

STUDENT ENROLLMENT FORM

NSD ID# _____
 CLASS OF _____
 ENTER DATE _____
 PROOF OF AGE _____

STUDENT INFORMATION

Please Print Clearly

Preferred last name:	Preferred first name:	Entering grade level:	Gender: Male Female X
Legal last name:	Legal first and middle name:	Has your student gone by any other name? yes no	
Birthdate: _____ Month Day Year Birth City State Country		If yes, what was the previous name? _____	

Home Address: _____ Unit# _____ City _____ Zip _____

Mailing address: _____ Unit # _____ PO Box _____ City _____ Zip _____
 (If different from above)

Student home phone: _____ Unlisted? yes no

Student cell phone (if applicable): _____

School Experience Data:

Has this student:

- previously attended the Northshore School District (NSD)? yes no If yes, school _____ Year _____
- been enrolled in any special education program served with an Individual Education Plan (IEP), OT, PT, Speech? yes no If yes, school _____ Year _____
- had a 504 Plan? yes no If yes, school _____ Year _____
- had an emergency care plan to address known medical issues? yes no
- been enrolled in ELL or ESL programs? yes no
- been enrolled in reading or math supports (LAP/LASER/Title 1)? yes no
- ever been suspended or expelled for disciplinary reason(s)? yes no
- had any history of violent or criminal behavior? yes no

Last school attended: _____ Dates: from _____ to _____ Grade level(s) _____

Street _____ City _____ State _____ Zip _____

Other schools attended (list most recent first)

School	City	State	Zip	Dates		Grade Levels
				From	To	

My child has a life threatening condition that requires a medication or treatment during the school day: Yes No
 Chapter 28A.210 RCW: Requires orders to be in place before starting school.

Previously enrolled in an early learning program? yes no If yes, preschool attended: _____ # of years: _____

If yes, check all that apply: NSD preschool other preschool playgroup childcare with family, friends, neighbors

- Is your student a foster child? yes no

For this purpose, a **foster child** is a child whose care and placement is the responsibility of the State or local Welfare agency **OR** who is placed by a court with a caretaker household.

STUDENT ENROLLMENT FORM

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part I and Part II

Part I: HISPANIC OR LATINO Is your student of Hispanic or Latino origin? yes no (If "yes" please check all that apply)

Argentine	Chilean	Cuban	Guyanese	Mestizo	Paraguayan	Spaniard
Bolivian	Colombian	Dominican	Honduran	Native	Peruvian	Surinamese
Brazilian	Costa Rican	Ecuadorian	Jamaican	Nicaraguan	Puerto Rican	Uruguayan
Chicano (Mexican American)	Guatemalan	Mexican	Panamanian	Salvadoran	Venezuelan	

Hispanic or Latino Write in: _____

Please note: These race and ethnicity categories are provided by the State of Washington and the Northshore School District is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable State and Federal laws.

Part II: What race(s) do you consider your student? You may check categories and/or use write-in--check all that apply

AMERICAN INDIAN or ALASKAN NATIVE

American Indian/Alaskan Native

American Indian (Write in): _____

Alaska Native (Write in): _____

Washington State Tribes:

Chinook Tribe
Confederated Tribes and Bands of the Yakama Nation
Confederated Tribes of the Chehalis Reservation
Confederated Tribes of the Colville Reservation
Cowlitz Indian Tribe
Duwamish Tribe
Hoh Indian Tribe
Jamestown S'Klallam Tribe
Kalispel Indian Community of the Kalispel Reservation
Kikiallus Indian Nation
Lower Elwha Tribal Community
Lummi Tribe of the Lummi Reservation
Makah Indian Tribe of the Makah Indian Reservation
Marietta Band of the Nooksack Tribe
Muckleshoot Indian Tribe
Nisqually Indian Tribe
Nooksack Indian Tribe of Washington
Port Gamble S'Klallam Tribe

Puyallup Tribe of the Puyallup Reservation
Quileute Tribe of the Quileute Reservation
Quinault Indian Nation
Samish Indian Nation
Sauk-Suiattle Indian Tribe of Washington
Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian
Reservation Skokomish Indian Tribe
Snohomish Tribe
Snoqualmie Indian Tribe
Snoqualmoo Tribe
Spokane Tribe of the Spokane Reservation
Squaxin Island Tribe of the Squaxin Island Reservation
Steilacoom Tribe
Stillaguamish Tribe of Indians of Washington
Suquamish Indian Tribe of the Port Madison Reservation
Swinomish Indian Tribal Community
Tulalip Tribes of Washington

ASIAN

Asian	Malaysian
Asian Indian	Mien
Bangladeshi	Mongolian
Bhutanese	Nepali
Burmese/Myanmar	Okinawan
Cambodian/Khmer	Pakistani
Cham	Punjabi
Chinese	Singaporean
Filipino	Sri Lankan
Hmong	Taiwanese
Indonesian	Thai
Japanese	Tibetan
Korean	Vietnamese
Lao	

Asian Write in: _____

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

Native Hawaiian/Other Pacific Islander	
Carolinian	Palauan
Chamorro	Papuan
Chuukese	Pohpeian
Fijian	Samoa
i-Kiribati / Gilbertese	Solomon Islander
Kosraean	Tahitian
Maori	Tokelauan
Marshallese	Tongan
Native Hawaiian	Tuvaluan
Ni-Vanuatu	Yapese

Pacific Islander Write in: _____



STUDENT ENROLLMENT FORM

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES (continued):

check all that apply

BLACK or AFRICAN AMERICAN

Black/ African American
African American
African Canadian

Caribbean

Anguillian
Antiguan
Bahamian
Barbadian
Barthélemois/Barthélemoises
(Saint Barthélemy)
British Virgin Islander
Caymanian (Cayman Island)
Cuba Dominican
Dominican (Dominican Republic)
Dutch Antillean
(Netherlands Antilles)
Grenadian
Guadeloupian
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
Gabonese
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)
Mozambican
Reunionese
Rwandan
Seychellois/Seychelloise
Somali
South Sudanese
Sudanese
Ugandan
Tanzanian (United
Republic of Tanzania)
Zambian
Zimbabwean

East African 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: _____

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: _____

WHITE

White

Eastern European

Bosnian
Herzegovinian
Polish
Romanian
Russian
Ukrainian

Eastern European Write in: _____

White (Write in): _____

Middle Eastern and North African

Algerian
Amazigh or Berber
Arab or Arabic
Assyrian
Bahraini
Bedouin
Chaldean

Copt
Druze
Egyptian
Emirati
Iranian
Iraqi
Israeli

Jordanian
Kurdish Kuwaiti
Lebanese
Libyan
Moroccan
Omani
Palestinian

Qatari
Saudi Arabian
Syrian
Tunisian
Yemeni

Middle Eastern Write in: _____

North African Write in: _____

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.

STUDENT ENROLLMENT FORM

PARENT/GUARDIAN INFORMATION

Student lives with Both Parents Mother Father Mother/Stepparent Father/Stepparent
 Other (specify relationship) _____ Alternates Mom & Dad Emancipated Minor
 Joint custody? yes no
 Release student to noncustodial parent? yes no
 Is there a parenting plan? yes no **If yes, please provide school with a copy of the current parenting plan**

PRIMARY HOUSEHOLD INFORMATION (where student resides majority of the time)

Legal Parent/guardian #1 :

Last name _____ First name _____ Relationship to Student _____
 #1 phone _____ #2 phone _____ email _____
 home cell work home cell work

Do you need an interpreter (for school meetings)? yes no
 Do you need official school materials to be translated? yes no
 If yes, in what language? _____

Military Affiliation *check one box:*

N - No military affiliation A - Active duty U.S. Armed Forces
 R- U.S. Armed Forces Reserves G - Active duty Washington National Guard

Parent/guardian #2 :

Last name _____ First name _____ Relationship to Student _____
 #1 phone _____ #2 phone _____ email _____
 home cell work home cell work

Do you need an interpreter (for school meetings)? yes no
 Do you need official school materials to be translated? yes no
 If yes, in what language? _____

Military Affiliation *check one box:*

N - No military affiliation A - Active duty U.S. Armed Forces
 R- U.S. Armed Forces Reserves G - Active duty Washington National Guard

SECONDARY HOUSEHOLD INFORMATION

Receive mailings? yes no
 Educational Rights? yes no Notes: _____

Address _____ Unit # _____ City _____ State _____ Zip _____

Secondary Household Parent/guardian #1:

Last name _____ First name _____ Relationship to Student _____
 #1 phone _____ #2 phone _____ email _____
 home cell work home cell work Student contact allowed? yes no

Do you need an interpreter (for school meetings)? yes no
 Do you need official school materials to be translated? yes no
 If yes, in what language? _____

Military Affiliation *check one box:*

N - No military affiliation A - Active duty U.S. Armed Forces
 R- U.S. Armed Forces Reserves G - Active duty Washington National Guard

Secondary Household Parent/guardian #2:

Last name _____ First name _____ Relationship to Student _____
 #1 phone _____ #2 phone _____ email _____
 home cell work home cell work Student contact allowed? yes no

Do you need an interpreter (for school meetings)? yes no
 Do you need official school materials to be translated? yes no
 If yes, in what language? _____

Military Affiliation *check one box:*

N - No military affiliation A - Active duty U.S. Armed Forces
 R- U.S. Armed Forces Reserves G - Active duty Washington National Guard

STUDENT ENROLLMENT FORM

ADDITIONAL INFORMATION

Siblings in NSD: Last name (if different) _____ First name _____

Living at Home

Birth date

yes no

yes no

yes no

Persons to contact in case of emergency who are authorized to pick up your student at school (if parent/guardian cannot be reached):

#1 Full Name _____

Phone _____
home cell work Relationship _____

#2 Full Name _____

Phone _____
home cell work Relationship _____

#3 Full Name _____

Phone _____
home cell work Relationship _____

#4 Full Name _____

Phone _____
home cell work Relationship _____

Daycare provider (circle if applicable): Before school only Before and after school After school only

Provider Name: _____

Address: _____

Daycare phone: _____

Comments: _____ Emergency contact? _____

RESIDENCY VERIFICATION

State law requires that a student reside within the District boundaries and be able to prove residency or have been approved for a waiver in order to enroll in school. To be enrolled in Northshore School district you will need to establish residency within the attendance boundaries of your neighborhood school. Residency is defined as the physical location where the student spends the majority of their time, at a minimum, where they consistently spend four nights per week. Parents/guardians must supply documentation as listed in one of the options below:

Government mail--at school discretion

Home owner's Insurance Policy Declaration

Property Tax Bill--must be received in the mail not printed off of website

Redacted 1099 or W-2

Unexpired Lease Agreement -must be signed by both parties

Utility Bill--accepted utilities include water, sewer, gas, electricity, cable or garbage. Cell phone bills are not accepted.

I acknowledge and agree to the following (please initial each statement below):

_____ My student resides with me at least four (4) nights per week at the address given, which is my primary residence.

Note: If your student does not reside with you at least four (4) nights per week at the address given, please initial here _____ and attach a written explanation of where and with whom your child resides each day of the week.

_____ I agree to notify the District/School within five (5) days when I change my residence or that of my student to a new address, either within or outside of the District.

_____ The District will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, which may include the use of investigators to verify residency status. Verification may include home visits.

_____ Investigations that reveal students have enrolled on the basis of providing false information will be cause for revocation of the student's school assignment and disenrollment from the District.

By signing this form, I certify that all information is true and correct and that all documents submitted have not been altered or falsified in any way.

Parent/Guardian signature _____ Parent/Guardian (print) _____

Date _____



Student Name _____

STUDENT HOUSING QUESTIONNAIRE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. All information will be kept confidential and will not be shared with anyone other than designated NSD staff.

1. CURRENT LIVING SITUATION:**DO YOU OWN/RENT YOUR OWN HOME/APARTMENT?**

Home owner

Renter

Co-Resident

Other

If owner or renter, skip to section 3.**If co-resident, complete co-residency form.****If other, please complete the remainder of this form.****If you do not own/rent your home, where are you and your family staying? Please check all that apply below:**

In an emergency / transitional shelter

With an adult not a parent or legal guardian or alone without an adult

Temporary in someone else's house or apartment with another family due to economic hardship or similar reason

Moving from place to place/couch surfing

In a motel / hotel

In a residence with inadequate facilities (no water, heat, electricity, etc.), abandoned building or substandard housing

A car, park, campsite, RV, tent or similar location

Other _____

2. STUDENT INFORMATION

Student(s): Last

First

Date of Birth:

Age:

Grade:

Name of School:

Month/Day/Year

_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student is living with a parent or legal guardian

Student is unaccompanied (not living with a parent or legal guardian)

3. PARENT/GUARDIAN OR UNACCOMPANIED YOUTH INFORMATION**The undersigned certifies that the information provided above is accurate. PLEASE PRINT your information.**

Parent(s)/legal guardian(s):

(Or unaccompanied youth) _____

Address of current residence: _____

Phone number or contact number _____ Name of contact: _____

Print name of parent/legal guardian:(Or unaccompanied youth) _____

** I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct and understand that it will be verified. I authorize the release of information to the Northshore School District by State and local emergency and/or transitional housing programs, and/or other business or government agencies.*

*Signature of parent/legal guardian: _____ Date: _____

(Or unaccompanied youth)

Office Managers and/or Registrars: If parent marked any box in Section 1, please forward a copy of this form to:
NSD MV Liaison, Ana Foy



The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
Right to Translation and Interpretation Services All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	1. a) In what language(s) would your family prefer to receive written communication from the school? _____ b) Do you need an interpreter for meetings and phone calls (including ASL)? Parent/Guardian Name #1: _____ Interpreter Needed? ____ Yes ____ No Language _____ Parent/Guardian Name #2: _____ Interpreter Needed? ____ Yes ____ No Language _____		
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) did your child first speak or understand? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____		
Prior Education Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (K-12 th Grade) ____ Yes ____ No If yes: Number of months: _____ Language(s) of instruction: _____ 8. When did your child first attend a school in the United States? (K-12 th Grade) _____ Month Day Year		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.



ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____child ____child's parent ____child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335