

**Heatherwood Middle School  
Enrollment Scheduling and Program Questionnaire  
2020-2021 School Year**

The enrollment questionnaire will provide valuable information, which will allow our counselors to create the best possible schedule and appropriate program placement for your student. Please answer each of the following questions.

<b>Student Name</b> _____	<b>Phone #</b> _____	<b>Date</b> _____	<b>2020.2021 School Year Grade</b> _____
Do you have your child's immunization records with you?		Yes    No	<b>Student ID</b> _____ <b>Start Date</b> _____ <b>To School Psychologist</b> _____ <b>To ELL</b> _____ <b>To Counselor</b> _____ <b>Kit Program</b> _____ <b>OSPI</b> _____ <b>OFFICE USE ONLY</b>
Are you a returning student to the Everett Public School District?		Yes    No	
<b><u>*Due to enrollment numbers, Heatherwood Middle School is not approving new variances for the 2020-2021 school year.</u></b>			
Are you the parent or legal guardian of this student?		Yes    *No	
<b>*If you circled no, ask for a Hold Harmless Agreement during registration and provide a signed, notarized form before your student's start school date. Everett Public Schools district policy 3131</b>			
Is there a parenting plan or other legal court document for your student?*		**Yes    No	
<b>**If yes, please provide the document during registration.</b>			

Everett Public Schools policy # 3610  
Child Custody

The Board presumes that the person who enrolls a student in school is the custodial/ parent of the student. Parents or guardians have the two-fold right to receive information contained in the school records concerning their child and to forbid or permit the disclosure of such information to others subject to the authority granted to the custodial parent. The Board, unless informed otherwise, assumes that there are no restrictions regarding the non-custodial parent's right to be kept informed of the student's school progress and activities. If restrictions are made relative to the above rights, the custodial parent will be requested to submit a certified copy of the court order, which curtails this right(s).

**Previous school information**

Name of previous school \_\_\_\_\_ School Address \_\_\_\_\_ Phone Fax # \_\_\_\_\_

Previous school has been notified the student is withdrawing                      Yes    No

Date withdrawn \_\_\_\_\_

If you have not already done so, please contact the previous school to let them know the student will not be returning.

Date of last attendance in previous school \_\_\_\_\_

Reason for withdrawing \_\_\_\_\_

**Discipline**

Has your child ever been suspended or expelled for disciplinary reasons?

Suspended      Yes      No      Year \_\_\_\_\_

Expelled      Yes      No      Year \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

### Attendance

Has your child ever had a Becca Bill? (**Washington State residence only**) Yes No  
If yes, enter which county and school district where it was filed \_\_\_\_\_

Has your child ever entered into an attendance contract? Yes No

### English Language Learners

ELL classes (English Language Learners) Yes No  
Primary Student Language spoken \_\_\_\_\_  
Primary Guardian Language spoken \_\_\_\_\_

### Special Programs

Does your child have an IEP? (Individual Educational Plan) Yes No **Please provide IEP plan as part of registration**  
If yes, please provide a copy at registration.

Has your child participated in any remedial math or reading classes? Yes No  
If yes, please indicate in what subject. \_\_\_\_\_

Was your child receiving any of the following services in the school he/she last attended? Yes No

Resource Room  
If yes, please indicate in what subject areas. \_\_\_\_\_ Yes No

Does your student have a 504 plan? Yes No **Please provide 504 plan as part of registration**  
If yes, please write down the accommodation.

\_\_\_\_\_

Speech Therapy or Occupational/Physical Therapy Yes No

If yes, explain \_\_\_\_\_

**Failure to provide any of the above documentation, may delay a start date for the student.**

**Are you enrolled in College Bound?** Yes No

If yes, please tell us what school and year enrolled \_\_\_\_\_

**Has your student participated in an AVID program?** Yes No

If yes, please tell us what school. city and year \_\_\_\_\_  
School name City Date taken

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_