

STUDENT INFO	STUDENT NAME: Legal LAST Name		Legal FIRST Name	Legal MIDDLE Name	Nickname		
	BIRTHDATE (Month/Day/Year) / /	Has student's name ever been <u>legally</u> changed? If yes, what was previous name?		Language Student currently speaks: <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 _____	Grade Level: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Student's Social Security #: (optional)		Birthplace: City: _____ State: _____ Country: _____ County: _____		Student's Cell Phone: () () ()		
	District Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Student's Email:		

PRIMARY HOUSEHOLD	PRIMARY PARENT/GUARDIAN INFORMATION (Household information where student resides)						
	Legal Parent/Guardian #1 Last Name				First Name		
	Primary Phone () () () <i>Please check if confidential</i> <input type="checkbox"/> (will not be published)			Second Phone () () () 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						
	Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify): _____						
	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"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify): _____						
Resident Address	Street	Apt #		City	State	Zip	
Mailing Address (If different From above)	Street	Apt #	PO Box	City	State	Zip	

SECOND HOUSEHOLD	SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)						
	Second Household Parent/Guardian #1 Last Name				First Name		
	Primary Phone () () () <i>Please check if confidential</i> <input type="checkbox"/> (will not be published)			Second Phone () () () 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						
	Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify): _____						
	Second Household 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"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify): _____						
Resident Address	Street	Apt		City	State	Zip	
Mailing Address (If different from above)	Street	Apt #	PO Box	City	State	Zip	

School previously attended (most recent)	Previous School Address (Street, City, State and Zip)					
Has student ever attended a school in the Issaquah School District? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, name of school attended:			

Enrollment Information continues on back of this form....

PLEASE LIST OTHER SIBLINGS ATTENDING ISSAQUAH SCHOOL DISTRICT

Last Name	First Name	School	Grade

Has your child ever qualified for or been enrolled in a Special Education Program? Yes No
 Was your child enrolled in the Special Education module? Speech & Language Yes No
 Occupational Therapy Yes No
 Has your child ever qualified for or had a 504 plan? Yes No
 Has your child ever participated in: Title I/LAP Program Gifted Program English as a Second Language (ELL)

Has your child ever repeated or skipped a grade?
 Yes, Repeated Yes, Skipped
 What grade level(s) _____

Has the student ever been suspended for any of the following violations? **Weapons:** Yes No **Drugs:** Yes No **Alcohol:** Yes No Date(s):
 Does your student have any past, current or pending disciplinary actions or any history of violent behavior? Yes No Date(s):
 Has your student ever been to court for attendance issues? Yes No Date(s):

Ethnicity and Race

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.

Please complete the following:

1. Is your child of Hispanic or Latino origin?
 No, my child is not Hispanic or Latino
 Yes, my Child is Hispanic or Latino - (Check all that apply):
- | | | |
|------------------------------------|-----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Central American | <input type="checkbox"/> Other Hispanic/Latino |

2. What race do you consider your child? (Check all that apply)
- | | | | |
|----------------------------------------------------|-------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Thai | <input type="checkbox"/> Colville | <input type="checkbox"/> Samish |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Hoh | <input type="checkbox"/> Shoalwater Bay |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Jamestown S'Klallam | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Fijian | <input type="checkbox"/> Kalispel | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Lower Elwa Klallam | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Lummi | <input type="checkbox"/> Squaix Island |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Makah | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Port Gamble S'Klallam | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Other Washington Indian Tribe |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Quileute | <input type="checkbox"/> Other American Indian Tribe/Alaska Native |
| <input type="checkbox"/> Taiwanese | | <input type="checkbox"/> Quinault | |

RESIDENCE VERIFICATION

Please provide the information requested below so that we may legally enroll your child in the Issaquah School District. The Issaquah School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries, unless an Interdistrict Transfer form has been ACCEPTED by our district prior to enrollment. For cases in which residency is in question, school officials can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate cancellation of enrollment.**

In order to verify the address listed (on the front page of this form), we require the following be provided upon initial registration and at any time during enrollment when a home address changes.

- Provide an **Energy Bill** – gas, water or electric. This bill must include the parent/guardian name, the address and be less than 30 days old.
AND .. In addition to the Energy Bill, provide ONE of the following documents:
- Purchase Papers for home or Property Tax Statement
 - Lease Agreement—original copy. If you are renting/leasing your residence in which all utilities are included in rent, you can provide the rental agreement on PROPERTY MANAGEMENT LETTERHEAD ONLY.
 - Notarized Affidavit of Residence with Landlord or Sponsor (form is in school office) *person signing this document must also provide proof of residency as outlined above.*

"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 or assignment to a school in the Issaquah Public Schools. I agree to notify the Issaquah School District in writing within five (5) school days following any change of my/our residency."

Legal Parent/Guardian Signature _____ **Date** _____

School Official Signature _____ Date _____

To be signed by the School Official who received form and verified residency identification checked above.