

ALSO REQUIRED:
Copy of birth certificate
and/or Social Security card

STUDENT ENROLLMENT INFORMATION
2012-2013 SCHOOL YEAR
Please complete one form for each child

OFFICE USE ONLY:
Enrollment Date: _____

Student's Legal Name: _____
First Middle Last

Sex (please check one): Male Female **Date of Birth:** _____ **Grade Level:** _____

Student receives or has received (please check yes or no for each):
Special Education services (IEP) Yes No | Bilingual services Yes No | Section 504 accommodations Yes No

Ethnicity (please check one): Not Hispanic/Latino Mexican/Mexican American/Chicano Cuban Central American
 Dominican Latin American Puerto Rican South American Spaniard Other
Additional ethnicity/ race information may be requested.

Race (please check one): White African American or Black Asian Pacific Islander American Indian

RESIDENTIAL GUARDIAN(S) – Guardian(s) with whom the student lives

Student lives with: Father & mother Father only Mother only **Other:** _____
(please circle one) Father & stepmother Mother & stepfather

Guardian title(s): Mr. & Mrs. Mr. Mrs. Miss Ms. **Other:** _____

Residential guardian(s) full name(s): _____

Physical address: _____

Mailing address (if different): _____

Home phone: _____ **Cell phone(s):** _____

E-mail address(es): _____

Work Info
Name: _____ Employer: _____ Phone: _____
Name: _____ Employer: _____ Phone: _____

NON-RESIDENTIAL GUARDIAN(S) - Guardian(s) with whom the student does not live

Full name: _____ **Relationship:** _____

Should school reports be sent? (circle one) Y N **If yes, mailing address:** _____

Should this person also be listed as an emergency contact? Yes No **If yes, please complete the following:**

Main Phone: _____ **Cell Phone:** _____ **Work Phone:** _____
May this person remove the student from school grounds? Yes No

EMERGENCY CONTACT(S) – Please list only person(s) other than guardian(s)

Name: _____ **Relationship:** _____ **Phone:** _____
May this person remove the student from school grounds? Yes No

Name: _____ **Relationship:** _____ **Phone:** _____
May this person remove the student from school grounds? Yes No

REMOVING STUDENT FROM SCHOOL GROUNDS – Please list any other people who MAY pick up student from school

REMOVING STUDENT FROM SCHOOL GROUNDS – Please list people who may NOT pick up student from school

MEDICAL/FAMILY INFORMATION

Family Doctor: _____ **Phone:** _____

Emergency Hospital: _____ **Phone:** _____

Insurance Company: _____

Names/Ages of Siblings: _____

If the parent and/or authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct school authorities to send your child (properly accompanied) to the hospital or doctor most easily accessible? Yes No

Do you agree to be financially responsible for all expenses incurred for treatment under these circumstances? Yes No

If an ambulance is called, do you agree to be financially responsible for expenses incurred? Yes No

If you answered NO to any of the above questions, please explain what action you wish school authorities to take:

PRIOR SCHOOL INFORMATION (If applicable)

Last School Attended: _____

Mailing Address (city, state): _____

Has your child ever been expelled from school? Yes No **If yes, please explain:**

Has your child had attendance problems? Yes No **If yes, please explain:**

In accordance with Chapter 28A.605.010 (RCW), NO STUDENT WILL BE REMOVED FROM ANY SCHOOL GROUNDS OR BUILDING THEREON DURING SCHOOL HOURS EXCEPT BY A PERSON AUTHORIZED TO DO SO BY THE STUDENT'S PARENT(S)/GUARDIAN(S), OR BY A PERSON WHO HAS LEGAL CUSTODY OF THE CHILD. BEFORE A STUDENT IS REMOVED, THE PERSON SEEKING TO REMOVE THE STUDENT MUST PRESENT TO THE SATISFACTION OF THE SUPERINTENDENT OR HIS/HER DESIGNEE, EVIDENCE OF HIS/HER PROPER AUTHORITY TO REMOVE THE STUDENT.

Parent/guardian signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____