



TOLEDO HIGH SCHOOL STUDENT REGISTRATION FORM

LEGAL LAST NAME _____ LEGAL FIRST NAME _____ M.I. _____ ALSO KNOWN AS _____

BIRTHDATE _____ BIRTHPLACE (CITY/ST) _____ GRADE _____ GENDER _____

DISTRICT RESIDENT? _____ YES _____ NO _____ CHOICE

PRIMARY LANGUAGE SPOKEN AT HOME: _____

HAS STUDENT EVER ATTENDED TOLEDO SCHOOL DISTRICT? _____ YES _____ NO

IF YES, PREVIOUS SCHOOL ATTENDED _____

LAST SCHOOL ATTENDED _____ CITY, ST _____

HAS YOUR CHILD EVER BEEN RETAINED? _____ YES _____ NO IF YES, WHAT GRADE LEVEL? _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED. PROGRAM (IEP)? _____ YES _____ NO

HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? _____ YES _____ NO

HAS YOUR CHILD EVER PARTICIPATED IN:

TITLE _____ LAP _____ GIFTED _____ ESL _____ OTHER _____

IF OTHER, PLEASE EXPLAIN: _____

PRIMARY (WHERE STUDENT RESIDES) HOUSEHOLD INFORMATION:

PRIMARY GUARDIAN NAME (LAST, FIRST) _____ RELATIONSHIP TO STUDENT _____

HOUSEHOLD PH # _____ CELL# _____ WK # _____ EMPLOYER _____

SECONDARY GUARDIAN NAME (LAST, FIRST) _____ RELATIONSHIP TO STUDENT _____

HOUSEHOLD PH # _____ CELL# _____ WK # _____ EMPLOYER _____

STREET/PO BOX _____ APT # _____ CITY, ST, ZIP _____

MAILING ADDRESS IF DIFFERENT _____

EMAIL ADDRESS _____

PLEASE LIST OTHER HOUSEHOLD MEMBERS ENROLLED IN TOLEDO SCHOOL DISTRICT

NAME (last/first)	GRADE	SCHOOL

* IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT? _____ YES _____ NO

* IS THERE A RESTRAINING ORDER IN EFFECT? YES _____ NO _____ AGAINST WHOM? _____

* IF YES, LEGAL PAPERS MUST BE ON FILE WITH THE SCHOOL FOR ENFORCEMENT.

SECONDARY (NON-CUSTODIAL PARENT NOT RESIDING WITH STUDENT) HOUSEHOLD

* THIS HOUSEHOLD WILL RECEIVE COPIES OF SEMESTER REPORT CARDS, SCHOOL MAILINGS, ETC.

PRIMARY GUARDIAN NAME (LAST, FIRST)		RELATIONSHIP TO STUDENT	
HOUSEHOLD PH #	CELL#	WK #	EMPLOYER
SECONDARY GUARDIAN NAME (LAST, FIRST)		RELATIONSHIP TO STUDENT	
HOUSEHOLD PH #	CELL#	WK #	EMPLOYER
STREET/PO BOX		CITY, ST, ZIP	
MAILING ADDRESS IF DIFFERENT			
EMAIL ADDRESS			

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

When injury or illness 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 available during the day to provide care for your child (local only please).

1	NAME		RELATIONSHIP TO STUDENT	
	ADDRESS (ST., APT., CITY, STATE, ZIP)		PHONE#	2nd PHONE #
	NAME		RELATIONSHIP TO STUDENT	
2	ADDRESS (ST., APT., CITY, STATE, ZIP)		PHONE#	2nd PHONE #
	NAME		RELATIONSHIP TO STUDENT	
	ADDRESS (ST., APT., CITY, STATE, ZIP)		PHONE#	2nd PHONE #
3	NAME		RELATIONSHIP TO STUDENT	
	ADDRESS (ST., APT., CITY, STATE, ZIP)		PHONE#	2nd PHONE #
	NAME		RELATIONSHIP TO STUDENT	
ADDRESS (ST., APT., CITY, STATE, ZIP)		PHONE#	2nd PHONE #	

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

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

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 students enrollment or assignment to a school in the Toledo School District.

LEGAL PARENT/GUARDIAN SIGNATURE:

DATE

Toledo School District does not discriminate in any program or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Section 504/ADA Coordinator, Civil Rights Compliance Coordinator, Chris Rust PO Box 459 Toledo, WA 98591, 360.864.6325, crust@toledoschools.us

TOLEDO SCHOOL DISTRICT NO. 237

116 RAMSEY WAY

PO BOX 469

TOLEDO, WA 98591

(360) 864-6325 • (360) 864-6326 FAX

SUPERINTENDENT

CHRIS RUST

BOARD OF DIRECTORS

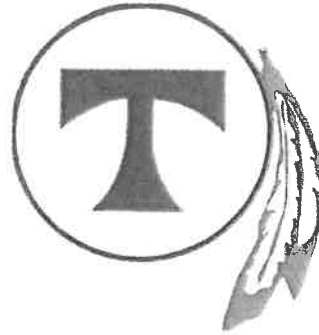
HEIDI BUSWELL

JERAD BUSWELL

BRAD DYKSTRA

LANCE MAIER

MONIQUE NORBERG



March 17, 2021

Re: Ethnicity and Race reporting

Dear Parent or Guardian:

Each year, school districts in Washington are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories used in our district are the same as are used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and OSPI. OSPI is required to report the *total* number of students in various categories in each school to the federal government, but it does not report individual student data. These reports help our district and the state keep track of changes in student enrollment and various outcomes (such as graduation rates) to ensure that all students receive the educational programs and services to which they are entitled.

Recently, the federal government and OSPI changed the reporting categories for student ethnic and race data. As a result of the new reporting categories, we need to ask you to identify your child as either Hispanic/Latino or not Hispanic/Latino **and** by *one or more* racial groups. Washington has 57 racial categories to choose from.

If your family is Asian, you will now be able to list your child as either Chinese, Japanese, or belonging to one or more of the other Asian groups. If your family is Native American, you will be able to list your child's tribal affiliation. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

Starting in September 2010, all public schools in Washington will need to start using these new categories. Please complete the enclosed form and send it to your child's school by **June 1, 2021**. If you have questions regarding this form, please contact your child's school or the district office. School district staff are required by the Federal Department of Education directives to complete this form on behalf of any student or parent who chooses not to do so. We encourage you to self-identify so that you are in charge of the information provided.

For more information about the student data reporting and DOE directives, please see:
<https://www.govinfo.gov/content/pkg/FR-2007-10-19/pdf/E7-20613.pdf>

Sincerely,

Chris Rust
Superintendent



Office of Superintendent of Public Instruction (OSPI)
Washington State Transitional Bilingual Instructional Program
Home Language Survey

Student Name:			Date:
Birth Date:	Gender:	Grade:	SSID:
Form Completed by:			
Parent/Guardian Name _____		Relationship to Student _____	
Parent/Guardian Signature _____			
If available, in what language would you prefer to receive communication from the school? _____			
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes__ No__ Don't Know__			

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever attended a school outside of the United States? ____ Yes ____ No	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. Has your child attended school in the United States before enrolling in this district? (Kindergarten - 12 th grade) ____ Yes ____ No	For how many months? _____ months *One (1) school year = 10 months
7. Do grandparent(s) or parent(s) have a tribal affiliation? ____ Yes ____ No	

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms 'enroll' and 'enrollment' include attending classes and participating fully in school activities.

(2) The term 'homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term 'unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>

TOLEDO SCHOOL DISTRICT #237

116 Ramsey Way, P.O. Box 469, Toledo, WA 98591

(360) 864.6325 FAX (360) 864.6326

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW 28A.300.507

For the purpose of collecting the data please mark all that apply:

- No parent or guardian **currently** serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- Yes, a parent/guardian is a **current member of the active duty U.S. Armed Forces.**
- Yes, a parent/guardian is a **current member of the Reserves of the U.S. Armed Forces.**
- Yes, a parent/guardian is a **current member of the Washington National Guard.**
- Yes, more than one parent or guardian is **currently either a member on active duty in the U.S. Amed Forces Reserves of the U.S. Armed Forces or Washington National Guard.**
- No Response/Refused to state

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

Note: If at any time throughout the school year the military status changes for your family please contact the Toledo School District Office or your student's school to report the change.

8/2/2016

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Dear Parents:

Your child has the opportunity to receive an electronic network account or access, and needs your permission to do so. Among other advantages, your child will be able to communicate with other schools, colleges, organizations and individuals around the world through Internet and other electronic information systems and networks. Internet is a system which links smaller computer networks, creating a large and diverse network. Internet allows your child, through electronic mail (email) and other means to reach out to many other people to share information, learn concepts and research subjects. These are significant learning opportunities to prepare your child for the future.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed informed consent form, school district procedures and other material, and discuss it together. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of privilege to use this educational tool and other disciplinary action if appropriate. Parents, remember that you are legally responsible for your child's actions.

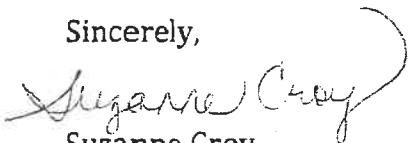
Please stress to your child the importance of using only his or her account password and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

We have established procedures and rules regulating the materials that students may search for on the network, but please be aware that there is unacceptable and controversial material and communications on the Internet that your child could access. It is not possible for us to always provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the informed consent form.

We also reserve the right to review e-mail sent or received on the district system to improve student safety and system integrity, and you and your child must waive the copyright on any material posted through the network.

If you have any questions, please contact me at 360.864.2391. If you want your child to have the opportunity to receive an Electronic Network account or access, please return signed informed consent forms to use as soon as possible.

Sincerely,



Suzanne Croy
Secretary/Registrar

Electronic Information System (K-20 Network) Individual User Access Informed Consent Form

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Toledo School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Toledo School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Toledo School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the Internet through the school district's system is waived.

GRADE LEVEL

Signature of User

Signature of Parent/Guardian
(required if user is under age 18)

Printed Name of User

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed

* Students over eighteen do not need a parent's signature

OFFICIAL USE ONLY/DO NOT WRITE BELOW THIS LINE

Account Number _____

Approved by: _____

Date: _____

Principal Martin Huffman
Counselor Katie Gale
Athletic Director Grady Fallon
Registrar/Secretary Suzanne Croy
Athletic/Attendance Secretary Jana Zion

TOLEDO HIGH SCHOOL

P.O. Box 820

1242 State Route 505 • Toledo, WA 98591

360.864.2391 • Fax 360.864.2396

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby give permission for Toledo High School to obtain from any appropriate person or agency my confidential, educational, psychological and medical records for:

STUDENT NAME

GRADE

DATE OF BIRTH

SCHOOL LAST ATTENDED

SCHOOL NAME:

ADDRESS:

CITY:

STATE:

PHONE:

FAX:

DATE LAST ATTENDED

GRADE WHEN LAST
ATTENDED

DOES THE STUDENT
HAVE SPECIAL EDUCATION
RECORDS?

The above named student has enrolled in our school. Please FAX or MAIL withdrawal grades, transcript of grades, immunization records, test scores and attendance records to:

**TOLEDO HIGH SCHOOL
P.O. BOX 820
TOLEDO, WA 98591
FAX (360)864-2396**

PARENT/GUARDIAN

TODAY'S DATE

RELATIONSHIP TO STUDENT

REGISTRAR

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Toledo School District Annual Health History

Student Name _____	Date of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade _____	School _____
<p>The following information is required in order to create an appropriate plan for your child in the event of an emergency. This information may be shared with school staff on a "need to know basis" only.</p>				
<p>Current Medical Concerns (Check all that apply)</p>				
<input type="checkbox"/> Asthma If yes, are there Inhaler(s) <input type="checkbox"/> Nebulizer <input type="checkbox"/> <input type="checkbox"/> Hay Fever <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizures/Spells <input type="checkbox"/> Color Blindness	<input type="checkbox"/> Vision Problems <input type="checkbox"/> Hearing Problems <input type="checkbox"/> Speech Difficulty <input type="checkbox"/> Bone Disease <input type="checkbox"/> Fainting <input type="checkbox"/> Headaches <input type="checkbox"/> Dental Problems <input type="checkbox"/> Physical Handicap <input type="checkbox"/> Other _____	<input type="checkbox"/> Plants Specify type/Reaction: _____ <input type="checkbox"/> Insects Specify type/Reaction: _____ <input type="checkbox"/> Drugs Specify type/Reaction: _____ <input type="checkbox"/> Foods Specify type/Reaction: _____ <input type="checkbox"/> Animals Specify type/Reaction: _____ <input type="checkbox"/> Bees Specify type/Reaction: _____ <input type="checkbox"/> Other Specify: _____	Allergies (Check all that apply)	
Are there any special medical problems of concerns that the school staff should note? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____				
Is medication required for either an allergy or another medical condition? (Please note, medication requires written physician and parent permission) At home? <input type="checkbox"/> Yes <input type="checkbox"/> No At school? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medication(s): _____				
Do you have medical insurances? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need assistance in accessing medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was there a health problem or handicap present at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the diagnosis? _____ What age was the diagnosis? _____ Name of physician? _____ Any operations, injuries, or hospitalizations related to diagnosis? _____				
Physical education activity: <input type="checkbox"/> Limited <input type="checkbox"/> Not Limited If activity is limited, please explain: _____				
If there is an allergy present, does student have an Epi-Pen or have ever had one ordered for allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No				Does your child wear: <input type="checkbox"/> Eye Glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Hearing Aides
Last eye exam: _____ Eye Dr: _____ Last dental exam: _____ Dentist: _____ Last medical exam: _____ Doctor: _____				If emergency treatment is required for your child and you cannot be reached immediately, may the school authorities use their own judgment in calling one of the local doctors indicated in this form, or if not available, another doctor, to give treatment necessary for the health and welfare of your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain what action you desire the school to take: _____				Signature of Parent _____ Date _____