Immunization							
compliance and initials: STUDENT FILE	ATTENDA	NCE	HEA	LTH FILE	COUNSEI	OR GRA	DE LEVEL ADMIN
			<u></u>				
(ALL FIELDS MUST BE FILLED IN AND ALL QUE	CTIONS NATION			FOR OFFICE	USE:		
THE WAY AND ALL QUE	STIONS MUST E	BE ANSWI	ERED)	Enrollment St	art Date		
STUDENT'S Last Name	First Name		Middle	Name	Male/Female	To the	
			Walde	Name	(Circle One)	Grad Year	Grade
Physical Address Apt. #	City		State	Zip Code	Parent/Guar	dian's BEST	ontact phone #
Has the student ever had Chicken Pox? YesNo	Does the student If yes, please list th	have a me	dical or	mental health co	ondition? Y	esNo_	
	Birth City/State		Birth Dat		Student's	Cell Phone Nu	mber
Name of Most Recent High School Attended:		City				St	ate
Name of Most Recent Middle School Attended:		City				St	ate
Parent/Guardian's Last Name Parent/C	Guardian's First Na	ıme		Email add	ress that you use	ed to complete O	nline Registration
Are you: Check One) Natural Parent Temporary Gua	rdian D	Legal G	ıardian		Foster Pare	nt [
 If the student does not live with his/her natural legal parent/guardian must fill out a Washoe Cogoing to http://washoecountyschools.org/docs/p If the student's guardian has legal guardiansh 	unty School Distrublic-policy-accou	ict Tempo intability-as	rary Gua	ardianship Forn t/Procedures Ma	. You can fir	nd this form o	n the internet by an Eng.pdf
Have you taken the ACT with Writing? Yes_				•			
What activities or sports was student involved know?	in and/or is the	here any	inform	nation you w	ould like t	he counse	lor to
diow?							
***************************************		ale ale ale ale ale ale			******	*****	***
Please answer ALL of the following Qu	estions TRU	THFUL	LY. D	O NOT leav	e ANY qu	estions b	lank.
******	*****	*****	*****			*****	*****
 Does your student have an: IEP (Ind 504 Plan (Americans with Disabilities 		Educatio	n Plan	ı) Yes_ Yes	No_No		
3. Qualify for ESL or ELL (English is		nage)		Yes		majorato di Signata di Santa	
4. Has the student ever been expelled from				NO ON		u-Articologue	
5. If yes, on what date was the student exp	elled and from	what so	hool ar	nd school dist	rict?		
Pate of Expulsion Name of School	School 1	District		City		State	
6. Does student currently have a parole of	ficer? YES	N	0				
7. Does student currently have a probation IEDICAL NOTICE: When I/we cannot be located after reasonder NRS.129.040, to seek medical care for the above nar ospitalization, medical attention, or surgery. I/We also agree	onable efforts unde ned student, in car	se of serior	as iliness	, accident, or ot	her emergend	y requiring in	uthorized mmediate
arent/Guardian Signature				Date			

Administrative Form 5013

RECORDS RELEASE AND REQUEST

Please do not send cumulative folders

Name of Student:				
Date of Birth (DOB):		week!		
Name of Former School:				
City:	State:			
	isclose education records to other schools ansferring (see U.S.C. 34 CFR §99.31).	to which a student is		
	Please send the following items to:			
School name: McQue	en High School	novernmente machaniga girt soutriene i rispo quagnament inte		
ATTN: Registrar / Sec	retary name: Registrar-Mary Hall			
Street Name and Number	Name and Number 6055 Lancer St.			
City, State & zip	(775) 337-9878			
Phone:				
Fax:	(775) 747-6883			
Email:	mahall@washoeschools.net			
Fax/Email Unofficial Tra	nscript Mail Official Transcrip	ot		
Fax/Email Withdrawal G	rades Special Education Re	cords (If applicable)		
Fax/Email Immunization	Records Fax/Email Discipline			
Fax/Email Birth Certifica	te Proof of Custody/Gua	ardianship		
State Test Scores (SAT,	ACT +Writing, EOC's for students transfe	rring within Nevada)		
Legal Documents: Include Federal Court or Power	des documents that have been filed with a of Attorney.	a County, State, or		
Date (1st request)	aga valadadirininga mina aya sa a mina aya sa asaa			
Date 2 nd request)				



WASHOE COUNTY SCHOOL DISTRICT HOME LANGUAGE SURVEY

ID#		
School:		

This form is required for ALL NEW-to-District enrolling students in Washoe County

To make certain that all students receive the education services they need, Federal Law **requires** us to ask questions about students' language backgrounds. Your answers to the questions below will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive English language programs and services are offered to students who need them. Your answers are in no way used to determine legal status or for immigration purposes.

S				
Student's Name				
Last	First	Grad	le Da	te of Birth
1. What was the first language spoken by the stu	udent? (First Language)			
2. What is the language most often spoken in the	e home? (Home Language)			
3. What is the language most often spoken by th	ne student with friends (Lar	nguage with Friends) 🛭	?	
4. Has your child ever received English as a Seco	ond Language (ESL/ELL) se	ervices?	o □ No	
Parent/Guardian Signature	Date	_		
	r del Condado de de idioma en el ho			
Este formulario es obligatorio para TO inscriben er	DOS los estudiantes n el Condado de Was		ı el Distri	to que se
Para asegurarnos de que todos los estudiantes re requiere que hagamos preguntas sobre los antece preguntas a continuación nos dirán si se debe es a garantizar que se ofrezcan oportunidades imperogramas y servicios de inglés. Sus respuestas o para fines de inmigración.	cedentes lingüísticos de lo valuar la competencia en ortantes para los estudian	os estudiantes. Su inglés de un estu tes que lo necesi	us respuesta udiante y no itan, para qu	s a las s ayudarán ie reciban
Nombre del estudiante				
Apellido	Nombre	Grado Fed	cha de naci	miento
1. ¿Cuál fue el primer idioma que habló el est	udiante? (Primer idioma)?	□ Inglés	□ Español
2. ¿Cuál es el idioma que más se habla en el h	ogar? (Idioma del hogar)	□ Inglés	□ Español
3. ¿Cuál es el idioma que más habla el estudia	nte con amigos? (Idioma	a con amigos)	□ Inglés	□ Español
4. ¿Ha recibido su hijo/ alguna vez servicios d	e inglés como segundo id	lioma (ESL / E1	LL)? □ Sí	□ No
Firma del padre o guardián	Fecha			
Secretaries and Registrars: NOTE: If two languages are indicated such as English Answer to question 1. = Enter the language indicated i Answer to question 2. = Enter the language indicated i	in the "First Language" field o	on the Demographic	cs Tab in IC.	

Answer to question 3. = Enter the language indicated in the "Language with Friends" field on the Demographics Tab in IC.

ELEMENTARY Level: Send English only forms to the Dept. of ELD weekly. If form indicates a language other than English:

SECONDARY Level: Send ALL forms to your assessment technician, Department of ELD as soon as possible.

give to your EL teacher or ELD Site Facilitator.



WASHOE COUNTY SCHOOL DISTRICT

Fill out this form if the student was born in another country.

TITLE III-IMM Grant Information Form

Important! Please note: this information will only be used to determine if Washoe County School District qualifies to receive extra funds for classroom materials, school supplies and instructional services for immigrant children.

Are you new to Washoe County School District? Do not fill out this form unless you are enrolling in WCSD for the first time.

Please print and complete ALL information.
Student's First Name Student's Last Name
Month Day Year
Date of Birth/ Grade Birth country
Date entered the United States Student/Parent language
Foreign Exchange Student? Yes No
Was the student born on a U.S. military base? Yes No
Name of school student is now registering at for the 2025-26 year
Previous schools attended (School Name):
2024-2025 State/Country
2023-2024 State/Country
2022-2023 State/Country
2021-2022 State/Country
2020-2021 State/Country
Students with Limited or Interrupted Formal Education (SLIFE)
1. Is your student more than 7 years old? Yes No
-If not, the student is not considered SLIFE: Do not complete the next question.
2. Has your student missed more than 12 total months of school (does not have to be consecutive)?
YesNo *If yes, the student is considered SLIFE.
*Note that this information is for tracking purposes only. Please enroll the student as you would an
other student. <u>Definition:</u> SLIFE students are English learners who are new or returning to U.S. school
above the age of seven, who have missed at least 12 cumulative months of formal schooling prior to
enrolling or re-entering a school in the United States.
We may contact you at home if this form is incomplete.
Parent/Guardian Signature Date
Secretaries: Make sure this form is complete and send this form immediately to the EL Office.