

Student Information and Enrollment Form Kent School District No. 415

SCHOOL Kent, Washington 98030

Districtor		
	DO NOT WRITE I	N 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			
r val, italija					

The state of the s					Same and the same		-	
STUDENT NAME Legal Last Name	Legal First Nar	Legal First Name		Legal N	fiddle Name	Previous Name (if applicable)		
BIRTHDATE (Month/Day/Year)		GENDER Male Female			GRADE LEVEL			
BIRTHPLACE City State Country		□В	DENT LIVES oth parents randparents her	WITH Mother only		☐ Guardian ☐ Foster Parent	□ Self □ Agency	
PRIMARY HOUSEHOLD (parent/guardian where student resides) Last Name (LEGAL) First Name M.1.				PRIMARY HOUSEHOLD (parent/guardian where student re Last Name (LEGAL) First Name			sides) Relation to Student: M.I.	
RESIDENT Street ADDRESS			Арі #		City State			
MAILING Street ADDRESS (If different)	DRESS		Арі #	PO Box	City	ty State		
RESIDENT (HOME) Phone: (Include area code) Please check if unlisted Please check if cell number								
Guardian #1 Work Phone (include area code)	Active Military Act				Active Military ☐ Yes ☐ 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 STUDE SECONDARY HOUSEHOLD (non-custodial parent not re	iding with PHO	ONE #1 (inc	lude area code) PHON	E #2 (include area code)	Relationsh	ip to student:	
student) Last Name First Name M.I.		□ Home □ Work □ Cell		l w	□ Work □ Cell		☐ Father ☐ Mother ☐ Stepmother ☐ Stepfather ☐ Other	
		PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell			E#2 (include area code) Cell	☐ Father ☐ Stepmot	Relationship to student: Father Mother Stepmother Stepfather Other	
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)		?)	Active Military □ Yes □ No		MAIL			
IS THERE A PARENTING PLAN IN EFFECT		-			py to the office.			
IS THERE A COURT ORDER IN EFFECT THE SCHOOL (RESTRAINING ORDER, PROTECTIVES, places provide a copy to the office.								

Please fill out back of form

Court order limits □ Mother □ Father □ Other_

PLEASE LIST SIBLINGS ATTENDING THE KENT	SCHOOL DISTRICT	•					
Last Name First Nar	ne		School	Grade			
<u>L </u>							
	····						
DOES STUDENT ATTEND CHILD CARE? CHILD CARE PROVIDER Name Address Phone Number Before school							
Please provide additional childcare arrangements to the school	in writing.						
THE YOUR CHILD THEN ATTEMPTS A PRESCHOOLS	()7 □ Yes □ No						
HAS YOUR CHILD EVER ATTENDED A PRESCHOOL(S	,,	Preschool Addres					
Preschool Name] 1	reschool Addres	SS				
HAS YOUR CHILD EVER QUALIFIED FOR OR B					CHILD EVER BEEN RETAINED?		
Special Education Program (IEP) Tyes Tho 50				☐ Yes ☐			
LAP 🗆 Yes 🗆 No Highly Capable 🗆 Yes 🗆 No	English as a Second La	inguage (ELL/ESL)	□Yes □No	it yes, at what	grade level(s)		
Other	······································	_					
LAST SCHOOL ATTENDED	SCHOOL DISTRICT	SCH00	L INFORMATION (Phone,	FAX, City and	State)		
HAS YOUR CHILD EVER ATTENDED A SCHOOL IN WA	SHINGTON STATE?	Yes □No IFY	ES. NAME OF SCHOOL(S) ATTENDED	DATE LAST ATTENDED (Month/Year)		
			,	,			
HAS YOUR CHILD EVER ATTENDED THE KENT SCHO	OL DISTRICI? LI Yes	U No IF YES, N.	AME OF SCHOOL(S) ATT	ENDED	DATE LAST ATTENDED (Month/Year)		
HAS YOUR CHILD EVER BEEN SUSPENDED/EXPELLE	S FOR A WEARONE WO	LATIONS CIV.	DN- D(c)				
HAS TOOK CHILD EVER BEEN SUSPENDED/EXPECTED			s DNo Date(s)				
When an emergency situation occurs involve	ing your shild we	wont to be ab	la to quickly reach	ecnoncible	adults. In the event we cannot		
reach a parent/guardian, please list persons	ving your cinio, we	s want to de ad available durin	e the day to provide	csponsible care for v	our child.		
	you trust time are		g me any to provide	, , ,			
EMERGENCY CONTACT INFORMATION FIRST CONTACT (other than parent/guardian)	Relationsh	ip To Child:	PHONE #1 (include a	rea code)	PHONE #2 (include area code)		
Last Name First Name	M.I.	ip io Cinia.	☐ Home ☐ Work [☐ Home ☐ Work ☐ Cell		
SECOND CONTACT (other than parent/guardian)	Relationsh	ip To Child:	PHONE #1 (include as	ea code)	PHONE #2 (include area code)		
	М.І.	•	☐ Home ☐ Work [☐ Cell	□ Home □ Work □ Cell		
	-			i			
THIRD CONTACT (other than parent/guardian)		ip To Child:	PHONE #1 (include as		PHONE #2 (include area code)		
Last Name First Name	M.I.		☐ Home ☐ Work [J Cell	☐ Home ☐ Work ☐ Cell		
	MY03* -				. 4		
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 responsibili							
Legal Parent/Guardian Signature				Date			