



ENROLLMENT FORM

WHITE
 White
Eastern European
 Bosnian Herzegovinian Polish Romanian Russian Ukrainian **Eastern European**
 Write In: _____
 White
 Write In: _____

Middle Eastern and North African
 Algerian Arab or Arabic Assyrian Bahraini Bedouin Chaldean Middle Eastern
 Write In: _____
 Copt Druze Egyptian Emirati Iranian Iraqi Israeli North African
 Write In: _____
 Jordanian Kurdish Kuwaiti Lebanese Libyan Moroccan Omani Palestinian North African
 Write In: _____
 Qatari Saudi Arabian Syrian Tunisian Yemeni

Although the recommendations of parents will be respected as far as possible, I understand that final decision and judgement of the school authorities may be made in the event of an emergency. If any of the enrollment information provided in this document changes, I will notify the school in writing.

Parent/ Guardian Name (Printed): _____ **Parent/ Guardian Signature:** _____

STAFF USE ONLY:
 SSID: _____

BASIC STUDENT DEMOGRAPHICS:

Grade Level _____

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:** _____

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

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

SIBLING INFORMATION: Please include siblings of all ages

Name	Relationship	Date of Birth	Gender	School Attending (if applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Who can make school/child decisions? (Check all that apply) Guardian 1 Guardian 2 Other

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: _____

BLACK or AFRICAN

AMERICAN

- Black/ African American
- African American
- African Canadian

Caribbean

- Anguillian
- Antiguan
- Barbadian
- Barthélemois/ Barthélemoises
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)
- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupien
- Haitian
- Jamaican
- Martiniquais/ Martiniquaise
- Montserratian
- Puerto Rican

Caribbean Write In: _____

Black Write In: _____

Central African

- Angolan
- Cameroonian
- Central African (Central African Republic)
- Chadian
- Congolese (Republic of the Congo)
- Congolese (Democratic Republic of the Congo)
- Equatorial Guinean
- Gabononese
- São Toméan
- Principe
- Central African Write In:** _____

South African

- Botswanan
- Mosotho (Lesotho)
- Namibian
- South African
- Swazi
- South African Write In:** _____

East African

- Burundian
- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Mahoran (Mayotte)
- Mazambican
- Reunionese
- Rwandan
- Seychellois/ Seychelloise
- Somali
- South Sudanese
- Sudanese
- Ugandan
- Tanzanian (United Republic of Tanzania)
- Zambian
- Zimbabwean
- East African Write In:** _____

Write In: _____

Latin American

- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- French Guianese
- Guatemalan
- Guyanese
- Honduran
- Mexican
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- South Georgia and the South Sandwich Islands
- Surinamese
- Uruguayan
- Venezuelan
- Latin American Write In:** _____

Write In: _____

West African

- Beninese
- Bissau-Guinean
- Burkinabé (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Liberian
- Malian
- Mauritanian
- Nigerien (Niger)
- Nigerian (Nigeria)
- Saint Helenian
- Senegalese
- Sierra Leonean
- Togolese
- West African Write In:** _____

Write In: _____

AMERICAN INDIAN OR ALASKA NATIVE Washington State Tribes

<input type="checkbox"/> Chinook Tribe	<input type="checkbox"/> Quileute Tribe of the Quileute
<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation	<input type="checkbox"/> Quinault Indian Nation
<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation	<input type="checkbox"/> Samish Indian Nation
<input type="checkbox"/> Confederated Tribes of the Colville Reservation	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington
<input type="checkbox"/> Cowlitz Indian Tribe	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
<input type="checkbox"/> Duwamish Tribe	<input type="checkbox"/> Skokomish Indian Tribe
<input type="checkbox"/> Hoh Indian Tribe	<input type="checkbox"/> Snohomish Tribe
<input type="checkbox"/> Jamestown S'Klallam Tribe	<input type="checkbox"/> Snoqualmie Indian Tribe
<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation	<input type="checkbox"/> Snoqualmoo Tribe
<input type="checkbox"/> Kikiallus Indian Nation	<input type="checkbox"/> Spokane Tribe of the Spokane Reservation
<input type="checkbox"/> Lower Elwha Tribal Community	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
<input type="checkbox"/> Lummi Tribe of the Lummi Reservation	<input type="checkbox"/> Steilacoom Tribe
<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation	<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
<input type="checkbox"/> Marietta Band of the Nooksack Tribe	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
<input type="checkbox"/> Muckleshoot Indian Tribe	<input type="checkbox"/> Swinomish Indian Tribal Community
<input type="checkbox"/> Nisqually Indian Tribe	<input type="checkbox"/> Tulalip Tribes of Washington
<input type="checkbox"/> Nooksack Indian Tribe of Washington	<input type="checkbox"/> Alaska Native Write In: _____
<input type="checkbox"/> Port Gamble S'Klallam Tribe	<input type="checkbox"/> American Indian Write In: _____
<input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation	

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: _____

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

EMERGENCY CONTACTS: If I cannot be reached in an emergency, you may contact:

Emergency Contact 1: Full Name _____ **Relationship to Student** _____

Needs Interpreter? Yes No What Language? _____

Address _____ (Street, City, State, Zip) Apt/Unit # _____

Email _____ Primary Phone _____ Secondary Phone _____

Emergency Contact 2: Full Name _____ **Relationship to Student** _____

Needs Interpreter? Yes No What Language? _____

Address _____ (Street, City, State, Zip) Apt/Unit # _____

Email _____ Primary Phone _____ Secondary Phone _____

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

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

- What language did your child learn to speak **first**? _____
- What **primary** language does your child use the most? _____
- What language does your family use the most at **home**? _____
- Did your child ever receive English Language Learner (ELL) support at another school? Yes No Don't Know
- In what **country** was your child born? _____
- 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: _____
- When did your child first attend school in the United States (K-12) (MM/DD/YY)? _____

AMERICAN INDIAN/ALASKA NATIVE TRIBAL AFFILIATION:

- 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
- 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 descendency does not go back further than biological grandparents) Yes No
If yes, what tribe? _____ Tribal enrollment number? _____
- 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? _____
- Has your student participated in a Title VI Native/Indian Education Program in another district? Yes No
If yes, what grade? _____

WASHINGTON STATE RACE AND ETHNICITY:

Highline is mandated to collect information regarding the race and ethnicity of every student under applicable state and federal laws. If you do not self-identify, you will be contacted by the school who is required to collect this information. These race and ethnicity categories are provided by the State of Washington.

Part I: Please indicate all that apply.

HISPANIC OR LATINO Is your student of Hispanic or Latino origin? yes no

- | | | | | | | |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Chilean | <input type="checkbox"/> Cuban | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Dominican | <input type="checkbox"/> Honduran | <input type="checkbox"/> Native | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Ecuadorean | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Mexican | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Salvadoran | | |
| <input type="checkbox"/> Venezuelan | | | | | | |

Hispanic or Latino Write in: _____

Part II: What race(s) do you consider your student? You may check categories and use write-in fields. More race options on the following pages.

ASIAN

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Burmese/ Myanmar | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Cambodian/ Khmer | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Lao | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Asian | |

Write In: _____

NATIVE HAWAIIAN OR PACIFIC ISLANDER

- | | |
|--|---|
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Papuan |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohoeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> i-Kirbati/ Gilbertese | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Yapese |

Write In: _____

