

Office Use: ID#:

Ent date:

OE/OL/SP

BC rec'd

STUDENT INFORMATION:

Bus Y - N

Imm Current? Y - N

Legal Last Name (Please Print Legibly) 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: Street address must be furnished Apt# Mailing Address: If different

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: Street address must be furnished Apt# Mailing Address: If different

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 \_\_\_\_\_