

OFFICE USE ONLY:
Proof of Birth Date on file
FS# _____ / _____

STUDENT ENROLLMENT INFORMATION
2019-2020 SCHOOL YEAR
Please complete one form for each child

ALSO REQUIRED:
Copy of birth certificate

Student's Legal Name: _____
First Middle Last

Student's Preferred Name: _____
First Middle Last

**** Preferred Name, Personal Pronoun:** Students who attend Washington public schools have the right to be addressed by their preferred name and personal pronouns—he and him, or she and her.

Sex (please check one): Male Female **Date of Birth:** _____ **Grade Level:** _____
**Proof of age may be requested upon enrollment.

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

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

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 and/or race information may be requested by the district office****

RESIDENTIAL FAMILY – Guardian(s) with whom the student lives

Guardian #1
Name: _____ Relationship: _____ Current Military*: Yes No

Phone: _____ Work Phone: _____ Email: _____

Guardian #2
Name: _____ Relationship: _____ Current Military*: Yes No

Phone: _____ Work Phone: _____ Email: _____

Physical address: _____

Mailing address (if different): _____

*Additional military information may be requested by the district office pursuant to RCW 28A.300.505(2)(b)

NON-RESIDENTIAL FAMILY - Guardian(s) with whom the student does not live (if applicable)

Guardian #1
Name: _____ Relationship: _____ Current Military*: Yes No

Phone: _____ Work Phone: _____ Email: _____

Guardian #2
Name: _____ Relationship: _____ Current Military*: Yes No

Phone: _____ Work Phone: _____ Email: _____

Should school reports be sent? Yes No **May this family remove the student from school grounds?** Yes No

Physical address: _____

Mailing address (if different): _____

*Additional military information may be requested by the district office pursuant to RCW 28A.300.505(2)(b)

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) nelson@wilsoncreek.org or Laura Christian (504/ADA Coordinator) christian@wilsoncreek.org or Ryan Shannon (Title IX) athletics@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, nelson@wilsoncreek.org o Laura Christian christian@wilsoncreek.org o Ryan Shannon athletics@wilsoncreek.org Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, teléfono 509-345-2541.