

DATE _____

SNOHOMISH SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM

(Please check one) AIM High School SHS Re-Entry

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

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

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country
GRADE LEVEL				
STUDENT SOCIAL SECURITY # (optional)	ETHNIC CODE (Check One)		PRIMARY LANGUAGE SPOKEN AT HOME	US CITIZEN
	<input type="checkbox"/> A-Asian or Pacific Islander <input type="checkbox"/> I-American Indian or Alaska Native <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> W-White, not of Hispanic origin <input type="checkbox"/> H-Hispanic		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY HOUSEHOLD (parent/guardian where student resides)		PHONE #1 (include area code)	PHONE #2 (include area code)
<i>Last Name</i>	<i>First Name</i>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Please check if unlisted	<input type="checkbox"/> Please check if unlisted
(parent/guardian where student resides)		PHONE #1 (include area code)	PHONE #2 (include area code)
<i>Last Name</i>	<i>First Name</i>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
		<input type="checkbox"/> Please check if unlisted	<input type="checkbox"/> Please check if unlisted
EMAIL ADDRESS		STUDENT LIVES WITH	
		<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	
RESIDENT ADDRESS	<i>Street</i>	<i>Apt #</i>	<i>City</i> <i>State</i> <i>ZIP</i>
MAILING ADDRESS (If different from above)	<i>Street</i>	<i>Apt #</i> <i>P O Box</i>	<i>City</i> <i>State</i> <i>ZIP</i>

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

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
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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 BEEN RETAINED? <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 _____	If yes, at what grade level(s) _____

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

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