

Immunization
compliance and initials:

STUDENT FILE

ATTENDANCE

HEALTH FILE

COUNSELOR

GRADE LEVEL ADMIN

FOR OFFICE USE:

Enrollment Start Date _____

(ALL FIELDS **MUST BE** FILLED IN AND ALL QUESTIONS MUST BE ANSWERED)

STUDENT'S Last Name		First Name	Middle Name	Male/Female (Circle One)	Grad Year	Grade
Physical Address Apt. #		City	State	Zip Code	Parent/Guardian's BEST contact phone #	
Has the student ever had Chicken Pox? Yes ___ No ___		Does the student have a medical or mental health condition? Yes ___ No ___ If yes, please list the diagnosis/condition(s): _____				
Previous Washoe County School Name / Year Attended		Birth City/State	Birth Date	Student's Cell Phone Number		
Name of Most Recent High School Attended:		City			State	
Name of Most Recent Middle School Attended:		City			State	

Parent/Guardian's Last Name	Parent/Guardian's First Name	Email address that you used to complete Online Registration
Are you: <input type="checkbox"/> Natural Parent <input type="checkbox"/> Temporary Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>		
❖ If the student does not live with his/her natural parent, then the adult with whom the student lives and the legal parent/guardian must fill out a Washoe County School District Temporary Guardianship Form. You can find this form on the internet by going to http://washoecountyschools.org/docs/public-policy-accountability-assessment/Procedures_Manual/Forms/Temp_Guardian_Eng.pdf ❖ If the student's guardian has legal guardianship, A copy of the court order must be provided		

Have you taken the ACT with Writing? Yes ___ No ___ If yes, where and when? _____
 What activities or sports was student involved in and/or is there any information you would like the counselor to know?

Please answer ALL of the following Questions TRUTHFULLY. DO NOT leave ANY questions blank.

- Does your student have an: IEP (Individualized Education Plan) Yes ___ No ___
- 504 Plan (Americans with Disabilities) Yes ___ No ___
- Qualify for ESL or ELL (English is Second Language) Yes ___ No ___
- Has the student ever been expelled from a school? YES ___ NO ___
- If yes, on what date was the student expelled and from what school and school district?

Date of Expulsion	Name of School	School District	City	State
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6. Does student currently have a parole officer? YES ___ NO ___

7. Does student currently have a probation officer? YES ___ NO ___

MEDICAL NOTICE: When I/we cannot be located after reasonable efforts under the circumstances, the principal (or his/her representative) is authorized under NRS.129.040, to seek medical care for the above named student, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I/We also agree to be responsible for all medical costs incurred on the student's behalf.

Parent/Guardian Signature _____ Date _____



Administrative Form 5013
RECORDS RELEASE AND REQUEST

Please do not send cumulative folders

Name of Student: _____

Date of Birth (DOB): _____

Name of Former School: _____

City: _____ State: _____

FERPA allows schools to disclose education records to other schools to which a student is transferring (see U.S.C. 34 CFR §99.31).

Please send the following items to:

School name: McQueen High School

ATTN: Registrar / Secretary name: Registrar-Mary Hall

Street Name and Number 6055 Lancer St.

City, State & zip Reno, NV 89523

Phone: (775) 337-9878

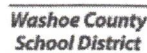
Fax: (775) 747-6883

Email: mahall@washoeschools.net

- | | |
|--|--|
| <input checked="" type="checkbox"/> Fax/Email Unofficial Transcript | <input checked="" type="checkbox"/> Mail Official Transcript |
| <input type="checkbox"/> Fax/Email Withdrawal Grades | <input type="checkbox"/> Special Education Records (If applicable) |
| <input type="checkbox"/> Fax/Email Immunization Records | <input type="checkbox"/> Fax/Email Discipline |
| <input type="checkbox"/> Fax/Email Birth Certificate | <input type="checkbox"/> Proof of Custody/Guardianship |
| <input type="checkbox"/> State Test Scores (SAT, ACT +Writing, EOC's for students transferring within Nevada) | |
| <input type="checkbox"/> Legal Documents: Includes documents that have been filed with a County, State, or Federal Court or Power of Attorney. | |

Date (1st request) _____

Date 2nd request) _____





Washoe County
School District

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)?

____ Yes ____ No **If yes, the student is considered SLIFE.*

Note that this information is for tracking purposes only. Please enroll the student as you would any other student. **Definition: SLIFE students are English learners who are new or returning to U.S. schools, 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.