

New Student Registration Checklist

Welcome to Ridgefield High School. We look forward to having you join our student body. In order to make the transition smoother we have put together the following checklist of items you will need at registration. Please take a few moments to download the registration packet and fill out the forms to make your registration smoother.

Good Luck and Welcome!

PLEASE NOTE: We need this info before your student can start school.

- ❑ Withdrawal form and grades from former school
- ❑ Official Transcript
- ❑ Immunization Record
- ❑ Address, phone and fax number of former school

Important Info

- 📞 Main Office 619-1320
- 📞 Counseling Department: Donna Siegel, Asst. Secretary 619-1327
- 📞 Monica DeShazer, Counselor 10th and 12th grade
- 📞 Ray Lions, Counselor 9th and 11th grade
- 📞 Attendance Line: 619-1322
- 📞 Activities Line: 619-1393
- 📞 www.ridge.k12.wa.us

Ridgefield High School
Home of the Spuds



**RIDGEFIELD SCHOOL DISTRICT 122
STUDENT REGISTRATION FORM**

FOR OFFICE USE
Start Date:
Key Pad #:

PLEASE COMPLETE ALL 4 PAGES

STUDENT NAME: Legal Last		Legal First	Legal Middle	Other Name Used	Grade Level
BIRTHDATE (Month/Day/Year)	BIRTHPLACE (City/State/Country)		US CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
PREVIOUS SCHOOL ATTENDED (Name/District)		City	State	Did student formally withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No	Withdraw Date:
If enrolling from out of state, has student ever attended Washington State Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has student ever attended Ridgefield Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Name of School:		Grades Attended:	

PRIMARY HOUSEHOLD WHERE STUDENT RESIDES PARENT/GUARDIAN		PRIMARY PHONE FOR NOTIFICATIONS ()		STUDENT RESIDES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Joint Custody <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other Family Member <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Foster Home <input type="checkbox"/> Other (specify) _____
Last Name	First Name	Primary phone is: <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Email Address		Home Phone ()	Cell Phone ()	
		Work Phone ()		
		Cell Phone ()	Work Phone ()	
PHYSICAL ADDRESS WHERE FAMILY RESIDES – Required				
		City	State	Zip
MAILING ADDRESS – If different from physical address				
		City	State	Zip

USE THIS SECTION TO PROVIDE INFORMATION FOR STUDENTS WITH A SECOND HOUSEHOLD

SECOND HOUSEHOLD CONTACTS		Home Phone ()		Relationship to student
Last Name	First Name	Cell Phone ()	Work Phone ()	
Email Address				
		Cell Phone ()	Work Phone ()	Relationship to student
Last Name	First Name			
Email Address				
SECOND HOUSEHOLD ADDRESS		City	State	Zip
		MAILING ADDRESS		City
		State	Zip	
IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school)				
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) RESTRAINING ORDER AGAINST: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____				
IS THERE A LEGAL RESTRICTION PREVENTING THE NON-CUSTODIAL PARENT FROM VISITING THE SCHOOL OR REMOVING THE STUDENT FROM THE SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school)				
SEND COPIES OF REPORT CARDS TO SECOND HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Parent/Guardian Signature _____ Date _____

If injury, illness or other nonemergency situations occur involving your child, the District needs to be able to quickly reach families or other responsible adults. In the event you cannot be reached, please list persons you trust who are available during the day to provide care for your child (local area only please).

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 below.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____		RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()
EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____		RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()
DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Before school <input type="checkbox"/> After school	CHILD CARE PROVIDER (Name/address/phone number)		

ETHNICITY AND RACE			
PLEASE ANSWER BOTH QUESTIONS 1 AND 2			
BOTH RESPONSES ARE PER WASHINGTON STATE AND FEDERAL REQUIREMENTS			
Question 1: Is your child of Hispanic or Latino origin? → (check all that apply)	Answer: <input type="checkbox"/> NOT HISPANIC <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> CUBAN	<input type="checkbox"/> DOMINICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> MEXICAN / CHICANO / MEXICAN AMERICAN	<input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> OTHER HISPANIC / LATIN
Question 2: What race do you consider your child? → (Check all that apply)	<input type="checkbox"/> AFRICAN AMERICAN / BLACK <input type="checkbox"/> WHITE / CAUSCASIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE <input type="checkbox"/> THAI <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN	<input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN or CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MELANESIAN <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER <input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHELHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT	<input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE CLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINAULT <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUIATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> YAKIMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN

STUDENT PROGRAMS/ADDITIONAL INFORMATION		
Indicate if student has ever been enrolled in the following programs:		Are there any school activities in which your student should not participate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, parent/guardian must provide documentation regarding reasons for non-participation.
Special Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program
Speech/Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program
OT/PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program
504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Current Plan
Title/Lap Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Currently receiving services
Title/Lap Math	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Currently receiving services
Transitional Bilingual	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Currently receiving services
Gifted	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Currently receiving services
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____
Does student have a probation officer or case worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name: _____
Has student ever been suspended for a weapons violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____
Does student have a Boundary Exception? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade? _____		

STUDENT RESIDENCY	
The following question can help determine the services your student may be eligible to receive under the Title 1 Part A and/or Federal McKinney-Vento Act 42 U.S.C. 11435. Eligibility can be determined by completing this confidential questionnaire. The purpose of this information is to ensure the rights of your student/s under the McKinney-Vento Act. This information is confidential.	
Is the student's home address a temporary living arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a temporary living arrangement due to a loss of housing or economic hardship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student in a temporary foster care placement or awaiting foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a student, are you living with someone other than your parent or legal guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unknown nighttime residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student an unaccompanied youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO to all of the above Student Residency questions, you may stop this section here. If you answered YES to any of the above Student Residency questions, please complete the remainder of this section.	
Student is currently living:	<input type="checkbox"/> In a motel <input type="checkbox"/> In a location not designed for sleeping accommodations (ex: car, park, campsite) <input type="checkbox"/> In a shelter <input type="checkbox"/> Other: <input type="checkbox"/> Doubled up with one or more other families
ADDRESS OR GENERAL AREA OF CURRENT RESIDENCE City State Zip	
NAME OF MOTEL/SHELTER	NAME/PHONE NUMBER OF CONTACT
DATE STUDENT BEGAN LIVING HERE	
ARE THERE ANY SIBLINGS ENROLLED IN RIDGEFIELD PUBLIC SCHOOLS RESIDING HERE ALSO? PROVIDE NAME(S) AND SCHOOL:	

REGISTRAR: If the answer to at least one of the Student Residency questions is Yes, contact the District Homeless Liaison.

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 Ridgefield School District.

Parent/Legal Guardian/Adult Student Signature

Date

This form contains public information. To request withholding of all or part of this information (opt-out) pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR 99), complete a "Nondisclosure Form" annually. Forms are available at the school office or online at www.ridge.k12.wa.us

Ridgefield School District #122 complies with all state and federal rules and regulations and provides equal opportunity in programs and employment and does not unlawfully discriminate on the basis of race, color, national origin/language, marital status, HIV/Hepatitis C status, sex, sexual orientation-including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability, and provides equal access to the Boy Scouts of America and other designated youth groups. Ridgefield School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities. For information regarding translation services, bilingual education or inquiries regarding compliance procedures, contact Dr. Patricia Boles, Title IX/Section 504/ADA Coordinator, 2724 S. Hillhurst Road, Ridgefield, WA 98642, (360) 619-1301, or by email at patsy.boles@ridge.k12.wa.us



Home Language Survey
Washington State
Transitional Bilingual Instructional Program

(This form is required for all students per Washington State and Federal Requirements)

SECTION A

STUDENT NAME		DATE	
SCHOOL		GRADE	
DATE OF BIRTH		GENDER	
1. Is a language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list language(s)	Language(s) most often used by: Father _____ Mother _____ Guardian _____		
2. Is your child's first language a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list language(s) _____		
Parent or Guardian's Name _____		Phone Number _____	
Address _____	City _____	State _____	Zip _____
Student's Country of Origin (If Country of Origin is NOT the United States, complete Section B below)			
Parent/Guardian Signature _____		Date _____	
Reference to WAC392-160-005. <ul style="list-style-type: none"> • "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. • "Eligible student" means any student who meets the following two conditions: <ul style="list-style-type: none"> (a) The primary language of the student must be other than English; and (b) The student's English skills must be sufficiently deficient or absent to impair learning. 			

SECTION B

PLEASE COMPLETE THE FOLLOWING: 1. How many months has the student attended school in the United States (Gr K–12) before enrolling in this district? _____ 2. Start date of first enrollment in school in the United States (month/year): _____ 3. How many months has the student received formal education outside the United States in his/her native language (equivalent to grades K–12) before enrolling in this district? _____ <hr/> Guidance: <ul style="list-style-type: none"> • One (1) school year = ten (10) months. • "Formal education" does not include refugee camp schools or other unaccredited programs for children. • "Native Language" refers to the family's dominant language.
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REGISTRAR: If the answer to Section A, question #2 above was Yes, refer the student for testing on the Washington Language Proficiency Placement Test.

Ridgefield School District Student Health History 2011-2012

To be completed by parent/guardian

Student Name: _____ Date of Birth: _____ Grade: ____ Sex: Male Female

Home phone #: _____ Work #: _____ Teacher: _____ Bus# _____

Life Threatening Medical Conditions:(check all that apply)

State law requires a medication/treatment order from a Licensed Health Professional before your child can attend school if a life threatening condition exists. A form is available from the school office.

- No Yes **SEVERE** allergic reaction to Nuts – specify: _____
- No Yes **SEVERE** allergic reaction to Bees – specify: _____
- No Yes **Other SEVERE** allergies-affecting school. Specify: _____
- No Yes **Asthma REQUIRES DAILY** medication for asthmatic condition **OR** has been hospitalized **OR** had emergency room/urgency care clinic visits within the past year for asthmatic condition.
- No Yes **Diabetes, diagnosed at age:** _____
- No Yes **Medication or food allergies:** _____
- No Yes **Other:** _____

Possible Life Threatening Medical Conditions: (check all that apply)

State law requires a medication/treatment order from a Licensed Health Professional if your child's health condition *will put your child in danger of death during the school day*. Orders must be in place before your child can attend school. A form is available from the school office.

- No Yes **Asthma - takes medication only when needed**. Medication: _____
- No Yes **Seizure Disorder:**
Type of Seizures and date of last Seizure: _____
- No Yes **Heart Condition:** _____
- No Yes **Blood Disorder:** Specify: Hemophilia Anemia other _____

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

- No Yes If yes, explain: _____
- No Yes **Behavioral/Emotional Concerns:** _____
- No Yes **Attention Deficit Disorder:** Specify: ADD ADHD medication taken: _____
- No Yes **Orthopedic Condition:** _____
- No Yes **Wears glasses/contacts,** Date of last eye evaluation: _____
- No Yes **Wears hearing aids,** Date of last hearing exam: _____

Daily Medication

State law requires written permission from a Licensed Health Professional and parent before any medication (prescription or over-the-counter) can be given at school. A form is available from the school office.

- No Yes **Medication needed at school - specify:** _____
- No Yes **Medication needed at home – specify :** _____

This information is considered confidential. It will be shared with school staff only as needed during the time your child is enrolled in Ridgefield School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

Parent/guardian signature: _____ Date: _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: _____

First Name: _____

Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Symbols below:
◆ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only

Parent/Guardian Name (please print): _____

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
1				
2				
3				
or Hep B - 2 dose alternate schedule for teens				
1				
2				
Rotavirus (RV1, RV5)				
1				
2				
3				
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
1				
2				
3				
4				
5				
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
1				
2				
● Haemophilus influenzae type b (Hib)				
1				
2				
3				
4				
● Pneumococcal (PCV, PPSV)				
1				
2				
3				
4				

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
1				
2				
3				
4				
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
1				
2				
◆ Varicella (chickenpox) or verify disease 1-4				
1				
2				
Hepatitis A (Hep A)				
1				
2				
Meningococcal (MCV, MPSV)				
1				
2				
Human Papillomavirus (HPV)				
1				
2				
3				

Office Use Only: Immunization information updated and verified with parent/guardian permission:

Printed Staff Name	Date	Printed Staff Name	Date
Printed Staff Name	Date	Printed Staff Name	Date

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

1) Chickenpox disease verified by printout from CHILD Profile Immunization Registry
Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by Health Care Provider (HCP)
If you choose this box, mark 2A OR 2B below.
2A) Signed note from HCP attached OR
2B) HCP signed here and print name below:

Licensed health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

3) Chickenpox disease verified by school staff from CHILD Profile Immunization Registry
If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) Chickenpox disease verified by parent*
If you choose this box, fill in the date or child's age when he or she had the disease:
Age/Date of disease: _____
*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

Diphtheria Mumps Other: _____
 Hepatitis A Polio Rubella _____
 Hepatitis B Tetanus _____
 Hib Measles _____
 Varicella _____

Licensed health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

RIDGEFIELD SCHOOL DISTRICT

NONDISCLOSURE FORM 2011-2012 *(Optional Opt-Out)*
FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT)

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that school districts, with certain exceptions, obtain written consent prior to the disclosure of personally identifiable information from a child's education records. (www.ed.gov) However, school districts may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary.

To request withholding of information pursuant to FERPA, please complete this form (**one form per family**) and return it to the office of the school your oldest child attends. If this form is not completed and filed with the district, it will be assumed that the directory information listed below may be disclosed for the remainder of the current academic year. A nondisclosure form must be completed each academic year. You may revoke this nondisclosure in writing by filing consent with the school office.

✓ **CHECK ALL BOXES BELOW THAT APPLY:**

DO NOT DISCLOSE to Military:

DO NOT DISCLOSE to Higher Education:

DO NOT DISCLOSE for Public use:

Exclude student information from being sent outside the district such as student directories, newspaper and other media. (i.e. Booster Directory, PTA Directory, Ridgegram).

DO NOT DISCLOSE for District use: (which could become public)

Exclude student information from within the district like yearbooks, photographs, sports information such as rosters and programs and/or articles where student's information is identified.

List Names of all students attending schools in the Ridgefield School District

Legal Last	Legal First	Legal Middle	School Student Attends	Grade
Legal Last	Legal First	Legal Middle	School Student Attends	Grade
Legal Last	Legal First	Legal Middle	School Student Attends	Grade
Legal Last	Legal First	Legal Middle	School Students Attends	Grade
(*additional space on back of this page)				

Parent/Guardian/Adult Student Legal Name _____
Last First MI

Parent/Guardian/Adult Student Signature _____ Date _____

Request for Authorization of Release of Student Records

Student Legal Name _____ Birth Date ____ / ____ / ____ GR. ____
Last First Middle

Other Name Used by Student: _____

Student Address: _____
Street/PO Box City State Zip Code

Home Phone No. _____ Alternate Phone No _____

I hereby authorize release of student records for the above-named student as follows:

Transferring From School: _____

School Address _____
Street/PO Box City State Zip Code

Phone No _____ Fax No _____

The cumulative records and confidential information include, but are not necessarily limited to the following:

Scholastic Achievement Data (Including Transcript grades at time of withdrawal)

- _____ Standardized Test Data
- _____ Medical Data
- _____ Psychological Data
- _____ Sociological Data
- _____ Discipline Records
- _____ Attendance Records
- _____ Specialized Education Records
 - a. Current IEP
 - b. Initial Placement
 - c. 3 Year Evaluation

_____ 504
_____ Other

I understand that this information will be kept confidential and will be used for educational placement purposes. (In order to secure a transcript or other school records from your child's previous school, we are required to obtain your written permission prior to making such a request.)

_____/_____/_____
Parent/Legal Guardian Signature Date

Transferring To School: *Ridgefield High School
2630 S. Hillhurst Road
Ridgefield, WA 98642
(360) 619-1321 / (360) 619-1395 fax*

_____/_____/_____
Registrar/Secretary Date