

New Student Enrollment

A New Student Enrollment form must be submitted for each student in your family.

The Washington State Governor's Office of the Education Ombuds (OEO) is an independent state agency that helps to reduce educational opportunity gaps by supporting families, students, educators, and other stakeholders in communities across WA in understanding the K-12 school system and resolving concerns collaboratively. OEO services are free and confidential. Anyone can contact OEO with a question or concern about school.

OEO listens, shares information and referrals, and works informally with families, communities, and schools to address concerns so that every student can fully participate and thrive in our state's public schools. OEO provides support in multiple languages and has telephone interpretation available. To get help or learn more about what OEO does, please visit: <https://www.oeo.wa.gov/en>; email oeoinfo@gov.wa.gov, or call: 1-866-297-2597 (interpretation available).

Puyallup School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

- ❑ Civil Rights Compliance Coordinator: Gordon Brobbey, brobbg@puyallupsd.org, (253) 840-8863
- ❑ 504/ADA Coordinator: Almai Malit, malitaa@puyallupsd.org, (253) 840-8849
- ❑ Title IX Coordinator Staff: Amie Brandmire, brandmah@puyallupsd.org, (253) 841-8645
- ❑ Title IX Coordinator Students: Gordon Brobbey, brobbg@puyallupsd.org, (253) 840-8863

Address: 302 2nd St SE Puyallup, WA 98372

Student Information

First Name **(REQUIRED)**

Middle Name **(REQUIRED)**

The student does not have a middle name.

Last Name **(REQUIRED)**

Suffix

Is your legal name different than what is entered above? **(REQUIRED)**

Yes

No

Preferred name

Legal Gender **(REQUIRED)**

Gender at Birth

Female

Male

Gender Identify **(REQUIRED)**

Female

Male

Non-Binary

Date of Birth **(REQUIRED)**

mm/dd/yyyy

Enrolling Grade **(REQUIRED)**

Student's Contact Information

Student Phone Number
(numeric values only)

Student Phone Type
A Phone Type identified as a Home is required even if it is a cell phone number or work phone number.

- Home
- Cell

Listing Status

Student Email Address
email@domain.com

Use Email for Mailings?

- Yes
- No

Enable Web Access for Student **(REQUIRED)**
This will enable Home Access Center (HAC) access for your student.

- Yes
- No

Student's Physical Address

Housing Development

Subdivision/Complex

Address **(REQUIRED)**

Apartment #

City **(REQUIRED)**

State **(REQUIRED)**

Zip Code **(REQUIRED)**

xxxxx OR xxxxx-xxxx

You must verify your address using the School Locator in order to continue.

Please verify address at [www.PuyallupSD.org/about-us/registration/district maps](http://www.PuyallupSD.org/about-us/registration/district%20maps) and continue.

Resident/Zoned School **(REQUIRED)**

Your address may come up as “No Zoned School Identified” even if you reside within the Puyallup School District boundaries because the address is not in our system yet. We continually add addresses in our system daily. We will be sure to update the Resident/Zoned School to the correct school based on your physical address when you submit your application.

You can enter your address into <https://wapuyallupsd.myridek12.tylerapp.com/SchoolSearch> to verify that you live within the Puyallup School District boundaries.

Would the applicant like to attend a school in Puyallup School District other than their zoned school? **(REQUIRED)**

- Yes (Please fill out an Intra-District Transfer – available at: [In-District Transfers - Puyallup School District \(puyallupsd.org\)](http://In-District%20Transfers-Puyallup%20School%20District%20(puyallupsd.org)))
- No

Do you reside within the Puyallup School District Boundaries? **(REQUIRED)**

- Yes – continue to Student Mailing address
- No (Please fill out a Out-of-District Waiver after completing a Choice transfer from Resident District – available at: [Out-of-District Waivers - Puyallup School District \(puyallupsd.org\)](http://Out-of-District%20Waivers-Puyallup%20School%20District%20(puyallupsd.org)))

What school district do you live in? **(REQUIRED)**

First Choice School **(REQUIRED)**

Please stop until your Out of District Waiver application is approved. Please save your enrollment application and logout – do not SUBMIT until complete.

Student's Mailing Address

Is the student's mailing address the same as the physical address? **(REQUIRED)**

Yes

No

(Is this a P.O. Box?) fill in below:

Address: _____

PO Box _____

City, State, Zip _____

City, State, Zip _____

Sibling Information

Please provide the name, age, and school for brothers and sisters living in the same home. **(REQUIRED)**

Student Housing Questionnaire

This questionnaire is intended to address the **McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435. Form at:** [Step 2: Requirements for Enrollment - Puyallup School District \(puyallupsd.org\)](https://www.puyallupsd.org/step-2-requirements-for-enrollment)

Is your student currently in Foster or Kinship Care? **(REQUIRED)**

Yes

No

Is your student's living arrangement temporary due to the loss of housing or economic hardship? **(REQUIRED)**

Yes

No

Check the box(es) that apply to your student's living situation:

- Staying on a motel/hotel
- Sharing the housing of others due to lose of housing, economic hardship, or similar reason.
- Living in a car, park, campsite, trailer park, bus/train station, abandoned building or other location not ordinarily used as sleeping accommodations.
- Student is temporarily placed with a relative, or guardian.
- Student lives in a temporary shelter.
- Transitional Housing
(a program going from homeless to independent living usually within 24 months.)
- Not living in the physical custody of a parent/legal guardian
- Other
- N/A

Please choose at least one option above.

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d)

Special Accommodation

Has the student ever had a 504 plan? **(REQUIRED)**

- Yes
- No

Is the student taking English as a second language? **(REQUIRED)**

- Yes
- No

Has the student ever had an Individual Education Plan (IEP)? **(REQUIRED)**

- Yes
- No

Does your child have a current Individual Education Plan (IEP)? **(REQUIRED)**

- Yes
- No

Does your child receive Speech and Language services? **(REQUIRED)**

- Yes
- No

Does your child receive Occupational Therapy/Physical Therapy (OT/PT) services? **(REQUIRED)**

- Yes
- No

Does your child receive Title I or Language Assistance Program (LAP) assistance? *(REQUIRED)*

- Yes
- No

Military Connected

Is the student's parent or guardian a member of the active-duty National Service (Formerly U.S. Armed Forces)? *(REQUIRED)*

- Yes
- No

Is the student's parent or guardian a member of the reserves of the National Service (Formerly U.S. Armed Forces)? *(REQUIRED)*

- Yes
- No

Is the student's parent or guardian a member of the Washington National Guard? *(REQUIRED)*

- Yes
- No

Does the student have more than one parent or guardian who is a member of the active-duty National Service (Formerly U.S. Armed Forces)? or Reserves or Washington National Guard? *(REQUIRED)*

- Yes
- No

Directory Information

Directory Information includes the child's name, photograph, dates of attendance, participation in officially recognized activities and sports, weight, and height of members of athletic teams, diplomas and awards received, and schools attended. **We are required by law to release your student's directory information, including address, phone number, and student email address unless you tell us not to.* ESEA Section 8528**

Important Note – By checking the name and/or photo boxes your child's name and photo will be excluded from any and all school and district publication, including programs (music, drama, commencement) and yearbooks.

- Student's Name may NOT be released
- Student's Address may NOT be released
- Student's Phone Number may NOT be released
- Student's Photo may NOT be released
- Student's Email Address may NOT be released
- Student's information may NOT be released to Military Service/Recruiters
- Student's information may NOT be released to Institutions of Higher Learning (Colleges, Universities, Technical Colleges)
- Student's information may NOT be released to any Company
- Student's information may NOT be released to any Individual

Free and Reduced Meal Application

If you believe you may qualify, please go to website below to apply.

[Food and Nutrition - Puyallup School District \(puyallupsd.org\)](#) Click on [EZMealApp](#)

Consent to Share Form: Requirement for Grades 9-12

If your child's is in grades 9-12 and qualifies for free and reduced-priced meals, please complete a Consent to Share form to waive fees associated with a ASB cards, athletic participation fees, student device protection plan, and more.

Do you authorize the school district to use your child's free and reduced-price meal status to provide cost benefits in other district programs, events, sports and clubs?

Yes (by checking this box you agree to the release of info)

Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all schools to collect data on ethnicity and race for students. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR).

Parents/Guardians of students enrolling in school are requested to provide this information. You may choose not to answer the questionnaire, but if you do not provide this information then we are required to make a selection for you using the best information available, a process known as observer identification, as required by the USDE.

Both parts of the following questions on the student's ethnicity and race should be answered for all students.

Part A – Ethnicity

Is your child of Hispanic or Latino origin? **(REQUIRED)**

- Yes – (Please list your child's ethnicity): _____
- No

Part B – Race

What race(s) do you consider your child? (Check all that apply) (Refer to pages 10-13 following this section)

- American Indian / Alaska Native
Required (Please list your child's tribe) _____
- Asian
Required (Please list your child's race) _____
- Native Hawaiian / Other Pacific Islander
Required (Please list your child's race) _____
- Black / African American
Required (Please list your child's race) _____
- White
Required (Please list your child's race) _____

Please select at least one option from above. Please use attached list for Federal Race Category.

Place of Birth

City of Birth (**REQUIRED**)

State of Birth (**REQUIRED**)

Check if your student was **NOT** born in the U.S.

List Country of Birth _____

Migrant Education

Have you or your child had to move in the past 2 years for work in migratory agriculture/farming or fishing?

- Yes
- No

Home Language

What is YOUR CHILD'S primary language *(REQUIRED)*

What language does YOUR CHILD use the most at home? *(REQUIRED)*

What is YOUR CHILD'S native language? *(REQUIRED)*

Does YOUR CHILD need an interpreter? *(REQUIRED)*

Are you interested in applying for the Spanish/English Dual Language Program? Please go to the [Dual Language](#) website to apply.

Previous School Information

U.S. Enrollment Date *(REQUIRED)*

First date or expected first date student attended school in the U.S./ mm/dd/yyyy

Washington Enrollment date *(REQUIRED)*

First date or expected first date student attended school in WA / mm/dd/yyyy

Has your child been enrolled in a Puyallup school before? *(REQUIRED)*

- Yes
- No

Name of school or schools attended (Required)

Has this student ever attended school before? *(REQUIRED)*

- Yes – Most Recent School Name, City, State _____
- No

Transportation Information

My child walks to school in the morning *(REQUIRED)*

- Yes
- No

My child walks home from school in the afternoon *(REQUIRED)*

- Yes
- No

My child is dropped off in the morning *(REQUIRED)*

- Yes
- No

My child is picked up in the afternoon *(REQUIRED)*

- Yes
- No

My child can be released off the bus without a parent/guardian present *(REQUIRED)*

- Yes
- No

Before & After School Care

In the Morning my Child goes to School from Home *(REQUIRED)*

- Yes
- No

In the Afternoon my Child Returns to Home *(REQUIRED)*

- Yes
- No

Name and Address of Childcare Provider

Emergency Early Dismissal

In the event of an Emergency/Disaster I authorize the release of my son/daughter to any adult with whom he/she feels comfortable *(REQUIRED)*

- Yes
- No

Family Information

Are there any active court orders (excluding custody) pertaining to your child **(REQUIRED)**

- Yes - please provide a copy to the school office
- No

Parent/Legal Guardian 1

Title

- Dr.
- Miss
- Mr.
- Mrs.
- Ms.

First Name **(REQUIRED)**

Middle Name

Last Name **(REQUIRED)**

Suffix

Relationship to Student **(REQUIRED)**

Lives with student? **(REQUIRED)**

- Yes
- No

Parent/Legal Guardian 1 Contact Information

Phone 1 Number **(REQUIRED)**
numeric values only

Phone 1 Type **(REQUIRED)**

At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number

Extension

Phone 2 Number
numeric values only

Phone 2 Type
At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number.

Extension

Employer

Work Number

Extension

Email Address (**REQUIRED**)
email@domain.com

Preferred language for communications?

Home Language

Interpreter Needed?

- Yes
 - No
-

Should this parent receive mail?

- Yes
 - No
-

Parent/Legal Guardian 2 Contact Information

First Name *(REQUIRED)*

Middle Name

Last Name *(REQUIRED)*

Suffix

Relationship to Student *(REQUIRED)*

Lives with student? *(REQUIRED)*

- Yes
- No

Phone 1 Number *(REQUIRED)*

numeric values only

Phone 1 Type *(REQUIRED)*

At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number

Extension

Phone 2 Number

numeric values only

Phone 2 Type

At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number.

Extension

Employer

Work Number.

Email Address (**REQUIRED**)

email@domain.com

Preferred language for communications?

Home Language

Interpreter Needed?

Yes

No

Should this parent receive mail?

Yes

No

Non-Parental Emergency Contacts

Please do **NOT** list parent/legal guardians that have already been entered in the previous Family page

Emergency Contact 1

First Name

Middle Name

Last Name

Suffix

Relationship to student?

Lives with student?

- Yes
- No

Phone 1 Number **(REQUIRED)**
numeric values only

Phone 1 Type **(REQUIRED)**
At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number

Phone 2 Number
numeric values only

Phone 2 Type
At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number.

Phone 3 Number
numeric values only

Phone 3 Type
At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number.

Email Address **(REQUIRED)**
email@domain.com

Emergency Contact 2

First Name

Middle Name

Last Name

Suffix

Relationship to student?

Lives with student?

- Yes
- No

Phone 1 Number **(REQUIRED)**

numeric values only

Phone 1 Type **(REQUIRED)**

At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number

Phone 2 Number

numeric values only

Phone 2 Type

At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number.

Phone 3 Number

numeric values only

Phone 3 Type

At least one Phone Type identified as Home is required even if it is a cell phone number or work phone number.

Email Address **(REQUIRED)**

email@domain.com

Contact Priority

To adjust the priority in which contacts will be called, please select the appropriate order number next to the name.

One contact must have a priority of 1.

(REQUIRED)

Health Information

Physician

Doctor Name

Doctor Phone
numeric values only

Health History

Allergies (*REQUIRED*)

- Yes
- No

Asthma (*REQUIRED*)

- Yes
- No

Diabetes (*REQUIRED*)

- Yes
- No

Epilepsy/Seizures (*REQUIRED*)

- Yes
- No

Special Dietary Needs (*REQUIRED*)

- Yes
- No

My Child has a Life-Threatening Condition (*REQUIRED*)

- Yes
- No

NOTE: If you child's health condition is life threatening, the school health care plan, and medication or treatment plan MUST be completed prior to school attendance. (RCW28A.210.320) Please contact our school's nurse.

Please list any other special medical considerations.

Document Attachments

Please attach the required documents to the enrollment packet.

You must bring or email all applicable documents for enrollment to the student's school.

Birth Certificate for Incoming Preschool, Kindergarten Academy, Kindergarten, and 1st Grade Students.

The Puyallup School District requires a copy of your child's birth certificate or the equivalent, such as an adoption records, certificated statement from a physician, or an immunization record with a birthdate.

Verification of Residency

You must provide the filled-out Verification of Residency Form as well as ONE current document from the list on the attached Verification of Residency form. The document you choose must be dated within the last 30 days.

Current Proof of Residency Document

Medically Verified Immunization Record - (REQUIRED)

Washington State Law requires medically verified immunization records for all students attending public schools. Students must be immunized against diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, hepatitis B, varicella, and rubella before registering for school. A medically verified record includes **one or more** of the following:

- A [Certification of Immunization Status \(CIS\)](#) printed from the Immunization Information System (IIS)
- A physical copy of the CIS form with a healthcare provider signature
- A physical copy of the CIS form with accompanying medical immunization records from a healthcare provider verified and signed by school staff
- A CIS form printed from [MyIR](#)

Transcript for Grades 9-12 or Last Report Card Grades K-8

OSPI Home Language Survey -(REQUIRED)

The Home Language Survey is given to all families. The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom as well as who may qualify for other services.

These forms can be found at:

<https://ospi.k12.wa.us/student-success/access-opportunity-education/migrant-and-multilingual-education/multilingual-education-program/multilingual-family-communication-templates>

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Student Health History

The Puyallup School District Health Services team believes that optimal health is essential for maximum utilization of educational opportunities; therefore, the health status of the child bears a direct relationship to the quality of his or her educational achievement.

506 – Native American Form

All Students with American Indian/Alaska Native race code must submit a 506 form for Title VI eligibility.

Other Documents

Please attach any additional documents to the enrollment packet. Example – IEP – Individual Education Plan, 504 Plan, etc.

Agreements

Student Rights & Responsibilities Handbook

Please read the [Student Rights & Responsibilities Handbook](#) and answer the below question.

Located at: www.puyallupsd.org/services/student-services-and-resources/student-rights-and-responsibilities

I acknowledge I have received the Students Rights & Responsibilities Handbook. *(REQUIRED)*

.....

****DO NOT submit incomplete applications.
Enrollment applications without the required uploaded documents will be placed in a PENDING status until all items have been received.****

.....

Certification

I certify that I am the legal parent or guardian of this student and that the information represented herein is complete and accurate.

I Agree *(REQUIRED)*

Yes

Signature

Date *(REQUIRED)*

Mm/dd/yyyy

PLEASE NOTIFY THE SCHOOL IF ANY CHANGES ARE MADE, AT ANY TIME DURING THIS SCHOOL YEAR, TO ANY OF THE INFORMATION ON THE ENROLLMENT FORM.