



Modified Enrollment for In-District Transfers

The following registration items must be completed in order for your child to attend a different school within the Snoqualmie Valley School District.

- ☐ Completed Modified Registration Form
- ☐ Proof of Residence
 - property tax statement, utility bill, lease or rental agreement

For Office Use Only: Verify address boundary or confirm Choice Transfer acceptance before selecting a school.

- | | | |
|--|--|---|
| ☐ Fall City Elementary | ☐ Snoqualmie Middle School | ☐ Mount Si High School |
| ☐ Snoqualmie Elementary | | |
| ☐ North Bend Elementary | ☐ Chief Kanim Middle School | ☐ Two Rivers School |
| ☐ Timber Ridge Elementary | | |
| ☐ Opstad Elementary | ☐ Twin Falls Middle School | ☐ Parent Partnership Program (PPP) |
| ☐ Cascade View Elementary | | |

NON-DISCRIMINATION STATEMENT

Snoqualmie Valley School District complies with all applicable federal and state statutes and regulations and 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, including 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. This holds true for all district employment and student opportunities. The Snoqualmie Valley School District will also take steps to assure that national origin persons who lack English language skills can participate in all educational programs, services and activities.

Inquiries regarding compliance and/or grievance procedures may be directed to the school district's compliance coordinators:

ADA/Civil Rights Coordinator:

Ryan Vidos
Associate Director of Behavior Health

Section 504 Coordinator

Salina Fassler
Associate Director of MTSS & Assessment

Title IX/RCW 28A.640/HIB Coordinator:

Kelsey Carr
Associate Director of Compliance and Categorical

NON-DISCRIMINATION GRIEVANCE PROCEDURES

Students, and/or parents, staff or other individuals acting on behalf of students of the district are eligible to participate in the complaint procedure. The complaint procedure is designed to assure that the resolution of real or alleged violations will be directed toward a just solution that is satisfactory to the complainant, the administration and the school board. If you have questions, or need assistance with the process, please contact the District Compliance Officer, Kelsey Carr at carrk@svsd410.org or 425-831-8000.



MODIFIED STUDENT REGISTRATION
IN DISTRICT TRANSFERS ONLY

For Office Use Only

Medical Alert	Student ID	School Entry Date	District Entry Date	Homeroom	Advisor	Bus Route
Student Legal Last Name		Student Legal First Name		Student Legal Middle Name	Also Known As	
Birthdate (MM/DD/YY)	Gender ☐ M ☐ F	Current Grade Level	Birth Place (City/State/Country)			

Federal Funding: Under Public Law No. 874, the district can receive federal money for each child if the parent is in the active armed forces, lives or works on federal land. (Please Check)

☐ Active Armed Forces

☐ Lives on Federal Land

☐ Works on Federal Land

☐ Does Not Apply

School/Preschool Previously Attended	School District Previously Attended	Previous School City & State

Has student ever attended Snoqualmie Valley SD? ☐ Yes ☐ No If yes, name of school attended _____

Has student ever attended Washington Public Schools? ☐ Yes ☐ No Date attended (Month/Year) _____

Has your child ever qualified for or been enrolled in a Special Ed Program? ☐ Yes, currently ☐ Yes, in (MM/YY) _____ ☐ Never

Has your child ever qualified for or had a 504 Plan? ☐ Yes, currently ☐ Yes, in (MM/YY) _____ ☐ Never

Check any that your child has ever participated in: ☐ Title ☐ LAP ☐ Gifted ☐ ELL ☐ IEP ☐ Speech ☐ Home School Other _____

The placement of new students is very important.

Please provide us with the following information about your child. Please rate your child in the following areas, with 1 being low and 5 being high:

	LOW				HIGH
Achievement	1	2	3	4	5
Behavior	1	2	3	4	5
Work Habits	1	2	3	4	5

Has your child ever been retained and repeated a grade?
☐ Yes ☐ No What grade level(s)? _____

Has your child ever been promoted and skipped a grade?
☐ Yes ☐ No What grade level(s)? _____

Primary Household-Guardian 1

Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<u>Relationship to student</u> ☐ Father ☐ Mother ☐ Aunt ☐ Foster ☐ Other _____ ☐ Stepfather ☐ Stepmother ☐ Uncle ☐ Grandparent		

Primary Household-Guardian 2

Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<u>Relationship to student</u> ☐ Father ☐ Mother ☐ Aunt ☐ Foster ☐ Other _____ ☐ Stepfather ☐ Stepmother ☐ Uncle ☐ Grandparent		

Primary Household Street Address (Students Primary Address)	Apt/Unit#	City	State	Zip
Primary Household Mailing Address (if different)	Apt/Unit#	City	State	Zip

Secondary Household-Guardian 1			
Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<u>Relationship to student</u> ☐ Father ☐ Mother ☐ Aunt ☐ Foster ☐ Other _____ ☐ Stepfather ☐ Stepmother ☐ Uncle ☐ Grandparent		

Secondary Household-Guardian 2			
Parent/Guardian Full Name	Primary Phone	Cell Phone	Work Phone
Email Address	<u>Relationship to student</u> ☐ Father ☐ Mother ☐ Aunt ☐ Foster ☐ Other _____ ☐ Stepfather ☐ Stepmother ☐ Uncle ☐ Grandparent		

Secondary Household Street Address (Students Primary Address)	Apt/Unit#	City	State	Zip
Secondary Household Mailing Address (if different)	Apt/Unit#	City	State	Zip

Is there a joint-custody or parenting plan in effect? (If yes, plan must be on file with the school for enforcement) ☐ Yes ☐ No

Is there a restraining order in effect related to the parents/guardians or student? (If yes, legal papers must be on file with the school for enforcement).

☐ Yes ☐ No

Please list siblings also attending Snoqualmie Valley School District:

Last Name	First Name	School	Grade

Student Release Authorization

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

Emergency Contact (other than parent/guardian) Full Name	Relationship	Primary Phone	Secondary Phone

Special instructions regarding religious beliefs: (optional) _____

Has the student ever been suspended for a weapons violation?	Yes ☐ No ☐	Date _____
Has the student ever been to court for attendance issues?	Yes ☐ No ☐	Date: _____

Please read each statement below and sign:

Student Release Authorization: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Emergency Medical Authorization: I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Verification of Information: The information on this form is true and accurate. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Snoqualmie Valley School District.

Legal Parent/Guardian Signature _____

Date _____