



DATE _____

Enumclaw School District STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE
					AM PM

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country
ETHNICITY & RACE INFORMATION Please see additional page		PRIMARY LANGUAGE SPOKEN AT HOME		
		<input type="checkbox"/> English <input type="checkbox"/> Other _____ Primary language of student		

PRIMARY HOUSEHOLD (parent/guardian where student resides)		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PHONE #1 - Home Phone (include area code)	PHONE #2 <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code) FATHER
Last Name (parent/guardian where student resides)			Please check if unlisted <input type="checkbox"/>	PARENT WORKPLACE
Last Name (parent/guardian where student resides)			FATHER-	PHONE # <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code) MOTHER
RESIDENT ADDRESS		Apt #	City	State ZIP
MAILING ADDRESS (If different from above)		Apt #	P O Box	City State ZIP
EMAIL ADDRESS	Guardian 1	EMAIL ADDRESS	Guardian 2	

SECOND HOUSEHOLD (non-custodial parent not residing with student)		RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Last Name (non-custodial parent not residing with student)			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL DISTRICT IN WHICH YOU RESIDE	SCHOOL PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED ENUMCLAW PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, NAME OF SCHOOL ATTENDED
		LAST DATE ATTENDED (Month/Year)

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? Yes No Date: _____

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school for enforcement)

Restraining order is against: Mother Father Other _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF LAST IEP _____ DATE SPECIAL ED STATUS TERMINATED _____	If yes, at what grade level(s) _____
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____	

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
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ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)
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PLEASE LIST ALL SIBLINGS (THOSE ATTENDING AS WELL AS YOUNGER SIBLINGS NOT YET ATTENDING)			
Last Name	First Name	School	Grade

MILITARY One or more parents are on full-time active duty in the uniformed services of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide official military orders)
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SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)
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EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ Date _____

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list local persons you trust who are available during the day to provide care for your child.

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
(1) SECONDARY CONTACTS (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
(2) SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
(3) SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ Date _____

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Enumclaw Public Schools.

Legal Parent/Guardian Signature _____ Date _____

Washington State Ethnicity and Race Data Collection Form

The new Federal requirements state that Unknown, Multiracial, and Not Provided are not valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Student **Legal** Last Name _____ **Legal** First Name _____

Is your child of **Hispanic or Latino** origin? Yes, check all that apply in section 1 and 2. No, check all that apply in section 2.

Section 1. Check all that apply.	
<input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Spaniard <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican/Mexican American/Chicano	<input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Latin American <input type="checkbox"/> Other Hispanic/Latino

Section 2. What race(s) do you consider your child? (check all that apply)	
<input type="checkbox"/> African American/Black <input type="checkbox"/> White Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Malaysian <input type="checkbox"/> Pakistani <input type="checkbox"/> Singaporean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Fijian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Melanesian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander	American Indian or Alaskan Native <input type="checkbox"/> Alaska Native <input type="checkbox"/> Chehalis <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz <input type="checkbox"/> Hoh <input type="checkbox"/> Jamestown <input type="checkbox"/> Kalispel <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Lummi <input type="checkbox"/> Makah <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Nisqually <input type="checkbox"/> Nooksack <input type="checkbox"/> Port Gamble Klallam <input type="checkbox"/> Puyallup <input type="checkbox"/> Quileute <input type="checkbox"/> Quinault <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater <input type="checkbox"/> Skokomish <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Spokane <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Suquamish <input type="checkbox"/> Swinomish <input type="checkbox"/> Tulalip <input type="checkbox"/> Yakama <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Other American Indian

Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY

Received by _____

Date _____