



SNOHOMISH SCHOOL DISTRICT 201 NEW STUDENT REGISTRATION FORM

SCHOOL: _____

DATE: _____

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE
					AM PM

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

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name		Also Known As:	
BIRTHDATE (Month/Day/Year)	GENDER F <input type="checkbox"/> M <input type="checkbox"/>	BIRTHPLACE: City		County	State	Country	Grade Level:
DISTRICT RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Family Status (circle)			PRIMARY LANGUAGE SPOKEN AT HOME		
Resident District:		<input type="checkbox"/> A – U.S. Armed Forces active duty <input type="checkbox"/> G – National Guard member <input type="checkbox"/> M – More than one member of Armed Forces/National Guard <input type="checkbox"/> N – No affiliation <input type="checkbox"/> R – U.S. Armed Forces reserves <input type="checkbox"/> Z – Do not wish to state			<input type="checkbox"/> English <input type="checkbox"/> Other		

PRIMARY HOUSEHOLD (primary parent/guardian where student resides)			PRIMARY CONTACT # (include area code)			PRIMARY CONTACT PH #2 (area code)		
Legal Last Name (of primary contact) Legal First Name Middle Name RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted		
Legal Last Name Legal First Name Middle Name RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted			PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted		
FAMILY EMAIL ADDRESS			ADDITIONAL EMAIL ADDRESS					
RESIDENT ADDRESS	Street		Apt #	City		State	ZIP	
MAILING ADDRESS (if different from above)	Street		Apt #	P O Box	City	State	ZIP	

SECOND HOUSEHOLD (Non-custodial parent/guardian not residing with student)			PHONE #1 (include area code)			PHONE #2 (include area code)					
Legal Last Name Legal First Name Middle Name RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted					
Legal Last Name Legal First Name Middle Name RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted			PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted					
FAMILY EMAIL ADDRESS			RELATIONSHIP TO STUDENT: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self								
SECOND HOUSEHOLD MAILING ADDRESS						(Street/PO Box, City, State, ZIP)			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

 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: _____

<p>HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER BEEN ON AN IEP? (Individualized Education Program) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HAS YOUR CHILD EVER PARTICIPATED IN:</p> <p><input type="checkbox"/> Title – Title 1 Services</p> <p><input type="checkbox"/> LAP – Learning Assistance Program</p> <p><input type="checkbox"/> Gifted – Accelerated Learning Program</p> <p><input type="checkbox"/> ELL – English Language Learner</p>	<p>HAS YOUR CHILD EVER BEEN RETAINED?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, at what grade level(s) _____</p>
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<p>DOES STUDENT ATTEND CHILD CARE?</p> <p><input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school</p>	<p>CHILD CARE PROVIDER</p> <table border="1"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Address</th> <th style="width: 20%;">Phone Number</th> </tr> </thead> <tbody> <tr> <td colspan="4">ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)</td> </tr> </tbody> </table>		Name	Address	Phone Number	ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)			
	Name	Address	Phone Number						
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.

<p>PRIMARY EMERGENCY CONTACT (after parent/guardian contact)</p> <p><i>Legal Last Name</i> <i>Legal First Name</i></p>	<p>RELATIONSHIP TO CHILD</p>	<p>PHONE #1 (include area code)</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>	<p>PHONE #2 (include area code)</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>
<p>PRIMARY CONTACT ADDRESS</p> <p style="text-align: center;"><i>Street</i> <i>City</i> <i>State</i> <i>ZIP</i></p>			
<p>SECONDARY EMERGENCY CONTACT (after parent/guardian contact)</p> <p><i>Legal Last Name</i> <i>Legal First Name</i></p>	<p>RELATIONSHIP TO CHILD</p>	<p>PHONE #1 (include area code)</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>	<p>PHONE #2 (include area code)</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>
<p>SECONDARY CONTACT ADDRESS</p> <p style="text-align: center;"><i>Street</i> <i>City</i> <i>State</i> <i>ZIP</i></p>			

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* _____

<p>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.</p> <p><i>Legal Parent/Guardian Signature</i> _____ <i>Date</i> _____</p>

Continue to next page for Ethnicity & Race Information

ETHNICITY AND RACE COLLECTION FORM – STATE AND FEDERALLY REQUIRED INFORMATION

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> H00 Hispanic | <input type="checkbox"/> H08 Costa Rican | <input type="checkbox"/> H16 Mexican | <input type="checkbox"/> H24 Salvadoran |
| <input type="checkbox"/> H01 Not Hispanic/Latino | <input type="checkbox"/> H09 Cuban | <input type="checkbox"/> H17 Mestizo | <input type="checkbox"/> H25 Spaniard |
| <input type="checkbox"/> H02 Argentine | <input type="checkbox"/> H10 Dominican | <input type="checkbox"/> H18 Native | <input type="checkbox"/> H26 Surinamese |
| <input type="checkbox"/> H03 Bolivian | <input type="checkbox"/> H11 Ecuadorian | <input type="checkbox"/> H19 Nicaraguan | <input type="checkbox"/> H27 Uruguayan |
| <input type="checkbox"/> H04 Brazilian | <input type="checkbox"/> H12 Guatemalan | <input type="checkbox"/> H20 Panamanian | <input type="checkbox"/> H28 Venezuelan |
| <input type="checkbox"/> H05 Chicano (Mexican American) | <input type="checkbox"/> H13 Guyanese | <input type="checkbox"/> H21 Paraguayan | <input type="checkbox"/> H29 Hispanic/Latino Write In* |
| <input type="checkbox"/> H06 Chilean | <input type="checkbox"/> H14 Honduran | <input type="checkbox"/> H22 Peruvian | |
| <input type="checkbox"/> H07 Colombian | <input type="checkbox"/> H15 Jamaican | <input type="checkbox"/> H23 Puerto Rican | |

QUESTION 2. What race(s) do you consider your child? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> B00 Black/African-American | <input type="checkbox"/> B46 Somali | <input type="checkbox"/> B92 Malian |
| <input type="checkbox"/> B01 African American | <input type="checkbox"/> B47 South Sudanese | <input type="checkbox"/> B93 Mauritanian |
| <input type="checkbox"/> B02 African Canadian | <input type="checkbox"/> B48 Sudanese | <input type="checkbox"/> B94 Nigerien (Niger) |
| <input type="checkbox"/> B03 Anguillian | <input type="checkbox"/> B49 Ugandan | <input type="checkbox"/> B95 Nigerian (Nigeria) |
| <input type="checkbox"/> B04 Antiguan | <input type="checkbox"/> B50 Tanzanian (United Republic of Tanzania) | <input type="checkbox"/> B96 Saint Helenian |
| <input type="checkbox"/> B05 Bahamian | <input type="checkbox"/> B51 Zambian | <input type="checkbox"/> B97 Senegalese |
| <input type="checkbox"/> B06 Barbadian | <input type="checkbox"/> B52 Zimbabwean | <input type="checkbox"/> B98 Sierra Leonean |
| <input type="checkbox"/> B07 Barthélemois/Barthélemoises (Saint Barthélemy) | <input type="checkbox"/> B53 East African Write In* | <input type="checkbox"/> B99 Togolese |
| <input type="checkbox"/> B08 British Virgin Islander | <input type="checkbox"/> B54 Argentine | <input type="checkbox"/> C01 West African Write In* |
| <input type="checkbox"/> B09 Caymanian (Cayman Island) | <input type="checkbox"/> B55 Belizean | <input type="checkbox"/> C02 Black Write In* |
| <input type="checkbox"/> B10 Cuba Dominican | <input type="checkbox"/> B56 Bolivian | <input type="checkbox"/> W00 White |
| <input type="checkbox"/> B11 Dominican (Dominican Republic) | <input type="checkbox"/> B57 Brazilian | <input type="checkbox"/> W01 Bosnian |
| <input type="checkbox"/> B12 Dutch Antillean (Netherlands Antilles) | <input type="checkbox"/> B58 Chilean | <input type="checkbox"/> W02 Herzegovinian |
| <input type="checkbox"/> B13 Grenadian | <input type="checkbox"/> B59 Colombian | <input type="checkbox"/> W03 Polish |
| <input type="checkbox"/> B14 Guadeloupian | <input type="checkbox"/> B60 Costa Rican | <input type="checkbox"/> W04 Romanian |
| <input type="checkbox"/> B15 Haitian | <input type="checkbox"/> B61 Ecuadorian | <input type="checkbox"/> W05 Russian |
| <input type="checkbox"/> B16 Jamaican | <input type="checkbox"/> B62 El Salvadoran | <input type="checkbox"/> W06 Ukrainian |
| <input type="checkbox"/> B17 Martiniquais/Martiniquaise | <input type="checkbox"/> B63 Falkland Islander | <input type="checkbox"/> W07 Eastern European Write In* |
| <input type="checkbox"/> B18 Montserratian | <input type="checkbox"/> B64 French Guianese | <input type="checkbox"/> W08 Algerian |
| <input type="checkbox"/> B19 Puerto Rican | <input type="checkbox"/> B65 Guatemalan | <input type="checkbox"/> W09 Amazigh or Berber |
| <input type="checkbox"/> B20 Caribbean Write In* | <input type="checkbox"/> B66 Guyanese | <input type="checkbox"/> W10 Arab or Arabic |
| <input type="checkbox"/> B21 Angolan | <input type="checkbox"/> B67 Honduran | <input type="checkbox"/> W11 Assyrian |
| <input type="checkbox"/> B22 Cameroonian | <input type="checkbox"/> B68 Mexican | <input type="checkbox"/> W12 Bahraini |
| <input type="checkbox"/> B23 Central African (Central African Republic) | <input type="checkbox"/> B69 Nicaraguan | <input type="checkbox"/> W13 Bedouin |
| <input type="checkbox"/> B24 Chadian | <input type="checkbox"/> B70 Panamanian | <input type="checkbox"/> W14 Chaldean |
| <input type="checkbox"/> B25 Congolese (Republic of the Congo) | <input type="checkbox"/> B71 Paraguayan | <input type="checkbox"/> W15 Copt |
| <input type="checkbox"/> B26 Congolese (Democratic Republic of the Congo) | <input type="checkbox"/> B72 Peruvian | <input type="checkbox"/> W16 Druze |
| <input type="checkbox"/> B27 Equatorial Guinean | <input type="checkbox"/> B73 South Georgia and the South Sandwich Islands | <input type="checkbox"/> W17 Egyptian |
| <input type="checkbox"/> B28 Gabonese | <input type="checkbox"/> B74 Surinamese | <input type="checkbox"/> W18 Emirati |
| <input type="checkbox"/> B29 São Toméan | <input type="checkbox"/> B75 Uruguayan | <input type="checkbox"/> W19 Iranian |
| <input type="checkbox"/> B30 Principe | <input type="checkbox"/> B76 Venezuelan | <input type="checkbox"/> W20 Iraqi |
| <input type="checkbox"/> B31 Central African Write In* | <input type="checkbox"/> B77 Latin American Write In* | <input type="checkbox"/> W21 Israeli |
| <input type="checkbox"/> B32 Burundian | <input type="checkbox"/> B78 Botswanan | <input type="checkbox"/> W22 Jordanian |
| <input type="checkbox"/> B33 Comoran | <input type="checkbox"/> B79 Mosotho (Lesotho) | <input type="checkbox"/> W23 Kurdish |
| <input type="checkbox"/> B34 Djiboutian | <input type="checkbox"/> B80 Namibian | <input type="checkbox"/> W24 Lebanese |
| <input type="checkbox"/> B35 Eritrean | <input type="checkbox"/> B81 South African | <input type="checkbox"/> W25 Libyan |
| <input type="checkbox"/> B36 Ethiopian | <input type="checkbox"/> B82 Swazi | <input type="checkbox"/> W26 Moroccan |
| <input type="checkbox"/> B37 Kenyan | <input type="checkbox"/> B83 South African Write In* | <input type="checkbox"/> W27 Omani |
| <input type="checkbox"/> B38 Malagasy (Madagascar) | <input type="checkbox"/> B84 Beninese | <input type="checkbox"/> W28 Palestinian |
| <input type="checkbox"/> B39 Malawian | <input type="checkbox"/> B85 Bissau-Guinean | <input type="checkbox"/> W29 Qatari |
| <input type="checkbox"/> B40 Mauritian (Mauritius) | <input type="checkbox"/> B86 Burkinabé (Burkina Faso) | <input type="checkbox"/> W30 Saudi Arabian |
| <input type="checkbox"/> B41 Mahoran (Mayotte) | <input type="checkbox"/> B87 Cabo Verdean | <input type="checkbox"/> W31 Syrian |
| <input type="checkbox"/> B42 Mozambican | <input type="checkbox"/> B88 Ivorian (Cote d'Ivoire) | <input type="checkbox"/> W32 Tunisian |
| <input type="checkbox"/> B43 Reunionese | <input type="checkbox"/> B89 Gambian | <input type="checkbox"/> W33 Yemeni |
| <input type="checkbox"/> B44 Rwandan | <input type="checkbox"/> B90 Ghanaian | <input type="checkbox"/> W34 Middle Eastern Write In* |
| <input type="checkbox"/> B45 Seychellois/Seychelloise | <input type="checkbox"/> B91 Liberian | <input type="checkbox"/> W35 North African Write In* |

Please see reverse for additional options.

*Write In _____

What race(s) do you consider your child? (Check all that apply) Continued

- | | | |
|---|---|---|
| <input type="checkbox"/> W36 White Write In* | <input type="checkbox"/> N25 Skokomish Indian Tribe | <input type="checkbox"/> A18 Okinawan |
| <input type="checkbox"/> W37 Kuwaiti | <input type="checkbox"/> N26 Snohomish Tribe | <input type="checkbox"/> A19 Pakistani |
| <input type="checkbox"/> N00 American Indian/Alaskan Native | <input type="checkbox"/> N27 Snoqualmie Indian Tribe | <input type="checkbox"/> A20 Punjabi |
| <input type="checkbox"/> N01 Chinook Tribe | <input type="checkbox"/> N28 Snoqualmoo Tribe | <input type="checkbox"/> A21 Singaporean |
| <input type="checkbox"/> N02 Confederated Tribes and Bands of the Yakama Nation | <input type="checkbox"/> N29 Spokane Tribe of the Spokane Reservation | <input type="checkbox"/> A22 Sri Lankan |
| <input type="checkbox"/> N03 Confederated Tribes of the Chehalis Reservation | <input type="checkbox"/> N30 Squaxin Island Tribe of the Squaxin Island Reservation | <input type="checkbox"/> A23 Taiwanese |
| <input type="checkbox"/> N04 Confederated Tribes of the Colville Reservation | <input type="checkbox"/> N31 Steilacoom Tribe | <input type="checkbox"/> A24 Thai |
| <input type="checkbox"/> N05 Cowlitz Indian Tribe | <input type="checkbox"/> N32 Stillaguamish Tribe of Indians of Washington | <input type="checkbox"/> A25 Tibetan |
| <input type="checkbox"/> N06 Duwamish Tribe | <input type="checkbox"/> N33 Suquamish Indian Tribe of the Port Madison Reservation | <input type="checkbox"/> A26 Vietnamese |
| <input type="checkbox"/> N07 Hoh Indian Tribe | <input type="checkbox"/> N34 Swinomish Indian Tribal Community | <input type="checkbox"/> A27 Asian Write In* |
| <input type="checkbox"/> N08 Jamestown S'Klallam Tribe | <input type="checkbox"/> N35 Tulalip Tribes of Washington | <input type="checkbox"/> P00 Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> N09 Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> N37 American Indian Write In* | <input type="checkbox"/> P01 Carolinian |
| <input type="checkbox"/> N10 Kikiallus Indian Nation | <input type="checkbox"/> N38 Upper Skagit | <input type="checkbox"/> P02 Chamorro |
| <input type="checkbox"/> N11 Lower Elwha Tribal Community | <input type="checkbox"/> A00 Asian | <input type="checkbox"/> P03 Chuukese |
| <input type="checkbox"/> N12 Lummi Tribe of the Lummi Reservation | <input type="checkbox"/> A01 Asian Indian | <input type="checkbox"/> P04 Fijian |
| <input type="checkbox"/> N13 Makah Indian Tribe of the Makah Indian Reservation | <input type="checkbox"/> A02 Bangladeshi | <input type="checkbox"/> P05 i-Kiribati/Gilbertese |
| <input type="checkbox"/> N14 Marietta Band of Nooksack Tribe | <input type="checkbox"/> A03 Bhutanese | <input type="checkbox"/> P06 Kosraean |
| <input type="checkbox"/> N15 Muckleshoot Indian Tribe | <input type="checkbox"/> A04 Burmese/Myanmar | <input type="checkbox"/> P07 Maori |
| <input type="checkbox"/> N16 Nisqually Indian Tribe | <input type="checkbox"/> A05 Cambodian/Khmer | <input type="checkbox"/> P08 Marshallese |
| <input type="checkbox"/> N17 Nooksack Indian Tribe of Washington | <input type="checkbox"/> A06 Cham | <input type="checkbox"/> P09 Native Hawaiian |
| <input type="checkbox"/> N18 Port Gamble S'Klallam Tribe | <input type="checkbox"/> A07 Chinese | <input type="checkbox"/> P10 Ni-Vanuatu |
| <input type="checkbox"/> N19 Puyallup Tribe of Puyallup Reservation | <input type="checkbox"/> A08 Filipino | <input type="checkbox"/> P11 Palauan |
| <input type="checkbox"/> N20 Quileute Tribe of the Quileute Reservation | <input type="checkbox"/> A09 Hmong | <input type="checkbox"/> P12 Papuan |
| <input type="checkbox"/> N21 Quinault Indian Nation | <input type="checkbox"/> A10 Indonesian | <input type="checkbox"/> P13 Pohpeian |
| <input type="checkbox"/> N22 Samish Indian Nation | <input type="checkbox"/> A11 Japanese | <input type="checkbox"/> P14 Samoan |
| <input type="checkbox"/> N23 Sauk-Suiattle Indian Tribe of Washington | <input type="checkbox"/> A12 Korean | <input type="checkbox"/> P15 Solomon Islander |
| <input type="checkbox"/> N24 Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation | <input type="checkbox"/> A13 Lao | <input type="checkbox"/> P16 Tahitian |
| | <input type="checkbox"/> A14 Malaysian | <input type="checkbox"/> P17 Tokelauan |
| | <input type="checkbox"/> A15 Mien | <input type="checkbox"/> P18 Tongan |
| | <input type="checkbox"/> A16 Mongolian | <input type="checkbox"/> P19 Tuvaluan |
| | <input type="checkbox"/> A17 Nepali | <input type="checkbox"/> P20 Yapese |
| | | <input type="checkbox"/> P21 Pacific Islander Write In* |

*Write In _____

REQUIRED INFORMATION: If born in a country other than the United States, please answer these questions:

How many months have you been in the United States? _____ How many years? _____

Has your child had any formal education outside the United States? Yes No

Where and how long? _____

Date: _____ Legal Parent/Guardian Signature of Verification: _____