

Office Use: ID#:

Ent date:

OE/OL/SP

BC rec'd

STUDENT INFORMATION:

Bus Y - N

Imm Current? Y - N

Legal Last Name <i>(Please Print Legibly)</i>		Legal First Name	Legal Middle Name	Also Known As:
Birthdate:	Gender Male Female	BIRTHPLACE: City/ State/ Country		Grade Level:
Student Lives With: (Circle) Both Parents Mom Only Dad Only Mom/Stepdad Dad/Stepmom Grandparent(s) Other: _____		PRIMARY LANGUAGE SPOKEN AT HOME English Spanish Russian Other: _____	Has this student ever attended WW Public Schools? Yes / No If yes, has their last name changed? No / Yes Student's Previous School and City: _____ prev name	

PRIMARY HOUSEHOLD (Where student resides the majority of the time)

Primary Guardian Name: Last/First	Parent email address:	Phone Numbers for Primary Guardian Home: () Cell: () Work: ()
Relationship to Student: _____		
Primary Guardian Address: <i>Street address must be furnished</i> _____ Apt# _____		Mailing Address: <i>If different</i> _____

Is this residence: (please circle any that apply) a) rent/own your home b) in a shelter c) in a motel, car, campsite d) housing for more than one family e) temporary with friends or family members f) temporary Foster Care?

Secondary Guardian Name (Same House): Last/First	Parent email address:	Phone Numbers for Secondary Guardian Cell: () Work: ()
Relationship to Student: _____		

Secondary Household

Primary Guardian Name: Last/First	Parent email address:	Phone Numbers for Primary Guardian Home: () Cell: () Work: ()
Relationship to Student: _____		
Primary Guardian Address: <i>Street address must be furnished</i> _____ Apt# _____		Mailing Address: <i>If different</i> _____
Secondary Guardian Name (Same House): Last/First	Parent email address:	Phone Numbers for Secondary Guardian Cell: () Work: ()
Relationship to Student: _____		

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? No Yes (if yes, plan must be on file with the school)

IS THERE A RESTRAINING ORDER IN EFFECT? No Yes (if yes, legal papers must be on file with the school)

Restraining order is against: Mother Father Other: _____

OTHER CONTACTS: 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 or guardian, please list persons you trust who are available during the day to provide care for your child (local area only please).

1st Contact (other than parent/guardian)

Last Name	First Name	Relationship to Child	Cell Phone:	Home Phone:	Work Phone:
			()	()	()

2nd Contact (other than parent/guardian)

Last Name	First Name	Relationship to Child	Cell Phone:	Home Phone:	Work Phone:
			()	()	()

Student Release Authorization: In the event that the school is unable to contact the parent or guardian(s) listed above, I authorize that my child may be released to the person(s) listed above.

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE REVERSE SIDE

Did Parents/Guardians move within the past 3 years (36 Months) to work or seek work in agriculture, forestry industry, fishing or a related food processing activity?

yes no When? _____

STUDENT INFORMATION continued

	Grade?
Has your child ever been retained? <input type="checkbox"/> yes <input type="checkbox"/> no	
Has your child ever qualified for or been enrolled in a Special Education Program? <input type="checkbox"/> Yes <input type="checkbox"/> no	
Does your child have a current Individual Education Plan (IEP) on file? Date _____ <input type="checkbox"/> yes <input type="checkbox"/> no	
Please check any special/additional help your child has received:	
<input type="checkbox"/> Gifted <input type="checkbox"/> Resource Room <input type="checkbox"/> Handicapped <input type="checkbox"/> Self-Contained	<input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> ESL <input type="checkbox"/> Biling
<input type="checkbox"/> Audiology <input type="checkbox"/> Occ Therapy <input type="checkbox"/> Migrant <input type="checkbox"/> Behavior	<input type="checkbox"/> Reading/Math <input type="checkbox"/> Speech Therapy
Other _____	
Any health conditions that may affect education needs? _____	

Has your child ever been in a preschool program? <input type="checkbox"/> Never <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1, 2, 3, 4, 5 years (circle #)
How many years did your child participate in: Childcare with Relative _____ Preschool/Private _____
List any other programs: _____ Preschool/Head Start _____ Early Head Start _____
Current Childcare provider: Name _____ Address _____ Phone _____

Please list ALL other siblings and where they attend if enrolled in Walla Walla Public Schools including preschool			
Last Name	First Name	School/Grade	Received Free or Red Lunch?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Does your child have:

A past, current or pending disciplinary actions? Yes No If yes, explain _____

A history of violent behavior or convictions? Yes No If yes, explain _____

Any unpaid fines or fees from other schools? Yes No If yes, explain _____

Does your child have a history of any adjudications or diversion agreements related to: (check all that apply)

a violent offense a sex offense a drug offense inhaling toxic fumes a liquor violation

assault arson kidnapping harassment stalking

ETHNICITY: Is your child of Hispanic or Latino origin? (mark all that apply) NOT Hispanic/Latino

Mexican/Mexican American/Chicano Other Hispanic/Latino Cuban Central American

South American Spaniard Latin American Puerto Rican Dominican

RACE: What race(s) do you consider your child? (mark all that apply)

African American/Black White Alaska Native Muckleshoot Snoqualmie

Asian Indian Pakistani Mariana Island Chehalis Nisqually Spokane

Cambodian Singaporean Melanesian Colville Nooksack Squaxin Island

Chinese Taiwanese Micronesian Cowlitz Port Gamble Klallam

Filipino Thai Samoan Hoh Puyallup Stillaguamish

Hmong Vietnamese Tongan Jamestown Quileute Suquamish

Indonesian Other Asian Other Pacific Island Kalispel Quinault Swinomish

Japanese Other American Indian/Alaska Native Lower Elwha Samish Tulalip

Korean Native Hawaiian Lummi Sauk-Suiattle Yakama

Laotian Fijian Makah Shoalwater Other Wash. Indian

Malaysian Guamanian or Chamorro Skokomish

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 Walla Walla Public Schools.

Parent/Guardian Signature _____ Date _____