



# 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: <b>Legal Last Name</b>		<b>Legal First Name</b>		<b>Legal Middle Name</b>		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) <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			PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Other		
Resident District: _____							

<b>PRIMARY HOUSEHOLD</b> (primary parent/guardian where student resides) <b>Legal Last Name (of primary contact)</b> <b>Legal First Name</b> <b>Middle Name</b>			<b>PRIMARY CONTACT #</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			<b>PRIMARY CONTACT PH #2</b> (area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
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"/> Please check if unlisted			<input type="checkbox"/> Please check if unlisted		
<b>Legal Last Name</b> <b>Legal First Name</b> <b>Middle Name</b>			<b>PHONE #1</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			<b>PHONE #2</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
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"/> Please check if unlisted			<input type="checkbox"/> Please check if unlisted		
FAMILY EMAIL ADDRESS			ADDITIONAL EMAIL ADDRESS					
RESIDENT ADDRESS	Street		Apt #		City		State                      ZIP	
MAILING ADDRESS <small>(if different from above)</small>	Street		Apt #	P O Box	City		State                      ZIP	

<b>SECOND HOUSEHOLD</b> (Non-custodial parent/guardian not residing with student) <b>Legal Last Name</b> <b>Legal First Name</b> <b>Middle Name</b>			<b>PHONE #1</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			<b>PHONE #2</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
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"/> Please check if unlisted			<input type="checkbox"/> Please check if unlisted		
<b>Legal Last Name</b> <b>Legal First Name</b> <b>Middle Name</b>			<b>PHONE #1</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			<b>PHONE #2</b> (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
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"/> Please check if unlisted			<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 <i>(Street/PO Box, City, State, ZIP)</i>						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: \_\_\_\_\_

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No HAS YOUR CHILD EVER BEEN ON AN IEP? (Individualized Education 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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Title – Title 1 Services</li> <li><input type="checkbox"/> LAP – Learning Assistance Program</li> <li><input type="checkbox"/> Gifted – Accelerated Learning Program</li> <li><input type="checkbox"/> ELL – English Language Learner</li> </ul>	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	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%; text-align: left;">CHILD CARE PROVIDER</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 30%; text-align: left;">Address</th> <th style="width: 20%; text-align: left;">Phone Number</th> </tr> <tr> <td colspan="4" style="height: 40px;"> </td> </tr> </table>	CHILD CARE PROVIDER	Name	Address	Phone Number				
CHILD CARE PROVIDER	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.

PRIMARY EMERGENCY CONTACT (after parent/guardian contact) <i>Legal Last Name</i> <i>Legal 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 EMERGENCY CONTACT (after parent/guardian contact) <i>Legal Last Name</i> <i>Legal 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* \_\_\_\_\_

**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"/> 200 Black Or African American | <input type="checkbox"/> 565 Taiwanese                                      | <input type="checkbox"/> B33 Comoran                                      |
| <input type="checkbox"/> 300 White                     | <input type="checkbox"/> 570 Thai   | <input type="checkbox"/> B34 Djiboutian                                   |
| <input type="checkbox"/> 405 Alaskan Native            | <input type="checkbox"/> 575 Vietnamese                                     | <input type="checkbox"/> B35 Eritrean                                     |
| <input type="checkbox"/> 410 Chehalis                  | <input type="checkbox"/> 599 Other Asian                                    | <input type="checkbox"/> B36 Ethiopian                                    |
| <input type="checkbox"/> 413 Colville                  | <input type="checkbox"/> 605 Native Hawaiian                                | <input type="checkbox"/> B37 Kenyan                                       |
| <input type="checkbox"/> 416 Cowlitz                   | <input type="checkbox"/> 615 Fijian   | <input type="checkbox"/> B38 Malagasy (Madagascar)                        |
| <input type="checkbox"/> 418 Hoh                       | <input type="checkbox"/> 620 Guamanian/Chamorro                             | <input type="checkbox"/> B39 Malawian                                     |
| <input type="checkbox"/> 421 Jamestown                 | <input type="checkbox"/> 625 Mariana Islander                               | <input type="checkbox"/> B40 Mauritian (Mauritius)                        |
| <input type="checkbox"/> 424 Kalispel                  | <input type="checkbox"/> 630 Melanesian                                     | <input type="checkbox"/> B41 Mahoran (Mayotte)                            |
| <input type="checkbox"/> 427 Lower Elwha               | <input type="checkbox"/> 632 Micronesian                                    | <input type="checkbox"/> B42 Mozambican                                   |
| <input type="checkbox"/> 430 Lummi                     | <input type="checkbox"/> 635 Samoan   | <input type="checkbox"/> B43 Reuniones                                    |
| <input type="checkbox"/> 433 Makah                     | <input type="checkbox"/> 640 Tongan   | <input type="checkbox"/> B44 Rwandan                                      |
| <input type="checkbox"/> 436 Muckleshoot               | <input type="checkbox"/> 699 Other Pacific Islander                         | <input type="checkbox"/> B45 Seychellois/Seychelloise                     |
| <input type="checkbox"/> 439 Nisqually                 | <input type="checkbox"/> B00 Black/African-American                         | <input type="checkbox"/> B46 Somali                                       |
| <input type="checkbox"/> 442 Nooksack                  | <input type="checkbox"/> B01 African American                               | <input type="checkbox"/> B47 South Sudanese                               |
| <input type="checkbox"/> 445 Port Gamble S'Klallam     | <input type="checkbox"/> B02 African Canadian                               | <input type="checkbox"/> B48 Sudanese                                     |
| <input type="checkbox"/> 448 Puyallup                  | <input type="checkbox"/> B03 Anguillan                                      | <input type="checkbox"/> B49 Ugandan                                      |
| <input type="checkbox"/> 451 Quileute                  | <input type="checkbox"/> B04 Antiguan                                       | <input type="checkbox"/> B50 Tanzanian (United Republic of Tanzania)      |
| <input type="checkbox"/> 454 Quinault                  | <input type="checkbox"/> B05 Bahamian                                       | <input type="checkbox"/> B51 Zambian                                      |
| <input type="checkbox"/> 457 Samish                    | <input type="checkbox"/> B06 Barbadian                                      | <input type="checkbox"/> B52 Zimbabwean                                   |
| <input type="checkbox"/> 460 Sauk-Suiattle             | <input type="checkbox"/> B07 Barthélemois/Barthélemoises (Saint Barthélemy) | <input type="checkbox"/> B53 East African Write In*                       |
| <input type="checkbox"/> 463 Shoalwater                | <input type="checkbox"/> B08 British Virgin Islander                        | <input type="checkbox"/> B54 Argentine                                    |
| <input type="checkbox"/> 466 Skokomish                 | <input type="checkbox"/> B09 Caymanian (Cayman Island)                      | <input type="checkbox"/> B55 Belizean                                     |
| <input type="checkbox"/> 469 Snoqualmie                | <input type="checkbox"/> B10 Cuba Dominican                                 | <input type="checkbox"/> B56 Bolivian                                     |
| <input type="checkbox"/> 472 Spokane                   | <input type="checkbox"/> B11 Dominican (Dominican Republic)                 | <input type="checkbox"/> B57 Brazilian                                    |
| <input type="checkbox"/> 475 Squaxin Island            | <input type="checkbox"/> B12 Dutch Antillean (Netherlands Antilles)         | <input type="checkbox"/> B58 Chilean                                      |
| <input type="checkbox"/> 478 Stillaguamish             | <input type="checkbox"/> B13 Grenadian                                      | <input type="checkbox"/> B59 Colombian                                    |
| <input type="checkbox"/> 481 Suquamish                 | <input type="checkbox"/> B14 Guadeloupian                                   | <input type="checkbox"/> B60 Costa Rican                                  |
| <input type="checkbox"/> 484 Swinomish                 | <input type="checkbox"/> B15 Haitian  | <input type="checkbox"/> B61 Ecuadorian                                   |
| <input type="checkbox"/> 487 Tulalip                   | <input type="checkbox"/> B16 Jamaican                                       | <input type="checkbox"/> B62 El Salvadoran                                |
| <input type="checkbox"/> 488 Upper Skagit              | <input type="checkbox"/> B17 Martiniquais/Martiniquaise                     | <input type="checkbox"/> B63 Falkland Islander                            |
| <input type="checkbox"/> 490 Yakama                    | <input type="checkbox"/> B18 Montserratian                                  | <input type="checkbox"/> B64 French Guianese                              |
| <input type="checkbox"/> 495 Other Washington Indian   | <input type="checkbox"/> B19 Puerto Rican                                   | <input type="checkbox"/> B65 Guatemalan                                   |
| <input type="checkbox"/> 499 Other American Indian     | <input type="checkbox"/> B20 Caribbean Write In*                            | <input type="checkbox"/> B66 Guyanese                                     |
| <input type="checkbox"/> 505 Asian Indian              | <input type="checkbox"/> B21 Angolan  | <input type="checkbox"/> B67 Honduran                                     |
| <input type="checkbox"/> 507 Cambodian                 | <input type="checkbox"/> B22 Cameroonian                                    | <input type="checkbox"/> B68 Mexican                                      |
| <input type="checkbox"/> 510 Chinese                   | <input type="checkbox"/> B23 Central African (Central African Republic)     | <input type="checkbox"/> B69 Nicaraguan                                   |
| <input type="checkbox"/> 520 Filipino                  | <input type="checkbox"/> B24 Chadian  | <input type="checkbox"/> B70 Panamanian                                   |
| <input type="checkbox"/> 525 Hmong                     | <input type="checkbox"/> B25 Congolese (Republic of the Congo)              | <input type="checkbox"/> B71 Paraguayan                                   |
| <input type="checkbox"/> 530 Indonesian                | <input type="checkbox"/> B26 Congolese (Democratic Republic of the Congo)   | <input type="checkbox"/> B72 Peruvian                                     |
| <input type="checkbox"/> 535 Japanese                  | <input type="checkbox"/> B27 Equatorial Guinean                             | <input type="checkbox"/> B73 South Georgia and the South Sandwich Islands |
| <input type="checkbox"/> 540 Korean                    | <input type="checkbox"/> B28 Gabonese                                       | <input type="checkbox"/> B74 Surinamese                                   |
| <input type="checkbox"/> 545 Laotian                   | <input type="checkbox"/> B29 São Toméan                                     | <input type="checkbox"/> B75 Uruguayan                                    |
| <input type="checkbox"/> 550 Malaysian                 | <input type="checkbox"/> B30 Principe                                       | <input type="checkbox"/> B76 Venezuelan                                   |
| <input type="checkbox"/> 555 Pakistani                 | <input type="checkbox"/> B31 Central African Write In*                      | <input type="checkbox"/> B77 Latin American Write In*                     |
| <input type="checkbox"/> 560 Singaporean               | <input type="checkbox"/> B32 Burundian                                      | <input type="checkbox"/> B78 Botswanan                                    |

Please see reverse for additional options.

\*Write In \_\_\_\_\_

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> B79 Mosotho (Lesotho)          | <input type="checkbox"/> W31 Syrian   | <input type="checkbox"/> A01 Asian Indian                           |
| <input type="checkbox"/> B80 Namibian                   | <input type="checkbox"/> W32 Tunisian   | <input type="checkbox"/> A02 Bangladeshi                            |
| <input type="checkbox"/> B81 South African              | <input type="checkbox"/> W33 Yemeni   | <input type="checkbox"/> A03 Bhutanese                              |
| <input type="checkbox"/> B82 Swazi                      | <input type="checkbox"/> W34 Middle Eastern Write In*   | <input type="checkbox"/> A04 Burmese/Myanmar                        |
| <input type="checkbox"/> B83 South African Write In*    | <input type="checkbox"/> W35 North African Write In*  | <input type="checkbox"/> A05 Cambodian/Khmer                        |
| <input type="checkbox"/> B84 Beninese                   | <input type="checkbox"/> W36 White Write In*  | <input type="checkbox"/> A06 Cham                                   |
| <input type="checkbox"/> B85 Bissau-Guinean             | <input type="checkbox"/> W37 Kuwaiti  | <input type="checkbox"/> A07 Chinese                                |
| <input type="checkbox"/> B86 Burkinabé (Burkina Faso)   | <input type="checkbox"/> N00 American Indian/Alaskan Native                                       | <input type="checkbox"/> A08 Filipino                               |
| <input type="checkbox"/> B87 Cabo Verdean               | <input type="checkbox"/> N01 Chinook Tribe  | <input type="checkbox"/> A09 Hmong                                  |
| <input type="checkbox"/> B88 Ivorian (Cote d'Ivoire)    | <input type="checkbox"/> N02 Confederated Tribes and Bands of the Yakama Nation                   | <input type="checkbox"/> A10 Indonesian                             |
| <input type="checkbox"/> B89 Gambian                    | <input type="checkbox"/> N03 Confederated Tribes of the Chehalis Reservation                      | <input type="checkbox"/> A11 Japanese                               |
| <input type="checkbox"/> B90 Ghanaian                   | <input type="checkbox"/> N04 Confederated Tribes of the Colville Reservation                      | <input type="checkbox"/> A12 Korean                                 |
| <input type="checkbox"/> B91 Liberian                   | <input type="checkbox"/> N05 Cowlitz Indian Tribe   | <input type="checkbox"/> A13 Lao                                    |
| <input type="checkbox"/> B92 Malian                     | <input type="checkbox"/> N06 Duwamish Tribe   | <input type="checkbox"/> A14 Malaysian                              |
| <input type="checkbox"/> B93 Mauritanian                | <input type="checkbox"/> N07 Hoh Indian Tribe   | <input type="checkbox"/> A15 Mien                                   |
| <input type="checkbox"/> B94 Nigerien (Niger)           | <input type="checkbox"/> N08 Jamestown S'Klallam Tribe  | <input type="checkbox"/> A16 Mongolian                              |
| <input type="checkbox"/> B95 Nigerian (Nigeria)         | <input type="checkbox"/> N09 Kalispel Indian Community of the Kalispel Reservation                | <input type="checkbox"/> A17 Nepali                                 |
| <input type="checkbox"/> B96 Saint Helenian             | <input type="checkbox"/> N10 Kikiallus Indian Nation  | <input type="checkbox"/> A18 Okinawan                               |
| <input type="checkbox"/> B97 Senegalese                 | <input type="checkbox"/> N11 Lower Elwha Tribal Community   | <input type="checkbox"/> A19 Pakistani                              |
| <input type="checkbox"/> B98 Sierra Leonean             | <input type="checkbox"/> N12 Lummi Tribe of the Lummi Reservation                                 | <input type="checkbox"/> A20 Punjabi                                |
| <input type="checkbox"/> B99 Togolese                   | <input type="checkbox"/> N13 Makah Indian Tribe of the Makah Indian Reservation                   | <input type="checkbox"/> A21 Singaporean                            |
| <input type="checkbox"/> C01 West African Write In*     | <input type="checkbox"/> N14 Marietta Band of Nooksack Tribe                                      | <input type="checkbox"/> A22 Sri Lankan                             |
| <input type="checkbox"/> C02 Black Write In*            | <input type="checkbox"/> N15 Muckleshoot Indian Tribe   | <input type="checkbox"/> A23 Taiwanese                              |
| <input type="checkbox"/> W00 White                      | <input type="checkbox"/> N16 Nisqually Indian Tribe   | <input type="checkbox"/> A24 Thai                                   |
| <input type="checkbox"/> W01 Bosnian                    | <input type="checkbox"/> N17 Nooksack Indian Tribe of Washington                                  | <input type="checkbox"/> A25 Tibetan                                |
| <input type="checkbox"/> W02 Herzegovinian              | <input type="checkbox"/> N18 Port Gamble S'Klallam Tribe  | <input type="checkbox"/> A26 Vietnamese                             |
| <input type="checkbox"/> W03 Polish                     | <input type="checkbox"/> N19 Puyallup Tribe of Puyallup Reservation                               | <input type="checkbox"/> A27 Asian Write In*                        |
| <input type="checkbox"/> W04 Romanian                   | <input type="checkbox"/> N20 Quileute Tribe of the Quileute Reservation                           | <input type="checkbox"/> P00 Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> W05 Russian                    | <input type="checkbox"/> N21 Quinault Indian Nation   | <input type="checkbox"/> P01 Carolinian                             |
| <input type="checkbox"/> W06 Ukrainian                  | <input type="checkbox"/> N22 Samish Indian Nation   | <input type="checkbox"/> P02 Chamorro                               |
| <input type="checkbox"/> W07 Eastern European Write In* | <input type="checkbox"/> N23 Sauk-Suiattle Indian Tribe of Washington                             | <input type="checkbox"/> P03 Chuukese                               |
| <input type="checkbox"/> W08 Algerian                   | <input type="checkbox"/> N24 Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation | <input type="checkbox"/> P04 Fijian                                 |
| <input type="checkbox"/> W09 Amazigh or Berber          | <input type="checkbox"/> N25 Skokomish Indian Tribe   | <input type="checkbox"/> P05 i-Kiribati/Gilbertese                  |
| <input type="checkbox"/> W10 Arab or Arabic             | <input type="checkbox"/> N26 Snohomish Tribe  | <input type="checkbox"/> P06 Kosraean                               |
| <input type="checkbox"/> W11 Assyrian                   | <input type="checkbox"/> N27 Snoqualmie Indian Tribe  | <input type="checkbox"/> P07 Maori                                  |
| <input type="checkbox"/> W12 Bahraini                   | <input type="checkbox"/> N28 Snoqualmoo Tribe   | <input type="checkbox"/> P08 Marshallese                            |
| <input type="checkbox"/> W13 Bedouin                    | <input type="checkbox"/> N29 Spokane Tribe of the Spokane Reservation                             | <input type="checkbox"/> P09 Native Hawaiian                        |
| <input type="checkbox"/> W14 Chaldean                   | <input type="checkbox"/> N30 Squaxin Island Tribe of the Squaxin Island Reservation               | <input type="checkbox"/> P10 Ni-Vanuatu                             |
| <input type="checkbox"/> W15 Copt                       | <input type="checkbox"/> N31 Steilacoom Tribe   | <input type="checkbox"/> P11 Palauan                                |
| <input type="checkbox"/> W16 Druze                      | <input type="checkbox"/> N32 Stillaguamish Tribe of Indians of Washington                         | <input type="checkbox"/> P12 Papuan                                 |
| <input type="checkbox"/> W17 Egyptian                   | <input type="checkbox"/> N33 Suquamish Indian Tribe of the Port Madison Reservation               | <input type="checkbox"/> P13 Pohpeian                               |
| <input type="checkbox"/> W18 Emirati                    | <input type="checkbox"/> N34 Swinomish Indian Tribal Community                                    | <input type="checkbox"/> P14 Samoan                                 |
| <input type="checkbox"/> W19 Iranian                    | <input type="checkbox"/> N35 Tulalip Tribes of Washington   | <input type="checkbox"/> P15 Solomon Islander                       |
| <input type="checkbox"/> W20 Iraqi                      | <input type="checkbox"/> N36 Alaska Native Write In*  | <input type="checkbox"/> P16 Tahitian                               |
| <input type="checkbox"/> W21 Israeli                    | <input type="checkbox"/> N37 American Indian Write In*  | <input type="checkbox"/> P17 Tokelauan                              |
| <input type="checkbox"/> W22 Jordanian                  | <input type="checkbox"/> A00 Asian  | <input type="checkbox"/> P18 Tongan                                 |
| <input type="checkbox"/> W23 Kurdish                    |   | <input type="checkbox"/> P19 Tuvaluan                               |
| <input type="checkbox"/> W24 Lebanese                   |   | <input type="checkbox"/> P20 Yapese                                 |
| <input type="checkbox"/> W25 Libyan                     |   | <input type="checkbox"/> P21 Pacific Islander Write In*             |
| <input type="checkbox"/> W26 Moroccan                   |   |   |
| <input type="checkbox"/> W27 Omani                      |   |   |
| <input type="checkbox"/> W28 Palestinian                |   |   |
| <input type="checkbox"/> W29 Qatari                     |   |   |
| <input type="checkbox"/> W30 Saudi Arabian              |   |   |

\*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: \_\_\_\_\_