

PARENT INFORMATION:

Custody:

- Both Parents Mother Only Father Only
- Joint Custody Guardian Grandmother
- Grandfather Aunt Uncle
- Foster Parent Self Social Services
- Other Sibling In Transition
- Children's Aid Society

Student lives with:

- Both Parents Mother Only Father Only
- Joint Custody Guardian Grandmother
- Grandfather Aunt Uncle
- Foster Parent Self Social Services
- Other Sibling In Transition
- Children's Aid Society

Restrictions for Custody (if applicable) Yes No Legal documentation on file with school? Yes No

PARENT/GUARDIAN: (List the parents/guardians the student lives with first.)

First Parent / Guardian

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

Relationship to student _____ Lives with Student? Yes No Emergency Contact Yes No

Address _____ Apt/Complex # _____

Primary Language _____ Correspondence Language _____ Speaks English? Yes No

Employer _____ Business Phone (____) _____ Ext. _____

Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____

SMS Text/Pager (____) _____ Email Address _____

Is the parent a Migrant Worker? Yes No Date last moved to find migrant work? _____

Check your preferred method of communication: Home Phone Cell Phone SMS Text Email

Second Parent / Guardian

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

Relationship to student _____ Lives with Student? Yes No Emergency Contact Yes No

Address (if different from Student's) _____ Apt/Complex # _____

Primary Language _____ Correspondence Language _____ Speaks English? Yes No

Employer _____ Business Phone (____) _____ Ext. _____

Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____

SMS Text/Pager (____) _____ Email Address _____

Is the parent a Migrant Worker? Yes No Date last moved to find migrant work? _____

Check your preferred method of communication: Home Phone Cell Phone SMS Text Email

OTHER EMERGENCY CONTACTS: (List at least one local Emergency Contact.)

Child Care Provider

Provider Name (Last, First) _____

Address _____

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

First Emergency Contact — Must be local

Last Name _____ First Name _____

Relationship to Student _____ Primary Language _____

Address _____ Apt/Complex # _____

Home Phone (____) _____ Unlisted? Yes No Work Phone (____) _____ Ext. _____

Email Address _____ Cell Phone (____) _____ Pager (____) _____

Second Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____ Primary Language _____

Address _____ Apt/Complex # _____

Home Phone (____) _____ Unlisted? Yes No Work Phone (____) _____ Ext. _____

Email Address _____ Cell Phone (____) _____ Pager (____) _____

SIBLING INFORMATION:

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

PREVIOUS SCHOOL INFORMATION

Last School Attended:

School Name _____ **Entry Date** (mm/dd/yyyy) _____

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

Address _____ **Grades attended** _____

City _____ **State** ____ **Zip** _ _____ **School Phone** (____) _____ **Fax** _____

Names and locations of other schools attended:

School	Location	Grade(s)	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any past, current or pending disciplinary actions from a previous school? Yes No

If yes, please describe _____

STUDENT EDUCATIONAL BACKGROUND

Has this student ever received Special Education services? Yes No Speech Only OT/PT Only

Does this student have a current IEP? Yes No

Check all special programs or services in which the student has participated:

If your child was in one of the following programs and you have that information handy, please complete this section.

American Indian/Alaska Native Education Program? Which Grade(s)? _____

Retained? Which Grade(s)? _____ Gifted Programs? Which Grade(s)? _____

English Language Programs? Which Grade(s)? _____ 504 Plan? Which Grade(s)? _____

Did your child receive extra time or help in any of the following? Reading? Math? Other? _____

Description of services received: _____

McKinney-Vento Residency Section: Your child may be eligible for additional educational services through Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Where are you and your family currently staying? *Check one box.*

Section A Rent/own my own home or apartment. ***STOP HERE:*** *If you rent/own your own home*

Section B
 Temporarily with another family because we cannot afford or find affordable housing
 With an adult that is not a parent or legal guardian, or alone without an adult
 In a hotel/motel
 In a vehicle of any kind, RV, park or campground without running water/electricity, abandoned building or substandard housing
 In an emergency shelter/transitional housing
 Awaiting Foster Care

For School Use Only:

Doubled-Up
 Transitional Housing
 Hotel/Motel
 Unsheltered
 Sheltered
 Awaiting Foster Care

CONTINUE: *If you checked a box in Section B, complete the remainder of this form.*

2. Who does the children/youth live with?

Section C

1 parent relative(s), friend(s) or other adult(s)
 2 parents alone with no adult
 1 parent and another adult an adult who is not the parent or legal guardian

3. Enrollment Staff: If a parent/guardian or unaccompanied youth checked any box in Section B and C please immediately direct them to the McKinney-Vento Building Designee to determine eligibility for additional services. If you have any questions please contact Antonio Lewis FWS (206) 631-3256.

MEDICAL / HEALTH INFORMATION

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

Physician Name _____ Phone Number (_____) _____

Dentist Name _____ Phone Number (_____) _____

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.

Please contact the school nurse prior to your child's attendance to assure medications, orders, equipment and staff training are in place.

Do you have health insurance? Yes No **Is it Medicaid/DSHS?** Yes No

Provider _____ **Are you a member of?** MOLINA CUP CHPW None Don't know

STATE REQUIRED HOME LANGUAGE SURVEY – *This is for the student* *WAC 392-160-005*

What language did your child first learn to speak? _____ Country of Birth _____

What language does your child use most at home? _____ City of Birth _____

What language does your child use most often? _____ State of Birth _____

What language(s) do parents/guardians use most when you speak to your child? _____ Entry Date to WA _____

Entry Date to USA _____

Immigrant Refugee

If available, in what language would you prefer to receive communication from the school? _____

When did your child first attend a school in the United States? (Kindergarten-12th grade)? (mm/dd/yyyy) _____

Has your child ever received formal education outside of the United States? (Kindergarten-12th grade) Yes No

If yes, in what language(s) was instruction given? _____ For how many months? _____

Guidance:

* One (1) school year = ten (10) months

* "Formal education" does not include refugee camp schools or other unaccredited programs for children.

Parent / Guardian Signature (Required)

Today's Date

FOR SCHOOL USE ONLY: _____ **Proof of Age** _____ **Proof of Address** _____ **Student ID #** _____

School _____ **Records Requested** _____ **Class of/Grad Yr** _____ **Diploma Type** _____

Admit Reason _____ **Admit Date** _____ **Reg. Date** _____ **Waiver District** _____

Teacher/Room Assigned _____ **Other** _____ **State ID #** _____

HIGHLINE PUBLIC SCHOOLS ENROLLMENT FORM

BASIC STUDENT DEMOGRAPHICS:

Grade Level _____

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

Preferred Last Name _____ **Preferred First Name** _____

Middle Name _____ **Date of Birth** _____ **Gender:** M F

Home Phone (_____) _____ **Unlisted?** Yes No

Home Address _____ **Apt #/Complex** _____

City _____ **County** _____ **Zip** _____

Mailing Address (if different) _____

City _____ **State** _____ **Zip** _____

Dwelling Type: _____

Student Ethnicity

Highline Public Schools is collecting more detailed information about the background of our students. The school district will use this information to report on the educational progress of groups of students, but never individual students. The information you provide below is confidential.

Part One: Is your child of Hispanic or Latino Origin? (Check all that apply.)

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

Part Two: What race(s) do you consider your child? (Check all that apply.)

<input type="checkbox"/> Latino White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Quileute
<input type="checkbox"/> Latino Black	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Fijian	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Quinault
<input type="checkbox"/> Other Latino	<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Colville	<input type="checkbox"/> Samish
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Sauk-Suiattle
<input type="checkbox"/> African American	<input type="checkbox"/> Hmong	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Hoh	<input type="checkbox"/> Shoalwater
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Skokomish
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Snoqualmie
<input type="checkbox"/> Somalian	<input type="checkbox"/> Korean	<input type="checkbox"/> Tongan	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Spokane
<input type="checkbox"/> Other African	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Lummi	<input type="checkbox"/> Squaxin Island
	<input type="checkbox"/> Malaysian		<input type="checkbox"/> Makah	<input type="checkbox"/> Stillaguamish
<input type="checkbox"/> White	<input type="checkbox"/> Pakistani		<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Suquamish
	<input type="checkbox"/> Singaporean		<input type="checkbox"/> Nisqually	<input type="checkbox"/> Swinomish
	<input type="checkbox"/> Taiwanese		<input type="checkbox"/> Nooksack	<input type="checkbox"/> Tulalip
	<input type="checkbox"/> Thai		<input type="checkbox"/> Port Gamble Klallam	<input type="checkbox"/> Yakama
	<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Puyallup	<input type="checkbox"/> Other WA Indian
	<input type="checkbox"/> Other Asian			<input type="checkbox"/> Other American Indian

Do grandparents(s) or parents(s) have Native American tribal affiliation? Yes No

Is your student enrolled or eligible to be enrolled in a federally recognized tribe in the U.S.? Yes No

If yes, what tribe? _____ Tribal enrollment number _____