

DATE \_\_\_\_\_

# SNOHOMISH SCHOOL DISTRICT

## PARENT PARTNERSHIP PROGRAM

### NEW STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
<b>STUDENT SCHOOL NUMBER</b>	<b>SCHOOL ENTRY DATE</b>	<b>MEDICAL ALERT</b>	<b>HOMEROOM NUMBER</b>	<b>LOCKER NUMBER</b>	<b>BUS ROUTE</b>
					AM      PM

Yes    No    **Has any member of your family ever been enrolled in the Snohomish School District?**

<b>STUDENT NAME:</b> Legal Last Name		Legal First Name		Legal Middle Name		Also known as:		
<b>BIRTHDATE</b> (Month/Day/Year)		<b>GENDER</b> (M/F)		<b>BIRTHPLACE:</b> City                      State                      Country		<b>GRADE LEVEL</b>		
<b>STUDENT SOCIAL SECURITY #</b> (optional)		<b>ETHNIC CODE</b> (Check One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Multi Racial <input type="checkbox"/> White or Caucasian			<b>PRIMARY LANGUAGE SPOKEN AT HOME</b> <input type="checkbox"/> English <input type="checkbox"/> Other _____		<b>US CITIZEN</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PRIMARY HOUSEHOLD</b> (parent/guardian where student resides) <i>Last Name                                      First Name</i>		<b>PHONE #1</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted		<b>PHONE #2</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted	
<i>Last Name                                      First Name</i>		<b>PHONE #1</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted		<b>PHONE #2</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted	
<b>FAMILY EMAIL ADDRESS</b>		<b>STUDENT LIVES WITH</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other			
<b>RESIDENT ADDRESS</b>	<i>Street</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
<b>MAILING ADDRESS</b> (If different from above)	<i>Street</i>	<i>Apt #</i>	<i>P O Box</i>	<i>City</i>	<i>State</i> <i>ZIP</i>

<b>SECOND HOUSEHOLD</b> (non-custodial parent/guardian not residing with student) <i>Last Name                                      First Name</i>		<b>PHONE #1</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted		<b>PHONE #2</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted	
<i>Last Name                                      First Name</i>		<b>PHONE #1</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted		<b>PHONE #2</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted	
<b>FAMILY EMAIL ADDRESS</b>		<b>RELATIONSHIP TO STUDENT</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other			
<b>SECOND HOUSEHOLD MAILING ADDRESS</b> ( <i>Street/PO Box, City, State, ZIP</i> )				<b>ADDITIONAL MAILINGS REQUESTED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SCHOOL PREVIOUSLY ATTENDED</b>	<b>SCHOOL DISTRICT PREVIOUSLY ATTENDED</b>	<b>PREVIOUS SCHOOL LOCATION</b> (City and State)
<b>HAS STUDENT EVER ATTENDED SNOHOMISH PUBLIC SCHOOLS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>DATE ATTENDED</b> (Month/Year)
<b>IF YES, NAME OF SCHOOL(S) ATTENDED</b>		

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?    Yes    No    (If yes, plan must be on file with the school)    Copy Attached

IS THERE A RESTRAINING ORDER IN EFFECT?    Yes    No    (If yes, legal papers must be on file with the school)    Copy Attached

Restraining order is against:    Mother    Father    Other \_\_\_\_\_

*Please complete additional registration information on back...*

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?  Yes  No Date: \_\_\_\_\_

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No HAS YOUR CHILD EVER PARTICPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
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DOES STUDENT ATTEND CHILD CARE? <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>
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ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

PLEASE LIST OTHER SIBLINGS ATTENDING SNOHOMISH PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

**STUDENT RELEASE AUTHORIZATION**

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other 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.

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS <i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.  
*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.  
*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Snohomish School District.  
*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_