

SECONDARY HOUSEHOLD INFORMATION (ONLY IF THE STUDENT SPLITS TIME WITH ANOTHER HOUSEHOLD)

Student's Physical Residence Address: Street: _____ Apt. # _____ City: _____ State: _____ Zip: _____	Mailing Address (if different): Street/PO Box: _____ Apt. # _____ City: _____ State: _____ Zip: _____
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SECONDARY HOUSEHOLD – GUARDIAN 1

Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student? Do you need an interpreter for school meetings? Y N <i>Circle One</i> Do you need official school materials to be translated? Y N <i>Circle One</i>
Primary Phone: Confidential? <input type="checkbox"/>	Additional Phone:	Email Address:		
Employer:	Military Affiliation: <i>Please circle Y or N for each</i> Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N			
Work Phone:	Currently in the Washington National Guard: Y N			

SECONDARY HOUSEHOLD – GUARDIAN 2

Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student? Do you need an interpreter for school meetings? Y N <i>Circle One</i> Do you need official school materials to be translated? Y N <i>Circle One</i>
Primary Phone: Confidential? <input type="checkbox"/>	Work or 2 nd Phone:	Email Address:		
Employer:	Military Affiliation: <i>Please circle Y or N for each</i> Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N			
Work Phone:	Currently in the Washington National Guard: Y N			

CUSTODY INFORMATION (IF APPLICABLE)

Release student to non-custodial parent? Y N <i>Circle One</i>	Are there any restraining orders in effect? Y N <i>Circle One</i> If yes, legal papers must be on file with the school for enforcement
Is there a joint custody agreement or parenting plan in effect? Y N <i>Circle One</i> If yes, the paperwork must be on file with the school for enforcement.	Restraining order is against: Name: _____ Relationship to Student: _____

EMERGENCY INFORMATION

PERSONS TO CONTACT IF ABOVE CANNOT BE REACHED, AND WHO ARE AUTHORIZED TO PICK UP STUDENT	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
MEDICAL EMERGENCY INFORMATION	Physician:	Phone:	City:

Please describe any health condition or allergies the school should be aware of:

SIBLING INFORMATION – PLEASE LIST THE STUDENT’S BROTHERS AND/OR SISTERS

Last Name	First Name	DOB <i>MM/DD/YYYY</i>	Gender	Live in Same Home?	School Currently Attending
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	

PREVIOUS SCHOOL INFORMATION – PLEASE LIST PREVIOUS SCHOOLS STARTING WITH THE MOST RECENT

Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)
Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)
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Previous Preschool Services - Please circle all early learning programs this student was enrolled in:

PASD Preschool Other Preschool Childcare Playgroup Early Headstart Headstart Friends/Neighbors

SCHOOL EXPERIENCE DATA – Has this student...? (Please circle Yes or No for each question)

Previously attended Port Angeles School District?	Yes	No	If yes, school:	Year:
Been enrolled in any special education program (IEP)	Yes	No	If yes, school:	Year:
Had a 504 Plan?	Yes	No	If yes, school:	Year:
Had an Individual Health Care Plan?	Yes	No	If yes, school:	Year:
Been enrolled in ESL programs?	Yes	No	If yes, school:	Year:
Been in Gifted/Talented/Highly Capable programs?	Yes	No	If yes, school:	Year:
Been identified as Gifted, Talented or Highly Capable through testing?	Yes	No	If yes, school:	Year:
Ever been retained?	Yes	No		
Ever been suspended or expelled for disciplinary reasons?	Yes	No		
Had a history of criminal behavior?	Yes	No		
Had any history of weapons possession?	Yes	No		
Been convicted of a felony?	Yes	No	If yes, type:	

BUSING INFORMATION

Will student ride the bus? Circle One Y N AM Route # _____ PM Route # _____ Comments: _____

Only students who physically reside within the boundaries of the Port Angeles School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Port Angeles School District may legally attend school within the Port Angeles School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Port Angeles School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Port Angeles School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student.

Parent/Guardian Name (Please Print)	Parent Guardian Signature	Date
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