



# STUDENT REGISTRATION FORM

Student's Legal Name: Last, First, Middle		Birthdate:	Gender: (M/F)	Grade Level:
Resident Address: (where student resides)		Student Email:		Student Phone:
Birthplace: (City, State, Country)	Ethnic Code: (check one) <input type="checkbox"/> Of more than one race or multi-racial <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Provided <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		District Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No, Transfer Student <input type="checkbox"/> Out-of-District Transfer <input type="checkbox"/> Within-District Transfer	
What are your reasons for taking online classes?				
What are your goals after completing high school?				
Last School Attended:	Last School Attended Address:		Currently Enrolled: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
On Becca? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Becca been discussed at other school? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your child ever qualified for, or been enrolled in, a Special Ed Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Qualifying Area(s):	
Has your child ever qualified for, or had a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary language spoken in home?		
Is your child currently living in a shelter, car, motel, doubled-up with friends/relatives, in temporary foster care or a group home, or campground? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Student Lives With: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other:	Primary Guardian 1: (parent/legal guardian where student resides) Last Name:  First Name:		Primary Guardian 1 Phone: (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____	
Mailing Address: (if different from above)	Primary Guardian 2: (parent/legal guardian where student resides) Last Name:  First Name:		Primary Guardian 2 Phone: (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____	
Military? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both				
Primary Guardian 1 Employer:	Employer Phone:	Primary Guardian 2 Employer:	Employer Phone:	
Second Household: (non-custodial parent not residing with student) Last Name:                      First Name:	Second Household Phone: (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____		Relationship to Student: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other:	
Second Household: (non-custodial parent not residing with student) Last Name:                      First Name:	Second Household Address:		Additional Mailings Requested? <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 against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <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 or assignment to a school in the Olympia School District.

Legal Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT HEALTH INFORMATION**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian	Home/Msg Phone	Cellular Phone	Work Phone
Mother/Legal Guardian's Name:			
Father/Legal Guardian's Name:			

**Student lives with:**

- Both Mother/Father                       Legal Guardian  
 Mother only                                   Other Legal Guardian: \_\_\_\_\_  
 Father only

**Health Care Provider:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance:**

- Medical Coupons     Private  Military     None     Other: \_\_\_\_\_

LIFE-THREATENING CONDITIONS	OTHER HEALTH CONDITIONS												
<p><b>Washington State law requires medication or treatment orders and a health care plan be in place. Please contact the school nurse.</b></p> <p>Does your child have a life-threatening Allergy?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Allergic to: _____                      _____</p> <p>Describe Reaction: _____                      _____</p> <p>Date of Last Reaction: _____</p> <p><input type="checkbox"/> Seizures: Type _____                      _____</p> <p><input type="checkbox"/> Cardiac: Describe _____                      _____</p> <p><input type="checkbox"/> Diabetes: Type _____                      _____</p> <p>Does your child have severe Asthma?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Hospitalized / Emergency Treatment within past year.  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Allergies - please list: _____                      _____                      _____</p> <p>Mild Reactions: _____                      _____</p> <p><input type="checkbox"/> Asthma:  <input type="checkbox"/> with inhaler                      <input type="checkbox"/> without inhaler</p> <p>Describe: _____                      _____                      _____</p> <p><input type="checkbox"/> Other Health Conditions: _____                      _____                      _____</p> <p style="text-align: center;"><b>MEDICATIONS</b></p> <p><b>If your child needs to take any medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.</b></p> <p><b>Medication(s):</b></p> <table> <tr> <td>Currently Used</td> <td>Taken At:</td> <td></td> </tr> <tr> <td>1. _____</td> <td></td> <td><input type="checkbox"/> School <input type="checkbox"/> Home</td> </tr> <tr> <td>2. _____</td> <td></td> <td><input type="checkbox"/> School <input type="checkbox"/> Home</td> </tr> <tr> <td>3. _____</td> <td></td> <td><input type="checkbox"/> School <input type="checkbox"/> Home</td> </tr> </table>	Currently Used	Taken At:		1. _____		<input type="checkbox"/> School <input type="checkbox"/> Home	2. _____		<input type="checkbox"/> School <input type="checkbox"/> Home	3. _____		<input type="checkbox"/> School <input type="checkbox"/> Home
Currently Used	Taken At:												
1. _____		<input type="checkbox"/> School <input type="checkbox"/> Home											
2. _____		<input type="checkbox"/> School <input type="checkbox"/> Home											
3. _____		<input type="checkbox"/> School <input type="checkbox"/> Home											

If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person if at all possible and call 911, if the injury or illness warrants it.

I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her safety at school. I understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured. I have read and understand this form.

**Parent/Legal Guardian Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STUDENT/FAMILY EMERGENCY RELEASE FORM

This form will be used in the event of a school emergency or natural disaster. Students will not be dismissed from school unless a parent/legal guardian or someone on this student's emergency release form comes for him/her. **ONLY ONE FORM PER FAMILY.**

Please list below all children within your family who attend this school.

STUDENT'S NAME	GRADE	TEACHER

Remember, adults must sign students out at the designated release station (this would be the office unless the building has been deemed structurally unsafe in which case signs will indicate the location of a release area). Students will be released only to those adults listed below and only at the student release station.

If circumstances warrant, the building principal or his/her designee, may give permission, based on judgment of particular situations, for specific students to be released or moved to an alternate location. On your battery-operated radio, tune in to the local radio station (KGY 1240 AM / KGY 96.9 FM) and listen for school closure information during power outages and other school closure or early dismissal information. During non-outages, you can listen to the radios station or visit the District's website at <http://kids.osd.wednet.edu> for details.

Parent/Legal Guardian		Parent/Legal Guardian	
<b>Name</b>		<b>Name</b>	
<b>Work Phone</b>		<b>Work Phone</b>	
<b>Home Phone</b>		<b>Home Phone</b>	
<b>Cell</b>		<b>Cell</b>	
<b>Pager</b>		<b>Pager</b>	

I hereby give my permission, that in the case of an emergency, my child(ren) may be released to any of the individuals listed below.

\_\_\_\_\_   
 Parent/Legal Guardian's Signature

It would be helpful if you included a contact who resides outside of the local area as well.

Emergency Contact Name	Address	Phone (include all possible numbers)
		Home: Work: Cell:
		Home: Work: Cell:
		Home: Work: Cell:
		Home: Work: Cell:
		Home: Work: Cell:

The following signature is required prior to releasing the student(s). The signature will be the parent, legal guardian or any of the authorized emergency contacts listed above.

\_\_\_\_\_  
Signature of Emergency Contact Pickup

\_\_\_\_\_  
Date of Emergency Time

**Olympia Regional Learning Academy  
STATEMENT OF UNDERSTANDING**

In accordance with the Alternative Learning Experience Implementation Standards, *reference WAC 392-121-182 (3)(e)*, prior to enrollment parent(s) or guardian shall be provided with, and sign, documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience (ALE).

Provided on the front and back of this form are summary and narrative descriptions of the difference between Home-based Instruction and an ALE. Please read these descriptions and sign below.

Summary Description

**Home-Based Instruction**

- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A.225.010.
- Students are not enrolled in public education
- Students are not subject to the rules and regulations governing public schools, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student’s education.

**Alternative Learning Experience**

***Olympia Regional Learning Academy***

- Is authorized under WAC 392-121-182
- Students are enrolled in public education either full-time or part-time.
- Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.
- Learning experiences are:
  - Supervised, monitored, assessed and evaluated by certificated staff
  - Provided via a written student learning plan.
  - Provided in whole, or part outside the regular classroom.

**Part-time Enrollment of Home-Based Instruction Students**

Home-based instruction students may enroll in public school programs, including ALE programs, on a part-time basis and retain their home-based instruction status. In the case of part-time enrollment in ALE, the student will need to comply with the requirements of the ALE written student learning plan, but not be required to participate in state assessments or meet state graduation requirements.

I have read the summary and detailed descriptions of home-based instruction and alternative learning experience provided and I understand the difference between home-based instruction and the alternative learning experience program in which my child is enrolling.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Name(s) of Student(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Narrative Description of the Differences Between Home-Based Instruction and public school Alternative Learning Experiences*

Home-based instruction is authorized under Revised Code of Washington (RCW) 28A.225.010 and RCW 28A.200. When a parent or guardian has filed a ‘declaration of intent to provide home-based instruction’ with the district and is meeting the requirements for home-based instruction stated in RCW 28A.225, the student is eligible to receive home-based instruction. Students receiving only home-based instruction are not enrolled in public education, and they do not have to comply with the rules and regulations regarding public schools. Since the student is not registered or enrolled in the public school system, the school district is under no obligation to provide instruction or instructional materials for these students. Home-based instruction students are not required to participate in any district or state testing and/or assessments. Additionally, home-based instruction students are not eligible for graduation through a public high school unless they meet all of the graduation requirements established by the state, district, and the local high school. This includes earning the Certificate of Academic Achievement.

**Part-time enrollment**

Home-based instruction students may have access to ancillary services and may enroll in a public school course, such as an alternative learning experience program, on a part-time basis where space is available. Part-time enrollment is defined as being less than full-time enrollment. In these cases, the student is responsible for maintaining acceptable attendance and meeting all course and school requirements. For an alternative learning experience, this will mean meeting the requirement of the written student learning plan. The student continues to be considered a home-based instruction student when enrolled **part-time** in a public school setting. Therefore, except for the individual class requirements, school and district attendance rules, and school behavior policies, the limitations and restrictions noted in the paragraph above are in force.

**Full-time enrollment**

A student enrolling **full-time** in a public school alternative learning experience program is **not** receiving home-based instruction, even if the parent or guardian has filed a ‘declaration of intent to provide home-based instruction’ with the school district. The student is considered a public school student and is subject to all the rules and regulations governing the actions of all public schools students. This includes, but is not limited to, attendance, meeting course requirements, graduation requirements, and assessment requirements. Full-time students are eligible for graduation from a public high school upon meeting all of the school, district, and state requirements.

**REQUEST FOR TRANSFER OF STUDENT'S  
EDUCATIONAL & HEALTH RECORDS**

To School: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Student's Name(s):**

\_\_\_\_\_ Birthdate: \_\_\_\_\_ SSID#: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_ SSID#: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_\_ SSID#: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian's Signature

**PLEASE FORWARD THE ABOVE REQUESTED RECORDS TO:**

School: Olympia Regional Learning Academy District: Olympia

Address: 2001 26th Ave NE

City: Olympia State: WA Zip: 98506

Phone: 360-596-7730 Fax: 360-596-7731

School Official: \_\_\_\_\_

Date: \_\_\_\_\_

In compliance with the Family Educational Rights and Privacy Act of 1974 the parent or guardian of the above named student(s) have been advised of this request for transfer of record(s).