

Please Print



CASTLE ROCK SCHOOL DISTRICT NO. 4
STUDENT REGISTRATION FORM

Please Print

DO NOT WRITE IN THE SHADED AREA		FOR OFFICE USE ONLY	
School Entry Date: _____		Office Information:	Identification Verified:
Records Requested On: _____			___ Birth Certificate ___ Physical/Hospital Cert ___ Adoption Record/Other
		Choice Information	Critical Information:
		___ Yes ___ NO	___ Medical ___ Legal

STUDENT INFORMATION

Legal Last Name: _____	Legal First Name: _____	Legal Middle Name: _____	Also known as: _____	
Birth date: (month/day/year) _____	Gender: ___ M ___ F	Birthplace: City, State, Country _____	Grade	Graduation Year

PREVIOUS SCHOOL INFORMATION

Previous School Name: _____	City, State _____	Phone: _____
Has your student ever attended school in Castle Rock? ___ YES ___ NO		
If yes, which school? _____		
Has your student ever attended any other school in Washington State? ___ YES ___ NO		
If yes, which district? _____		
Has student ever been suspended or expelled: ___ YES ___ NO		
If yes, please explain: _____		

PRIMARY HOUSEHOLD (student's primary residence)

PARENT/GUARDIAN (Primary/first contact)

Last Name _____		First Name _____	Middle Name: _____	Relationship to student: _____
Resident's Address	Street _____		Apt. # _____	City, State, Zip _____
Mailing Address (If Different)	Street/P.O. Box _____		Apt. # _____	City, State, Zip _____
Email Address _____	Cell Phone _____	Home Phone _____	Work Phone _____	

PARENT/GUARDIAN (Primary/second contact)

Last Name _____		First Name _____	Middle Name: _____	Relationship to student: _____
Resident's Address	Street _____		Apt. # _____	City, State, Zip _____
Mailing Address (If Different)	Street/P.O. Box _____		Apt. # _____	City, State, Zip _____
Email Address _____	Cell Phone _____	Home Phone _____	Work Phone _____	

SECONDARY HOUSEHOLD (student's second residence)

___ YES ___ NO -Secondary Family has permission to pick up the student. / ___ YES ___ NO -Receives Report Cards?

PARENT/GUARDIAN (Secondary Household)

Last Name _____		First Name _____	Middle Name: _____	Relationship to student: _____
Resident's Address	Street _____		Apt. # _____	City, State, Zip _____
Mailing Address (If Different)	Street/P.O. Box _____		Apt. # _____	City, State, Zip _____
Email Address _____	Cell Phone _____	Home Phone _____	Work Phone _____	

PARENT/GUARDIAN (Secondary Household)

Last Name _____		First Name _____	Middle Name: _____	Relationship to student: _____
Email Address _____	Cell Phone _____	Home Phone _____	Work Phone _____	

SPECIAL SERVICES

Is student currently enrolled in a Special Education Program or do they have an IEP? YES NO
Has your student ever qualified for or been enrolled in a Special Education Program or IEP? YES NO
Please indicate other special programs in which your student has been enrolled:
 Speech Physical Therapy Occupational Therapy
Has your student ever qualified for or had a 504 plan? YES NO
Has your student ever participated in: Title 1/LAP Gifted Other _____
Has your student received services for English as a second language? YES NO
Has your student been retained? YES NO If yes, at what grade: _____

LEGAL ISSUES

Is there a parenting plan in effect? YES NO
Is there a restraining order in effect? YES NO
If yes, who's the restraining order against? Mother Father Other _____
Copies of legal papers **MUST** be on file in the school office for enforcement.
Copies provided. YES NO

MILITARY AFFILIATION (REQUIRED)

Does your student have a parent/guardian currently serving as a member of the U.S. Armed Forces (active duty). Reserves of the U.S. Armed Forces or Washington National Guard?
PLEASE CHECK ALL THAT APPLY
 (A) U.S. Armed Forces (Active Duty) (R) U.S. Armed Forces (Reserves) (G) National Guard (Washington/Oregon)
 (M) Both Parents/Guardians are Affiliated Information applies to Primary Household
 Information applies to Primary Household (N) No Military Service Affiliation (Z) No Response/Refuse to State

SIBLING INFORMATION (list school and grade if applicable)

Last Name:	First Name	Middle Name	Age	Grade

EMERGENCY CONTACT INFORMATION (other than the parents/guardians)

Last Name	First Name	Middle Name	Relationship to Student	Primary Phone	Second Phone	Allowed to pick up student?
Address	Street		Apt. #	City, State, Zip		
Address	Street		Apt. #	City, State, Zip		
Address	Street		Apt. #	City, State, Zip		

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact the parent/guardian, I authorize that my student may be released to the person(s) listed above.

Legal Parent/Guardian Signature: _____ **Date:** _____

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

Legal Parent/Guardian Signature: _____ **Date:** _____

VERIFICATION OF INFORMATION: The information of this form is true and accurate as of this date. I understand falsification of information to achieve enrollment or assignment may cause for revocation of the student's enrollment or attendance in the Castle Rock School District.

Legal Parent/Guardian Signature: _____ **Date:** _____



CASTLE ROCK SCHOOL DISTRICT #401

600 Huntington Ave. S • Castle Rock, WA 98611 •
T: 360.501.2940 • F: 360.501.3140
www.crschools.org

Together we inspire pride and achievement for all through relevant learning and great expectations.

Proof of Residency

Definition of Residence: the place, especially the house, in which a person lives or resides; dwelling place; home. If the Family has a **CHOICE Form** on file you will not need to complete this section.

I, _____, hereby certify that the following student(s)
(Parent/Legal Guardian)

Student Name Elementary Middle School High School
(check one school per student)

Student Name Elementary Middle School High School
(check one school per student)

Student Name Elementary Middle School High School
(check one school per student)

Student Name Elementary Middle School High School
(check one school per student)

The Family resides within the boundaries of the Castle Rock School District #401 for at least four out of seven days of each calendar week. Our address is:

(Street address) NO P.O. BOX ACCEPTED (City) (Zip)

I understand that the Castle Rock School District requests two forms of documentation and/or may conduct a home visit to verify my residence. If it is determined that my child(ren) are found not to live at the above-stated address, I understand they will be withdrawn immediately. If my student changes residences at any time, I shall notify the district registrar or the principal of the school where my child(ren) attends.

Parent Signature

Date

Please see the next page for what proofs of residency are accepted by the Castle Rock School District.

Updated 2/12/2026

The Castle Rock School District #401 does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated groups listed in Title 36 of the United States Code.
The following employees have been designated to handle questions, complaints or inquiries regarding our non-discrimination policies:
• Bryan Keatley, Director of Operations, Title IX Coordinator (600 Huntington Ave. S., Castle Rock, WA. 98674; 360-501-2940; email bkeatley@crschools.org)
• Jeanne Foster, Director of Student Services, Section 504 & ADA Coordinator (600 Huntington Ave. S., Castle Rock, WA. 98674; 360-501-2940; email jfoster@crschools.org)
• Bryan Keatley, Civil Rights Compliance Coordinator (600 Huntington Ave. S., Castle Rock, WA. 98674; 360-501-2940; email bkeatley@crschools.org)
• Title IX inquiries may also be directed toward the U.S. Department of Education, Office for Civil Rights (OCR). Information about the nondiscrimination and sex-based discrimination policies and grievance procedures, and how to report a concern or complaint; visit our website at www.crschools.org/non-discrimination
Policy 3205 Sex Discrimination Procedure 3205P1 Sex Discrimination and Sex Based Harassment of Students Prohibited -Grievance Policy 3210 Non-Discrimination

** IMPORTANT **

The following items are **REQUIRED** for enrollment (2 needed for proof of residency in the Castle Rock School District):

- Completed Immunizations or Certificate of Exemption
- Proof of residency form and two supporting documents, such as:
 - Current utility, water/sewer, garbage bill with street address of service (these can be a current printed statement from your online account and can be emailed to us)
 - Rental/lease agreement with street address listed
 - House purchase paperwork or payment record with street address
 - Property tax statement
 - Driver's license with current street address
 - Car registration paperwork with name and current street address
 - DCYS form (Dept. of Children and Youth Services) with name and current street address (receiving state benefits)

OTHER LIVING CIRCUMSTANCES

If you do not have any proof of residency listed above because you are living with someone else whose name is on the residence's bills/rental agreement, you will need to have the person renting/owning the residence write a letter stating that your family is living at that residence that they sign and have notarized (CR Auto Licensing does this in Castle Rock). Then we can take two proofs of residency from the person you're living with to put with your student's application.

If you are not the legal guardian of the enrolling student, you will need to get a notarized letter from the legal guardian stating that they are giving you educational guardianship over their student while in the Castle Rock School District.

Note: If your family is homeless, we do not need proof of residence, only the completed housing information form so our homeless liaison can contact you. (This means you are doubled up living with friends/family; living in a motel or campground; living in an emergency shelter; or living in a car, park, an abandoned building, etc.)



Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Please see page 2 for more information.

Section A:

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____

- Student is unaccompanied (not living with a parent or legal guardian)
- Student is living with a parent or legal guardian

If you own/rent your own home, you do not need to complete this form.

STOP HERE

Section B: Please check the box that applies to you:

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other _____

Continue if you checked a box above. Please include all children living in the above housing situation.

Sibling(s) Name		M/F	DOB	Grade	School Name
First	Last				

Address of current residence: _____

Name of contact: _____ Phone number: _____

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

Enrollment staff: If parent marked any box in Section B, please forward a copy of this form to: **Jeanne Foster;** Phone number 360.501.3130; Fax number 360.501.3140; E-mail jfoster@crschools.org
Original in cumulative folder

For School Personnel Only: data collection purposes and student information system coding

- (N) Not Homeless
- (A) Shelters
- (B) Doubled-Up
- (C) Unsheltered
- (D) Hotels/Motels

Notes: _____

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.
- (2) The term homeless children and youths' —
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - (B) includes —
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name</p> <p>#1: _____</p> <p>Interpreter Needed? _____ Yes _____ No</p> <p>Language _____</p> <p>Parent/Guardian Name</p> <p>#2: _____</p> <p>Interpreter Needed? _____ Yes _____ No</p> <p>Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes _____ No _____ Don't Know _____</p>	
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) _____ Yes _____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Updated 1/2026



Castle Rock School District

Date (Fecha): _____

Race/Ethnicity Collection Form (Formulario de Recopilación de Raza/Origen Étnico)

Student Last Name: _____ Student First Name: _____
(Apellido del estudiante) (Nombre del estudiante)

School: _____ Grade: _____ Gender (Sexo): M F (circle one)
(Escuela) (Nivel escolar) (haga un círculo alrededor de uno)

QUESTION 1. Is your child of Hispanic or Latino origin?

PREGUNTA 1. ¿Es su niño de origen hispano o latino?

H01 **NOT HISPANIC/LATINO**

HISPANIC/LATINO (may check categories and use write-in)

- | | | | |
|---|--|---|--|
| H00 <input type="checkbox"/> Hispanic | H08 <input type="checkbox"/> Costa Rican | H15 <input type="checkbox"/> Jamaican | H23 <input type="checkbox"/> Puerto Rican |
| H02 <input type="checkbox"/> Argentine | H09 <input type="checkbox"/> Cuban | H16 <input type="checkbox"/> Mexican | H24 <input type="checkbox"/> Salvadoran |
| H03 <input type="checkbox"/> Bolivian | H10 <input type="checkbox"/> Dominican | H17 <input type="checkbox"/> Mestizo | H25 <input type="checkbox"/> Spaniard |
| H04 <input type="checkbox"/> Brazilian | H11 <input type="checkbox"/> Ecuadorian | H18 <input type="checkbox"/> Native | H26 <input type="checkbox"/> Surinamese |
| H05 <input type="checkbox"/> Chicano (Mexican American) | H12 <input type="checkbox"/> Guatemalan | H19 <input type="checkbox"/> Nicaraguan | H27 <input type="checkbox"/> Uruguayan |
| H06 <input type="checkbox"/> Chilean | H13 <input type="checkbox"/> Guyanese | H20 <input type="checkbox"/> Panamanian | H28 <input type="checkbox"/> Venezuelan |
| H07 <input type="checkbox"/> Colombian | H14 <input type="checkbox"/> Honduran | H21 <input type="checkbox"/> Paraguayan | H29 <input type="checkbox"/> Hispanic/Latino Write in: _____ |
| | | H22 <input type="checkbox"/> Peruvian | |

QUESTION 2. What race(s) do you consider your child? (check all that apply)

PREGUNTA 2. ¿Qué raza(s) considera que es su niño? (Marque todo lo que corresponda).

AMERICAN INDIAN/ALASKA NATIVE (may check categories and use write-in)

N00 American Indian/Alaskan Native

- | | | |
|--|---|---|
| N01 <input type="checkbox"/> Chinook Tribe | N13 <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | N24 <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N02 <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | N14 <input type="checkbox"/> Marietta Band of Nooksack Tribe | N25 <input type="checkbox"/> Skokomish Indian Tribe |
| N03 <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | N15 <input type="checkbox"/> Muckleshoot Indian Tribe | N26 <input type="checkbox"/> Snohomish Tribe |
| N04 <input type="checkbox"/> Confederated Tribes of the Colville Reservation | N16 <input type="checkbox"/> Nisqually Indian Tribe | N27 <input type="checkbox"/> Snoqualmie Indian Tribe |
| N05 <input type="checkbox"/> Cowlitz Indian Tribe | N17 <input type="checkbox"/> Nooksack Indian Tribe of Washington | N28 <input type="checkbox"/> Snoqualmoo Tribe |
| N06 <input type="checkbox"/> Duwamish Tribe | N18 <input type="checkbox"/> Port Gamble S'Klallam Tribe | N29 <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| N07 <input type="checkbox"/> Hoh Indian Tribe | N19 <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation | N30 <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| N08 <input type="checkbox"/> Jamestown S'Klallam Tribe | N20 <input type="checkbox"/> Quileute Tribe of the Quileute Reservation | N31 <input type="checkbox"/> Steilacoom Tribe |
| N09 <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | N21 <input type="checkbox"/> Quinault Indian Nation | N32 <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| N10 <input type="checkbox"/> Kikiallus Indian Nation | N22 <input type="checkbox"/> Samish Indian Nation | N33 <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| N11 <input type="checkbox"/> Lower Elwha Tribal Community | N23 <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington | N34 <input type="checkbox"/> Swinomish Indian Tribal Community |
| N12 <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | | N35 <input type="checkbox"/> Tulalip Tribes of Washington |

N36 Alaska Native Write in: _____

N37 American Indian Write in: _____

ASIAN (may check categories and use write-in)

- | | | | |
|--|---|--|--|
| A00 <input type="checkbox"/> Asian | A08 <input type="checkbox"/> Filipino | A15 <input type="checkbox"/> Mien | A22 <input type="checkbox"/> Sri Lankan |
| A01 <input type="checkbox"/> Asian Indian | A09 <input type="checkbox"/> Hmong | A16 <input type="checkbox"/> Mongolian | A23 <input type="checkbox"/> Taiwanese |
| A02 <input type="checkbox"/> Bangladeshi | A10 <input type="checkbox"/> Indonesian | A17 <input type="checkbox"/> Nepali | A24 <input type="checkbox"/> Thai |
| A03 <input type="checkbox"/> Bhutanese | A11 <input type="checkbox"/> Japanese | A18 <input type="checkbox"/> Okinawan | A25 <input type="checkbox"/> Tibetan |
| A04 <input type="checkbox"/> Burmese/Myanmar | A12 <input type="checkbox"/> Korean | A19 <input type="checkbox"/> Pakistani | A26 <input type="checkbox"/> Vietnamese |
| A05 <input type="checkbox"/> Cambodian/Khmer | A13 <input type="checkbox"/> Lao | A20 <input type="checkbox"/> Punjabi | A27 <input type="checkbox"/> Asian Write in: _____ |
| A06 <input type="checkbox"/> Cham | A14 <input type="checkbox"/> Malaysian | A21 <input type="checkbox"/> Singaporean | |
| A07 <input type="checkbox"/> Chinese | | | |

BLACK (may check categories and use write-in)

- | | | | |
|---|---|---|-----|
| B00 <input type="checkbox"/> Black/African American | B01 <input type="checkbox"/> African American | B02 <input type="checkbox"/> African Canadian | B02 |
|---|---|---|-----|

Caribbean

- | | | | |
|--|--|--|---|
| B03 <input type="checkbox"/> Anguillian | B08 <input type="checkbox"/> British Virgin Islander | B12 <input type="checkbox"/> Dutch Antillean
(Netherlands Antilles) | B16 <input type="checkbox"/> Jamaican |
| B04 <input type="checkbox"/> Antiguan | B09 <input type="checkbox"/> Caymanian
(Cayman Island) | B13 <input type="checkbox"/> Grenadian | B17 <input type="checkbox"/> Martiniquais/Martiniquaise |
| B05 <input type="checkbox"/> Bahamian | B10 <input type="checkbox"/> Cuba Dominican | B14 <input type="checkbox"/> Guadeloupean | B18 <input type="checkbox"/> Montserratian |
| B06 <input type="checkbox"/> Barbadian | B11 <input type="checkbox"/> Dominican
(Dominican Republic) | B15 <input type="checkbox"/> Haitian | B19 <input type="checkbox"/> Puerto Rican |
| B07 <input type="checkbox"/> Barthélemois/Barthélemoises
(Saint Barthélemy) | | | B20 <input type="checkbox"/> Caribbean Write in: _____ |

Central African

- | | | | |
|--|---|--|--|
| B21 <input type="checkbox"/> Angolan | B24 <input type="checkbox"/> Chadian | B26 <input type="checkbox"/> Congolese (Democratic
Republic of the Congo) | B29 <input type="checkbox"/> São Toméan |
| B22 <input type="checkbox"/> Cameroonian | B25 <input type="checkbox"/> Congolese
(Republic of the Congo) | B27 <input type="checkbox"/> Equatorial Guinean | B30 <input type="checkbox"/> Príncipe |
| B23 <input type="checkbox"/> Central African
(Central African Republic) | | B28 <input type="checkbox"/> Gabonese | B31 <input type="checkbox"/> Central African Write in: _____ |

East African

- | | | | |
|---|--|---|---|
| B32 <input type="checkbox"/> Burundian | B38 <input type="checkbox"/> Malagasy (Madagascar) | B44 <input type="checkbox"/> Rwandan | B50 <input type="checkbox"/> Tanzanian (United Republic
of Tanzania) |
| B33 <input type="checkbox"/> Comoran | B39 <input type="checkbox"/> Malawian | B45 <input type="checkbox"/> Seychellois/Seychelloise | B51 <input type="checkbox"/> Zambian |
| B34 <input type="checkbox"/> Djiboutian | B40 <input type="checkbox"/> Mauritian (Mauritius) | B46 <input type="checkbox"/> Somali | B52 <input type="checkbox"/> Zimbabwean |
| B35 <input type="checkbox"/> Eritrean | B41 <input type="checkbox"/> Mahoran (Mayotte) | B47 <input type="checkbox"/> South Sudanese | B53 <input type="checkbox"/> East African Write in: _____ |
| B36 <input type="checkbox"/> Ethiopian | B42 <input type="checkbox"/> Mozambican | B48 <input type="checkbox"/> Sudanese | |
| B37 <input type="checkbox"/> Kenyan | B43 <input type="checkbox"/> Reunionese | B49 <input type="checkbox"/> Ugandan | |

Latin American

- | | | | |
|--|--|---|--|
| B54 <input type="checkbox"/> Argentine | B60 <input type="checkbox"/> Costa Rican | B66 <input type="checkbox"/> Guyanese | B73 <input type="checkbox"/> South Georgia and the
South Sandwich Islands |
| B55 <input type="checkbox"/> Belizean | B61 <input type="checkbox"/> Ecuadorian | B67 <input type="checkbox"/> Honduran | B74 <input type="checkbox"/> Surinamese |
| B56 <input type="checkbox"/> Bolivian | B62 <input type="checkbox"/> El Salvadoran | B68 <input type="checkbox"/> Mexican | B75 <input type="checkbox"/> Uruguayan |
| B57 <input type="checkbox"/> Brazilian | B63 <input type="checkbox"/> Falkland Islander | B69 <input type="checkbox"/> Nicaraguan | B76 <input type="checkbox"/> Venezuelan |
| B58 <input type="checkbox"/> Chilean | B64 <input type="checkbox"/> French Guianese | B70 <input type="checkbox"/> Panamanian | B77 <input type="checkbox"/> Latin American Write in: _____ |
| B59 <input type="checkbox"/> Colombian | B65 <input type="checkbox"/> Guatemalan | B71 <input type="checkbox"/> Paraguayan | |
| | | B72 <input type="checkbox"/> Peruvian | |

South African

- | | | | |
|--|--|--|--|
| B78 <input type="checkbox"/> Botswanan | B79 <input type="checkbox"/> Mosotho (Lesotho) | B81 <input type="checkbox"/> South African | B83 <input type="checkbox"/> South African Write in: _____ |
| | B80 <input type="checkbox"/> Namibian | B82 <input type="checkbox"/> Swazi | |

West African

- | | | | |
|---|--|---|---|
| B84 <input type="checkbox"/> Beninese | B88 <input type="checkbox"/> Ivorian (Cote d'Ivoire) | B92 <input type="checkbox"/> Malian | B97 <input type="checkbox"/> Senegalese |
| B85 <input type="checkbox"/> Bissau-Guinean | B89 <input type="checkbox"/> Gambian | B93 <input type="checkbox"/> Mauritanian | B98 <input type="checkbox"/> Sierra Leonean |
| B86 <input type="checkbox"/> Burkinabé (Burkina Faso) | B90 <input type="checkbox"/> Ghanaian | B94 <input type="checkbox"/> Nigerien (Niger) | B99 <input type="checkbox"/> Togolese |
| B87 <input type="checkbox"/> Cabo Verdean | B91 <input type="checkbox"/> Liberian | B95 <input type="checkbox"/> Nigerian (Nigeria) | C01 <input type="checkbox"/> West African Write in: _____ |
| | | B96 <input type="checkbox"/> Saint Helenian | |

C02 Black Write in: _____

MIDDLE EASTERN and NORTH AFRICAN (may check categories and use write-in)

- | | | | |
|---|---------------------------------------|--|--|
| W08 <input type="checkbox"/> Algerian | W15 <input type="checkbox"/> Copt | W22 <input type="checkbox"/> Jordanian | W28 <input type="checkbox"/> Palestinian |
| W09 <input type="checkbox"/> Amazigh or Berber | W16 <input type="checkbox"/> Druze | W23 <input type="checkbox"/> Kurdish Kuwaiti | W29 <input type="checkbox"/> Qatari |
| W10 <input type="checkbox"/> Arab or Arabic | W17 <input type="checkbox"/> Egyptian | W24 <input type="checkbox"/> Lebanese | W30 <input type="checkbox"/> Saudi Arabian |
| W11 <input type="checkbox"/> Assyrian | W18 <input type="checkbox"/> Emirati | W25 <input type="checkbox"/> Libyan | W31 <input type="checkbox"/> Syrian |
| W12 <input type="checkbox"/> Bahraini | W19 <input type="checkbox"/> Iranian | W26 <input type="checkbox"/> Moroccan | W32 <input type="checkbox"/> Tunisian |
| W13 <input type="checkbox"/> Bedouin | W20 <input type="checkbox"/> Iraqi | W27 <input type="checkbox"/> Omani | W33 <input type="checkbox"/> Yemeni |
| W14 <input type="checkbox"/> Chaldean | W21 <input type="checkbox"/> Israeli | | |
| W34 <input type="checkbox"/> Middle Eastern Write in: _____ | | | |
| W35 <input type="checkbox"/> North African Write in: _____ | | | |

PACIFIC ISLANDER (may check categories and use write-in)

- | | | | |
|--|--|---|---|
| P00 <input type="checkbox"/> Native Hawaiian/Other
Pacific Islander | P05 <input type="checkbox"/> i-Kiribati / Gilbertese | P11 <input type="checkbox"/> Palauan | P17 <input type="checkbox"/> Tokelauan |
| P01 <input type="checkbox"/> Carolinian | P06 <input type="checkbox"/> Kosraean | P12 <input type="checkbox"/> Papuan | P18 <input type="checkbox"/> Tongan |
| P02 <input type="checkbox"/> Chamorro | P07 <input type="checkbox"/> Maori | P13 <input type="checkbox"/> Pohpeian | P19 <input type="checkbox"/> Tuvaluan |
| P03 <input type="checkbox"/> Chuukese | P08 <input type="checkbox"/> Marshallese | P14 <input type="checkbox"/> Samoan | P20 <input type="checkbox"/> Yapese |
| P04 <input type="checkbox"/> Fijian | P09 <input type="checkbox"/> Native Hawaiian | P15 <input type="checkbox"/> Solomon Islander | P21 <input type="checkbox"/> Pacific Islander Write in: _____ |
| | P10 <input type="checkbox"/> Ni-Vanuatu | P16 <input type="checkbox"/> Tahitian | |

WHITE (may check categories and use write-in)

- | | | | |
|--|---------------------------------------|--|---|
| W00 <input type="checkbox"/> White | W03 <input type="checkbox"/> Polish | W05 <input type="checkbox"/> Russian | W07 <input type="checkbox"/> Eastern European Write in: _____ |
| <u>Eastern European</u> | W04 <input type="checkbox"/> Romanian | W06 <input type="checkbox"/> Ukrainian | |
| W01 <input type="checkbox"/> Bosnian | | | |
| W02 <input type="checkbox"/> Herzegovinian | | | |

W36 White Write in: _____



CASTLE ROCK SCHOOL DISTRICT #401

NONDISCLOSURE FORM (Optional)

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Castle Rock School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your student's education records. However, the Castle Rock School District may disclose appropriately designated directory information" (which consists of name, age, and photo likeness) without written consent, unless you have advised the district that you wish to opt out of the disclosure of directory information regarding your student. The primary purpose of disclosures of directory information is to allow the Castle Rock School District to include student information in school-related publications.

To request withholding of information pursuant to FERPA, please complete this form (one form per student) and return it to your school office. If this form is not completed and filed with the district, directory information listed below may be disclosed. If this form is completed and filed, it will remain effective for the duration of your student's enrollment in the district unless you notify your school office in writing that you would like to revoke this nondisclosure form.

DO NOT DISCLOSE TO MILITARY:

Federal law requires Castle Rock School District to provide military recruiters a list of all juniors and seniors. This list will include your student's name, address, telephone number, and school they are currently attending. High schools must provide student information to the Defense Department upon request unless parents/guardians object.

DO NOT DISCLOSE TO HIGHER EDUCATION:

Federal law requires the Castle Rock School District, upon request, to release the name, home address, and telephone number of all high school students to institutions of higher education (such as colleges and universities) unless the student or the student's parent/guardian have directed the school not to release this information.

DO NOT DISCLOSE PUBLIC PHOTO:

Names and/or photographs of students in school, sports and school-sponsored activities could be published on school and district websites and newsletters. School/district social media accounts, and in the media (e.g., honor roll, newspaper articles). Generally, photos are published to show the "Great Things Happening in Castle Rock School District." Names and/or photographs could be published with the student's grade, school of attendance and sports they participated in.

DO NOT DISCLOSE TO YEARBOOK:

School yearbook staff will publish students' photographs. Names, and grade level in their school yearbooks, which are made available for sale to the student body.

legal last	legal First	Legal Middle	School Student Attends Grade

Parent/ Guardian Legal Name (Please Print Clearly)

Parent/ Guardian Signature

Date

Castle Rock School District

Student Health History & Emergency Medical Treatment Consent Form

Student Name: _____ School: _____
 Address: _____ Birth date: _____ Gender: _____

Student's Doctor/Healthcare Provider: _____ Phone: _____

Castle Rock School District requires that a parent/guardian complete a Student Health History Form. The district may use this information to advise families of the need for further medical attention, and to plan for potential health concerns during the school day.

NOTE: If your student has a life-threatening condition, such as severe bee sting or severe food allergies, asthma, diabetes, seizure, etc., they are required by Washington State Law to have a medication, treatment order, and nursing plan in place BEFORE they can attend school. The medication and treatment order must be from the student's licensed health care provider and needs to be reviewed/renewed before the start of EACH school year in accordance with RCW 28A.210.320. The law defines life-threatening conditions as a "health condition that will put the student in danger of death during the school day if a medication, treatment order, and a nursing plan are not in place".

INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:

HEALTH CONDITION	YES	NO	EXPLANATION
Medication Allergies			List:
Food Allergies			Food(s): Peanut_ Dairy_ Eggs_ Other: _____ Life Threatening: Yes (requires IHP & Epi-pen at school)_ No_
Allergy to Bee Stings			Life Threatening: Yes (requires IHP & Epi-pen at school)_ No_
Asthma (requires an IHP)			Last date inhaler was used:
History of Asthma			Has resolved: No longer requires inhaler
Diabetes (requires an IHP)			Type 1: _ Insulin Injection: _ Insulin Pump: _ Type 2: _ Insulin Injection: _ Oral Medication= Diet=-
Seizure Disorder (requires an IHP)			Type: _____ Medications: _____ Date of last seizure:
Neurological Disorders			Specify:
Heart Condition			Specify:
Blood Disorder			Specify: Treatment:
Cancer			Specify: Treatment:
Bowel/Bladder Issues			Specify: Treatment:
Bone/Muscle Problems			Specify:
Scoliosis			Treatment:
ADD/ADHD			Medication: Needed at school: Yes_ No_
Mental Health/Behavioral			Specify: Treatment:
Wears Glasses/Contacts			Glasses: Contacts:
Hearing Loss			Right Ear: Left Ear:
Other Health Concerns			Specify: Treatment:
Medication Taken at Home			List (if not listed above):

The information on this form may be shared confidentially with school staff and emergency responders as needed. In the event of a medical emergency with my student, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis, and any necessary emergency treatment. I understand that the school district assumes no financial liability for expenses incurred due to accident, injury, and/or unforeseen circumstances. I understand that Washington law requires that my student's immunizations are complete or conditional before starting school. I give permission to my student's school to add Immunizations into the Washington State Immunization Information System to maintain my student's immunization record. 1/2026

Signature

Date:

FOR OFFICE USE ONLY:

Reviewed by Health Specialist: _____ Date: _____ School Year: _____ Grade: _____ Grad Year: _____



CASTLE ROCK SCHOOL DISTRICT

Dear Parent/Guardian,

Castle Rock School District manages student immunization records through the School Module, an online system provided by the Washington State Department of Health. The School Module saves you time because it allows us to quickly and efficiently check if your child has the vaccines required for school. This system also allows the nurse to enter vaccines that were not recorded by a LHP or may have been given out of the state of Washington.

This will save us time on finding and entering vaccination dates and free up time to work with students. Most children born and/or vaccinated in Washington already have their information in the system. You can access your child's record at any time by signing up for MyIR at <https://wa.myir.net/register>. If you have any questions, please feel free to contact the school nurse, at scortez@wahksd.k12.wa.us.

Starting August 1, 2020, all immunization records turned in to the school are required by state law to be medically verified. Valid documentation includes medical records from a health care provider, a completed Certificate of Immunization Status (CIS) signed by a healthcare provider, and a CIS printed from MyIR which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

Where do I get more information? Where do I get forms?

For more information about immunization requirements, visit <https://www.doh.wa.gov/SCCI>. Please contact your Healthcare provider to determine which vaccine(s) your child is missing.

Sarah Cortez RN-BSN
Castle Rock District Nurse
scortez@crschools.org

Student: _____ Birthday: _____

Yes, I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Initial _____

No, I do not give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Initial _____

Parent/Guardian Signature: _____ Date: _____



AUTHORIZATION FOR RELEASE OF RECORDS
CASTLE ROCK SCHOOL DISTRICT #401
600 HUNTINGTON AVE. S.
CASTLE ROCK, WA. 98611

Identifying Information:

Student Name:	Date:
Student DOB:	School District: CRSD

I hereby authorize the release of records:

School/Agency	Street Address:	City, State, Zip:	Phone:	Email:

<input type="checkbox"/> Castle Rock Primary 700 Huntington Ave. S Castle Rock, WA. 98611 Phone: 360-501-2900 Fax: 360-501-2902	<input type="checkbox"/> Castle Rock Intermediate 700 Huntington Ave. S Castle Rock, WA. 98611 Phone: 360-501-2910 Fax: 360-501-3121	<input type="checkbox"/> Castle Rock Middle School 615 Front Ave. SW Castle Rock, WA. 98611 Phone: 360-501-2920 Fax: 360-501-3125	<input type="checkbox"/> Castle Rock High School 5180 Westside Hwy. Castle Rock, WA. 98611 Phone: 360-501-2930 Fax: 360-501-3139
<input type="checkbox"/> Castle Rock Special Education 600 Huntington Ave. S. Castle Rock, WA. 98611 Phone: 360-501-5413 Fax: 360-501-3140	<input type="checkbox"/> Castle Rock School District Office 600 Huntington Ave. S. Castle Rock, WA. 98611 Phone: 360-501-5413 Fax: 360-501-3140		Please email records to the following: email: _____

Describe the record(s) to be disclosed:

- | | |
|--|---|
| <input type="checkbox"/> Student Cumulative File | <input type="checkbox"/> Student Health Records |
| <input type="checkbox"/> Special Education/IEP Records | <input type="checkbox"/> Psychological/Counseling Records |
| <input type="checkbox"/> 504 Plan <input type="checkbox"/> Gifted <input type="checkbox"/> TITLE/LAP/ELL <input type="checkbox"/> Speech | |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> State Testing Scores |
| <input type="checkbox"/> Other: _____ | |

The reason for disclosing the record(s) is:

I understand that this information obtained will be treated as confidential by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw consent, it does not apply to information that has already been provided under the prior consent for release.

 Parent/Guardian or Student Signature

 Date

 Address

 Phone