

Parent Partnership Program

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Enrollment Packet

Student Name: _____ Date: _____

*If you are an out of district student you will need to complete a variance form from your resident district **and** fill out the records request form in this packet.*

Check List:

1. Fill out application forms
 - _____ Registration
 - _____ Emergency
 - _____ Declaration of Understanding
 - _____ Immunization
 - _____ Washington State Background Check
 - _____ Records Request
 - _____ Use of private vehicle (Expeditionary only)
 - _____ Copy of your car insurance declaration page (Expeditionary only)
 - _____ Field Trip Consent form (Expeditionary only)

- _____ 2. Obtain a copy of your transcript and immunization records from the last school you attended. State law *prohibits* students from attending school without updated immunizations.

DO NOT return this packet without this!

- _____ 3. Birth Certificate (Kindergarten)

- _____ 4. Provide proof of residency.

- _____ 5. Out of district variance form

- _____ 6. Read the *Parent Partnership Handbook* to familiarize yourself with the policies and expectations. (This is on the website)

- _____ 7. If you have received Special Education services bring a copy of your IEP.

- _____ 8. Schedule a Student Learning Plan appointment with Kim (grades K-5) or Diane (grades 6-12) Your SLP provider will be with your oldest student.

Return this form and all **completed** information to the secretary.

PARENT SIGNATURE: _____