



# Manson School District

*Continuous Student Learning*

Date: \_\_\_\_\_

STUDENT INFORMATION					Please Print Clearly	
STUDENT NAME legal LAST Name:			Legal FIRST Name		Legal MIDDLE Name:	
Name Student <i>prefers</i> to go by:						
BIRTHDATE (Month/Day/Year)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	GRADE	STUDENT'S FIRST LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
BIRTH CERTIFICATE <input type="checkbox"/> Yes <input type="checkbox"/> No	MIGRANT <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE ENTERED US	BIRTHPLACE (City, State, County, Country)			TRANSLATOR NEEDED? <input type="checkbox"/> No <input type="checkbox"/> Yes

PRIMARY HOUSEHOLD	PRIMARY PARENT/GUARDIAN INFORMATION (Household where student lives)				
	LEGAL PARENT/GUARDIAN #1 Last Name		First Name		
	PRIMARY PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		SECOND PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
	THIRD PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell				
	EMAIL ADDRESS:				
	RELATION TO STUDENT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent		Do you have legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	LEGAL PARENT/GUARDIAN #2: Last Name		First Name		
	EMAIL:		SECOND PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
	THIRD PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell				
	RELATION TO STUDENT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Please List): _____				
RESIDENT STREET ADDRESS		APT#	CITY	STATE	ZIP
MAILING ADDRESS (If Different from above)		P.O. Box	CITY	STATE	ZIP
DO YOU OWN/RENT YOUR OWN HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please fill out FAMILY HOUSING QUESTIONNAIRE)					

SECOND HOUSEHOLD	SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)				
	LEGAL PARENT/GUARDIAN #1 Last Name		First Name		
	PRIMARY PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		SECOND PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
	THIRD PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell				
	EMAIL ADDRESS:				
	RELATION TO STUDENT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent			Do you have legal custody of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	LEGAL PARENT/GUARDIAN #2 Last Name:		First Name:		
	EMAIL:		SECOND PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
	THIRD PHONE: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell				
	RELATION TO STUDENT: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Please List): _____				
RESIDENT STREET ADDRESS		APT#	CITY	STATE	ZIP
MAILING ADDRESS (If Different from above)		P.O. Box	CITY	STATE	ZIP



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## EMERGENCY CONTACTS

	Relationship to Student:	Phone Number:
Emergency Contact #1:		
Emergency Contact #2:		
Emergency Contact #3:		

## PLEASE LIST OTHER SIBLINGS CURRENTLY ATTENDING MANSON SCHOOL DISTRICT

Last Name	First Name	School	Grade

### STUDENT INFO

1. Is there joint-custody or a parenting plan in effect? ☐ Yes ☐ No  
(If yes, a copy of the plan must be on file with the school)
2. Is there a restraining order against anyone pertaining to your student? ☐ Yes ☐ No  
(If yes, most recent certified legal papers must be on file with the school.)

Additional information pertaining to above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MILITARY QUESTIONNAIRE

### MILITARY

Does your student have an active military family parent/guardian? (Please select one of the following):

- ☐ US Armed Forces Active Duty
- ☐ National Guard Member
- ☐ More than one parent/guardian of Armed Forces/National Guard
- ☐ US Armed Forces reserves
- ☐ No affiliation

*"I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment in the Manson School District."*

LEGAL PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

SSID:	District Student ID:	School Enrollment Date:	Grade Assignment:
Manson School District Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Choice Transfer Approved?		
Non-Resident Home District: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		