STUDENT HEALTH INFORMATION         Does your student have any health or medical problems? □ Yes □ No         Health questionnaire required for all students.         Does your child require medication at school? □ Yes □ No         If yes, medication form required. See school office personnel         Do you have Health Insurance? □ Yes □ No         Insurance Co:	Please read and initial the following statements:  I give my consent for my child to be released to me or my spouse or to the friend/relative I have designated and/or to be taken by ambulance to the nearest hospital in case of emergency.  I understand that Tillamook School District does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan.  I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.							
Last School Attended:	ity:State:							
Sibling Name: Grade Sibli	Name:Grade:							
RELEASE/PUBLICATION OF DIRECTORY INFORMATION  Please see Student/Parent Handbook, Annual Notifications. The school must be notified within 15 days of this notice if you do not want your student's directory information published.  ETHNICITY/RACE - Please answer both #1 and #2: 1. □Hispanic/Latino □Not Hispanic/Latino  2. □American Indian/Alaska Native □Asian □Black/African American □Native Hawaiian/Pacific Islander □White								
HOME LANGUAGE								
Home Language Survey	English	Spanish	Other					
1. Which language did <u>your child</u> learn when he/she first began to talk	?							
2. Which language is most often spoken by the adults at home?								
3. In what language do you prefer verbal and written communication freschool?	rom the							
I certify that the information above is, to my knowledge, true and accurate:								
Parent Signature:	Date:							

## Tillamook School Dist. # 9 Tillamook High School

2605 Twelfth St Tillamook, OR 97141 Phone: (503) 842-2566 Fax: (503) 842-1340

CHOOL YEAR	

## Registration Card Please print clearly, and return to the main office

STUDENT INFORMATION Stud	lent's Grade Level □9	□ 10 □ 11 □ 12		Office Use Only				
				Student I.D. No.:				
Student's <u>LEGAL</u> Name:			Enrollment Date:					
				Graduation Year:				
Student's <u>PREFERRED</u> Name:				Teacher:				
Birthplace:1	Birthdate:	Age: □ <b>Ma</b>	Status: Fees Paid					
Proof of birth date must be provided (new	☐ Student/Parent Handbook Given							
Office use only: Vital Record/Birth Certificate Hospital Record Hospital Certificate Other								
Student Lives With: Name:	Relationship:	Name:		Relationship:				
PRIMARY ~ PARENT/GUARDIAN Same address/phone as student	Olcondimi iimenijoomoliii		,	Guardian cannot be reached, Student e released to:				
Name:	Name:	Name: Full Name Phone/Ce						
Relationship:		Relationship:		nip:				
Address:	Number:	Phone Number: F		me: Cell:				
Mailing	Work	Work		ionship:				
Address:	Phone:							
City, State,	Cell	Full Nam		1.				
Zip:		Dhono:		e/Cell: ionship:				
Phone			Kelationship.					
Number:	_     Emun		Full Name:					
Work	□ Required if address/ph	<b>Required</b> if address/phone is different from student:						
Phone:		Address: Relationsh						
Cell			C. 1 .	(1 1 1 (2 1 11)				
Phone:	Mailing Address:	Mailing Studen Address:		y not be released to: (if applicable)				
Email:	City, State, Zip:	City, State. Full Name:_		<u> </u>				
□ Check if parent/guardian is a member of the Armed Forces on active duty or full-time National Guard.	□ Check if copy of co	orrespondence is needed	Full Name:					