



ENTIAT SCHOOL DISTRICT 127

2650 ENTIAT WAY, ENTIAT, WA 98822
(509) 784-1800 www.entiatchools.org

2018-2019 STUDENT REGISTRATION FORM

Food Service # _____

Today's Date: _____ Grade Level in 2018-2019: _____

Student ID # _____

Student's Legal Last Name:	First Name:	Middle Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> X (not just Male or Female) <input type="checkbox"/> <i>(must be on birth certificate)</i>	Birth Date: MO DAY YR / /
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Student's Physical Address:	City:	State: WA	Zip:
Mailing Address (if different):	City:	State: WA	Zip:

Student lives with:

Both parents Mother Father Father/Step-Mother Mother/Step-Father

Foster parents Legal guardian Grandparents Alternates between Mom & Dad Emancipated Minor

Other, please specify relationship: _____

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 _____

Transfer in from:

outside Washington state a private school in Washington State home school in Washington state

Last school attended:	Dates:	Grade level:	City/State:
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Is your child of Hispanic or Latino origin? YES NO If yes, please check all that apply:

Cuban Spaniard Mexican/Mexican American/Chicano

Dominican Central American South American

Puerto Rican Latin American Other Hispanic/Latino

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

White African American/Black

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Hmong
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Malaysian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian				
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Fijian	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Melanesian
<input type="checkbox"/> Micronesian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Other Islander	
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Colville	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Hoh
<input type="checkbox"/> Jamestown	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Lummi	<input type="checkbox"/> Makah
<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Nisqually	<input type="checkbox"/> Nooksack	<input type="checkbox"/> Port Gamble Clallam	<input type="checkbox"/> Puyallup
<input type="checkbox"/> Quileute	<input type="checkbox"/> Quinault	<input type="checkbox"/> Samish	<input type="checkbox"/> Sauk-Suiattle	<input type="checkbox"/> Shoalwater
<input type="checkbox"/> Skokomish	<input type="checkbox"/> Snoqualmie	<input type="checkbox"/> Spokane	<input type="checkbox"/> Squaxin Island	<input type="checkbox"/> Stillaguamish
<input type="checkbox"/> Suquamish	<input type="checkbox"/> Swinomish	<input type="checkbox"/> Tulalip	<input type="checkbox"/> Yakama	<input type="checkbox"/> Other Washington Indian
<input type="checkbox"/> Other American Indian - Includes native people of North, Central or South America (such as Mexico, Guatemala, Peru, Chile, etc.)				

School Experience Data: Has this student:

- Previously attended the Entiat School District? YES NO If yes, year? _____
- Been enrolled in any special education program? YES NO If yes, what program? _____ year? _____
- Been enrolled in ELL/Bilingual programs? YES NO If yes, year? _____
- Ever been suspended or expelled for disciplinary reasons? YES NO
- Had a history of violent or criminal behavior? YES NO Had any history of weapons possession? YES NO

LIVING SITUATION: Please **check all boxes below** that describe the situation in which the student currently lives:

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. This Act provides services and supports for children and youth experiencing homelessness.

<input type="checkbox"/> With one or both parent(s)/guardian(s) in a house or apartment that you rent/own		<input type="checkbox"/> In transitional housing	
<input type="checkbox"/> In someone else's house or apartment with another person or family (relatives, friends, etc.)		<input type="checkbox"/> In a shelter	
<input type="checkbox"/> Moving from place to place		<input type="checkbox"/> In a residence with no water, heat, electricity, etc.	
<input type="checkbox"/> In a car, park, campground, on the street		<input type="checkbox"/> In a motel/hotel	<input type="checkbox"/> Other, please specify:

Is the student in the physical custody of a parent or guardian? **YES** **NO** (If no, code as unaccompanied youth)

Has the student or student's family moved within the past three years?	Was the purpose of the move to obtain temporary or seasonal work in agriculture, forestry, or fishing as a principal means of livelihood?
YES NO	YES NO

Is the student currently in the state's foster care system? **YES** **NO**

Parent/guardian **living with**: Last name _____ First name _____

E-Mail _____ Home Phone () _____ Cell Phone () _____

Relationship to Student _____

Employer _____ Work Phone () _____ Ext. _____

Parent/guardian **living with**: Last name _____ First name _____

E-Mail _____ Home Phone () _____ Cell Phone () _____

Relationship to Student _____

Employer _____ Work Phone () _____ Ext. _____

Other parent(s)/guardian(s) **NOT living with** student: Last name _____ First name _____

Street _____ Apt. # _____ City _____ State _____ Zip _____

E-Mail _____ Employer _____

Work Phone () _____ Ext. _____ Cell Phone () _____ Relationship _____

Joint custody? **YES** **NO** Release student to noncustodial parent? **YES** **NO**

Siblings:				
Last Name	First Name	Birth Date	Male/Female	Lives at home?

