



DATE \_\_\_\_\_

## Enumclaw School District STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY				
DATE RECEIVED COMPLETED REGISTRATION PACKET	SCHOOL ENTRY DATE	STUDENT SCHOOL 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		GRADE LEVEL & GRAD YEAR
ETHNICITY & RACE INFORMATION <b>Please see additional page</b>		PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Other _____ Primary language of student _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) <i>Last Name First Name</i>		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)  Please check if unlisted <input type="checkbox"/>	PHONE #2 <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code) FATHER	
(parent/guardian where student resides) <i>Last Name First Name</i>			PARENT WORKPLACE FATHER- MOTHER-	PHONE # <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code) MOTHER	
RESIDENT ADDRESS	<i>Street</i>	<i>Apt #</i>	<i>City State ZIP</i>		
MAILING ADDRESS (If different from above)	<i>Street</i>	<i>Apt #</i>	<i>P O Box</i>	<i>City State ZIP</i>	
EMAIL ADDRESS	<i>Guardian 1</i>	EMAIL ADDRESS	<i>Guardian 2</i>		

SECOND HOUSEHOLD (non-custodial parent not residing with student) <i>Last Name First Name</i>		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
(non-custodial parent not residing with student) <i>Last Name First Name</i>			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 THE STUDENT CURRENTLY ON EXPULSION FROM SCHOOL?  Yes  No

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

### 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** \_\_\_\_\_