



# ENTIAT SCHOOL DISTRICT 127 STUDENT ENROLLMENT FORM

FOOD SERVICE # \_\_\_\_\_  
STUDENT ID # \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_

## STUDENT INFORMATION

*Please Print Clearly*

Preferred <b>last</b> name:	Preferred <b>first</b> name:	Entering grade level:	Gender: Male Female X
Legal <b>last</b> name:	Legal <b>first /middle initial</b> name:	Has your student gone by any other name? yes no	
Birthdate: _____ Month Day Year Birth City State Country		If yes, what was the previous name? _____	

Home Address: _____ Unit# _____ City _____ Zip _____
Mailing address: _____ Unit # _____ PO Box _____ City _____ Zip _____ (If different from above)

### School Experience Data: Has this student:

- |  |     |    |                                 |
|--|-----|----|---------------------------------|
| • previously attended the Entiat School District?  | yes | no | If yes, Year _____              |
| • been enrolled in any special education program (served with an Individual Education Plan, IEP )? | yes | no | If yes, school _____ Year _____ |
| • had a <b>504</b> Plan?   | yes | no | If yes, school _____ Year _____ |
| • had an <b>IHP</b> to address known medical issues?   | yes | no |                                 |
| • been enrolled in <b>ELL/Bilingual</b> programs?  | yes | no | If yes, school _____ Year _____ |
| • ever been suspended or expelled for disciplinary reason(s)?                                      | yes | no |                                 |
| • had a history of violent or criminal behavior?   | yes | no |                                 |
| • had any history of weapons possession?   | yes | no |                                 |

Last school attended: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_ Grade level(s) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other schools attended (list most recent first)				Dates		Grade Levels
School	City	State	Zip	From	To	Levels

Is there a joint-custody or Parenting Plan in effect? YES NO (If yes, plan must be on file with the school for enforcement)

Is there a restraining order in effect? YES NO (If yes, legal papers must be on file with the school for enforcement)

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



Student Name \_\_\_\_\_

**ENTIAT SCHOOL DISTRICT 127 STUDENT ENROLLMENT FORM****PARENT/GUARDIAN INFORMATION**

Student lives with    Both Parents    Mother    Father    Mother/Stepparent    Father/Stepparent    Emancipated Minor

Legal Guardian    Grandparents    Alternate between Mom &amp; Dad    Other (specify relationship) \_\_\_\_\_

Is your student a foster child?    yes    no    *For this purpose, a **foster child** is a child whose care and placement is the responsibility of the State or local welfare agency **OR** who is placed by a court with a caretaker household.***PRIMARY HOUSEHOLD INFORMATION (where student resides)****Legal Parent/guardian #1 :**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

#1 phone \_\_\_\_\_ #2 phone \_\_\_\_\_ email \_\_\_\_\_  
home cell work home cell workDo you need an interpreter (for school meetings)? yes    no  
Do you need official school materials to be translated? yes    no  
If yes, in what language? \_\_\_\_\_**Military Affiliation check one box:**N - No military affiliation    A - Active duty U.S. Armed Forces  
R- U.S. Armed Forces Reserves    G - Active duty Washington National Guard**Parent/guardian #2 :**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

#1 phone \_\_\_\_\_ #2 phone \_\_\_\_\_ email \_\_\_\_\_  
home cell work home cell workDo you need an interpreter (for school meetings)? yes    no  
Do you need official school materials to be translated? yes    no  
If yes, in what language? \_\_\_\_\_**Military Affiliation check one box:**N - No military affiliation    A - Active duty U.S. Armed Forces  
R- U.S. Armed Forces Reserves    G - Active duty Washington National Guard**SECONDARY HOUSEHOLD INFORMATION**

Receive mailings? yes    no    Receive email? yes    no

Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Secondary Household Parent/guardian #1:**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

#1 phone \_\_\_\_\_ #2 phone \_\_\_\_\_ email \_\_\_\_\_  
home cell work home cell workDo you need an interpreter (for school meetings)? yes    no  
Do you need official school materials to be translated? yes    no  
If yes, in what language? \_\_\_\_\_**Military Affiliation check one box:**N - No military affiliation    A - Active duty U.S. Armed Forces  
R- U.S. Armed Forces Reserves    G - Active duty Washington National Guard**Secondary Household Parent/guardian #2:**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

#1 phone \_\_\_\_\_ #2 phone \_\_\_\_\_ email \_\_\_\_\_  
home cell work home cell workDo you need an interpreter (for school meetings)? yes    no  
Do you need official school materials to be translated? yes    no  
If yes, in what language? \_\_\_\_\_**Military Affiliation check one box:**N - No military affiliation    A - Active duty U.S. Armed Forces  
R- U.S. Armed Forces Reserves    G - Active duty Washington National Guard



Student Name \_\_\_\_\_

**STUDENT ENROLLMENT FORM****WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part I and Part II****Part I: HISPANIC OR LATINO** Is your student of Hispanic or Latino origin? yes no (If "yes" please check all that apply)

Argentine	Chilean	Cuban	Guyanese	Mestizo	Paraguayan	Spaniard
Bolivian	Colombian	Dominican	Honduran	Native	Peruvian	Surinamese
Brazilian	Costa Rican	Ecuadorian	Jamaican	Nicaraguan	Puerto Rican	Uruguayan
Chicano (Mexican American)	Guatemalan	Mexican	Panamanian	Salvadoran	Venezuelan	

Hispanic or Latino Write in: \_\_\_\_\_

**Please note:** These race and ethnicity categories are provided by the State of Washington, and the Entiat School District is mandated to collect this information for every student under applicable State and Federal laws. If you do not self-identify, your child's Race and Ethnicity will be assigned by school personnel based on observation.

**Part II: What race(s) do you consider your student?** You may check categories and use write-in (check all that apply)**AMERICAN INDIAN or ALASKAN NATIVE Washington State Tribes**

Chinook Tribe	Quileute Tribe of the Quileute Reservation
Confederated Tribes and Bands of the Yakama Nation	Quinalt Indian Nation
Confederated Tribes of the Chehalis Reservation	Samish Indian Nation
Confederated Tribes of the Colville Reservation	Sauk-Suiattle Indian Tribe of Washington
Cowlitz Indian Tribe	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
Duwamish Tribe	Skokomish Indian Tribe
Hoh Indian Tribe	Snohomish Tribe
Jamestown S'Klallam Tribe	Snoqualmie Indian Tribe
Kalispel Indian Community of the Kalispel Reservation	Snoqualmoo Tribe
Kikiallus Indian Nation	Spokane Tribe of the Spokane Reservation
Lower Elwha Tribal Community	Squaxin Island Tribe of the Squaxin Island Reservation
Lummi Tribe of the Lummi Reservation	Steilacoom Tribe
Makah Indian Tribe of the Makah Indian Reservation	Stillaguamish Tribe of Indians of Washington
Marietta Band of the Nooksack Tribe	Suquamish Indian Tribe of the Port Madison Reservation
Muckleshoot Indian Tribe	Swinomish Indian Tribal Community
Nisqually Indian Tribe	Tulalip Tribes of Washington
Nooksack Indian Tribe of Washington	
Port Gamble S'Klallam Tribe	<b>Alaska Native</b> Write in: _____
Puyallup Tribe of the Puyallup Reservation	<b>American Indian</b> Write in: _____

**ASIAN**

Asian Indian	Malaysian
Bangladeshi	Mien
Bhutanese	Mongolian
Burmese/Myanmar	Nepali
Cambodian/Khmer	Okinawan
Cham	Pakistani
Chinese	Punjabi
Filipino	Singaporean
Hmong	Sri Lankan
Indonesian	Taiwanese
Japanese	Thai
Korean	Tibetan
Lao	Vietnamese

Asian Write in: \_\_\_\_\_

**NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**

Carolinian	Palauan
Chamorro	Papuan
Chuukese	Pohpeian
Fijian	Samoa
i-Kiribati / Gilbertese	Solomon Islander
Kosraean	Tahitian
Maori	Tokelauan
Marshallese	Tongan
Native Hawaiian	Tuvaluan
Ni-Vanuatu	Yapese

Pacific Islander Write in: \_\_\_\_\_



Student Name \_\_\_\_\_

**STUDENT ENROLLMENT FORM****WASHINGTON STATE RACE AND ETHNICITY CATEGORIES (continued):**

(check all that apply)

**BLACK or AFRICAN AMERICAN****Black/ African American****African American****African Canadian****Caribbean**

Anguillian  
Antiguan  
Bahamian  
Barbadian  
Barthélemois/Barthélemoises  
(Saint Barthélemy)  
British Virgin Islander  
Caymanian (Cayman Island)  
Cuba Dominican  
Dominican (Dominican Republic)  
Dutch Antillean  
(Netherlands Antilles)  
Grenadian  
Guadeloupian  
Haitian  
Jamaican  
Martiniquais/Martiniquaise  
Montserratian  
Puerto Rican

Caribbean Write in: \_\_\_\_\_

**Black Write in:** \_\_\_\_\_**Central African**

Angolan  
Cameroonian  
Central African  
(Central African Republic)  
Chadian  
Congolese (Republic of the  
Congo)  
Congolese (Democratic  
Republic of the Congo)  
Equatorial Guinean  
Gabonese  
São Toméan  
Principe

Central African Write in: \_\_\_\_\_

**South African**

Botswanan  
Mosotho (Lesotho)  
Namibian  
South African  
Swazi

South African Write in: \_\_\_\_\_

**East African**

Burundian  
Comoran  
Djiboutian  
Eritrean  
Ethiopian  
Kenyan  
Malagasy (Madagascar)  
Malawian  
Mauritian (Mauritius)  
Mahoran (Mayotte)  
Mozambican  
Reunionese  
Rwandan  
Seychellois/Seychelloise  
Somali  
South Sudanese  
Sudanese  
Ugandan  
Tanzanian (United  
Republic of Tanzania)  
Zambian  
Zimbabwean

East African Write in: \_\_\_\_\_

**Latin American**

Argentine  
Belizean  
Bolivian  
Brazilian  
Chilean  
Colombian  
Costa Rican  
Ecuadorian  
El Salvadoran  
Falkland Islander  
French Guianese  
Guatemalan  
Guyanese  
Honduran  
Mexican  
Nicaraguan  
Panamanian  
Paraguayan  
Peruvian  
South Georgia and the  
South Sandwich Islands  
Surinamese  
Uruguayan  
Venezuelan

Latin American Write in: \_\_\_\_\_

**West African**

Beninese  
Bissau-Guinean  
Burkinabé (Burkina Faso)  
Cabo Verdean  
Ivorian (Cote d'Ivoire)  
Gambian  
Ghanaian  
Liberian  
Malian  
Mauritanian  
Nigerien (Niger)  
Nigerian (Nigeria)  
Saint Helenian  
Senegalese  
Sierra Leonean  
Togolese

West African Write in: \_\_\_\_\_

**WHITE****White****Eastern European**

Bosnian  
Herzegovinian  
Polish  
Romanian  
Russian  
Ukrainian

Eastern European Write in: \_\_\_\_\_

**White Write in:** \_\_\_\_\_**Middle Eastern and North African**

Algerian  
Amazigh or Berber  
Arab or Arabic  
Assyrian  
Bahraini  
Bedouin  
Chaldean

Copt  
Druze  
Egyptian  
Emirati  
Iranian  
Iraqi  
Israeli

Jordanian  
Kurdish Kuwaiti  
Lebanese  
Libyan  
Moroccan  
Omani  
Palestinian

Qatari  
Saudi Arabian  
Syrian  
Tunisian  
Yemeni

Middle Eastern Write in: \_\_\_\_\_

North African Write in: \_\_\_\_\_

*By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.*



Student Name \_\_\_\_\_

**STUDENT ENROLLMENT FORM****ADDITIONAL INFORMATION**

<b>Siblings:</b>	Last name (if different)	First name	Birth date	Gender	Living at Home	Student ID# <small>(for office use only)</small>
				M F	yes no	
				M F	yes no	
				M F	yes no	

**Persons to contact in case of emergency who are authorized to pick up your student at school (if parent/guardian cannot be reached):**

Full Name _____ Phone _____ home cell work Relationship _____	Full Name _____ Phone _____ home cell work Relationship _____
Full Name _____ Phone _____ home cell work Relationship _____	Full Name _____ Phone _____ home cell work Relationship _____

For Kindergarten - Grade 8 After School Plans - Please check all that apply:

**Bus home    Walk    Pick Up    Bus to child care - Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

For Preschool: Depending on how many students enroll in PreK, we may offer one or two sessions of preschool each day. Please indicate pick up and take home locations for **BOTH** morning and afternoon session of preschool, **regardless of your preference**. This information is needed to accurately set up bus routes. If you will transport your child, please just write that in the space below.

IF IN **MORNING** SESSION:Pick up my child in the morning at:    **Home**    **Other: Name & Address --** \_\_\_\_\_After school, take my child to:    **Home**    **Other: Name & Address --** \_\_\_\_\_IF IN **AFTERNOON** SESSION:Pick up my child in the morning at:    **Home**    **Other: Name & Address --** \_\_\_\_\_After school, take my child to:    **Home**    **Other: Name & Address --** \_\_\_\_\_

*Thank you for completing all sections of the enrollment form. Some questions are asked to provide additional services for your student and may be shared with other departments within the district.*

Only students who physically reside within the boundaries of the Entiat School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Entiat School District may legally attend school within the Entiat School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Entiat School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Entiat School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student, including withdrawal from school.

\_\_\_\_\_  
Parent/Guardian name (please print)\_\_\_\_\_  
Parent/Guardian signature\_\_\_\_\_  
Date



Student Name \_\_\_\_\_

**STUDENT HOUSING QUESTIONNAIRE**

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. All information will be kept confidential and will not be shared with anyone other than designated Entiat staff.

**1. CURRENT LIVING SITUATION:****DO YOU OWN/RENT YOUR OWN HOME/APARTMENT?****If yes, you do not need to complete this page  
If no, complete the remainder of this form.**If you do not own/rent your own home, where are you and your family staying? *Please check all that apply below:*

In an emergency shelter or in transitional housing

With an adult not a parent or legal guardian or alone without an adult

Temporary in someone else's house or apartment with another family due to economic hardship or similar reason

Moving from place to place/couch surfing

In a motel / hotel

In a residence with inadequate facilities (no water, heat, electricity, etc.), abandoned building or substandard housing

A car, park, campsite, RV, tent or similar location

Other \_\_\_\_\_

**2. STUDENT INFORMATION****Please list all students residing with you**

Student(s): Last	First	Date of Birth: Month/Day/Year	Age:	Grade:	Name of School:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student is living with a parent or legal guardian

Student is unaccompanied (not living with a parent or legal guardian)

**3. PARENT/GUARDIAN OR UNACCOMPANIED YOUTH INFORMATION****The undersigned certifies that the information provided above is accurate. PLEASE PRINT your information.**

Parent(s)/legal guardian(s):

(Or unaccompanied youth) \_\_\_\_\_

Address of current residence: \_\_\_\_\_

Phone number or contact number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

Signature: \_\_\_\_\_

*\* I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct and understand that it will be verified. I authorize the release of information to the Entiat School District by State and local emergency and/or transitional housing programs, and/or other business or government agencies.*

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Or unaccompanied youth)