

**Please Print Clearly**

For Office Use Only  
Received: \_\_\_\_\_ Time \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**STUDENT PERSONAL DATA**

Student Name: LEGAL Last Name \_\_\_\_\_ LEGAL First Name \_\_\_\_\_ LEGAL Middle Name \_\_\_\_\_

Also or Previously Known as \_\_\_\_\_ Birthdate (Month/Day/Year) \_\_\_\_\_ Gender M F

Country of Birth (If outside of U.S.) \_\_\_\_\_ Grade Entering \_\_\_\_\_ When did your student first attend school in the USA? (Mo/Yr) \_\_\_\_\_

Has the student ever been enrolled in the Edmonds School District?  YES  NO  
If so, which school(s)? \_\_\_\_\_

Have any of the following services EVER been provided to your student?  
 ELL / ESL  504 Plan  Highly Capable  Other (Please specify): \_\_\_\_\_  
 Special Education (IEP)  Alternative School / Program

Will the student be SIMULTANEOUSLY attending another school while enrolled in the Edmonds School District?  YES  NO  
If so, what other school will the student be enrolling in? \_\_\_\_\_  
 Has your student ever been  Advanced – Grade(s): \_\_\_\_\_  
 Retained – Grade(s): \_\_\_\_\_

**Both questions must be completed.\***

**QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)**

- Not Hispanic/Latino (10)
- Cuban (55)
- Dominican (60)
- Spaniard (65)
- Puerto Rican (70)
- Mexican/ Mexican American/ Chicano (30)
- Central American (75)
- South American (80)
- Latin American (85)
- Other Hispanic/Latino (90)

**QUESTION 2. What race do you consider your child? (Check all that apply.)**

- African American/ Black (200)
- White(300)
- Asian Indian (505)
- Cambodian (507)
- Chinese (510)
- Filipino (520)
- Hmong (525)
- Indonesian (530)
- Japanese (535)
- Korean (540)
- Laotian (545)
- Malaysian (550)
- Pakistani (555)
- Singaporean (560)
- Taiwanese (565)
- Thai (570)
- Vietnamese (575)
- Other Asian (599)
- Native Hawaiian (605)
- Fijian (615)
- Guamanian or Chamorro (620)
- Mariana Islander (625)
- Melanesian (630)
- Micronesian (632)
- Samoan (635)
- Tongan (640)
- Other Pacific Islander (699)
- Alaska Native (405)
- Chehalis (410)
- Colville (413)
- Cowlitz (416)
- Hoh (418)
- Jamestown (421)
- Kalispel (424)
- Lower Elwha (427)
- Lummi (430)
- Makah (433)
- Muckleshoot (436)
- Nisqually (439)
- Nooksack (442)
- Port Gamble Klallam (445)
- Puyallup (448)
- Quileute (451)
- Quinault (454)
- Samish (457)
- Sauk-suiattle (460)
- Shoalwater (463)
- Skokomish (466)
- Snoqualmie (469)
- Spokane (472)
- Squaxin Island (475)
- Stillaguamish (478)
- Suquamish (481)
- Swinomish (484)
- Tulalip (487)
- Upper Skagit (488)
- Yakama (490)
- Other Washington Indian (495)
- Other American Indian:  
The indigenous peoples of North, Central, South, or Latin America (those not choosing one of the federally recognized state tribes). (499)

\* The information, in both questions 1 and 2, is required to be in compliance with 2010 Federal and State Ethnicity Reporting Requirements.

Student Name \_\_\_\_\_ School \_\_\_\_\_

Has either parent ever been employed by or is currently employed by the Edmonds School District?  Yes  No

If so, under what name? \_\_\_\_\_

Has either parent ever been a student in the Edmonds School District?  Yes  No

If yes, which parent?  Mother  Father

**PRIMARY HOUSEHOLD INFORMATION**

A student's primary residence is defined as the physical location where he/she lives for FOUR OR MORE nights per week

<b>Parent / Guardian 1</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone ( ) <input type="checkbox"/> Unlisted		Work Phone ( ) <input type="checkbox"/> Unlisted		Cell Phone Number ( ) <input type="checkbox"/> Unlisted	
<b>Parent / Guardian 2</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone ( ) <input type="checkbox"/> Unlisted		Work Phone ( ) <input type="checkbox"/> Unlisted		Cell Phone Number ( ) <input type="checkbox"/> Unlisted	
Which telephone number should be listed as the primary contact number (please circle one) Home Phone      Work Phone      Cell Phone						
<b>Residential Address</b>		Street	Apt / Unit	City	State & ZIP	
<b>Mailing Address</b> <i>(If different than above)</i>		Street	Apt / Unit PO Box	City	State & ZIP	

**RESIDENCY VERIFICATION:** I affirm that the residency information provided on this form is true and accurate as of this date. I understand that falsification of an address, residence, or conditions of living arrangements, or the use of any other fraudulent means to obtain a school assignment shall be cause for revocation of this enrollment. Such falsification will also cause forfeiture of any future transfer rights through the highest grade level of the school. Proof of residency (PUD bill; homeowner's statement or insurance policy; lease or renter's statement or receipt of payment; renter's insurance policy) is required.

**HOMELESS STUDENTS:** If an eligible student is homeless, the district shall not require proof of residency or any other information regarding an address and shall enroll the student at the request of the student or parent/guardian. Students enrolled in a district program without legal residence may continue in that school until the end of the academic year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIBLINGS (IF APPLICABLE)**

Please list all siblings attending an Edmonds School District program

Name	Grade	School	Name	Grade	School

**SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)**

Residence of non-custodial parents/guardians not living with the student OR location where the student lives LESS THAN FOUR nights per week

<b>Parent / Guardian 1</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone ( ) <input type="checkbox"/> Unlisted		Work Phone ( ) <input type="checkbox"/> Unlisted		Cell Phone Number ( ) <input type="checkbox"/> Unlisted	
<b>Parent / Guardian 2</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Email Address	
	Home Phone ( ) <input type="checkbox"/> Unlisted		Work Phone ( ) <input type="checkbox"/> Unlisted		Cell Phone Number ( ) <input type="checkbox"/> Unlisted	
<b>Residential Address</b>		Street	Apt / Unit	City	State & ZIP	
<b>Mailing Address</b> <i>(If different than above)</i>		Street	Apt / Unit PO Box	City	State & ZIP	

Student Name \_\_\_\_\_

School \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION - Other Than Parents**

*In case of an emergency, we will always attempt to contact parents or guardians first. Please list local persons other than yourself usually available during the school day who have agreed to care for and provide transportation for your student in an emergency situation or if they become ill or injured and you cannot be reached.*

<b>Emergency Contact 1</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ( )		Work Phone ( )		Cell Phone Number ( )	
<b>Emergency Contact 2</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ( )		Work Phone ( )		Cell Phone Number ( )	
<b>Emergency Contact 3</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Residential Street Address City State Zip	
	Home Phone ( )		Work Phone ( )		Cell Phone Number ( )	
<b>Doctor</b>	Last Name		First Name		Contact Phone Number ( )	
	<b>Preferred Hospital (Optional)</b>		<b>Health Insurance Company &amp; Policy Number (Optional)</b>			

**DAYCARE INFORMATION**

Does your student attend childcare?  YES  NO If so, please provide the following information.

Should daycare be listed as an emergency contact?  YES  NO

Please check the days your child will be attending childcare.

**Before School:**  Monday  Tuesday  Wednesday  Thursday  Friday

Childcare Provider Name	Provider Address	Contact Phone Number ( )
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**After School:**  Monday  Tuesday  Wednesday  Thursday  Friday

Childcare Provider Name	Provider Address	Contact Phone Number ( )
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**EDUCATIONAL BACKGROUND**

*Please list all schools the student has attended. Start with the most recent school. Attach additional sheet if necessary.*

Name of Previous / Current School	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ( )
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Student Name \_\_\_\_\_

School \_\_\_\_\_

HOME LANGUAGE SURVEY (Please respond in English)

Office Use Skyward Box
1. Language 2. Native 3. Home

STATE REQUIRED HOME LANGUAGE SURVEY - This is for the student WAC392-160-005

- 1. What language does the student currently speak?  English  Other: \_\_\_\_\_
- 2. What language did your child first learn to speak?  English  Other: \_\_\_\_\_
- 3. What language does your child use the most at home?  English  Other: \_\_\_\_\_

"First Language" is the language your child learned when first beginning to talk. If the answer to question 2 or 3 is a language other than English, your student will be given a Washington State English Language Proficiency Placement Test.

- 4. What language(s) do parent/guardians use the most when you speak to your child?  English  Other: \_\_\_\_\_

Parents' first language: \_\_\_\_\_

- 5. If available, do you need an interpreter (e.g., for school meetings)?  Yes  No
- 6. If available, do you need official school materials to be translated?  Yes  No

Please indicate the preferred language if you marked "yes" to questions 5 or 6: \_\_\_\_\_

In accordance with Washington State Law RCW 28A.225.330, please answer the following questions:

Attach additional sheets if necessary

Does your student have any history of violent behavior? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain.	
Does your student have any past, current, or pending suspension or expulsion from a current or previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain.	
Has your student officially withdrawn from his/her current or previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	Is your student currently under Becca Petition? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, from which district?

ADDITIONAL INFORMATION

Are one or both parents active military?  Yes  No Name of Parent: \_\_\_\_\_

Do you reside in transitional housing?  Yes  No

Is there a Court Order that restrains / curtails any parental rights?  YES  NO If so, please provide copy.

Is there a Restraining Order in effect?  YES  NO If so, please provide copy.

Please list and provide copies of any other legal documents that are pertinent to your student and his/her safety.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide additional comments to assist us in caring for your student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

I attest that the information herein is complete, true, and accurate, and may be verified with the appropriate institution(s). I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District.

X \_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

Update your voter registration! The school office can assist you.

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