

SPORTS YOUR STUDENT WILL BE PARTICIPATING IN:

**NORTH KITSAP SCHOOL DISTRICT SPORTS ONLY
REGISTRATION CHECKLIST**

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

REGISTERING FOR GRADE: 9 10 11 12 Date: _____

CONTACT PHONE: () _____

PRIVATE or ALTERNATIVE SCHOOL: _____

Please note that the following items must be submitted before student may be enrolled:

This process may be accelerated by bringing all information needed with you.

- Proof of residence (current lease agreement or utility bill)
- Student Registration Form (attached)
- Complete record of immunizations (Doctors Print out, MyIR, or WAIS CIS)
- Home School/Private School Students: Declaration of Intent to Provide Home Based Instruction (attached) Must be on file in the District Office

You will be required to complete our Online Athletic Registration after these documents have been submitted. If you have any questions please contact your school's athletic office.

NKSD Sports Only Student Registration

NKSD SCHOOL	DATE	GRADE
HAS THIS STUDENT <u>EVER</u> ATTENDED A SCHOOL IN THE STATE OF WASHINGTON? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school and city <hr/> CITY AND STATE OF SCHOOL and/or DISTRICT <u>MOST RECENTLY ATTENDED</u>		
HAS THIS STUDENT <u>EVER</u> ATTENDED NKSD SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school and year attended IS PARENT/GUARDIAN ON ACTIVE DUTY IN THE MILITARY? <input type="checkbox"/> Yes <input type="checkbox"/> No BOTH Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No IS PARENT/GUARDIAN IN THE MILITARY RESERVE? <input type="checkbox"/> Yes <input type="checkbox"/> No BOTH Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No IS PARENT/GUARDIAN IN THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No BOTH Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
STUDENT NAME: Legal Last Name	Legal First Name	Middle Initial Also known as:
BIRTHDATE (Month/Day/Year) Verified <input type="checkbox"/>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE: City, State, Country REGISTERING FOR GRADE:
PRIMARY LANGUAGE SPOKEN AT HOME (circle) English Spanish Other		STUDENT'S PRIMARY LANGUAGE (circle) English Spanish Other
ETHNICITY		
Is your child of Hispanic or Latino origin? (Please check all that apply)		
<input type="checkbox"/> Not Hispanic / Latino	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Latin American
<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican / Mexican American / Chicano	<input type="checkbox"/> Other Hispanic / Latino
<input type="checkbox"/> Dominican	<input type="checkbox"/> Central American	
<input type="checkbox"/> Spaniard	<input type="checkbox"/> South American	
RACE		
What race(s) do you consider your child? (Please check all that apply)		
<input type="checkbox"/> African American / Black	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Nisqually
	<input type="checkbox"/> Fijian	<input type="checkbox"/> Nooksack
<input type="checkbox"/> White	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Port Gamble S'Klallam
	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Puyallup
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Quileute
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Quinault
<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Samish
<input type="checkbox"/> Filipino	<input type="checkbox"/> Tongan	<input type="checkbox"/> Sauk-Suiattle
<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Shoalwater
<input type="checkbox"/> Indonesian		<input type="checkbox"/> Skokomish
<input type="checkbox"/> Japanese	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Snoqualmie
<input type="checkbox"/> Korean	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Spokane
<input type="checkbox"/> Laotian	<input type="checkbox"/> Colville	<input type="checkbox"/> Squaxin Island
<input type="checkbox"/> Malaysian	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Stillaguamish
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Hoh	<input type="checkbox"/> Suquamish
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Swinomish
<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Tulalip
<input type="checkbox"/> Thai	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Yakama
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Lummi	<input type="checkbox"/> Other Washington Indian
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Makah	<input type="checkbox"/> Other American Indian / Alaska Native
	<input type="checkbox"/> Muckleshoot	
PRIMARY PHONE –(include area code)		
PRIMARY HOUSEHOLD (parent/guardian where student resides) (1) <i>Legal Last Name</i>	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Self <input type="checkbox"/> Sibling <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent
(1) PARENT E-MAIL ADDRESS: (2) <i>Legal Last Name</i>	<i>Legal First Name</i>	PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell
(2) PARENT E-MAIL ADDRESS:		RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Self <input type="checkbox"/> Sibling <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent
RESIDENT ADDRESS (<i>Street</i>)	<i>Apt #</i>	<i>City</i> <i>State</i> <i>ZIP</i>
MAILING ADDRESS (<i>If different</i>)	<i>Apt #</i>	<i>City</i> <i>State</i> <i>ZIP</i>

Home Based Instruction Annual Declaration of Intent

ATTENTION:	District Records Department
Public School District:	North Kitsap School District
Address:	18360 Caldart Ave. N.E. Poulsbo, WA 98370
Email:	districtrecords@nkschools.org
Phone:	(360) 396-3588
FAX:	(360) 396-3935

DISTRICT OFFICE USE:

A parent who intends to cause his/her child or children to receive home-based instruction in lieu of attendance or enrollment in a public school, approved private school, or an extension program of an approved private school must file an annual declaration of intent to do so in the format prescribed below:

I do hereby declare that I am the parent, guardian or legal custodian of the child(ren) listed below; that said child(ren) is (are) between the ages of 8 and 18 and as such is (are) subject to the requirements found in chapter 28A.225 RCW Compulsory Attendance; I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28A.225.010(4); and if a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

School Year: _____

Name of Child(ren):	Date of Birth

() The home-based instruction will be supervised by a person certificated in:
Washington State pursuant to chapter 28A.410 RCW.

Parent/Guardian Signature:		Date:
Print Parent Name:		
Street address:		
City:		Zip:
Phone:	E-mail:	

The Law: RCW 28A.200.010 Home-based instruction – Duties of parents.
Each parent whose child is receiving home-based instruction under RCW 28A.225.010(4) shall have the duty to:

(1) File annually a signed declaration of intent that he or she is planning to cause his or her child to receive home-based instruction. The statement shall include the name and age of the child, shall specify whether a certificated person will be supervising the instruction, and shall be written in a format prescribed by the superintendent of public instruction. Each parent shall file the statement by September 15 of the school year or within two weeks of the beginning of any public school quarter, trimester, or semester with the superintendent of the public school district within which the parent resides or the district that accepts the transfer and the student shall be deemed a transfer student of the nonresident district. Parents may apply for transfer under RCW 28A.225.220.