"/> Antiguan	<input type="checkbox"/> Cuba Dominica	<input type="checkbox"/> Guadeloupien	<input type="checkbox"/> Montserratian
<input type="checkbox"/> Bahamian	<input type="checkbox"/> Dominican	<input type="checkbox"/> Haitian	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Barbadian	<input type="checkbox"/> Other:		

<input type="checkbox"/> Central Africa	<input type="checkbox"/> Chadian	<input type="checkbox"/> Gabonese
<input type="checkbox"/> Principe	<input type="checkbox"/> Congolese – Republic of the Congo	<input type="checkbox"/> Sao Tomean
<input type="checkbox"/> Cameroonien	<input type="checkbox"/> Congolese (Democratic Republic of Congo Rep.	<input type="checkbox"/> Principe
<input type="checkbox"/> Central African	<input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Other:

<input type="checkbox"/> East Africa	<input type="checkbox"/> Kenyan	<input type="checkbox"/> Reunionese	<input type="checkbox"/> Ugandan
<input type="checkbox"/> Burundian	<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Rwandan	<input type="checkbox"/> Tanzanian
<input type="checkbox"/> Comoran	<input type="checkbox"/> Malawian	<input type="checkbox"/> Seychellois	<input type="checkbox"/> Zambian
<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Somali	<input type="checkbox"/> Zimbabwean
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> South Sudanese	<input type="checkbox"/> Other:
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Mozambican	<input type="checkbox"/> Sudanese	

<input type="checkbox"/> Latin America	<input type="checkbox"/> Colombian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Argentine	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Belizean	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Honduran	<input type="checkbox"/> South Georgia
<input type="checkbox"/> Bolivian	<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> Mexican	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Chilean	<input type="checkbox"/> French Guianese	<input type="checkbox"/> Panamanian	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> Other:			

<input type="checkbox"/> South Africa	<input type="checkbox"/> West Africa	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Saint Helenian
<input type="checkbox"/> Botswana	<input type="checkbox"/> Benin	<input type="checkbox"/> Guinea-Bissau	<input type="checkbox"/> Senegalese
<input type="checkbox"/> Mosotho	<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Liberian	<input type="checkbox"/> Sierra Leonean
<input type="checkbox"/> Namibian	<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Malian	<input type="checkbox"/> Togolese
<input type="checkbox"/> South African	<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Mauritanian	<input type="checkbox"/> Other:
<input type="checkbox"/> Swazi	<input type="checkbox"/> Gambian	<input type="checkbox"/> Nigerien	

<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Papuan	<input type="checkbox"/> Tongan
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Pohpeian	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Yapese
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Maori	<input type="checkbox"/> Solomon Islander	<input type="checkbox"/> Other:
<input type="checkbox"/> Fijian	<input type="checkbox"/> Ni-Vanuatu	<input type="checkbox"/> Tahitian	
<input type="checkbox"/> I-Kiribati/Gilbertese	<input type="checkbox"/> Palauan	<input type="checkbox"/> Tokelauan	

<input type="checkbox"/> American Indian/Alaska Native (Washington Federally Recognized Tribes)	
<input type="checkbox"/> Chinook Tribe	<input type="checkbox"/> Quinault Indian Nation
<input type="checkbox"/> Confederated Tribes of the Chehalis Res.	<input type="checkbox"/> Samish Indian Nation
<input type="checkbox"/> Confederated Tribes of the Colville Res.	<input type="checkbox"/> Sauk-Suiattle Indian Tribe
<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nat	<input type="checkbox"/> Shoalwater Bay Indian Tribe
<input type="checkbox"/> Cowlitz Indian Tribe	<input type="checkbox"/> Skokomish Indian Tribe
<input type="checkbox"/> Hoh Indian Tribe	<input type="checkbox"/> Snohomish Tribe
<input type="checkbox"/> Jamestown S'Klallam Tribe	<input type="checkbox"/> Snoqualmie Indian Tribe
<input type="checkbox"/> Kalispel Indian Community	<input type="checkbox"/> Snoqualmoo Tribe
<input type="checkbox"/> Kikiallus Indian Nation	<input type="checkbox"/> Spokane Tribe of the Spokane Reservation
<input type="checkbox"/> Lower Elwha Tribal Community	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Res.
<input type="checkbox"/> Lummi Tribe of the Lummi Reservation	<input type="checkbox"/> Steilacoom Tribe
<input type="checkbox"/> Makah Indian Tribe	<input type="checkbox"/> Stillaguamish Tribe of Indians of WA
<input type="checkbox"/> Marietta Band of Nooksack Tribe	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Res.
<input type="checkbox"/> Muckleshoot Indian Tribe	<input type="checkbox"/> Swinomish Indian Tribal Community
<input type="checkbox"/> Nisqually Indian Tribe	<input type="checkbox"/> Tulalip Tribes of WA
<input type="checkbox"/> Nooksack Indian Tribe	<input type="checkbox"/> Alaska Native Other:
<input type="checkbox"/> Port Gamble S'Klallam Tribe	
<input type="checkbox"/> Puyallup Tribe	<input type="checkbox"/> American Indian Other:
<input type="checkbox"/> Quileute Tribe	

<input type="checkbox"/> Eastern European		
<input type="checkbox"/> Polish	<input type="checkbox"/> Ukranian	<input type="checkbox"/> Russian
<input type="checkbox"/> Romanian	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Other: