

FOR SCHOOL USE ONLY	Proof of Age _____	Proof of Residency _____	Student ID # _____
School _____	Service Area _____	Waiver District _____	Class of _____
Admit Reason _____	Enter Date _____	Bus # to School _____	Bus # from School _____
Diploma Type _____	Records Requested _____	Records Received _____	

NORTHSHORE SCHOOL DISTRICT ENROLLMENT FORM (Rev. 5/10/2017)

BASIC STUDENT DEMOGRAPHICS

Grade Level _____

Legal Last Name _____ Legal First Name _____
 Last Name goes by _____ Nickname _____
 Middle Name _____ Date of Birth _____ Gender M F
 Home Phone (_____) _____ Unlisted? Yes No
 Student's Cell Phone (_____) _____ Student's Email Address _____

Home Address _____ Apt # _____
 City _____ County _____ Zip _____
 Mailing Address (if different) _____
 City _____ State _____ Zip _____

Part 1 Is your child of Hispanic or Latino origin? (You must check at least one of the following categories)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Central American | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Latin American | |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> South American | |

Part 2 What race(s) do you consider your child? (You must check at least one of the following categories)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> White | | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Laotian | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Tongan |
| | <input type="checkbox"/> Other Pacific Islander | | |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Lummi | <input type="checkbox"/> Quinault | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Makah | <input type="checkbox"/> Samish | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Port Gamble S'Klallam | <input type="checkbox"/> Snoqualmie | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Spokane | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Quileute | <input type="checkbox"/> Squaxin Island | |
| <input type="checkbox"/> American Indian: _____ tribe(s) (optional) | | <input type="checkbox"/> Alaskan Native: _____ village(s) (optional) | |

Special Programs (Check all special programs or services in which the student has participated.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Special Education / IEP / OT / PT / Speech Therapy | <input type="checkbox"/> ESL / ELL | <input type="checkbox"/> None Apply |
| <input type="checkbox"/> Reading or Math Support (LAP / LASER / Title I) | <input type="checkbox"/> Head Start | <input type="checkbox"/> Gifted / Highly Capable |
| <input type="checkbox"/> International Baccalaureate | <input type="checkbox"/> Summer School | <input type="checkbox"/> Native American Education |
| | | <input type="checkbox"/> Other: _____ |

PARENT/GUARDIAN INFORMATION (*List the parents/guardians the student lives with first, then by contact order.*)

Restrictions for Custody (*if applicable*) Yes No Legal Documentation on File with School? Yes No

First Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No Has Custody? Yes No

Address (*if different from Student's*) _____

List as an Emergency Contact? Yes No Primary Language _____

Email Address _____ Employer _____ Bus. Phone. (____) _____

Primary Contact Phone #(____) _____ Home Cell Unlisted? Yes No

2nd Contact Phone #(____) _____ Home Cell Unlisted? Yes No

Educational Rights: Yes No .Student Contact Allowed? Yes No

Second Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No Has Custody? Yes No

Address (*if different from Student's*) _____

List as an Emergency Contact? Yes No Primary Language _____

Email Address _____ Employer _____ Bus. Phone. (____) _____

Primary Contact Phone #(____) _____ Home Cell Unlisted? Yes No

2nd Contact Phone #(____) _____ Home Cell Unlisted? Yes No

Receive Mailings? Yes No Educational Rights: Yes No Student Contact Allowed? Yes No

Third Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No Has Custody? Yes No

Address (*if different from Student's*) _____

List as an Emergency Contact? Yes No Primary Language _____

Email Address _____ Employer _____ Bus. Phone. (____) _____

Primary Contact Phone #(____) _____ Home Cell Unlisted? Yes No

2nd Contact Phone #(____) _____ Home Cell Unlisted? Yes No

Receive Mailings? Yes No Educational Rights: Yes No Student Contact Allowed? Yes No

Fourth Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No Has Custody? Yes No

Address (*if different from Student's*) _____

List as an Emergency Contact? Yes No Primary Language _____

Email Address _____ Employer _____ Bus. Phone. (____) _____

Primary Contact Phone #(____) _____ Home Cell Unlisted? Yes No

2nd Contact Phone #(____) _____ Home Cell Unlisted? Yes No

Receive Mailings? Yes No Educational Rights: Yes No Student Contact Allowed? Yes No

DAYCARE PROVIDER: Before School Both Before and After School After School

Provider Name (Last, First) _____

Address _____

Daycare Phone (____) _____ Cell Phone (____) _____ Pager (____) _____

Comments _____

OTHER EMERGENCY CONTACTS (*List at least one local Emergency Contact. May list additional Emergency Contacts on the last page.*)

First Emergency Contact — Must be local

Last Name _____ First Name _____

Relationship to Student _____ Primary Language _____

Address _____

Primary Contact Phone #(____) _____ Home Cell Unlisted? Yes No Email Address _____

2nd Contact Phone #(____) _____ Home Cell Unlisted? Yes No

Second Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____ Primary Language _____

Address _____

Primary Contact Phone #(____) _____ Home Cell Unlisted? Yes No Email Address _____

2nd Contact Phone #(____) _____ Home Cell Unlisted? Yes No

SIBLING INFORMATION (*Use a separate sheet for additional siblings.*)

Name	Relationship	Age	Gender	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL / HEALTH INFORMATION

In case of emergency, 911 will be called to evaluate your child. Parent/Guardian will be notified as soon as possible.

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.

PREVIOUS SCHOOL INFORMATION (*List most recently attended school first. All fields must be completed.*)

#1 School Name _____ **Entry Date** (mm/dd/yy) _____

District _____ **Withdrawal Date** (mm/dd/yy) _____

Address _____ **Grades attended** _____

City _____

State _____ **Zip** _____

#2 School Name _____ **Entry Date** (mm/dd/yy) _____

District _____ **Withdrawal Date** (mm/dd/yy) _____

Address _____ **Grades attended** _____

City _____

State _____ **Zip** _____



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

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

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services 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>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>Eligibility for Language Development Support Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don’t Know___</p>	
<p>Prior Education Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No</p> <p style="margin-left: 40px;">If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)</p> <p style="margin-left: 40px;">_____ Month Day Year</p>	

Parent/Guardian Signature Required

_____ Parent / Guardian Signature	_____ Today’s Date
---	------------------------------