

SAN JUAN ISLAND SCHOOL DISTRICT NEW STUDENT ENROLLMENT FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY	SCHOOL ENTITY	SCHOOL ENTRY DATE
---	---------------	-------------------

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other _____	CHILD'S PRIMARY LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	GRADE LEVEL
BIRTH COUNTRY				

PRIMARY HOUSEHOLD (parent/guardian where student resides) Guardian 1 <i>Last Name First Name</i>		Relationship to Student	PHONE #1 - Home Phone (include area code)	PHONE #2 <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)
(parent/guardian where student resides) Guardian 2 <i>Last Name First Name</i>		Relationship to Student	PHONE #2 <input type="checkbox"/> Work <input type="checkbox"/> Cell (include area code)	
Please check if confidential <input type="checkbox"/>				
RESIDENT ADDRESS	<i>Street</i>	<i>Apt #</i>	<i>City</i>	<i>State ZIP</i>
MAILING ADDRESS (If different from above)	<i>Street</i>	<i>Apt #</i>	<i>P O Box</i>	<i>City State ZIP</i>

SECOND HOUSEHOLD Guardian 1 (shared custodial or non-custodial parent) <i>Last Name First Name</i>		Relationship to Student	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Guardian 2 <i>Last Name First Name</i>		Relationship to Student	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND HOUSEHOLD RESIDENT ADDRESS (Street/PO Box, City, State, ZIP)			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECOND HOUSEHOLD MAILING ADDRESS (If different from above)				

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school for enforcement)

Restraining order is against: Mother Father Other Name _____

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED SAN JUAN ISLAND PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, NAME OF SCHOOL ATTENDED
		DATE ATTENDED (Month/Year)

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM (e.g., CHILD HAD AN IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
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 <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____	

PLEASE LIST OTHER SIBLINGS ATTENDING SAN JUAN ISLAND PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

Additional registration information on back...

PLEASE PROVIDE ANY EMERGENCY/MEDICAL ALERT INFORMATION THAT APPLIES TO THIS STUDENT. LIST ANY HEALTH CONCERNS/INSTRUCTIONS THAT WE SHOULD BE AWARE OF FOR YOUR STUDENT:

FAMILY PHYSICIAN'S NAME & PHONE NUMBER

DENTIST'S NAME & PHONE NUMBER

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. Please provide **LOCAL** contacts (or daycare information as an emergency contact if applicable).

EMERGENCY CONTACT #1 (other than parent/guardian) <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMERGENCY CONTACT #2 (other than parent/guardian) <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMERGENCY CONTACT #3 (other than parent/guardian) <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMERGENCY CONTACT #4 (other than parent/guardian) <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

DO YOU HAVE INTERNET ACCES AT HOME? Yes No (PLEASE PRINT CLEARLY)

HOME EMAIL ADDRESS _____

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. **You MUST answer BOTH questions:**

1. Is your child of Hispanic or Latino origin? (Check all that applies) Not Hispanic/Latino

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Latin American | <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"/> White or Caucasian | <input type="checkbox"/> Thai | <input type="checkbox"/> Colville | <input type="checkbox"/> Samish |
| <input type="checkbox"/> African American or Black | <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"/> Puyallup | <input type="checkbox"/> Other Washington Indian Tribe |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Quileute | <input type="checkbox"/> Other American Indian |
| <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Quinault | <input type="checkbox"/> Tribe/Alaska Native |

HIGH SCHOOL STUDENTS ONLY

FOR FRIDAY HARBOR HIGH SCHOOL STUDENTS: ARE YOU PLANNING TO GRADUATE FROM FRIDAY HARBOR HIGH SCHOOL Yes No

FOR GRIFFIN BAY HIGH SCHOOL STUDENTS: ARE YOU PLANNING TO GRADUATE FROM GRIFFIN BAY HIGH SCHOOL? Yes No

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. 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 San Juan Island Public Schools.

Legal Parent/Guardian signature _____ Date _____