REGISTRATION FORM

DIERINGER SCHOOL DISTRICT

1320 – 178TH Avenue East
Lake Tapps, WA 98391

Date Enrolled: _____
Grade Level: _____
___LTES ___DHES ___NTMS

Student's Legal Name: _____
Last *First* *Middle* *Goes By*

Place of Birth: _____ Date of Birth: _____ Male / Female
City *State* *month/day/year* *(circle one)*

Ethnicity:
___ Caucasian or White
___ Asian
___ Black or African American
___ American Indian or Alaska Native
___ Hispanic or Latino
___ Native Hawaiian or Other Pacific Islander
____Of more than one race or Multiracial

Student's Primary Language:
___ English
___ Spanish
___ Other – *please specify:* _____

Primary language spoken at home:
___ English
___ Spanish
___ Other — *please specify:* _____

Additional language spoken at home:
please specify: _____

Student Lives With: ___Parent ____Guardian ___Other

Student's Primary Residence:

Parent Names: _____

Home Address: _____

City / Zip: _____

E-mail Address: _____

Home Phone: _____

Secondary Residence:

Names: _____
relationship

Address: _____

City, State / Zip: _____

E-mail Address: _____

Home Phone: _____

Father: _____ Work: (____) _____ Cell: (____) _____

Mother: _____ Work: (____) _____ Cell: (____) _____

Other (i.e. step-parent): _____ Work: (____) _____ Cell: (____) _____

Day Care Name: _____ Contact Person: _____ Phone: (____) _____

Has your child ever been in any special program? Yes / No If yes, what school? _____

___LAP ___Chapter ___Resource ___Speech (CDS) ___Major Health ___504 Accommodations Other_____

Previous School District: _____

Previous School Name Attended: _____

City, State: _____

Custody Information

- Legal custody documents on file in school office.

Sibling Names	Birthdate	School Attending