

**Stanwood-Camano School District #401  
STUDENT REGISTRATION FORM**

Date \_\_\_\_\_

**• AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION**

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Preferred student start date (if applicable): \_\_\_\_\_ Today's date: \_\_\_\_\_

**• I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION WITH THE AGENCY/ PERSON(S) LISTED BELOW:**

<p align="center">Records To / From (circle one):</p> <hr/> <p align="center">Name of previous school/agency/person</p> <hr/> <p align="center">Street address</p> <hr/> <p align="center">City, State, Zip</p>	<p align="center">Send Records To/From (circle one):</p> <p align="center"><b>Stanwood-Camano School District</b></p> <p align="center">Please check the appropriate school/department below.</p>
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**• RELEASE THE FOLLOWING INFORMATION RELEVANT TO EDUCATIONAL PLACEMENT:**

<p><b>School records:</b></p> <p><input type="checkbox"/> Student Cum file                      <input type="checkbox"/> WA State History</p> <p><input type="checkbox"/> Special Education Records          <input type="checkbox"/> Attendance</p> <p><input type="checkbox"/> Immunization records                <input type="checkbox"/> Transcripts</p> <p><input type="checkbox"/> Discipline records                      <input type="checkbox"/> BECCA</p> <p><input type="checkbox"/> State Test Assessments               <input type="checkbox"/> Other Assessments</p>	<p><b>Medical records:</b></p> <p><input type="checkbox"/> Diagnostic information of medical condition that may impact educational placement decisions</p> <p><input type="checkbox"/> Medical records</p> <p><input type="checkbox"/> Other:</p>
<p><b>Purpose for Exchange:</b></p> <p><input type="checkbox"/> to discuss and/or place student in program    <input type="checkbox"/> to complete assessment/evaluation    <input type="checkbox"/> to update records    <input type="checkbox"/> other:</p>	

**• IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:**

<p><input type="checkbox"/> <b>Cedarhome Elementary</b> 27911 – 68<sup>th</sup> Ave NW Stanwood, WA. 98292 Ph: (360) 629-1280 Fax: (360) 629-1289 cesinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Twin City Elementary</b> 26211 – 72<sup>nd</sup> Ave NW Stanwood, WA. 98292 Ph: (360) 629-1270 Fax: (360) 629-1279 tceinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Port Susan Middle</b> 7506 – 267<sup>th</sup> St NW Stanwood, WA. 98292 Ph: (360) 629-1360 Fax: (360) 629-1365 psmsinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Saratoga School</b> 9307 - 271<sup>st</sup> St. NW Stanwood, WA 98292 Ph: (360) 629-1372 Fax: (360) 629-1256 sarinfo@stanwood.wednet.edu</p>
<p><input type="checkbox"/> <b>Elger Bay Elementary</b> 1810 Elger Bay Rd Camano Island, WA. 98282 Ph: (360) 629-1290 Fax: (360) 629-1291 ebeinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Utsalady Elementary</b> 608 Arrowhead Rd Camano Isl., WA. 98282 Ph: (360) 629-1260 Fax: (360) 629-1261 uesinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Stanwood High School</b> 7400 – 272<sup>nd</sup> St NW Stanwood, WA. 98292 Ph: (360) 629-1330 Fax: (360) 629-1331 shsinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Lincoln Hill High School Lincoln Academy</b> 7600 - 272<sup>nd</sup> St NW Stanwood, WA. 98292 Ph: (360) 629-1340 Fax: (360) 629-1341 lhhsinfo@stanwood.wednet.edu</p>
<p><input type="checkbox"/> <b>Stanwood Elementary</b> 10227 - 273<sup>rd</sup> Pl NW Stanwood, WA. 98292 Ph: (360) 629-1250 Fax: (360) 629-1252 sesinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Stanwood Middle</b> 9405 – 271<sup>st</sup> St NW Stanwood, WA. 98292 Ph: (360) 629-1350 Fax: (360) 629-1354 smsinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Special Services</b> 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1236 Fax: (360) 629-1233 spedinfo@stanwood.wednet.edu</p>	<p><input type="checkbox"/> <b>Open Doors</b> 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1200 Fax: (360) 629-1242 djohnston@stanwood.wednet.edu</p>

*I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. Parent or guardian may revoke this authorization in writing at any time.*

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

ADDRESS (Street/PO Box, City, State, ZIP) \_\_\_\_\_

The confidential exchange of medical information expires after **90 days**.