

ENROLLMENT & REGISTRATION

FORM

★ Please use pen and write neatly! This will become part of the student's permanent record.

Office Use Only



Student's Legal Last Name		First Name		Middle Name		School		Academy		Date	
Grade	Birth Date	<input type="checkbox"/> Verified	<input type="checkbox"/> Male <input type="checkbox"/> Female	First Language Spoken by Student		Screen 100-3		Has student previously attended Federal Way Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Has student been enrolled in special education within one year? <input type="checkbox"/> Yes <input type="checkbox"/> No Has student ever participated in any of the following programs? <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Resource Room <input type="checkbox"/> Self-Contained <input type="checkbox"/> OT/PT <input type="checkbox"/> Title I/LAP <input type="checkbox"/> Basic Skills <input type="checkbox"/> Gifted/Honors <input type="checkbox"/> 504 Plan <input type="checkbox"/> Bilingual Ed/English as a Second Language <input type="checkbox"/> ECEAP/Headstart			
Home Street Address											
Apartment Complex Name			Apt #	Primary Phone		Listed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
City				Zip		If not a U.S. citizen, when did student start school in the United States? Month/Year					
Main Language Spoken at Home			Main screen, language		Country of Birth		Screen 100-1		Is there a court "Order of Protection?" <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, is current order on file in school office? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian #1—Contact information				Parent/Guardian #2—Contact information			
Parent/Guardian #1 (Name)		Parent/Guardian #2 (Name)		Parent/Guardian #3 (Name)		Parent/Guardian #4 (Name)	
Relationship		Relationship		Relationship		Relationship	
Preferred Language Spoken		Preferred Language Spoken		Preferred Language Spoken		Preferred Language Spoken	
Mailing Address (if different from student)				Mailing Address (if different from student)			
Place of Employment		Place of Employment		Place of Employment		Place of Employment	
Work Phone ()		Work Phone ()		Work Phone ()		Work Phone ()	
Cell Phone ()		Cell Phone ()		Cell Phone ()		Cell Phone ()	
Text Message ()		Text Message ()		Text Message ()		Text Message ()	
Email Address		Email Address		Email Address		Email Address	

Ethnicity and Race Information *(Please answer both questions 1 and 2.)*

The United States Department of Education requires school districts to collect ethnicity and race information for all students attending school. We are required to report the total number of students in various categories in each school to the federal government. We do not report individual student data.

1) Is your student of Hispanic or Latin origin? *(Must check one or more boxes.)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Not Hispanic/Latino (10) | <input type="checkbox"/> Cuban (55) | <input type="checkbox"/> Dominican (60) |
| <input type="checkbox"/> Latin American (85) | <input type="checkbox"/> Spaniard (65) | <input type="checkbox"/> Other Hispanic/Latino (90) |
| <input type="checkbox"/> South American (80) | <input type="checkbox"/> Central American (75) | <input type="checkbox"/> Puerto Rican (70) |
| <input type="checkbox"/> Mexican/Mexican American/Chicano (30) | | |

2) What Race or Races do you consider your student? *(Check all that apply)*

- | | | | |
|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> African American (200) | <input type="checkbox"/> African (200) | <input type="checkbox"/> Black (200) | <input type="checkbox"/> White (300) |
|---|--|--------------------------------------|--------------------------------------|
-
- American Indian / Alaska Native:**
- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Alaska Native (405) | <input type="checkbox"/> Chehalis (410) | <input type="checkbox"/> Colville (413) | <input type="checkbox"/> Cowlitz (416) | <input type="checkbox"/> Hoh (418) |
| <input type="checkbox"/> Jamestown (421) | <input type="checkbox"/> Kalispel (424) | <input type="checkbox"/> Lower Elwha (427) | <input type="checkbox"/> Lummi (430) | <input type="checkbox"/> Makah (433) |
| <input type="checkbox"/> Nisqually (439) | <input type="checkbox"/> Nooksack (442) | <input type="checkbox"/> Port Gamble Clallam (445) | <input type="checkbox"/> Puyallup (448) | <input type="checkbox"/> Quileute (451) |
| <input type="checkbox"/> Samish (457) | <input type="checkbox"/> Sauk-Suiattle (460) | <input type="checkbox"/> Shoalwater (463) | <input type="checkbox"/> Skokomish (466) | <input type="checkbox"/> Snoqualmie (469) |
| <input type="checkbox"/> Squaxin Island (475) | <input type="checkbox"/> Stillaguamish (478) | <input type="checkbox"/> Suquamish (481) | <input type="checkbox"/> Swinomish (484) | <input type="checkbox"/> Tulalip (487) |
| <input type="checkbox"/> Other American Indian (499) | <input type="checkbox"/> Other Washington Indian (495) | | | <input type="checkbox"/> Yakama (490) |
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- Asian:**
- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Asian Indian (505) | <input type="checkbox"/> Cambodian (507) | <input type="checkbox"/> Chinese (510) | <input type="checkbox"/> Filipino (520) | <input type="checkbox"/> Hmong (525) |
| <input type="checkbox"/> Indonesian (530) | <input type="checkbox"/> Japanese (535) | <input type="checkbox"/> Korean (540) | <input type="checkbox"/> Laotian (545) | <input type="checkbox"/> Malaysian (550) |
| <input type="checkbox"/> Singaporean (560) | <input type="checkbox"/> Taiwanese (565) | <input type="checkbox"/> Thai (570) | <input type="checkbox"/> Vietnamese (575) | <input type="checkbox"/> Other Asian (599) |
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- Native Hawaiian / Other Pacific Islander:**
- | | | | | |
|--|---------------------------------------|---|---|---|
| <input type="checkbox"/> Native Hawaiian (605) | <input type="checkbox"/> Fijian (615) | <input type="checkbox"/> Guamanian/Chamorro (620) | <input type="checkbox"/> Mariana Islander (625) | <input type="checkbox"/> Melanesian (630) |
| <input type="checkbox"/> Micronesian (632) | <input type="checkbox"/> Samoan (635) | <input type="checkbox"/> Tongan (640) | <input type="checkbox"/> Other Pacific Islander (699) | |

Previous School Information *(Please list most recent school attended first.)*

School Name	Grade	Entry Date (Month/Year)	Withdrawal (Month/Year)	City	State	Reason for Withdrawal

Student Medical Information

My student has a potentially life-threatening medical condition? Yes* No

*If YES, parent/guardian must contact the school nurse. Washington State Law requires that a medication, treatment, and/or individual health care plan be in place PRIOR to the student attending school.

- Please check known conditions:**
- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma (with history of emergency room visits) | <input type="checkbox"/> Allergy with Epi Pen (Anaphylaxis) | |
| <input type="checkbox"/> My student has other health conditions (If Yes, please note on health history form No. 420). | | |

Student's Physician/Healthcare Provider (Name)	Phone ()
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Parent/Guardian Signature Date

Parent/Guardian Signature Date