



# 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

<b>Has any member of your family ever been enrolled in the Snohomish School District?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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  <input type="checkbox"/> Please check if unlisted				<b>PRIMARY CONTACT PH #2</b> (area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted					
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													
<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  <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					
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													
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	

<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  <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			
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											
<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  <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			
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											
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? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, plan must be on file with the school) <input type="checkbox"/> Copy Attached											
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, legal papers must be on file with the school) <input type="checkbox"/> Copy Attached											
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> 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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">CHILD CARE PROVIDER</th> <th style="width:20%;">Name</th> <th style="width:20%;">Address</th> <th style="width:30%;">Phone Number</th> </tr> <tr> <td colspan="4" style="height: 40px;"> </td> </tr> </table> ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	CHILD CARE PROVIDER	Name	Address	Phone Number				
CHILD CARE PROVIDER	Name	Address	Phone Number						

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)**

- NOT HISPANIC/LATINO
- CUBAN
- DOMINICAN
- SPANIARD
- MEXICAN / MEXICAN AMERICAN / CHICANO CENTRAL AMERICAN
- SOUTH AMERICAN
- LATIN AMERICAN
- OTHER HISPANIC/LATINO

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

- |   |                                       |   |  |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> AFRICAN AMERICAN / BLACK | <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> NATIVE HAWAIIAN        | <input type="checkbox"/> ALASKA NATIVE           |
| <input type="checkbox"/> WHITE                    | <input type="checkbox"/> CAMBODIAN    | <input type="checkbox"/> FIJIAN                 | <input type="checkbox"/> CHEHALIS COLVILLE       |
|   | <input type="checkbox"/> CHINESE      | <input type="checkbox"/> GUAMANIAN or CHAMORRO  | <input type="checkbox"/> COWLITZ                 |
|   | <input type="checkbox"/> FILIPINO     | <input type="checkbox"/> MARIANA ISLANDER       | <input type="checkbox"/> HOH JAMESTOWN           |
|   | <input type="checkbox"/> HMONG        | <input type="checkbox"/> MALANESIAN             | <input type="checkbox"/> KALISPEL LOWER          |
|   | <input type="checkbox"/> INDONESIAN   | <input type="checkbox"/> MICRONESIAN            | <input type="checkbox"/> ELWHA LUMMI             |
|   | <input type="checkbox"/> JAPANESE     | <input type="checkbox"/> SAMOAN                 | <input type="checkbox"/> MAKAH                   |
|   | <input type="checkbox"/> KOREAN       | <input type="checkbox"/> TONGAN                 | <input type="checkbox"/> MUCKLESHOOT             |
|   | <input type="checkbox"/> LAOTIAN      | <input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> NISQUALLY               |
|   | <input type="checkbox"/> MALAYSIAN    |   | <input type="checkbox"/> NOOKSACK                |
|   | <input type="checkbox"/> PAKISTANI    |   | <input type="checkbox"/> PORT GAMBLE KLALLAM     |
|   | <input type="checkbox"/> SINGAPOREAN  |   | <input type="checkbox"/> PUYALLUP                |
|   | <input type="checkbox"/> TAIWANESE    |   | <input type="checkbox"/> QUILUTE                 |
|   | <input type="checkbox"/> THAI         |   | <input type="checkbox"/> SAMISH                  |
|   | <input type="checkbox"/> VIETNAMESE   |   | <input type="checkbox"/> SAUK-SUIATTLE           |
|   | <input type="checkbox"/> OTHER ASIAN  |   | <input type="checkbox"/> SHOALWATER              |
|   |                                       |   | <input type="checkbox"/> SKOKOMISH               |
|   |                                       |   | <input type="checkbox"/> SNOQUALMIE              |
|   |                                       |   | <input type="checkbox"/> SPOKANE SQUAXIN         |
|   |                                       |   | <input type="checkbox"/> ISLAND                  |
|   |                                       |   | <input type="checkbox"/> STILLAGUAMISH           |
|   |                                       |   | <input type="checkbox"/> SUQUAMISH               |
|   |                                       |   | <input type="checkbox"/> SWINOMISH TULALIP       |
|   |                                       |   | <input type="checkbox"/> YAKIMA                  |
|   |                                       |   | <input type="checkbox"/> OTHER WASHINGTON INDIAN |
|   |                                       |   | <input type="checkbox"/> OTHER AMERICAN INDIAN   |

**QUESTION 3. What local race do you consider your child? (Choose one only, please)**

- ASIAN
- HISPANIC
- BLACK, NON-HISPANIC HISPANIC
- AMERICAN INDIAN / ALASKAN NATIVE
- MULTIRACIAL
- PACIFIC ISLANDER
- WHITE, NON HISPANIC
- NOT PROVIDED

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

How many months have you been in US? \_\_\_\_\_ How many years? \_\_\_\_\_

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

Where and how long? \_\_\_\_\_

Date: \_\_\_\_\_ Legal Parent/Guardian Signature of Verification: \_\_\_\_\_