

Everett Public Schools Student Enrollment Information



School: _____ Date of Entry: _____

DO NOT WRITE IN SHADED AREAS – FOR OFFICE USE ONLY

SSID #	STUDENT ID	MEDICAL ALERT	HOMEROOM #	TEACHER NAME	BUS ROUTE
					AM ____ PM ____

STUDENT INFORMATION SECTION

STUDENT: Legal LAST Name	Legal First Name	Legal Middle Name	Also known as (Nickname)
---------------------------------	-------------------------	--------------------------	---------------------------------

Preferred Name Information <input type="checkbox"/> Same as Above	Preferred LAST Name	Preferred First Name	Preferred Middle Name
---	----------------------------	-----------------------------	------------------------------

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary (X)	Grade	First USA School Entry Date		First WA School Entry Date	
	Birthdate (mm/dd/yyyy)	Country of Birth	State/Province of Birth		City of Birth

School Related Student Services	Special Education/IEP <input type="checkbox"/> Current <input type="checkbox"/> Previous	Speech <input type="checkbox"/> Current <input type="checkbox"/> Previous	Occupational/Physical Therapy <input type="checkbox"/> Current <input type="checkbox"/> Previous
	English Language Services <input type="checkbox"/> Current <input type="checkbox"/> Previous	Section 504 Plan <input type="checkbox"/> Current <input type="checkbox"/> Previous	

Everett Public Schools Resident Y N District of Residence: _____ Approved Variance Y N

STUDENT CONTACT INFORMATION SECTION

Phone (###)###-####	Home	Student Cell	Student Email:		
----------------------------	------	--------------	----------------	--	--

Resident Address <input type="checkbox"/> Verified	Street		Apt/Lot	City	State WA	Zip
--	--------	--	---------	------	----------	-----

Mailing Address <input type="checkbox"/> Same as Above	Street		Apt/Lot	PO Box	City	State	Zip
--	--------	--	---------	--------	------	-------	-----

Lives with: (Check one) *Documentation required.	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother/Stepfather
	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Stepfather/Stepmother	<input type="checkbox"/> Agency*
	<input type="checkbox"/> Foster Parents*	<input type="checkbox"/> Self (If under 18*)	<input type="checkbox"/> Other: _____	

Legal Documents: (copies required, if applicable)	Custody/Parenting Plan <input type="checkbox"/> Y <input type="checkbox"/> N	Guardianship <input type="checkbox"/> Y <input type="checkbox"/> N	Restraining Order <input type="checkbox"/> Y <input type="checkbox"/> N	Other: _____ <input type="checkbox"/> Y <input type="checkbox"/> N
---	---	---	--	---

FEDERAL FUNDING AND MILITARY FAMILY CONNECTIONS
 State law requires us to request the military connected status of all students each year. Additionally, Public Law No. 874 allows school districts to receive additional funding for students of families who live or work on Federal Land.

US MILITARY FAMILIES Please account for all Parents/Guardians, including those who do not live with the student.	<input type="checkbox"/> One Active Duty Parent/Guardian	<input type="checkbox"/> One National Guard Parent/Guardian	<input type="checkbox"/> N/A / Retired / Not Affiliated
	<input type="checkbox"/> One Parent Guardian in the Reserves	<input type="checkbox"/> More than one Parent/Guardian in any Armed Forces branch/branches	<input type="checkbox"/> Prefer not to state

FEDERAL FUNDING	<input type="checkbox"/> Lives on Federal Land	<input type="checkbox"/> Works on Federal Land	<input type="checkbox"/> Both	<input type="checkbox"/> N/A
------------------------	--	--	-------------------------------	------------------------------

PREVIOUS SCHOOL INFORMATION SECTION

Last two schools, including preschool.

Last School Name:	Entry Date:	Withdrawal Date:
Address:		Phone: (###)###-####
Prior School Name:	Entry Date:	Withdrawal Date:
Address:		Phone: (###)###-####

SIBLING INFORMATION SECTION

Does the student have siblings who reside in the same household? Y N If yes, please list siblings below.

Child's Name	Date of Birth	Grade	Current School/Preschool/Child Care	Attends Everett Schools?
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

PARENT/GUARDIAN INFORMATION SECTION

Parent/Guardian (G1)

*This parent guardian holds primary responsibility for all record updates, has online access to student records, and should **live with** the student. For students in Foster Care, G1 should reflect their caseworker, and foster parents as G2 and G3. Attach the school form to the enrollment paperwork.*

Name		Relationship	
Last	First		
Mailing Address <input type="checkbox"/> Same as Student			Zip
City, State			
Phone Information	Home (H)	Mobile (M)	Work (W)
			Exclude from messaging <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> W
Communication Preferences	Preferred Language:	Should receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:

Parent/Guardian (G2)

Online Record Access Y N

Name		Relationship	
Last	First		
Mailing Address <input type="checkbox"/> Same as G1			Zip
City, State			
Phone Information	Home (H)	Mobile (M)	Work (W)
			Exclude from messaging <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> W
Communication Preferences	Preferred Language:	Should receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:

Parent/Guardian (G3)

Online Record Access Y N

Name		Relationship	
Last	First		
Mailing Address Same as <input type="checkbox"/> G1 <input type="checkbox"/> G2			Zip
City, State			
Phone Information	Home (H)	Mobile (M)	Work (W)
			Exclude from messaging <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> W
Communication Preferences	Preferred Language:	Should receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:

Parent/Guardian (G4)

Online Record Access Y N

Name		Relationship	
Last	First		
Mailing Address Same as <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3			Zip
City, State			
Phone Information	Home (H)	Mobile (M)	Work (W)
			Exclude from messaging <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> W
Communication Preferences	Preferred Language:	Should receive mailings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:

CHILD CARE INFORMATION SECTION

Does student attend child care? <input type="checkbox"/> Y <input type="checkbox"/> N	Child Care Address:	Phone Number(s): () _____ () _____
Child Care Facility Name: _____		
Child Care Contact Name: _____		

EMERGENCY CONTACT INFORMATION SECTION

Persons listed as emergency contacts are authorized to pick up students in the case of an **emergency only**. Release of students in **non-emergency** situations requires the **express consent** of a guardian. It is the Parent/Guardian's responsibility to notify emergency contacts that the school may contact them in the case of an emergency. **(Please list each contact individually.)**

Emergency Contact (C1) (required) Parent/Guardian of an Everett Public Schools Student? Y N

Name Last First Relationship

Address City, State Zip

Contact Information Home Mobile Work Email Address:

Emergency Contact (C2) Parent/Guardian of an Everett Public Schools Student? Y N

Name Last First Relationship

Address City, State Zip
 Same as C1

Contact Information Home Mobile Work Email Address:

Emergency Contact (C3) Parent/Guardian of an Everett Public Schools Student? Y N

Name Last First Relationship

Address City, State Zip
Same as C1 C2

Contact Information Home Mobile Work Email Address:

Emergency Contact (C4) Parent/Guardian of an Everett Public Schools Student? Y N

Name Last First Relationship

Address City, State Zip
Same as C1 C2 C3

Contact Information Home Mobile Work Email Address:

STUDENT TRAVEL INFORMATION SECTION

Regular Bus from Home Parent Walker Special Bus Needed
 Regular Bus from Child Care Child Care provides Transportation Public Transit Car

ATTENDANCE/DISCIPLINE INFORMATION SECTION

Has this student been referred under the **Washington State BECCA Law** guidelines for truancy problems? Y N

Is this student **currently on a suspension (short or long term), or expulsion** from his/her previous school? Y N

If yes, effective what date? _____ For how long? _____

DIRECTORY RELEASE INFORMATION/INTERNET ACCESS

Refer to and complete, if applicable, the Everett Public Schools' Directory Information form. The form includes federal Family Educational Rights & Privacy Act (FERPA) release information. This opt-out form is attached to *Student Responsibilities and Rights Policies and Parental Notifications* handbook.

PARENT/GUARDIAN SIGNATURE

I understand that by signing this form I authorize the release of my students to emergency contacts in the case of an emergency.

I attest to the accuracy of this information on this form.

I understand that if incorrect information is provided it may be grounds for revocation of enrollment.

Parent/Guardian Signature

Date

Relationship to Student

This page left intentionally blank.

Ethnicity and Race Reporting Questionnaire

You may choose not to answer this questionnaire, but if you do not provide this information then we are required to make a selection for you using the best information available.*

Name: _____

ID: _____

QUESTION 1: Is your child of Hispanic or Latino origin? Yes No

(Check all that apply.)

(Note: if you indicate that your child is Hispanic/Latino and do not choose a race in Question 2, then we are required to make a race selection on your behalf.)

- | | | | | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Bolivian | <input type="checkbox"/> Brazilian | <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Chilean | <input type="checkbox"/> Colombian | <input type="checkbox"/> Costa Rican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Honduran | <input type="checkbox"/> Jamaican |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Native | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadorian | <input type="checkbox"/> Surinamese | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Uruguayan | <input type="checkbox"/> Venezuelan | <input type="checkbox"/> Other |

QUESTION 2: What race(s) do you consider your child?

(Check all that apply.)

AMERICAN INDIAN / ALASKA NATIVE (only Washington Tribes are collected by tribal affiliation)

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

ASIAN

Other Asian (not listed below)

- | | | | | | |
|---|---------------------------------------|--------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Asian (non-specific) | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Burmese (MMR) | <input type="checkbox"/> Cambodian/Khmer |
| | <input type="checkbox"/> Cham | <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"/> Lao | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Mien |
| | <input type="checkbox"/> Mongolian | <input type="checkbox"/> Nepali | <input type="checkbox"/> Okinawan | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Punjabi |
| | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Thai | <input type="checkbox"/> Tibetan |
| | <input type="checkbox"/> Vietnamese | | | | |

NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

Other Pacific Islander (not listed below)

- | | | | | | |
|---|-------------------------------------|------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Native Hawaiian and/or Pacific Islander (non-specific) | <input type="checkbox"/> Carolinian | <input type="checkbox"/> Chamorro | <input type="checkbox"/> Chuukese | <input type="checkbox"/> Fijian | <input type="checkbox"/> i-Kiribati/Gilbertese |
| | <input type="checkbox"/> Kosraean | <input type="checkbox"/> Maori | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Ni-Vanuatu |
| | <input type="checkbox"/> Palauan | <input type="checkbox"/> Papuan | <input type="checkbox"/> Pohpeian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Solomon Islander |
| | <input type="checkbox"/> Tahitian | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Tuvaluan | <input type="checkbox"/> Yapese |

(continued on reverse)

BLACK / AFRICAN AMERICAN Other Black (not listed below)

<input type="checkbox"/> Black / African-American (non-specific)	<input type="checkbox"/> African American	<input type="checkbox"/> African Canadian			
<input type="checkbox"/> Caribbean (non-specific)	<input type="checkbox"/> Anguillan <input type="checkbox"/> British Virgin Islander <input type="checkbox"/> Grenadian <input type="checkbox"/> Montserratian	<input type="checkbox"/> Antiguan <input type="checkbox"/> Caymanian <input type="checkbox"/> Guadeloupean <input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Bahamian <input type="checkbox"/> Cuba Dominican <input type="checkbox"/> Haitian <input type="checkbox"/> Other	<input type="checkbox"/> Barbadian <input type="checkbox"/> Dominican <input type="checkbox"/> Jamaican	<input type="checkbox"/> Barthélemois(es) <input type="checkbox"/> Dutch Antillean <input type="checkbox"/> Martiniquais(e)
<input type="checkbox"/> Central African (non-specific)	<input type="checkbox"/> Angolan <input type="checkbox"/> Congolese (COD) <input type="checkbox"/> Other	<input type="checkbox"/> Cameroonian <input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Central African (CAF) <input type="checkbox"/> Gabonese	<input type="checkbox"/> Chadian <input type="checkbox"/> São Toméan	<input type="checkbox"/> Congolese (COG) <input type="checkbox"/> Principe
<input type="checkbox"/> East African (non-specific)	<input type="checkbox"/> Burundian <input type="checkbox"/> Kenyan <input type="checkbox"/> Mozambican <input type="checkbox"/> South Sudanese <input type="checkbox"/> Other	<input type="checkbox"/> Comoran <input type="checkbox"/> Malagasy <input type="checkbox"/> Reunionese <input type="checkbox"/> Sudanese	<input type="checkbox"/> Djiboutian <input type="checkbox"/> Malawian <input type="checkbox"/> Rwandan <input type="checkbox"/> Tanzanian	<input type="checkbox"/> Eritrean <input type="checkbox"/> Mauritian <input type="checkbox"/> Seychellois(e) <input type="checkbox"/> Zambian	<input type="checkbox"/> Ethiopian <input type="checkbox"/> Mahoran <input type="checkbox"/> Somali <input type="checkbox"/> Zimbabwean
<input type="checkbox"/> Latin American (non-specific)	<input type="checkbox"/> Argentine <input type="checkbox"/> Colombian <input type="checkbox"/> French Guianese <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Surinamese	<input type="checkbox"/> Belizean <input type="checkbox"/> Costa Rican <input type="checkbox"/> Guatemalan <input type="checkbox"/> Panamanian <input type="checkbox"/> Uruguayan	<input type="checkbox"/> Bolivian <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Guyanese <input type="checkbox"/> Paraguayan <input type="checkbox"/> Venezuelan	<input type="checkbox"/> Brazilian <input type="checkbox"/> El Salvadoran <input type="checkbox"/> Honduran <input type="checkbox"/> Peruvian <input type="checkbox"/> Other	<input type="checkbox"/> Chilean <input type="checkbox"/> Falkland Islander <input type="checkbox"/> Mexican <input type="checkbox"/> South Georgia & the South Sandwich Islands
<input type="checkbox"/> South African (non-specific)	<input type="checkbox"/> Botswanan <input type="checkbox"/> Other (not listed)	<input type="checkbox"/> Mosotho (LSO)	<input type="checkbox"/> Namibian	<input type="checkbox"/> South African (ZAF)	<input type="checkbox"/> Swazi
<input type="checkbox"/> West African (non-specific)	<input type="checkbox"/> Beninese <input type="checkbox"/> Gambian <input type="checkbox"/> Nigerien (NER) <input type="checkbox"/> Togolese	<input type="checkbox"/> Bissau-Guinean <input type="checkbox"/> Ghanaian <input type="checkbox"/> Nigerian (NGA) <input type="checkbox"/> Other	<input type="checkbox"/> Burkinabé (BFA) <input type="checkbox"/> Liberian <input type="checkbox"/> Saint Helenian	<input type="checkbox"/> Cabo Verdean <input type="checkbox"/> Malian <input type="checkbox"/> Senegalese	<input type="checkbox"/> Ivorian (CIV) <input type="checkbox"/> Mauritanian <input type="checkbox"/> Sierra Leonean

WHITE White (not listed below)

<input type="checkbox"/> Eastern European (non-specific)	<input type="checkbox"/> Bosnian <input type="checkbox"/> Ukrainian	<input type="checkbox"/> Herzegovinian <input type="checkbox"/> Other	<input type="checkbox"/> Polish	<input type="checkbox"/> Romanian	<input type="checkbox"/> Russian
<input type="checkbox"/> Middle Eastern / North African (non-specific)	<input type="checkbox"/> Algerian <input type="checkbox"/> Bedouin <input type="checkbox"/> Emirati <input type="checkbox"/> Kurdish Kuwaiti <input type="checkbox"/> Palestinian <input type="checkbox"/> Yemeni	<input type="checkbox"/> Amazigh/Berber <input type="checkbox"/> Chaldean <input type="checkbox"/> Iranian <input type="checkbox"/> Lebanese <input type="checkbox"/> Qatari <input type="checkbox"/> Other Middle Eastern	<input type="checkbox"/> Arab/Arabic <input type="checkbox"/> Copt <input type="checkbox"/> Iraqi <input type="checkbox"/> Libyan <input type="checkbox"/> Saudi Arabian	<input type="checkbox"/> Assyrian <input type="checkbox"/> Druze <input type="checkbox"/> Israeli <input type="checkbox"/> Moroccan <input type="checkbox"/> Syrian <input type="checkbox"/> Other North African	<input type="checkbox"/> Bahraini <input type="checkbox"/> Egyptian <input type="checkbox"/> Jordanian <input type="checkbox"/> Omani <input type="checkbox"/> Tunisian
<input type="checkbox"/> Western European (non-specific)	<input type="checkbox"/> Dutch <input type="checkbox"/> Italian	<input type="checkbox"/> English <input type="checkbox"/> Norwegian	<input type="checkbox"/> French <input type="checkbox"/> Spanish	<input type="checkbox"/> German <input type="checkbox"/> Swedish	<input type="checkbox"/> Greek <input type="checkbox"/> Other
<input type="checkbox"/> American (non-specific)	<input type="checkbox"/> American (USA)	<input type="checkbox"/> Canadian	<input type="checkbox"/> Central American	<input type="checkbox"/> South American	

**The background information available to Everett Schools about race and ethnicity may include: A review of our internal records and/or records we have received from other schools, or talking with members of our staff who have had contact with you or your student and may be able to provide insight.*