



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>
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	

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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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.

#1 - EMERGENCY 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
ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
#2 - EMERGENCY 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
ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
#3 - EMERGENCY 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
ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			

**PLEASE PROVIDE AN OUT-OF-STATE EMERGENCY CONTACT IN THE EVENT THAT LOCAL LINES ARE NOT AVAILABLE FOR MESSAGES/INFORMATION.**

OUT-OF-STATE EMERGENCY CONTACT (not 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
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 \_\_\_\_\_

I authorize the release of my son/daughter to any person with whom he/she feels comfortable in the event of an " <u>Extreme Emergency.</u> " <b>Circle One:    YES    NO</b>
Legal Parent/Guardian Signature _____ Date _____

**VERIFICATION OF INFORMATION & RELEASE OF EDUCATIONAL RECORDS:** 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. I hereby authorize the release of all educational records for the above-named student.

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<br><input type="checkbox"/> Dominican<br><input type="checkbox"/> Spaniard<br><input type="checkbox"/> Puerto Rican<br><input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Central American<br><input type="checkbox"/> South American<br><input type="checkbox"/> Latin American<br><input type="checkbox"/> Other Hispanic/Latino |
|---|---|

### Section 2. What race(s) do you consider your child? (check all that apply)

<input type="checkbox"/> <b>African American/Black</b>	<b>American Indian or Alaskan Native</b> <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
<input type="checkbox"/> <b>White</b>	
<b>Asian</b> <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	
<b>Native Hawaiian or Other Pacific Islander</b> <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	

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Received by** \_\_\_\_\_ **Date** \_\_\_\_\_