

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

STUDENT ENROLLMENT INFORMATION
2016-2017 SCHOOL YEAR
Please complete one form for each child

OFFICE USE ONLY:
Enrollment
Date / Time:

Student's Legal Name: _____
First Middle Last

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

Language spoken by student: _____ Language spoken at home: _____

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 Father & stepmother
 Mother & stepfather Other: _____

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? Yes No 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: _____

The Wilson Creek School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The Civil Rights Compliance Coordinator is available to handle questions and complaints of alleged discrimination. If you have questions and/or concerns please call Sally Nelson (Civil Rights Compliance Coordinator) snelson@wilsoncreek.org or Amy Hickok (504/ADA Coordinator) ahickok@wilsoncreek.org or Kirk Freeman (Title IX) kfreeman@wilsoncreek.org at Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, phone 509-345-2541.

El Distrito Escolar de Wilson Creek no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación: Sally Nelson, La directora, snelson@wilsoncreek.org o Amy Hickok ahickok@wilsoncreek.org o Kirk Freeman kfreeman@wilsoncreek.org Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, telephono 509-345-2541.