



# 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<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female  |                   | GRADE LEVEL                   |
| BIRTHPLACE City State Country |  | STUDENT LIVES WITH<br><input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self<br><input type="checkbox"/> Grandparents <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Agency<br><input type="checkbox"/> Other _____ |                   |                               |

|  |        |   |        |   |       |   |  |
|--|--------|---|--------|---|-------|---|--|
| PRIMARY HOUSEHOLD (parent/guardian where student resides)<br>Last Name (LEGAL) First Name M.I. |        | Relation to Student:<br><input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian<br><input type="checkbox"/> Father <input type="checkbox"/> Step-Father<br><input type="checkbox"/> Other _____ |        | PRIMARY HOUSEHOLD (parent/guardian where student resides)<br>Last Name (LEGAL) First Name M.I.            |       | Relation to Student:<br><input type="checkbox"/> Mom <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian<br><input type="checkbox"/> Father <input type="checkbox"/> Step-Father<br><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"/><br>Please check if cell number <input type="checkbox"/> |       |   |  |
| Guardian #1 Work Phone (include area code)   |        | Active Military<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |        | Guardian #2 Work Phone (include area code)  |       | Active Military<br><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)<br>Last Name First Name M.I. |  | PHONE #1 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |  | PHONE #2 (include area code)<br><input type="checkbox"/> Work <input type="checkbox"/> Cell |  | Relationship to student:<br><input type="checkbox"/> Father <input type="checkbox"/> Mother<br><input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather<br><input type="checkbox"/> Other _____ |  |
| SECONDARY HOUSEHOLD (non-custodial parent not residing with student)<br>Last Name First Name M.I. |  | PHONE #1 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |  | PHONE #2 (include area code) <input type="checkbox"/><br>Work <input type="checkbox"/> Cell |  | Relationship to student:<br><input type="checkbox"/> Father <input type="checkbox"/> Mother<br><input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather<br><input type="checkbox"/> Other _____ |  |
| SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)  |  |   |  | Active Military<br><input type="checkbox"/> Yes <input type="checkbox"/> No                 |  | SECOND HOUSEHOLD EMAIL   |  |

IS THERE A PARENTING PLAN IN EFFECT? ☐ Yes ☐ 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.)? ☐ Yes ☐ No  
If yes, please provide a copy to the office.

Court order limits ☐ Mother ☐ Father ☐ 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?<br><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:<br>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<br>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<br>Other _____ |                 | HAS YOUR CHILD EVER BEEN RETAINED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, at what grade level(s) _____ |
| 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)<br><i>Last Name</i> <i>First Name</i> <i>M.I.</i>  | Relationship To Child: | PHONE #1 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | PHONE #2 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| SECOND CONTACT (other than parent/guardian)<br><i>Last Name</i> <i>First Name</i> <i>M.I.</i> | Relationship To Child: | PHONE #1 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | PHONE #2 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |
| THIRD CONTACT (other than parent/guardian)<br><i>Last Name</i> <i>First Name</i> <i>M.I.</i>  | Relationship To Child: | PHONE #1 (include area code)<br><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | PHONE #2 (include area code)<br><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 \_\_\_\_\_