

MCKINNEY-VENTO RESIDENCY: 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.

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

Section A

Rent/own my own home or apartment. (If you rent/own your own home, please skip section B.)

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

FOSTER CARE:

Is the student in foster care? Yes No

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

AMERICAN INDIAN/ALASKA NATIVE TRIBAL AFFILIATION:

1. Do the biological grandparent(s) or parent(s) of the student have tribal affiliation? (tribal affiliation means student is enrolled or eligible to be enrolled in a federally or state recognized tribe in the United States *only*) Yes No

2. Is your student enrolled or eligible to be enrolled in a federally recognized tribe in the U.S.? (this means, with some limited exceptions, student's tribal descendancy does not go back further than biological grandparents) Yes No

If yes, what tribe? _____ Tribal enrollment number? _____

3. Does your student identify as First Nations (Native from Canada) or indigenous to a tribal community in Central or/ South America? Yes No

If yes, what First Nations Reserve or tribal community? _____

4. Has your student participated in a Title VI Native/Indian Education Program in another district? Yes No

If yes, what grade? _____

Enrollment Staff: If a parent/ guardian or youth checked yes to any of the above questions, please complete the Title VI Ed 506 Indian Student Eligibility Certification Form. This form is only to be completed if the student is American Indian or Alaska Native per federal definition.

STATE REQUIRED HOME LANGUAGE SURVEY: *This form is NOT used to identify students' immigration status.*

1. Please indicate in what language(s) do you want written communication from the school.

2. What language did your child learn to speak **first**? _____

3. What **primary** language does your child use the most? _____

4. What language does your family use the most at **home**? _____

5. Did your child ever receive English Language Learner (ELL) support at another school? Yes No Don't Know

6. In what **country** was your child born? _____

7. Has your child ever received K-12 formal schooling in another country? Yes No

If yes, number of months (1 school year=10 months): _____ Language of Instruction: _____

8. When did your child first attend school in the United States (K-12) (MM/DD/YY)? _____

HIGHLINE PUBLIC SCHOOLS ENROLLMENT FORM

BASIC STUDENT DEMOGRAPHICS:

Grade Level ____ SSID _____

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name: _____ Date of Birth (mm/dd/yy): _____

Preferred Name(First, Middle, Last): _____ Gender: M F Non-Binary

Primary Phone: _____ Home Cell Work Other

Home Address: _____ Apt #/Complex: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ Apt #/Complex: _____

City: _____ State: _____ Zip: _____

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-	<input type="checkbox"/> Central American	<input type="checkbox"/> Latin American
<input type="checkbox"/> Cuban	<input type="checkbox"/> Puerto Rican	American/ Chicano	<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	<input type="checkbox"/> Colville	<input type="checkbox"/> Samish
	<input type="checkbox"/> Filipino	Chamorro	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Sauk-Suiattle
<input type="checkbox"/> African American	<input type="checkbox"/> Hmong	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Hoh	<input type="checkbox"/> Shoalwater
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Skokomish
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Snoqualmie
<input type="checkbox"/> Somali	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Spokane
<input type="checkbox"/> Other African	<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	<input type="checkbox"/> Makah	<input type="checkbox"/> Stillaguamish
<input type="checkbox"/> White	<input type="checkbox"/> Pakistani	Islander	<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

PREVIOUS SCHOOL INFORMATION:

If your student is enrolling in kindergarten, has your child attended Preschool or a Childcare program prior to enrolling in kindergarten? Yes No (if yes, please complete required Prior-to-K Experience form)

Last School Attended: (only for students currently enrolled in school)

School District: _____ **School Name:** _____

Please check which applies to the last school of attendance:

Public School Out of State Public School In State Private School In State Home School In State

Dates of Attendance (entry/ withdrawal dates (mm/dd/yy)): _____

Grade(s) attended: _____

School Address: _____ (Street, City, State, Zip)

School Phone: _____ School Fax: _____

Names and locations of other schools attended

<u>School Name</u>	<u>City, State</u>	<u>Grade(s)</u>	<u>Dates Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

If yes, please describe: _____

STUDENT EDUCATIONAL BACKGROUND:

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

Does the student have an IEP (Individualized Education Program)? Yes No

Does the student have a 504 plan? Yes No

Has the student been retained? Yes No If yes, what grade? _____

Has the student received any extra time or help in any of the following areas? Reading Math Other

US Military Families

Please check all that apply below and account for all Parents/Guardians, including those who do not live with the student.

<input type="checkbox"/> One Active Duty Parent/Guardian	<input type="checkbox"/> One National Guard Parent/Guardian	<input type="checkbox"/> None/ Retired
<input type="checkbox"/> One Parent/Guardian in the Reserves	<input type="checkbox"/> More than one Parent/Guardian in any Armed Forces branch/branches	<input type="checkbox"/> Prefer not to state

PARENT/GUARDIAN INFORMATION:

Custody:

- Both Parents Mother Only Father Only
- Joint Custody Guardian Aunt
- Grandfather Grandmother Uncle
- Sibling Self Other
- Department of Children, Youth, & Family Services

Student lives with:

- Both Parents Mother Only Father Only
- Guardian Aunt Uncle
- Grandfather Grandmother Sibling
- Self Other Foster Parent

Restrictions for Custody (if applicable) Yes No

Legal Documentation on file with School? Yes No

First Parent/Guardian

Last Name: _____ **First Name:** _____

Relationship to Student _____ Emergency Contact Yes No

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

City: _____ State: _____ County: _____ Zip: _____

What language does the parent speak?: _____ Needs Interpreter? Yes No

Primary Phone: _____ Home Cell Work Other

Secondary Phone: _____ Home Cell Work Other

Email Address: _____

Second Parent/Guardian

Last Name: _____ **First Name:** _____

Relationship to Student _____ Emergency Contact Yes No

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

City: _____ State: _____ County: _____ Zip: _____

What language does the parent speak?: _____ Needs Interpreter? Yes No

Primary Phone: _____ Home Cell Work Other

Secondary Phone: _____ Home Cell Work Other

Email Address: _____

Parent/Guardian Signature (Required): _____ **Today's Date:** _____

HEALTH INFORMATION SECTION: Please ensure that the health history form is completed for health related information. This form captures if a student has a life threatening condition and helps identify which students may have health needs. This is a separate form and should be completed for new enrollment as well as returning students.