

**LACROSSE SCHOOL DISTRICT  
STUDENT REGISTRATION/EMERGENCY INFORMATION FORM**

Grade Level: \_\_\_\_\_

**Student Information:**

Legal Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Mailing Address, if different: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Birth County: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_ Student's E-Mail: \_\_\_\_\_

Primary Home Phone Number: \_\_\_\_\_ Student's Cell Phone Number: \_\_\_\_\_

**Life Threatening Condition:**

Does your child have a life threatening condition (i.e. diabetes, heart condition, asthma, allergic reaction that results in anaphylactic shock)?  Yes  No

**Special Services Information:**

Is your student currently on an IEP?  
 Yes  No

Is your student currently on a 504  
Plan?  Yes  No

Is there a perceived handicap?  
 Yes  No

**Primary Household Information (Where the student resides the majority of the time):**

**Student Lives With: (Check)** Both Parents  Mother Only  Father Only

Mom/Stepdad  Dad/Stepmom  Grandparents  Other: \_\_\_\_\_

**Parent/Guardian 1 of Primary Household**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Parent/Guardian 2 of Primary Household**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Emergency Contact Information (other than parent):**

**Emergency Contact #1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact #3**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information:**

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone#: \_\_\_\_\_

**School Age Siblings:** Please list all other children from your household who attend school:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

**Secondary Household Information:**

Is there a second household to send information to:  Yes  No  
Name: \_\_\_\_\_ Relationship To Student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Custody:**

Is there a joint-custody or parenting plan in effect?  Yes  No **(If yes, plan must be on file with the school.)**  
Is there a restraining order in effect?  Yes  No **(If yes, legal papers must be on file with the school.)**  
Restraining order is against: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

**LaCrosse School District  
Ethnicity and Race Data Collection Form**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**QUESTION 1.** Is your child of Hispanic or Latino origin? (Check all that apply.)

- |                          |                     |                          |                                    |
|--------------------------|---------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN/ MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> | CUBAN               | <input type="checkbox"/> | CENTRAL AMERICAN                   |
| <input type="checkbox"/> | DOMINICAN           | <input type="checkbox"/> | SOUTH AMERICAN                     |
| <input type="checkbox"/> | SPANIARD            | <input type="checkbox"/> | LATIN AMERICAN                     |
| <input type="checkbox"/> | PUERTO RICAN        | <input type="checkbox"/> | OTHER HISPANIC/LATINO              |

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

- |                          |                         |                          |                         |
|--------------------------|-------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> | ALASKA NATIVE           |
| <input type="checkbox"/> | WHITE                   | <input type="checkbox"/> | CHEHALIS                |
| <input type="checkbox"/> | ASIAN INDIAN            | <input type="checkbox"/> | COLVILLE                |
| <input type="checkbox"/> | CAMBODIAN               | <input type="checkbox"/> | COWLITZ                 |
| <input type="checkbox"/> | CHINESE                 | <input type="checkbox"/> | HOH                     |
| <input type="checkbox"/> | FILIPINO                | <input type="checkbox"/> | JAMESTOWN               |
| <input type="checkbox"/> | HMONG                   | <input type="checkbox"/> | KALISPEL                |
| <input type="checkbox"/> | INDONESIAN              | <input type="checkbox"/> | LOWER ELWHA             |
| <input type="checkbox"/> | JAPANESE                | <input type="checkbox"/> | LUMMI                   |
| <input type="checkbox"/> | KOREAN                  | <input type="checkbox"/> | MAKAH                   |
| <input type="checkbox"/> | LAOTIAN                 | <input type="checkbox"/> | MUCKLESHOOT             |
| <input type="checkbox"/> | MALAYSIAN               | <input type="checkbox"/> | NISQUALLY               |
| <input type="checkbox"/> | PAKISTANI               | <input type="checkbox"/> | NOOKSACK                |
| <input type="checkbox"/> | SINGAPOREAN             | <input type="checkbox"/> | PORT GAMBLE KLALLAM     |
| <input type="checkbox"/> | TAIWANESE               | <input type="checkbox"/> | PUYALLUP                |
| <input type="checkbox"/> | THAI                    | <input type="checkbox"/> | QUILEUTE                |
| <input type="checkbox"/> | VIETNAMESE              | <input type="checkbox"/> | QUINAULT                |
| <input type="checkbox"/> | OTHER ASIAN             | <input type="checkbox"/> | SAMISH                  |
| <input type="checkbox"/> | NATIVE HAWAIIAN         | <input type="checkbox"/> | SAUK-SUIATTLE           |
| <input type="checkbox"/> | FIJIAN                  | <input type="checkbox"/> | SHOALWATER              |
| <input type="checkbox"/> | GUAMANIAN or CHAMORRO   | <input type="checkbox"/> | SKOKOMISH               |
| <input type="checkbox"/> | MARIANA ISLANDER        | <input type="checkbox"/> | SNOQUALMIE              |
| <input type="checkbox"/> | MELANESIAN              | <input type="checkbox"/> | SPOKANE                 |
| <input type="checkbox"/> | MICRONESIAN             | <input type="checkbox"/> | SQUAXIN ISLAND          |
| <input type="checkbox"/> | SAMOAN                  | <input type="checkbox"/> | STILLAGUAMISH           |
| <input type="checkbox"/> | TONGAN                  | <input type="checkbox"/> | SUQUAMISH               |
| <input type="checkbox"/> | OTHER PACIFIC ISLANDER  | <input type="checkbox"/> | SWINOMISH               |
|                          |                         | <input type="checkbox"/> | TULALIP                 |
|                          |                         | <input type="checkbox"/> | YAKAMA                  |
|                          |                         | <input type="checkbox"/> | OTHER WASHINGTON INDIAN |
|                          |                         | <input type="checkbox"/> | OTHER AMERICAN INDIAN   |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please double check that you answered both Question 1 and 2 on this page.)