

# Student Registration Form

School \_\_\_\_\_ Today's Date \_\_\_\_\_

## Student Information

Legal Last Name	Legal First Name	Legal Middle Name	Also known as
Birthdate (M/D/Y)	Gender	Birthplace: City	State Country Grade Level
Has your child ever been in programs such as: <input type="checkbox"/> Highly Capable <input type="checkbox"/> English Language Learner <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other _____ <input type="checkbox"/> 504 Accommodation <input type="checkbox"/> Speech/Language			
Is the student's parent/guardian currently in the military? <input type="checkbox"/> No <input type="checkbox"/> Yes:		If Yes: <input type="checkbox"/> Armed Forces, Active Duty <input type="checkbox"/> Armed Forces, Reserves <input type="checkbox"/> Washington National Guard	
Number of parents/guardians currently in the military: _____			
Ethnic Code: The district is <u>required</u> to report the following information to the state. (Categories are determined by the state and federal government).			
<b>Question 1: Is your child of Hispanic or Latino origin? (Check all that apply)</b>			
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican/Mexican American/ <input type="checkbox"/> Latin American <input type="checkbox"/> Dominican      Chicano <input type="checkbox"/> Other Hispanic/Latino <input type="checkbox"/> Spaniard <input type="checkbox"/> Central American			
<b>Question 2: What race do you consider your child? (Check all that apply)</b>			
<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Quileute <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> White <input type="checkbox"/> Cambodian <input type="checkbox"/> Fijian <input type="checkbox"/> Chehalis <input type="checkbox"/> Quinault <input type="checkbox"/> Other American Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Filipino <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Hoh <input type="checkbox"/> Shoalwater <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <input type="checkbox"/> Jamestown <input type="checkbox"/> Skokomish <input type="checkbox"/> Japanese <input type="checkbox"/> Micronesian <input type="checkbox"/> Kalispel <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Spokane <input type="checkbox"/> Laotian <input type="checkbox"/> Tongan <input type="checkbox"/> Lummi <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Malaysian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Makah <input type="checkbox"/> Stillaguamish <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			

## Previous School Information

Number of previous schools attended: _____	Last school student attended (include year, grade and address of former school): _____
Has your child ever enrolled in a school or schools in Washington state? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what school(s) and year(s) attended? _____	
Has your child ever attended Lake Washington School District (including Headstart, Readystart or Pre-school)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what school and year(s) attended? _____	

<b>For Office Use Only</b>	School Entry Date	Advisor Name	Student ID #	B/D Verified (initial)
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**Primary Household Information – Resident Address – where student resides**

Street _____ Apt # _____		<b>For Office Use Only</b>  Address Verified (initial)
City _____ State _____ Zip _____	Housing Development (if applicable) _____	
Mailing Address (if different from above)		
Street _____ PO Box _____		Apt # _____
City _____ State _____ Zip _____		
Primary Phone: (_____)_____ <input type="checkbox"/> Check if unlisted <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		
<b>Parent/Guardian #1</b> Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
<b>Parent/Guardian #2</b> Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____

**Second Household Mailing Information**

Street _____ Apt # _____		
City _____ State _____ Zip _____	Housing Development (if applicable) _____	
Mailing Address (if different from above)		
Street _____ PO Box _____		Apt # _____
City _____ State _____ Zip _____		
Primary Phone: (_____)_____ <input type="checkbox"/> Check if unlisted <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		
<b>Parent/Guardian #3</b> Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____
<b>Parent/Guardian #4</b> Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone 2: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 3: (_____)_____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Email Address: _____

Verification of Information: 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 Lake Washington School District.

**Legal Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_