FOR SCHOOL USE ONLY		Proof of Age	Proof of	Proof of Residency Stu		Student	udent ID #		
School		Service Area	Waiver D	Waiver District Cla		_ Class of			
Admit Reason		Enter Date Bus # to		SchoolBu			us # from School		
Diplo	ma Type	Records Requ	nested Records I	Records Received					
	NORTHSI	HORE SO	CHOOL DISTRIC	CT ENF	ROLLMENT	ΓFORM	(Rev	. 5/10/2017)	
BASI	C STUDENT DEMO	GRAPHICS				Gra	de Lev	vel	
Legal	Last Name			Legal Fi	rst Name				
Middl	e Name		Date of B	Birth			_ (	Gender 🗖 M 🔲 F	
Home	Phone ()		Unlisted? Un Yes No						
Stude	nt's Cell Phone (	)		Student's	s Email Address				
							,,		
			Count						
			Count			Zip			
			State _			Zip			
			ino origin? (You must check o						
	Not Hispanic/Latino		Spaniard		☐ Central Amer			Other Hispanic/Latino	
	Cuban		Puerto Rican		☐ Latin Americ	an		•	
	Dominican		Mexican/Mexican America	n/Chicano	☐ South Americ	can			
Part	2 What race(s) do y	you consider vo	our child? (You must check at	t least one of	the following categori	ies)			
	African American/Blac		White	oj	e jouo ming curegon	,			
	Asian Indian		Hmong		Laotian			Taiwanese	
	Cambodian		Indonesian		Malaysian			Thai	
	Chinese		Japanese		Pakistani			Vietnamese	
	Filipino		Korean		Singaporean			Other Asian	
	Native Hawaiian		Guamanian or Chamorro		Melanesian			Samoan	
	Fijian		Mariana Islander		Micronesian			Tongan	
	- 1,1411		Other Pacific Islander	_				10118	
	Alaskan Native		Lummi		Quinault			Stillaguamish	
	Chehalis		Makah		Samish			Suquamish	
	Colville		Muckleshoot		Sauk-Suiattle			Swinomish	
	Cowlitz		Nisqually		Shoalwater			Tulalip	
	Hoh		Nooksack		Skokomish			Upper Skagit	
	Jamestown		Port Gamble S'Klallam		Snoqualmie			Yakama	
	Kalispel		Puyallup		Spokane			Other Washington	
	Lower Elwha		Quileute		Squaxin Island			Indian	
	American Indian:		tribe(s) (optional)		Alaskan Native:			village(s) (optional)	

Spec	cial Programs (Check all special programs or services in	None Apply	
	Special Education / IEP / OT / PT / Speech Therapy	ESL / ELL	Gifted / Highly Capable
	Reading or Math Support (LAP / LASER / Title I)	Head Start	Native American Education
	International Baccalaureate	Summer School	Other:

## PARENT/GUARDIAN INFORMATION (List the parents/guardians the student lives with first, then by contact order.) First Parent / Guardian Mr./Mrs./Ms./ Last Name First Name Relationship to Student \_\_\_\_ Lives with Student? Yes No Has Custody? Yes No Address (if different from Student's) List as an Emergency Contact? Yes No Primary Language\_\_\_\_ Primary Contact Phone #( ) Home \( \bigcup \) Cell \( \bigcup \) Unlisted? \( \bigcup \) Yes \( \bigcup \) No 2nd Contact Phone #(\_\_\_) \_\_\_\_ Home $\square$ Cell $\square$ Unlisted? $\square$ Yes $\square$ No .Student Contact Allowed? Yes No Educational Rights: Yes No Second Parent / Guardian Mr./Mrs./Ms./ Last Name First Name\_ Lives with Student? Yes No Has Custody? Yes No Relationship to Student Address (if different from Student's) List as an Emergency Contact? Yes No Primary Language Email Address \_\_\_\_\_ Bus. Phone. (\_\_\_\_) Primary Contact Phone #(\_\_\_) Home \( \bigcup \) Cell \( \bigcup \) Unlisted? \( \bigcup \) Yes \( \bigcup \) No 2nd Contact Phone #( ) Home $\square$ Cell $\square$ Unlisted? $\square$ Yes $\square$ No Receive Mailings? Yes No Educational Rights: Yes No Student Contact Allowed? Yes No Third Parent / Guardian Mr./Mrs./Ms./\_\_\_\_ Last Name \_\_\_\_\_ First Name\_\_\_\_ Relationship to Student \_\_\_\_\_ Lives with Student? \( \bar{\Q} \) Yes \( \bar{\Q} \) No Has Custody? \( \bar{\Q} \) Yes \( \bar{\Q} \) No Address (if different from Student's) List as an Emergency Contact? Yes No Primary Language Primary Contact Phone #(\_\_\_) \_\_\_\_\_ Home \( \bigcup \) Cell \( \bigcup \) Unlisted? \( \bigcup \) Yes \( \bigcup \) No 2nd Contact Phone #(\_\_\_\_) \_\_\_\_ Home □ Cell □ Unlisted? □ Yes □ No Receive Mailings? Yes No Educational Rights: Yes No Student Contact Allowed? Yes No Fourth Parent / Guardian Mr./Mrs./Ms./ Last Name First Name Relationship to Student \_\_\_\_\_ Lives with Student? \(\begin{align\*} \Pi \text{ Yes } \Bo \text{ No } \\ \text{Has Custody? } \Pi \text{ Yes } \Bo \text{ No } \\ \text{No } Address (if different from Student's) List as an Emergency Contact? ☐ Yes ☐ No Primary Language Email Address \_\_\_\_\_ Employer \_\_\_\_ Bus. Phone. ( ) Primary Contact Phone #( ) Home \( \bigcup \) Cell \( \bigcup \) Unlisted? \( \bigcup \) Yes \( \bigcup \) No 2nd Contact Phone #( ) Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No Receive Mailings? Yes No Educational Rights: Yes No Student Contact Allowed? Yes No

DAYCARE PROVIDER:	fore School 🔲 Bot	h Before and After School	☐ After School			
Provider Name (Last, First)						
Address						
Daycare Phone ()			er ()			
Comments						
OTHER EMERGENCY CONTACTS (4)	**************************************	Control Waller and E.				
OTHER EMERGENCY CONTACTS (I		y Contact. May tist additional En	nergency Contacts on the last page.)			
First Emergency Contact — Must be loc						
Last Name						
Relationship to Student						
Address						
Primary Contact Phone #()			nail Address			
2nd Contact Phone #()	Home  Cel	l ☐ Unlisted? ☐ Yes ☐ No				
San J. Francis Control						
Second Emergency Contact		P'ant NI				
Last Name						
Relationship to Student		Primary Language				
Address			9.4.11			
Primary Contact Phone #()			nail Address			
2nd Contact Phone #()	Home U Cel	l ☐ Unlisted? ☐ Yes ☐ No				
SIBLING INFORMATION (Use a separat	te sheet for additional siblings )					
Name	Relationship	Age Gender	School Attending			
		<del>-</del>	<del></del>			
MEDICAL / HEALTH INFORMATION	Ň					
In case of emergency, 911 will t	be called to evaluate your child	l. Parent/Guardian will be notifi	ied as soon as possible.			
My child has a life threatening cond	ition that requires a medic	estion or treatment during t	he school day 🗍 Ves 🗍 No			
•	-	be in place before starting scho	·			
Chapter 20.	1.210 Re W. Requires orders w	o be in place before starting seno	01.			
PREVIOUS SCHOOL INFORMATION	(List most recently attended s	school first. All fields must be co	mpleted.)			
#1 School Name		Entry Date (mm/dd/yy)				
District						
Address		Grades attended				
City						
State Zip						
#2 School Name						
		Entry Date (mm/dd/vv)				
District	F					
DistrictAddress	E	Withdrawal Date (mm/dd/yy)				
DistrictAddressCity	E	Withdrawal Date (mm/dd/yy)				



## Office of Superintendent of Public Instruction (OSPI) Home Language Survey

The Home Language Survey is given to all students enrolling in Washington schools. **Student Name:** Grade: Date: Parent/Guardian Name Parent/Guardian Signature All parents have the right to information about their child's education in a language **Right to Translation and Interpretation** they understand. **Services** Indicate your language preference so we can provide an interpreter or translated documents, 1. In what language(s) would your family prefer to communicate with the school? free of charge, when you need them. What language did your child learn first? **Eligibility for Language Development** Support Information about the student's language helps us identify students who qualify for support to What language does your child use the most at home? develop the language skills necessary for success in school. Testing may be necessary to What is the primary language used in the home, regardless of the language determine if language supports are needed. spoken by your child? Has your child received English language development support in a previous school? Yes\_\_\_ No\_\_\_ Don't Know\_\_\_ **Prior Education** In what country was your child born? \_\_\_\_\_ Your responses about your child's birth 7. Has your child ever received formal education outside of the United States? country and previous education:  $(Kindergarten - 12^{th} grade) \quad \underline{\hspace{1cm}} Yes \quad \underline{\hspace{1cm}} No$ • Give us information about the knowledge and skills your child is bringing to school. If yes: Number of months: • May enable the school district to receive Language of instruction: additional federal funding to provide support to your child. When did your child first attend a school in the United States? (Kindergarten – 12th grade) This form is not used to identify students' Month Year Day immigration status. Parent/Guardian Signature Required Parent / Guardian Signature **Today's Date**