



# ISSAQUAH SD NEW STUDENT ENROLLMENT FORM

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

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

**Did parent or guardian of student move into the Issaquah School District to work or to seek work in agriculture, fishing, or a related food processing activity?**  Yes  No **If yes, when?** \_\_\_\_\_

<b>PRIMARY HOUSEHOLD</b>	<b>PRIMARY PARENT/GUARDIAN INFORMATION</b> (Household information where student resides)					
	<b>Legal Parent/Guardian #1 Last Name</b>			<b>First Name</b>		
	<b>Primary Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> <b>Confidential (will not be published)</b>			<b>Second Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<b>Third Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<b>Email</b>					
	<b>Relation to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify): _____					
	<b>Parent/Guardian #2 Last Name</b>			<b>First Name</b>		
	<b>Email</b>			<b>Second Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<b>Third Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<b>Relation to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify): _____					
	<b>Resident Address</b>	Street	Apt #	City	State	Zip
	<b>Mailing Address (If different from above)</b>	Street	Apt #	PO Box	City	State Zip

<b>SECOND HOUSEHOLD</b>	<b>SECOND HOUSEHOLD INFORMATION</b> (Student does not primarily reside at this residence)					
	<b>Second Household Parent/Guardian #1 Last Name</b>			<b>First Name</b>		
	<b>Primary Phone</b> ( ) ( ) <i>Please check if confidential</i> <input type="checkbox"/> (will not be published)			<b>Second Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<b>Third Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<b>Email</b>					
	<b>Relation to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify): _____					
	<b>Second Household Parent/Guardian #2 Last Name</b>			<b>First Name</b>		
	<b>Email:</b>			<b>Second Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<b>Third Phone</b> ( ) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
	<b>Relation to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (please specify): _____					
	<b>Resident Address</b>	Street	Apt	City	State	Zip
	<b>Mailing Address (If different from above)</b>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your child enrolled in the Special Education module? Speech & Language <input type="checkbox"/> Yes <input type="checkbox"/> No Occupational Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever qualified for or had a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever participated in: <input type="checkbox"/> Title I/LAP Program <input type="checkbox"/> Gifted Program <input type="checkbox"/> English as a Second Language (ELL)	Has your child ever repeated or skipped a grade? <input type="checkbox"/> Yes, Repeated <input type="checkbox"/> Yes, Skipped What grade level(s) _____
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Has the student ever been suspended for any of the following violations? <b>Weapons:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Drugs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Alcohol:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Date(s): Does your student have any past, current or pending disciplinary actions or any history of violent behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date(s): Has your student ever been to court for attendance issues? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date(s):
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**RESIDENCE VERIFICATION**

Please provide the information required 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.**

- 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.

**AND ...** In addition to the Purchase Papers OR Property Tax Statement and the Lease Agreement, provide an Energy Bill.:

- 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.

"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.