



Student Information and Enrollment Form

Kent School District No. 415

Kent, Washington 98030

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY	
Date Registration Received:	Date Entered into Student Information System:
Student ID:	School Resident Area:

Enroll Date	Program	Withdraw Date

STUDENT NAME Legal Last Name		Legal First Name	Legal Middle Name	Previous Name (if applicable)
BIRTHDATE (Month/Day/Year)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		GRADE LEVEL
BIRTHPLACE City State Country		STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Agency <input type="checkbox"/> Other _____		

PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____		PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.I.		Relation to Student: <input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____	
RESIDENT ADDRESS	Street		Apt #	City		State	ZIP
MAILING ADDRESS (If different)	Street		Apt #	PO Box	City		State ZIP
RESIDENT (HOME) Phone: (Include area code)				Please check if unlisted <input type="checkbox"/> Please check if cell number <input type="checkbox"/>			
Guardian #1 Work Phone (include area code)		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No		Guardian #2 Work Phone (include area code)		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian #1 Cell Phone (include area code)				Guardian #2 Cell Phone (include area code)			
GUARDIAN #1 EMAIL ADDRESS:				GUARDIAN #2 EMAIL ADDRESS:			

FILL OUT THIS SECTION ONLY IF STUDENT HAS A PARENT/LEGAL GUARDIAN NOT LIVING AT THE ADDRESS ABOVE

SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.		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"/> Work <input type="checkbox"/> Cell		Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	
SECONDARY HOUSEHOLD (non-custodial parent not residing with student) Last Name First Name M.I.		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"/> Work <input type="checkbox"/> Cell		Relationship to student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No		SECOND HOUSEHOLD EMAIL			

IS THERE A PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy to the office.	
IS THERE A COURT ORDER IN EFFECT THAT LIMITS EDUCATIONAL DECISION MAKING OR CONTACT WITH THE STUDENT OR SCHOOL (RESTRAINING ORDER, PROTECTION ORDER, NO CONTACT ORDER, ANTI-HARRASSMENT ORDER, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy to the office.	
Court order limits <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	

Please fill out back of form

PLEASE LIST SIBLINGS ATTENDING THE KENT SCHOOL DISTRICT			
Last Name	First Name	School	Grade

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
Please provide additional childcare arrangements to the school in writing.	

HAS YOUR CHILD EVER ATTENDED A PRESCHOOL(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preschool Name	Preschool Address

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN: Special Education Program (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No Title <input type="checkbox"/> Yes <input type="checkbox"/> No LAP <input type="checkbox"/> Yes <input type="checkbox"/> No Highly Capable <input type="checkbox"/> Yes <input type="checkbox"/> No English as a Second Language (ELL/ESL) <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
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LAST SCHOOL ATTENDED	SCHOOL DISTRICT	SCHOOL INFORMATION (Phone, FAX, City and State)

HAS YOUR CHILD EVER ATTENDED A SCHOOL IN <u>WASHINGTON STATE</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED	DATE LAST ATTENDED (Month/Year)
HAS YOUR CHILD EVER ATTENDED THE <u>KENT SCHOOL DISTRICT</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL(S) ATTENDED	DATE LAST ATTENDED (Month/Year)

HAS YOUR CHILD EVER BEEN SUSPENDED/EXPELLED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) _____

When an emergency situation occurs involving your child, we want to be able to quickly reach 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.

EMERGENCY CONTACT INFORMATION

FIRST CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</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
SECOND CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</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
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i> <i>M.I.</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

STUDENT RELEASE AUTHORIZATION: In the event the school is unable to contact the parents or legal guardian, I authorize my child to be released to the person(s) listed above.

Legal Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION: If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

Legal Parent/Guardian Signature _____ Date _____