



**IN DISTRICT CURRENT TRANSFERS ONLY**  
**STUDENT ENROLLMENT/REGISTRATION FORM**

For Office Use Only						
Medical Alert	Student ID	School Entry Date	District Entry Date	Homeroom	Advisor	Bus Route
Student Legal Last Name		Student Legal First Name		Student Legal Middle Name		Also Known As
Birthdate (MM/DD/YY)	Gender	Current Grade Level	Birth Place (City/State/Country)			
	<input type="radio"/> M <input type="radio"/> F					

Federal Funding: Under Public Law No. 874, the district can receive federal money for each child if the parent is in the active armed forces, lives or works on federal land. (Please Check)

Active Armed Forces  Lives on Federal Land  
 Works on Federal Land  Does Not Apply

School/Preschool Previously Attended	School District Previously Attended	Previous School City & State

Has student ever attended Snoqualmie Valley SD?  Yes  No If yes, name of school attended \_\_\_\_\_

Has student ever attended Washington Public Schools?  Yes  No Date attended (Month/Year) \_\_\_\_\_

Has your child ever qualified for or been enrolled in a Special Ed Program?  Yes, currently  Yes, in (MM/YY) \_\_\_\_\_  Never

Has your child ever qualified for or had a 504 Plan?  Yes, currently  Yes, in (MM/YY) \_\_\_\_\_  Never

Check any that your child has ever participated in:  Title  LAP  Gifted  ELL  IEP  Speech  Home School Other \_\_\_\_\_

The placement of new students is very important. Please provide us with the following information about your child. Please rate your child in the following areas, with 1 being low and 5 being high:

	LOW				HIGH
Achievement	1	2	3	4	5
Behavior	1	2	3	4	5
Work Habits	1	2	3	4	5

Has your child ever been retained and repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No What grade level(s)? _____	Has your child ever been promoted and skipped a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No What grade level(s)? _____
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**Primary Household-Guardian 1**

Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<u>Relationship to student</u> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent		

**Primary Household-Guardian 2**

Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<u>Relationship to student</u> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent		

Primary Household Street Address (Students Primary Address)	Apt/Unit#	City	State	Zip
Primary Household Mailing Address (if different)	Apt/Unit#	City	State	Zip

<b>Secondary Household-Guardian 1</b>			
Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<b>Relationship to student</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent		

<b>Secondary Household-Guardian 2</b>			
Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<b>Relationship to student</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent		

Secondary Household Street Address (Students Primary Address)	Apt/Unit#	City	State	Zip
Secondary Household Mailing Address (if different )	Apt/Unit#	City	State	Zip

Is there a joint-custody or parenting plan in effect? (If yes, plan must be on file with the school for enforcement)     Yes     No

Is there a restraining order in effect related to the parents/guardians or student? (If yes, legal papers must be on file with the school for enforcement).  
 Yes     No

Please list siblings also attending Snoqualmie Valley School District:

Last Name	First Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Student Release Authorization**

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

Emergency Contact (other than parent/guardian) Full Name	Relationship	Primary Phone	Secondary Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special instructions regarding religious beliefs: (optional) \_\_\_\_\_

Has the student ever been suspended for a weapons violation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____
Has the student ever been to court for attendance issues?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____

**Please read each statement below and sign:**

**Student Release Authorization:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

**Emergency Medical Authorization:** I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

**Verification of Information:** The information on this form is true and accurate. 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 the Snoqualmie Valley School District.

Legal Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_