

# KSD NEW STUDENT ENROLLMENT INFORMATION FORM



|                          |              |
|--------------------------|--------------|
| <input type="checkbox"/> | Barnes       |
| <input type="checkbox"/> | Beacon Hill  |
| <input type="checkbox"/> | Butler Acres |

|                          |             |
|--------------------------|-------------|
| <input type="checkbox"/> | Carrolls    |
| <input type="checkbox"/> | Catlin      |
| <input type="checkbox"/> | Rose Valley |

Wallace

Please check the corresponding box for the school you wish to enroll

Date: \_\_\_\_\_

| DO NOT WRITE IN THIS AREA – OFFICE USE ONLY |  |  |                                 |  |  |
|---|--|--|---------------------------------|--|--|
| School Entry Date: _____                    | Birth Certificate: _____<br>Phys/Hospital Certificate: _____<br>Adoption Record/Other: _____ | Lunch Program #: _____<br>F/R Application: _____ | Assigned To: _____<br>ID# _____ | Choice Student From: _____<br>Form Completed _____ | Records Requested on: _____<br>SSID# _____ |
| Graduation Year: _____                      |  |  |                                 |  |  |

### Student Information:

|                                 |   |             |
|---------------------------------|---|-------------|
| Last Name                       | First Name  | Middle Name |
| Legal Name if Different:        |   | Grade       |
| Birth date (Month / Day / Year) | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Birthplace: |

### Previous School Attended:

|  |             |       |
|--|-------------|-------|
| School Name  | City, State | Phone |
| Has student ever attended Kelso Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which schools                              |             | Grade |
| Has student ever attended any other school in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school and district |             |       |
| Has student ever been suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:                              |             |       |

### Special Services:

|   |   |
|---|---|
| Has your child ever qualified for or been enrolled in a Special Ed Program? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Has your child been retained?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what grade?<br>_____ |
| Has your child ever qualified for or had a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Has your child ever participated in: <input type="checkbox"/> Title <input type="checkbox"/> IEP <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> Other _____ |   |
| Has your child ever been enrolled in English as a Second Language Program? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |

### Primary Household: (Parent/Guardian student resides with)

|                                |  |                                       |   |
|--------------------------------|--|---------------------------------------|---|
| Last Name, First Name          | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Home Phone:<br>_____<br>Unlisted?     | Relationship:<br><input type="checkbox"/> Both Parents<br><input type="checkbox"/> Father Only<br><input type="checkbox"/> Mother Only<br><input type="checkbox"/> Grandparents<br><input type="checkbox"/> Guardian<br><input type="checkbox"/> Father / Stepmother<br><input type="checkbox"/> Mother / Stepfather<br><input type="checkbox"/> Agency<br><input type="checkbox"/> Foster Parents<br><input type="checkbox"/> Other: _____ |
| E-Mail Address:                |  |                                       |   |
| Employer                       | Work Phone   | Ext.                                  |   |
| Last Name, First Name          | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Cell Phones<br>#1: _____<br>#2: _____ |   |
| E-Mail Address:                |  |                                       |   |
| Employer                       | Work Phone   | Ext.                                  |   |
| Resident Address:              | City   | State / Zip                           |   |
| Mailing Address (if different) | City   | State / Zip                           |   |

### Legal Matters Affecting Student:

|   |   |
|---|---|
| Is there a Parenting Plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father<br><input type="checkbox"/> Other _____ |
|---|---|

**Copies of Legal papers must be on file in the school office for enforcement – (copies provided Y / N)**

**Secondary Household: (Non custodial parent – not residing with student) – complete if applicable**

|                                |                 |  |                                       |   |
|--------------------------------|-----------------|--|---------------------------------------|---|
| Last Name, First Name          |                 | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Home Phone:<br>Unlisted? Yes / No     | Relationship:<br><input type="checkbox"/> Both Parents<br><input type="checkbox"/> Father Only<br><input type="checkbox"/> Mother Only<br><input type="checkbox"/> Grandparents<br><input type="checkbox"/> Guardian<br><input type="checkbox"/> Father / Stepmother<br><input type="checkbox"/> Mother / Stepfather<br><input type="checkbox"/> Agency<br><input type="checkbox"/> Other:<br>_____ |
| E-Mail Address:                |                 |  |                                       |   |
| Employer                       | Work Phone Ext. |  |                                       |   |
| Last Name, First Name          |                 | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Cell Phones<br>#1: _____<br>#2: _____ |   |
| E-Mail Address:                |                 |  |                                       |   |
| Employer                       | Work Phone Ext. |  |                                       |   |
| Resident Address:              | City            | State / Zip  |                                       |   |
| Mailing Address (if different) | City            | State / Zip  |                                       |   |

**Siblings:**

|  |            |        |       |
|--|------------|--------|-------|
| PLEASE LIST OTHER SIBLINGS (List School and Grade if applicable) |            |        |       |
| Last Name  | First Name | School | Grade |
|  |            |        |       |
|  |            |        |       |

**Transportation:**

|  |   |
|--|---|
| AM – <input type="checkbox"/> Bus Rider - <input type="checkbox"/> Walker - <input type="checkbox"/> Parent/Daycare Drop Off<br>Other: _____ | PM – <input type="checkbox"/> Bus Rider - <input type="checkbox"/> Walker - <input type="checkbox"/> Parent/Daycare Pick Up<br>Other: _____ |
|--|---|

**Childcare Information:**

|   |  |
|---|--|
| DOES STUDENT ATTEND CHILD CARE?<br><input type="checkbox"/> Before school <input type="checkbox"/> After school<br><input type="checkbox"/> Before and after school <input type="checkbox"/> Early Release only   | CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i> |
| ADDITIONAL CHILD CARE ARRANGEMENTS      (Please provide information to school in writing)   |  |
| <b>IN THE EVENT OF AN EARLY DISMISSAL AND I AM NOT HOME, MY STUDENT SHOULD:</b>   |  |
| <input type="checkbox"/> Walk Home <input type="checkbox"/> Be transported home by school bus <input type="checkbox"/> Remain at school until picked up <input type="checkbox"/> Be released to an emergency contact<br><input type="checkbox"/> Other (please list): _____ |  |

**Non-Parental/Emergency Contact Information:**

|   |                        |             |             |             |
|---|------------------------|-------------|-------------|-------------|
| Primary Contact (other than parent or guardian) | Relationship to child: | Home Phone: | Cell Phone: | Work Phone: |
|   |                        |             |             |             |
| Primary Contact (other than parent or guardian) | Relationship to child: | Home Phone: | Cell Phone: | Work Phone: |
|   |                        |             |             |             |
| Primary Contact (other than parent or guardian) | Relationship to child: | Home Phone: | Cell Phone: | Work Phone: |
|   |                        |             |             |             |

**Would you like a voter registration form?**  Yes     No

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent / guardian immediately. If parent / guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Yes       No      Legal Parent / Guardian    Initial \_\_\_\_\_      Date \_\_\_\_\_

**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 Kelso Public Schools.

Legal Parent / Guardian Signature \_\_\_\_\_      Date \_\_\_\_\_