

**PLEASE PRINT CLEARLY**

DATE \_\_\_\_\_

**STUDENT PERSONAL DATA**

Student Name: Legal Last Name		Legal First Name	Legal Middle Name
Also / Previously Known As		Birthdate (Month/Day/Year)	Gender M    F
Country of Birth	Current Grade	Student Social Security Number <i>Disclosure of a student's social security number is voluntary.</i>	
Ethnicity (CHECK ONE) <input type="checkbox"/> A – Asian <input type="checkbox"/> H – Hispanic <input type="checkbox"/> P – Native Hawaiian / Pacific Islander <input type="checkbox"/> M – Multi-racial <input type="checkbox"/> B – Black / African American <input type="checkbox"/> I – American Indian / Alaska Native <input type="checkbox"/> W – White / Not of Hispanic Origin                      Please Specify:			
When did your student first attend school in the USA? (Mo/Yr)	Student Cell Phone Number (    )	Student Email Address	

**SIBLINGS (IF APPLICABLE)**

*Please list all siblings attending an Edmonds School District program*

Name	Grade	School	Name	Grade	School

**PRIMARY HOUSEHOLD INFORMATION**

*A student's primary residence is defined as the physical location where he/she lives for FOUR OR MORE nights per week*

<b>Parent / Guardian 1</b>	Legal Last Name		Legal First Name		Legal Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone (    )		<input type="checkbox"/> Unlisted	Work Phone (    )		<input type="checkbox"/> Unlisted
<b>Parent / Guardian 2</b>	Legal Last Name		Legal First Name		Legal Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone (    )		<input type="checkbox"/> Unlisted	Work Phone (    )		<input type="checkbox"/> Unlisted
<b>Residential Address</b>		Street	Apt / Unit	City	State & ZIP	
<b>Mailing Address</b> <i>(If different than above)</i>		Street	Apt / Unit / PO Box	City	State & ZIP	

**RESIDENCY VERIFICATION:** I affirm that the residency information provided on this form is true and accurate as of this date. I understand that falsification of an address, residence, or conditions of living arrangements, or the use of any other fraudulent means to obtain a school assignment shall be cause for revocation of this enrollment. Such falsification will also cause forfeiture of any future transfer rights through the highest grade level of the school. Proof of residency is required.

**HOMELESS STUDENTS:** If an eligible student is homeless, the district shall not require proof of residency or any other information regarding an address and shall enroll the student at the request of the student or parent/guardian. Students enrolled in a district program without legal residence may continue in that school until the end of the academic year.

**PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_

School \_\_\_\_\_

**SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)**

*Residence of non-custodial parents/guardians not living with the student OR location where the student lives LESS THAN FOUR nights per week*

Should mailings (Report Cards, Newsletters, etc.) be sent to Secondary Household?  YES  NO

<b>Parent / Guardian 1</b>	Legal Last Name		Legal First Name		Legal Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone (     )		<input type="checkbox"/> Unlisted	Work Phone (     )		<input type="checkbox"/> Unlisted
<b>Parent / Guardian 2</b>	Legal Last Name		Legal First Name		Legal Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone (     )		<input type="checkbox"/> Unlisted	Work Phone (     )		<input type="checkbox"/> Unlisted
<b>Residential Address</b>		Street	Apt / Unit	City	State & ZIP	
<b>Mailing Address</b> <i>(If different than above)</i>		Street	Apt / Unit / PO Box	City	State & ZIP	

**EMERGENCY CONTACT INFORMATION**

*In case of an emergency, we will always attempt to contact parents or guardians first. Please list local persons other than yourself usually available during the school day who have agreed to care for and provide transportation for your student in an emergency situation or if they become ill or injured and you cannot be reached.*

<b>Emergency Contact 1</b>	Legal Last Name		Legal First Name		Relationship to Student	Residential Street Address
	Home Phone (     )		Work Phone (     )		Cell Phone / Pager (     )	City, State, & ZIP
<b>Emergency Contact 2</b>	Legal Last Name		Legal First Name		Relationship to Student	Residential Street Address
	Home Phone (     )		Work Phone (     )		Cell Phone / Pager (     )	City, State, & ZIP
<b>Emergency Contact 3</b>	Legal Last Name		Legal First Name		Relationship to Student	Residential Street Address
	Home Phone (     )		Work Phone (     )		Cell Phone / Pager (     )	City, State, & ZIP
<b>Doctor</b>	Last Name			First Name		Contact Phone Number (     )
<b>Dentist</b>	Last Name			First Name		Contact Phone Number (     )
<b>Preferred Hospital (Optional)</b>				<b>Health Insurance Company &amp; Policy Number (Optional)</b>		

**PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_

School \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

*Please list all schools the student attended in the LAST THREE YEARS. Start with the most recent school. Attach additional sheets if necessary.*

Name of Previous / Current School	Grades Attended	Location of School (City & State or Country)
Name of Previous School	Grades Attended	Location of School (City & State or Country)
Name of Previous School	Grades Attended	Location of School (City & State or Country)
Name of Previous School	Grades Attended	Location of School (City & State or Country)
Name of Previous School	Grades Attended	Location of School (City & State or Country)

Has the student ever attended the Edmonds School District? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which school(s)?	Is either parent employed by the Edmonds School District? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, under what name?
---	--

Have any of the following services ever been provided to your student? <input type="checkbox"/> ELL / ESL <input type="checkbox"/> 504 Plan <input type="checkbox"/> Highly Capable <input type="checkbox"/> Other (Please specify): <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> Alternative School / Program
---

Will the student be SIMULTANEOUSLY attending another school while enrolled in the Edmonds School District? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what other school will the student be enrolling in?	Has your student ever been <input type="checkbox"/> Advanced – Grade(s): <input type="checkbox"/> Retained – Grade(s):
--	--

**HOME LANGUAGE SURVEY**

Washington State Transitional Bilingual Instructional Program

Is the student's first language anything OTHER THAN English? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, student must be referred for testing on the Washington Language Proficiency Placement Test
---

Is a language OTHER THAN English spoken in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please list the language(s) most often used by:  Father _____      Mother _____      Guardian _____  _____
--

For how many months has the student attended school in the United States (grades K-12) before enrolling in this district? One school year = 10 mos.
--

For how many months has the student received formal education outside the US in native language (equivalent to K-12) before enrolling in this district? "Formal education" does not include refugee camp schools or other unaccredited programs for children. "Native language" refers to the family's dominant language.
---

In accordance with Washington State Law RCW 28A.225.330, please answer the following questions:  
Attach additional sheets if necessary

Does your student have any history of violent behavior? <input type="checkbox"/> YES <input type="checkbox"/> NO    If so, please explain
---

Does your student have any past, current, or pending suspension or expulsion from a current or previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO    If so, please explain
---

Has your student officially withdrawn from his/her current or previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is your student currently under Becca Petition? <input type="checkbox"/> YES <input type="checkbox"/> NO    If so, from which district?
---	--

**PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_

School \_\_\_\_\_

**DAYCARE INFORMATION**

Does your student attend childcare?     YES     NO    If so, please provide the following information.

Please check the days your child will be attending childcare

Before School:     Monday     Tuesday     Wednesday     Thursday     Friday

Childcare Provider Name	Provider Address	Contact Phone Number (    )
-------------------------	------------------	--------------------------------

After School:     Monday     Tuesday     Wednesday     Thursday     Friday

Childcare Provider Name <input type="checkbox"/> As Above	Provider Address	Contact Phone Number (    )
---	------------------	--------------------------------

**ADDITIONAL INFORMATION**

Is there a Court Order that restrains / curtails any parental rights?     YES     NO    If so, please provide copy.

Is there a Restraining Order in effect?     YES     NO    If so, please provide copy.

Please list and provide copies of any other legal documents that are pertinent to your student and his/her safety.

---



---



---



---

Please provide additional comments to assist us in caring for your student.

---



---



---



---

**SIGNATURE**

*I attest that the information herein is complete, true, and accurate, and may be verified with the appropriate institution(s). I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District.*

**X**

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

*Update your voter registration! The school office can assist you.*

**FOR OFFICE USE ONLY**