

<b>FOR SCHOOL USE ONLY</b>	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.

<b>Student Name:</b> _____	<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<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>1. 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. 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><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>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12<sup>th</sup> 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 – 12<sup>th</sup> grade)</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Month      Day      Year</p>	

**Parent/Guardian Signature Required**

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