

For Office Use Only Received: _____ Time _____

Please Print Clearly

School _____	Date _____	Time _____
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STUDENT PERSONAL DATA

Student Name: <u>LEGAL</u> Last Name	First Name	Middle Name
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Also or Previously Known as	Birthdate (Month/Day/Year)	Gender M F
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Country of Birth (If outside of U.S.)	Grade Entering	When did your student first attend school in the USA? (Mo/Yr)	Student Cell Phone Number ()
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Has the student ever been previously enrolled in the Edmonds School District? YES NO

If so, which school(s)? _____

Have any of the following services EVER been provided to your student?

ELL / ESL 504 Plan Highly Capable Other (Please specify):

Special Education (IEP) 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	Has your student ever been <input type="checkbox"/> Advanced – Grade(s): <input type="checkbox"/> Retained – Grade(s):
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If so, what other school will the student be enrolling in? _____

Both questions must be completed.*

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> NOT Hispanic/Latino (10) | <input type="checkbox"/> Mexican/ Mexican American/ Chicano (30) |
| <input type="checkbox"/> Cuban (55) | <input type="checkbox"/> Central American (75) |
| <input type="checkbox"/> Dominican (60) | <input type="checkbox"/> South American (80) |
| <input type="checkbox"/> Spaniard (65) | <input type="checkbox"/> Latin American (85) |
| <input type="checkbox"/> Puerto Rican (70) | <input type="checkbox"/> Other Hispanic/Latino (90) |

QUESTION 2. What race do you consider your child? (Check all that apply.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> African American/ Black (200) | <input type="checkbox"/> Native Hawaiian (605) | <input type="checkbox"/> Muckleshoot (436) | <input type="checkbox"/> Other Washington Indian (495) |
| <input type="checkbox"/> White(300) | <input type="checkbox"/> Fijian (615) | <input type="checkbox"/> Nisqually (439) | <input type="checkbox"/> Other American Indian: |
| <input type="checkbox"/> Asian Indian (505) | <input type="checkbox"/> Guamanian or Chamorro (620) | <input type="checkbox"/> Nooksack (442) | The indigenous peoples of North, Central, South, or Latin America (those not choosing one of the federally recognized state tribes). (499) |
| <input type="checkbox"/> Cambodian (507) | <input type="checkbox"/> Mariana Islander (625) | <input type="checkbox"/> Port Gamble Klallam (445) | |
| <input type="checkbox"/> Chinese (510) | <input type="checkbox"/> Melanesian (630) | <input type="checkbox"/> Puyallup (448) | |
| <input type="checkbox"/> Filipino (520) | <input type="checkbox"/> Micronesian (632) | <input type="checkbox"/> Quileute (451) | |
| <input type="checkbox"/> Hmong (525) | <input type="checkbox"/> Samoan (635) | <input type="checkbox"/> Quinault (454) | |
| <input type="checkbox"/> Indonesian (530) | <input type="checkbox"/> Tongan (640) | <input type="checkbox"/> Samish (457) | |
| <input type="checkbox"/> Japanese (535) | <input type="checkbox"/> Other Pacific Islander (699) | <input type="checkbox"/> Sauk-suiattle (460) | |
| <input type="checkbox"/> Korean (540) | <input type="checkbox"/> Alaska Native (405) | <input type="checkbox"/> Shoalwater (463) | |
| <input type="checkbox"/> Laotian (545) | <input type="checkbox"/> Chehalis (410) | <input type="checkbox"/> Skokomish (466) | |
| <input type="checkbox"/> Malaysian (550) | <input type="checkbox"/> Colville (413) | <input type="checkbox"/> Snoqualmie (469) | |
| <input type="checkbox"/> Pakistani (555) | <input type="checkbox"/> Cowlitz (416) | <input type="checkbox"/> Spokane (472) | |
| <input type="checkbox"/> Singaporean (560) | <input type="checkbox"/> Hoh (418) | <input type="checkbox"/> Squaxin Island (475) | |
| <input type="checkbox"/> Taiwanese (565) | <input type="checkbox"/> Jamestown (421) | <input type="checkbox"/> Stillaguamish (478) | |
| <input type="checkbox"/> Thai (570) | <input type="checkbox"/> Kalispel (424) | <input type="checkbox"/> Suquamish (481) | |
| <input type="checkbox"/> Vietnamese (575) | <input type="checkbox"/> Lower Elwha (427) | <input type="checkbox"/> Swinomish (484) | |
| <input type="checkbox"/> Other Asian (599) | <input type="checkbox"/> Lummi (430) | <input type="checkbox"/> Tulalip (487) | |
| | <input type="checkbox"/> Makah (433) | <input type="checkbox"/> Upper Skagit (488) | |
| | | <input type="checkbox"/> Yakama (490) | |

<p>Is the parent or grandparent a member of a federally recognized tribe?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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* The information, in both questions 1 and 2, is required to be in compliance with 2010 Federal and State Ethnicity Reporting Requirements.

Student Name _____ School _____

Has either parent ever been employed by or is currently employed by the Edmonds School District? Yes No

If so, under what name? _____

Has either parent ever been a student in the Edmonds School District? Yes No

If yes, which parent? Mother Father

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

Parent / Guardian 1	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Parent / Guardian 2	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Please use () - _____ as the primary contact number. Is this number confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Residential Address		Street	Apt / Unit	City	State & ZIP	
Mailing Address (If different than above)		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 (PUD bill; homeowner's statement or insurance policy; lease or renter's statement or receipt of payment; renter's insurance policy) 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.

Parent Signature: _____

Date: _____

SIBLINGS (IF APPLICABLE)

Please list all siblings attending an Edmonds School District program

Name	Grade	School	Name	Grade	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

Parent / Guardian 1	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		Cell Phone Number () <input type="checkbox"/> Unlisted	
Parent / Guardian 2	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		Cell Phone Number () <input type="checkbox"/> Unlisted	
Residential Address		Street	Apt / Unit	City	State & ZIP	
Mailing Address (If different than above)		Street	Apt / Unit PO Box	City	State & ZIP	

Student Name _____ School _____

EMERGENCY CONTACT INFORMATION - Other Than Parents

*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.*

Emergency Contact 1	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Emergency Contact 2	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Emergency Contact 3	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ()		Work Phone ()		Cell Phone Number ()	
Doctor	Last Name		First Name		Contact Phone Number ()	
	Preferred Hospital (Optional)		Health Insurance Company & Policy Number (Optional)			

DAYCARE INFORMATION KINDERGARTEN THROUGH 6TH GRADE ONLY

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

Should daycare be listed as an emergency contact? YES NO

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 ()
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After School: Monday Tuesday Wednesday Thursday Friday

Childcare Provider Name	Provider Address	Contact Phone Number ()
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EDUCATIONAL BACKGROUND

Please list **all** schools the student has attended. Attach additional sheet if necessary.

Most Current / Recent School	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number () Fax Number ()
Name of Previous	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()

Please Print Clearly

Student Name _____

School _____

HOME LANGUAGE SURVEY (Please respond in English)

Office Use Skyward Box
1. Language
2. Native
3. Home
If two languages are present, enter the language other than English.

STATE REQUIRED HOME LANGUAGE SURVEY - This is for the student WAC392-160-005

Questions 1-3 pertain to the student only.

- 1. What language does the student currently speak? English Other: _____
- 2. What language did your child first learn to speak? English Other: _____
- 3. What language does your child use the most at home? English Other: _____

"First Language" is the language your child learned when first beginning to talk. If the answer to question 2 or 3 is a language other than English, your student will be given a Washington State English Language Proficiency Placement Test.

Questions 4-6 pertain to the parent only.

- 4. What language(s) do parent/guardians use the most when you speak to your child? English Other: _____

Parents' first language: _____

- 5. If available, do you need an interpreter (e.g., for school meetings)? Yes No
- 6. If available, do you need official school materials to be translated? Yes No

Please indicate the preferred language if you marked "yes" to questions 5 or 6: _____

OFFICE: Do not change Native or Home Language after initial enrollment, unless correcting English to a language other than English. Never change Native or Home Language from another language to English unless instructed to do so by the ELL Department.

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 Date: _____	Is your student currently under Becca/Tuancy Petition? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, from which district?

ADDITIONAL INFORMATION

Please check one of the following if a student's parent or guardian is currently in the military: US Armed Forces active duty National Guard member
 More than one member of the Armed Forces/National Guard US Armed Forces reserves No affiliation

Do you reside in transitional housing? Yes No

Transitional housing may be defined as living with another person/family due to loss of housing or economic hardship; living in a motel/hotel or in an emergency or transitional shelter, or a location not designed for, or ordinarily used as a regular sleeping accommodation, or is the child awaiting/currently in foster care?) If you can answer yes to any of these questions, your child may qualify for services under the McKinney-Vento Act. Please ask your school about registering for services.

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.