

Taholah School District #77  
 P.O. BOX 249, 600 Chitwhin Dr.  
 Taholah, WA. 98587  
 PH: 360-276-4780 FAX: 360-276-4370

# REGISTRATION FORM

DATE \_\_\_\_\_

|                   |            |             |                 |
|-------------------|------------|-------------|-----------------|
|                   |            |             |                 |
| Student Last Name | First Name | Middle Name | Legal Last Name |

|               |     |           |            |               |
|---------------|-----|-----------|------------|---------------|
|               |     |           |            |               |
| Present Grade | Sex | Birthdate | Home Phone | Home Language |

**Primary household: Name(s) of persons WITH WHOM THE STUDENT IS LIVING with (Check One)**

|                 |  |             |  |             |  |      |  |        |  |
|-----------------|--|-------------|--|-------------|--|------|--|--------|--|
| Both<br>Parents |  | Mother Only |  | Father Only |  | Self |  | Agency |  |
|-----------------|--|-------------|--|-------------|--|------|--|--------|--|

|       |  |          |  |                    |  |                    |  |                         |  |
|-------|--|----------|--|--------------------|--|--------------------|--|-------------------------|--|
| Other |  | Guardian |  | Mother/Step-father |  | Father/Step-mother |  | Step-mother/Step-father |  |
|-------|--|----------|--|--------------------|--|--------------------|--|-------------------------|--|

|                           |            |                 |                |                  |
|---------------------------|------------|-----------------|----------------|------------------|
|                           |            |                 |                |                  |
| Parent/Guardian Last Name | First Name | Work Place/City | Business Phone | Cell Phone/Email |

|                           |            |                 |                |                  |
|---------------------------|------------|-----------------|----------------|------------------|
|                           |            |                 |                |                  |
| Parent/Guardian Last Name | First Name | Work Place/City | Business Phone | Cell Phone/Email |

|                                 |      |       |     |
|---------------------------------|------|-------|-----|
|                                 |      |       |     |
| Parent/Guardian Mailing Address | City | State | Zip |

|                                 |      |       |     |
|---------------------------------|------|-------|-----|
|                                 |      |       |     |
| Parent/Guardian Mailing Address | City | State | Zip |

**Emergency Information: List two local persons (other than yourself) usually available during the school**

|      |                         |         |              |
|------|-------------------------|---------|--------------|
|      |                         |         |              |
| Name | Relationship to Student | Address | Phone Number |

|      |                         |         |              |
|------|-------------------------|---------|--------------|
|      |                         |         |              |
| Name | Relationship to Student | Address | Phone Number |

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**Enter the name of your family physician who may be contacted by a school staff member when the parent cannot be reached and medical assistance is indicated. Please note that when Fire Department Medical Unit responds they will contact available emergency room physician who may in turn contact your family physician. If you have no family doctor, you can state any local physician.**

|                 |  |
|-----------------|--|
| Family Doctor:  |  |
| Family Dentist: |  |

***Second Household Information***

| Parent/Guardian Last Name | First Name | Work Place/City | Business Phone | Cell Phone/Email |
|---------------------------|------------|-----------------|----------------|------------------|
|                           |            |                 |                |                  |

| Parent/Guardian Mailing Address | City | State | Zip |
|---------------------------------|------|-------|-----|
|                                 |      |       |     |

***School Mailings to this address***      Yes  No

***Residency Verification: the residency information provided on this form is true and accurate as of this date. I understand that the falsification of an address or the use of any other fraudulent means to achieve enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.***

|                           |  |      |  |
|---------------------------|--|------|--|
| Parent/Guardian Signature |  | Date |  |
|---------------------------|--|------|--|