

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 _____
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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		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
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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 Last		First		Relationship
Mailing Address <input type="checkbox"/> Same as Student			City, State	Zip
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 Last		First		Relationship
Mailing Address <input type="checkbox"/> Same as G1			City, State	Zip
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 Last		First		Relationship
Mailing Address Same as <input type="checkbox"/> G1 <input type="checkbox"/> G2			City, State	Zip
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 Last		First		Relationship
Mailing Address Same as <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3			City, State	Zip
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 Facility Name: _____ Child Care Contact Name: _____	Child Care Address: _____ _____ _____	Phone Number(s): () _____ () _____
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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
<input type="checkbox"/> 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 <input type="checkbox"/> C1 <input type="checkbox"/> 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 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3				
Contact Information	Home	Mobile	Work	Email Address:

STUDENT TRAVEL INFORMATION SECTION

<input type="checkbox"/> Regular Bus from Home	<input type="checkbox"/> Parent	<input type="checkbox"/> Walker	<input type="checkbox"/> Special Bus Needed
<input type="checkbox"/> Regular Bus from Child Care	<input type="checkbox"/> Child Care provides Transportation	<input type="checkbox"/> Public Transit	<input type="checkbox"/> Car

ATTENDANCE/DISCIPLINE INFORMATION SECTION

Has this student been referred under the Washington State BECCA Law guidelines for truancy problems?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is this student currently on a suspension (short or long term), or expulsion from his/her previous school?	<input type="checkbox"/> Y <input type="checkbox"/> 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