



# STUDENT ENROLLMENT FORM

NSD ID# \_\_\_\_\_  
 CLASS OF \_\_\_\_\_  
 ENTER DATE \_\_\_\_\_  
 PROOF OF AGE \_\_\_\_\_

## STUDENT INFORMATION

*Please Print Clearly*

Preferred <b>last</b> name:	Preferred <b>first</b> name:	Entering grade level:	Gender: Male Female X
Legal <b>last</b> name:	Legal <b>first and middle</b> name:	Has your student gone by any other name? yes      no	
Birthdate: _____ Month   Day   Year      Birth City      State      Country		If yes, what was the previous name? _____	

Home Address: \_\_\_\_\_ Unit# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address: \_\_\_\_\_ Unit # \_\_\_\_\_ PO Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
*(If different from above)*

Student home phone: \_\_\_\_\_ Unlisted?    yes      no

Student cell phone (if applicable): \_\_\_\_\_

### School Experience Data:

Has this student:

- previously attended the Northshore School District (NSD)?      yes      no      If yes, school \_\_\_\_\_ Year \_\_\_\_\_
- been enrolled in any special education program served with an Individual Education Plan (IEP), OT, PT, Speech?      yes      no      If yes, school \_\_\_\_\_ Year \_\_\_\_\_
- had a 504 Plan?      yes      no      If yes, school \_\_\_\_\_ Year \_\_\_\_\_
- had an emergency care plan to address known medical issues?      yes      no
- been enrolled in ELL or ESL programs?      yes      no
- been enrolled in reading or math supports (LAP/LASER/Title 1)?      yes      no
- ever been suspended or expelled for disciplinary reason(s)?      yes      no
- had any history of violent or criminal behavior?      yes      no

**Last school attended:** \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_ Grade level(s) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Other schools attended (list most recent first)

School	City	State	Zip	Dates		Grade Levels
				From	To	

**My child has a life threatening condition that requires a medication or treatment during the school day:**      Yes      No  
 Chapter 28A.210 RCW: Requires orders to be in place before starting school.

Previously enrolled in an early learning program?    yes    no    If yes, preschool attended: \_\_\_\_\_ # of years: \_\_\_\_\_

If yes, check all that apply:    NSD preschool    other preschool    playgroup    childcare    with family, friends, neighbors

- Is your student a foster child?    yes    no  
 For this purpose, a **foster child** is a child whose care and placement is the responsibility of the State or local Welfare agency **OR** who is placed by a court with a caretaker household.



# STUDENT ENROLLMENT FORM

## WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part I and Part II

### Part I: HISPANIC OR LATINO Is your student of Hispanic or Latino origin? yes no (If "yes" please check all that apply)

- |                            |             |            |          |            |              |            |
|----------------------------|-------------|------------|----------|------------|--------------|------------|
| Argentine                  | Chilean     | Cuban      | Guyanese | Mestizo    | Paraguayan   | Spaniard   |
| Bolivian                   | Colombian   | Dominican  | Honduran | Native     | Peruvian     | Surinamese |
| Brazilian                  | Costa Rican | Ecuadorian | Jamaican | Nicaraguan | Puerto Rican | Uruguayan  |
| Chicano (Mexican American) |             | Guatemalan | Mexican  | Panamanian | Salvadoran   | Venezuelan |

Hispanic or Latino Write in: \_\_\_\_\_

**Please note:** These race and ethnicity categories are provided by the State of Washington and the Northshore School District is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

### Part II: What race(s) do you consider your student? You may check categories and/or use write-in--check all that apply

#### AMERICAN INDIAN or ALASKAN NATIVE

American Indian/Alaskan Native

American Indian (Write in): \_\_\_\_\_

Alaska Native (Write in): \_\_\_\_\_

#### Washington State Tribes:

- Chinook Tribe
- Confederated Tribes and Bands of the Yakama Nation
- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Cowlitz Indian Tribe
- Duwamish Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Indian Community of the Kalispel Reservation
- Kikiallus Indian Nation
- Lower Elwha Tribal Community
- Lummi Tribe of the Lummi Reservation
- Makah Indian Tribe of the Makah Indian Reservation
- Marietta Band of the Nooksack Tribe
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe of Washington
- Port Gamble S'Klallam Tribe

- Puyallup Tribe of the Puyallup Reservation
- Quileute Tribe of the Quileute Reservation
- Quinault Indian Nation
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe of Washington
- Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
- Skokomish Indian Tribe
- Snohomish Tribe
- Snoqualmie Indian Tribe
- Snoqualmoo Tribe
- Spokane Tribe of the Spokane Reservation
- Squaxin Island Tribe of the Squaxin Island Reservation
- Steilacoom Tribe
- Stillaguamish Tribe of Indians of Washington
- Suquamish Indian Tribe of the Port Madison Reservation
- Swinomish Indian Tribal Community
- Tulalip Tribes of Washington

#### ASIAN

- |                 |             |
|-----------------|-------------|
| Asian           |             |
| Asian Indian    | Malaysian   |
| Bangladeshi     | Mien        |
| Bhutanese       | Mongolian   |
| Burmese/Myanmar | Nepali      |
| Cambodian/Khmer | Okinawan    |
| Cham            | Pakistani   |
| Chinese         | Punjabi     |
| Filipino        | Singaporean |
| Hmong           | Sri Lankan  |
| Indonesian      | Taiwanese   |
| Japanese        | Thai        |
| Korean          | Tibetan     |
| Lao             | Vietnamese  |

Asian Write in: \_\_\_\_\_

#### NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

- |  |                  |
|--|------------------|
| Native Hawaiian/Other Pacific Islander |                  |
| Carolinian                             | Palauan          |
| Chamorro                               | Papuan           |
| Chuukese                               | Pohpeian         |
| Fijian                                 | Samoaan          |
| i-Kiribati / Gilbertese                | Solomon Islander |
| Kosraean                               | Tahitian         |
| Maori                                  | Tokelauan        |
| Marshallese                            | Tongan           |
| Native Hawaiian                        | Tuvaluan         |
| Ni-Vanuatu                             | Yapese           |

Pacific Islander Write in: \_\_\_\_\_



**STUDENT ENROLLMENT FORM**

**WASHINGTON STATE RACE AND ETHNICITY CATEGORIES (continued):** check all that apply

**BLACK or AFRICAN AMERICAN**

Black/ African American African American African Canadian  <b>Caribbean</b> Anguillian Antiguan Bahamian Barbadian Barthélemois/Barthélemoises (Saint Barthélemy) British Virgin Islander Caymanian (Cayman Island) Cuba Dominican Dominican (Dominican Republic) Dutch Antillean (Netherlands Antilles) Grenadian Guadeloupian Haitian Jamaican Martiniquais/Martiniquaise Montserratian Puerto Rican  Caribbean Write in: _____  <b>Black (Write in):</b> _____	<b>Central African</b> Angolan Cameroonian Central African (Central African Republic) Chadian Congolese (Republic of the Congo) Congolese (Democratic Republic of the Congo) Equatorial Guinean Gabononese São Toméan Príncipe Central African Write in: _____  <b>South African</b> Botswanan Mosotho (Lesotho) Namibian South African Swazi South African Write in: _____	<b>East African</b> Burundian Comoran Djiboutian Eritrean Ethiopian Kenyan Malagasy (Madagascar) Malawian Mauritian (Mauritius) Mahoran (Mayotte) Mozambican Reunionese Rwandan Seychellois/Seychelloise Somali South Sudanese Sudanese Ugandan Tanzanian (United Republic of Tanzania) Zambian Zimbabwean  East African Write in: _____	<b>Latin American</b> Argentine Belizean Bolivian Brazilian Chilean Colombian Costa Rican Ecuadorian El Salvadoran Falkland Islander French Guianese Guatemalan Guyanese Honduran Mexican Nicaraguan Panamanian Paraguayan Peruvian South Georgia and the South Sandwich Islands Surinamese Uruguayan Venezuelan  Latin American Write in: _____	<b>West African</b> Beninese Bissau-Guinean Burkinabé (Burkina Faso) Cabo Verdean Ivorian (Cote d'Ivoire) Gambian Ghanaian Liberian Malian Mauritanian Nigerien (Niger) Nigerian (Nigeria) Saint Helenian Senegalese Sierra Leonean Togolese  West African Write in: _____
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**WHITE**

**White**

**Eastern European**

Bosnian  
 Herzegovinian  
 Polish  
 Romanian  
 Russian  
 Ukrainian  
 Eastern European Write in:  
 \_\_\_\_\_

**Middle Eastern and North African**

Algerian	Copt	Jordanian	Qatari
Amazigh or Berber	Druze	Kurdish Kuwaiti	Saudi Arabian
Arab or Arabic	Egyptian	Lebanese	Syrian
Assyrian	Emirati	Libyan	Tunisian
Bahraini	Iranian	Moroccan	Yemeni
Bedouin	Iraqi	Omani	
Chaldean	Israeli	Palestinian	

Middle Eastern Write in: \_\_\_\_\_

North African Write in: \_\_\_\_\_

**White (Write in):** \_\_\_\_\_

*By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.*





# STUDENT ENROLLMENT FORM

## ADDITIONAL INFORMATION

**Siblings in NSD:** Last name (if different) \_\_\_\_\_ First name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Living at Home		Birth date
yes	no	_____
yes	no	_____
yes	no	_____

### Persons to contact in case of emergency who are authorized to pick up your student at school (if parent/guardian cannot be reached):

#1 Full Name _____ Phone _____ home cell work Relationship _____	#2 Full Name _____ Phone _____ home cell work Relationship _____
#3 Full Name _____ Phone _____ home cell work Relationship _____	#4 Full Name _____ Phone _____ home cell work Relationship _____

**Daycare provider (circle if applicable):**    **Before school only**                      **Before and after school**                      **After school only**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daycare phone: \_\_\_\_\_

Comments: \_\_\_\_\_ Emergency contact? \_\_\_\_\_

## RESIDENCY VERIFICATION

State law requires that a student reside within the District boundaries and be able to prove residency or have been approved for a waiver in order to enroll in school. To be enrolled in Northshore School district you will need to establish residency within the attendance boundaries of your neighborhood school. Residency is defined as the physical location where the student spends the majority of their time, at a minimum, where they consistently spend four nights per week. Parents/guardians must supply documentation as listed in one of the options below:

- Government mail--at school discretion
- Home owner's Insurance Policy Declaration
- Property Tax Bill--must be received in the mail not printed off of website
- Redacted 1099 or W-2
- Unexpired Lease Agreement -must be signed by both parties
- Utility Bill--accepted utilities include water, sewer, gas, electricity, cable or garbage. Cell phone bills are not accepted.

I acknowledge and agree to the following (please initial each statement below):

- \_\_\_\_\_ My student resides with me at least four (4) nights per week at the address given, which is my primary residence.
- Note:** If your student does not reside with you at least four (4) nights per week at the address given, please initial here \_\_\_\_\_ and attach a written explanation of where and with whom your child resides each day of the week.
- \_\_\_\_\_ I agree to notify the District/School within five (5) days when I change my residence or that of my student to a new address, either within or outside of the District.
- \_\_\_\_\_ The District will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, which may include the use of investigators to verify residency status. Verification may include home visits.
- \_\_\_\_\_ Investigations that reveal students have enrolled on the basis of providing false information will be cause for revocation of the student's school assignment and disenrollment from the District.

By signing this form, I certify that all information is true and correct and that all documents submitted have not been altered or falsified in any way.

Parent/Guardian signature \_\_\_\_\_ Parent/Guardian (print) \_\_\_\_\_

Date \_\_\_\_\_



# STUDENT HOUSING QUESTIONNAIRE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. All information will be kept confidential and will not be shared with anyone other than designated NSD staff.

## 1. CURRENT LIVING SITUATION:

### DO YOU OWN/RENT YOUR OWN HOME/APARTMENT?

Home owner      Renter      Co-Resident      Other

If owner or renter, skip to section 3.  
If co-resident, complete co-residency form.  
If other, please complete the remainder of this form.

If you do not own/rent your home, where are you and your family staying? *Please check all that apply below:*

- In an emergency / transitional shelter
- With an adult not a parent or legal guardian or alone without an adult
- Temporary in someone else's house or apartment with another family due to economic hardship or similar reason
- Moving from place to place/couch surfing
- In a motel / hotel
- In a residence with inadequate facilities (no water, heat, electricity, etc.), abandoned building or substandard housing
- A car, park, campsite, RV, tent or similar location
- Other \_\_\_\_\_

## 2. STUDENT INFORMATION

Student(s): Last	First	Date of Birth:	Age:	Grade:	Name of School:
		Month/Day/Year			

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student is living with a parent or legal guardian      Student is unaccompanied (not living with a parent or legal guardian)

## 3. PARENT/GUARDIAN OR UNACCOMPANIED YOUTH INFORMATION

The undersigned certifies that the information provided above is accurate. PLEASE PRINT your information.

Parent(s)/legal guardian(s):  
(Or unaccompanied youth) \_\_\_\_\_

Address of current residence: \_\_\_\_\_

Phone number or contact number \_\_\_\_\_ Name of contact: \_\_\_\_\_

Print name of parent/legal guardian:(Or unaccompanied youth) \_\_\_\_\_

*\* I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct and understand that it will be verified. I authorize the release of information to the Northshore School District by State and local emergency and/or transitional housing programs, and/or other business or government agencies.*

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or unaccompanied youth)

Office Managers and/or Registrars: If parent marked any box in Section 1, please forward a copy of this form to:  
NSD MV Liaison, Ana Foy



**Office of Superintendent of Public Instruction (OSPI)**  
**Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools.

<b>Student Name:</b>	<b>Grade:</b>	<b>Date:</b>
<p><b>Right to Translation and Interpretation Services</b>          Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child’s education in a language they understand.</p> <p>In what language(s) would your family prefer to communicate with the school?          _____</p>	
<p><b>Eligibility for Language Development Support</b>          Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school.</p> <p><b>Please Note:</b>  <b>Testing may be necessary to determine if language supports are needed.</b></p>	<p>What language did your child learn first?          _____</p> <p>What language does your child use the most at home?          _____</p> <p>What is the primary language used in the home, regardless of the language spoken by your child?          _____</p> <p>Has your child received English language development support in a previous school? Yes    No    Don’t Know</p>	
<p><b>Prior Education</b>          Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>In what country was your child born? _____</p> <p>Has your child ever received formal education outside of the United States?          (Kindergarten – 12<sup>th</sup> grade) Yes    No</p> <p>If yes: Number of months: _____</p> <p>Language of instruction: _____</p> <p>When did your child first attend a school in the United States?          (Kindergarten – 12<sup>th</sup> grade)</p> <p>_____          Month      Day      Year</p>	

**Parent/Guardian Signature Required**

<p>_____</p> <p><b>Parent / Guardian Signature</b></p>	<p>_____</p> <p><b>Today’s Date</b></p>
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