



ENROLLMENT FOR HOME-BASED INSTRUCTION SCHOLARS ACCESSING RUNNING START PROGRAM

Student: _____ Gender: F M X Birthdate: _____
(First Name) (MI) (Last Name)

Federal Way Neighborhood School: _____ Grade: _____ Age: _____

Parent/Guardian: _____

Email Address _____

Phone: Work # _____ Home # _____ Cell # _____

Address: _____
(Street) (City) (Zip)

Apt. #: _____ Name of Apartment Complex: _____

First language spoken: _____ Language used at Home: _____ Country of Birth: _____

Has this student previously attended Federal Way Public Schools? Yes No
If yes, what year and/or grade? _____

Has this student repeated a grade? Yes No If yes, what grade? _____

**As primary educator under RCW 28A.200.020 and RCW 28A.600.330, I have determined that my student has attained:
(Please choose one of the following)**

11th grade status and may not enroll for post secondary credit for more than the equivalent of course work for two academic years;

OR

12th grade status and may not enroll for post secondary credit for more than the equivalent of course work for one academic year;

OR

5th year senior, available for meeting district graduation requirements only (WAC 392-169-0155 (4))

Please check one:

No, parent/guardian is not currently serving as a member of the active duty US Armed Forces, or the National Guard of Washington or another state.

OR

Yes, a parent/guardian is currently serving as a member of the active duty US Armed Forces:
Active Duty
Reserves
National Guard

OR

Yes, more than one parent/guardian is currently serving as a member of the active duty US Armed Forces:
Active Duty
Reserves
National Guard

I certify that this student is currently receiving home-based instruction under RCW 28A.200 and:

- Has filed a Declaration of Intent to Provide Home-Based Instruction for the current school year;
- Is enrolling in **Federal Way Running Start Home School** solely for the purposes of participating in courses or programs offered by institutions of higher education;
- Is not requesting a public high school diploma or transcript of course work completed from the aforementioned public high school.

I understand that I will file a Declaration of Intent to Provide Home-Based Instruction for the next school year by September 15th as required by RCW 28A.200.010(1).

I understand that according to RCW 28A.600.310 home-based students are exempt from the school district's federal and state accountability reporting requirements.

Signature of Parent/Legal Guardian

Date

Ethnicity and Race Data Collection Form for: _____ (Student's Name)

Please Answer Questions by Checking All Boxes that Apply, you May use the Write in options as well.

1.) Is your child of Hispanic/Latino origin? 2.) What Race(s) do you consider your child?

<input type="checkbox"/> Non-Hispanic	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Central American <input type="checkbox"/> Latin American <input type="checkbox"/> South American <input type="checkbox"/> Argentine <input type="checkbox"/> Bolivian <input type="checkbox"/> Brazilian <input type="checkbox"/> Chicano <input type="checkbox"/> Chilean <input type="checkbox"/> Columbian <input type="checkbox"/> Costa Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Guatemalan <input type="checkbox"/> Guyanese <input type="checkbox"/> Honduran <input type="checkbox"/> Jamaican	<input type="checkbox"/> Mestizo <input type="checkbox"/> Mexican <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Panamanian <input type="checkbox"/> Paraguayan <input type="checkbox"/> Peruvian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Salvadorian <input type="checkbox"/> Spaniard <input type="checkbox"/> Surinamese <input type="checkbox"/> Uruguayan <input type="checkbox"/> Venezuelan <input type="checkbox"/> Write in: _____
<input type="checkbox"/> Asian	
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Bhutanese <input type="checkbox"/> Burmese/Myanmar <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Cham <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Lao <input type="checkbox"/> Malaysian	<input type="checkbox"/> Mien <input type="checkbox"/> Mongolian <input type="checkbox"/> Nepali <input type="checkbox"/> Okinawan <input type="checkbox"/> Pakistani <input type="checkbox"/> Punjabi <input type="checkbox"/> Singaporean <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai Tibetan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Write in: _____
<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Carolinian <input type="checkbox"/> Chamorro <input type="checkbox"/> Chuukese <input type="checkbox"/> Fijian <input type="checkbox"/> i-Kiribati/Gilbertese <input type="checkbox"/> Kosraean <input type="checkbox"/> Maori <input type="checkbox"/> Marshallese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Ni-Vanuatu <input type="checkbox"/> Palauan	<input type="checkbox"/> Papuan <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Samoan <input type="checkbox"/> Solomon Islander <input type="checkbox"/> Tahitian <input type="checkbox"/> Tokelauan <input type="checkbox"/> Tongan <input type="checkbox"/> Tuvaluan <input type="checkbox"/> Yapese <input type="checkbox"/> Write in: _____
<input type="checkbox"/> White	
<input type="checkbox"/> Bosnian <input type="checkbox"/> Eastern European <input type="checkbox"/> Herzegovinian <input type="checkbox"/> Polish	<input type="checkbox"/> Russian <input type="checkbox"/> Ukrainian <input type="checkbox"/> Write in: _____

<input type="checkbox"/> American Indian/Alaskan Native	
WA State Federally Recognized Tribes <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation <input type="checkbox"/> Confederated Tribes of the Colville Reservation <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation <input type="checkbox"/> Cowlitz Indian Tribe <input type="checkbox"/> Hoh Indian Tribe <input type="checkbox"/> Jamestown S'Klallam Tribe <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation <input type="checkbox"/> Lower Elwha Tribal Community <input type="checkbox"/> Lummi Tribe of the Lummi Reservation <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation <input type="checkbox"/> Muckleshoot Indian Tribe <input type="checkbox"/> Nisqually Indian Tribe <input type="checkbox"/> Nooksack Indian Tribe of Washington <input type="checkbox"/> Port Gamble S'Klallam Tribe <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation <input type="checkbox"/> Quileute Tribe of the Quileute Reservation <input type="checkbox"/> Quinault Indian Nation <input type="checkbox"/> Samish Indian Nation	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation <input type="checkbox"/> Skokomish Indian Tribe <input type="checkbox"/> Snoqualmie Indian Tribe <input type="checkbox"/> Spokane Tribe of the Spokane Reservation <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation <input type="checkbox"/> Swinomish Indian Tribal Community <input type="checkbox"/> Tulalip Tribes of Washington <input type="checkbox"/> Upper Skagit Indian Tribe of Washington WA State Non-Federally Recognized Tribes <input type="checkbox"/> Chinook Tribe <input type="checkbox"/> Duwamish Tribe <input type="checkbox"/> Kikiallus Indian Nation <input type="checkbox"/> Marietta Band of Nooksack Tribe <input type="checkbox"/> Snohomish Tribe <input type="checkbox"/> Snoqualmoo Tribe <input type="checkbox"/> Steilacoom Tribe <input type="checkbox"/> Alaska Native write in: _____ <input type="checkbox"/> American Indian write in: _____
<input type="checkbox"/> Middle Eastern & North African	
<input type="checkbox"/> Algerian <input type="checkbox"/> Amazigh or Berber <input type="checkbox"/> Arab or Arabic <input type="checkbox"/> Assyrian <input type="checkbox"/> Bahraini <input type="checkbox"/> Bedouin <input type="checkbox"/> Chaldean <input type="checkbox"/> Copt <input type="checkbox"/> Druze <input type="checkbox"/> Egyptian <input type="checkbox"/> Emirati <input type="checkbox"/> Iranian <input type="checkbox"/> Iraqi <input type="checkbox"/> Israeli <input type="checkbox"/> Jordanian <input type="checkbox"/> Kurdish <input type="checkbox"/> Kuwaiti	<input type="checkbox"/> Lebanese <input type="checkbox"/> Libyan <input type="checkbox"/> Moroccan <input type="checkbox"/> Omani <input type="checkbox"/> Palestinian <input type="checkbox"/> Qatari <input type="checkbox"/> Saudi Arabian <input type="checkbox"/> Syrian <input type="checkbox"/> Tunisian <input type="checkbox"/> Yemeni <input type="checkbox"/> Middle Eastern write in: _____ <input type="checkbox"/> North African write in: _____

<input type="checkbox"/> Black	
<input type="checkbox"/> African American <input type="checkbox"/> African Canadian Caribbean <input type="checkbox"/> Anguilla <input type="checkbox"/> Antigua <input type="checkbox"/> Bahamas <input type="checkbox"/> Barbados <input type="checkbox"/> British Virgin Islands <input type="checkbox"/> Cayman Islands <input type="checkbox"/> Cuba <input type="checkbox"/> Cuba Dominica <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Grenada <input type="checkbox"/> Guadeloupe <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Martinique <input type="checkbox"/> Montserrat <input type="checkbox"/> Netherlands Antilles <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Saint Barthélemy <input type="checkbox"/> Write in: _____	Central Africa <input type="checkbox"/> Angola <input type="checkbox"/> Cameroon <input type="checkbox"/> Central African Republic <input type="checkbox"/> Chad <input type="checkbox"/> Congolese Democratic Republic of the Congo <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Gabon <input type="checkbox"/> Sao Tome <input type="checkbox"/> Principe <input type="checkbox"/> Write in: _____ East Africa <input type="checkbox"/> Burundi <input type="checkbox"/> Comoros <input type="checkbox"/> Djibouti <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopian <input type="checkbox"/> Kenya <input type="checkbox"/> Madagascar <input type="checkbox"/> Malawi <input type="checkbox"/> Mauritius <input type="checkbox"/> Mayotte <input type="checkbox"/> Mozambique <input type="checkbox"/> Reunion <input type="checkbox"/> Rwanda <input type="checkbox"/> Seychelles <input type="checkbox"/> Somalia <input type="checkbox"/> Sudan <input type="checkbox"/> South Sudan <input type="checkbox"/> Uganda <input type="checkbox"/> United Rep. of Tanzania <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe <input type="checkbox"/> Write in: _____
<input type="checkbox"/> Latin American	
<input type="checkbox"/> Argentina <input type="checkbox"/> Bolivia <input type="checkbox"/> Belize <input type="checkbox"/> Brazil <input type="checkbox"/> Chile <input type="checkbox"/> Colombia <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Ecuador <input type="checkbox"/> Falkland Islands <input type="checkbox"/> French Guiana <input type="checkbox"/> Guatemala <input type="checkbox"/> Guyana <input type="checkbox"/> Honduras <input type="checkbox"/> Mexico <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama <input type="checkbox"/> Paraguay <input type="checkbox"/> Peru <input type="checkbox"/> South Georgia & the South Sandwich Islands <input type="checkbox"/> Uruguay <input type="checkbox"/> Venezuela <input type="checkbox"/> Write in: _____	
<input type="checkbox"/> South Africa	
<input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> South Africa <input type="checkbox"/> Swaziland <input type="checkbox"/> Write in: _____	
<input type="checkbox"/> West Africa	
<input type="checkbox"/> Benin <input type="checkbox"/> Burkina Faso <input type="checkbox"/> Cabo Verde <input checked="" type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Liberia <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Niger <input type="checkbox"/> Nigeria <input type="checkbox"/> Saint Helena <input type="checkbox"/> Senegal <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Togo <input type="checkbox"/> Write in: _____	

Signature of Parent/Legal Guardian _____

Date _____