

# BAINBRIDGE ISLAND SCHOOL DISTRICT # 303

## Student Registration Form

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY						
BISD SCHOOL NAME (circle) Wilkes   Blakely   Ordway   Sakai   Odyssey   Woodward   Eagle Harbor High   Bainbridge High   Mosaic K-8					Date Received _____ Received By _____	
HAS THIS STUDENT EVER ATTENDED A SCHOOL IN THE STATE OF WASHINGTON? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of school and city School(s): _____ City _____						
MOST RECENTLY ATTENDED SCHOOL OR DISTRICT NAME, CITY AND STATE, ZIP: School/District _____ City _____ State _____ Zip _____ Dates Attended: _____						
HAS THIS STUDENT EVER ATTENDED BISD SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of school and year attended						
HAS STUDENT ATTENDED A PRE-SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, date of pre-school entry (estimate is fine)						
<b>STUDENT NAME:</b> Legal Last Name		Legal First Name		Legal Middle Name	Also known as:	SCHOOL ENTRY DATE (Month/Year)
BIRTHDATE (Month/Day/Year) (please attach a copy of birth certificate) Verified <input type="checkbox"/>		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE:   City, State, Country			REGISTERING FOR GRADE:
PRIMARY LANGUAGE SPOKEN AT HOME (circle)   English   Spanish   Other: _____			STUDENT'S NATIVE LANGUAGE (First language spoken by student) (circle)   English   Spanish   Other: _____			
For student(s) born outside of the United States:   How many months has the student attended public school (not private) in the United States (grades K-12) before enrolling in this district?   ____ months						
<b>ETHNICITY and RACE</b>						
Is your child of Hispanic or Latino origin? (Please check all that apply)						
<input type="checkbox"/> Not Hispanic / Latino		<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Latin American		
<input type="checkbox"/> Cuban		<input type="checkbox"/> Mexican / Mexican American / Chicano		<input type="checkbox"/> Other Hispanic / Latino		
<input type="checkbox"/> Dominican		<input type="checkbox"/> Central American				
<input type="checkbox"/> Spaniard		<input type="checkbox"/> South American				
What race(s) do you consider your child? (Please check all that apply)						
<input type="checkbox"/> African American / Black		<input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> Nisqually		
		<input type="checkbox"/> Fijian		<input type="checkbox"/> Nooksack		
<input type="checkbox"/> White		<input type="checkbox"/> Guamanian or Chamorro		<input type="checkbox"/> Port Gamble Klallam		
		<input type="checkbox"/> Mariana Islander		<input type="checkbox"/> Puyallup		
<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Melanesian		<input type="checkbox"/> Quileute		
<input type="checkbox"/> Cambodian		<input type="checkbox"/> Micronesian		<input type="checkbox"/> Quinault		
<input type="checkbox"/> Chinese		<input type="checkbox"/> Samoan		<input type="checkbox"/> Samish		
<input type="checkbox"/> Filipino		<input type="checkbox"/> Tongan		<input type="checkbox"/> Sauk-Suiattle		
<input type="checkbox"/> Hmong		<input type="checkbox"/> Other Pacific Islander		<input type="checkbox"/> Shoalwater		
<input type="checkbox"/> Indonesian				<input type="checkbox"/> Skokomish		
<input type="checkbox"/> Japanese		<input type="checkbox"/> Alaska Native		<input type="checkbox"/> Snoqualmie		
<input type="checkbox"/> Korean		<input type="checkbox"/> Chehalis		<input type="checkbox"/> Spokane		
<input type="checkbox"/> Laotian		<input type="checkbox"/> Colville		<input type="checkbox"/> Squaxin Island		
<input type="checkbox"/> Malaysian		<input type="checkbox"/> Cowlitz		<input type="checkbox"/> Stillaguamish		
<input type="checkbox"/> Pakistani		<input type="checkbox"/> Hoh		<input type="checkbox"/> Suquamish		
<input type="checkbox"/> Singaporean		<input type="checkbox"/> Jamestown		<input type="checkbox"/> Swinomish		
<input type="checkbox"/> Taiwanese		<input type="checkbox"/> Kalispel		<input type="checkbox"/> Tulalip		
<input type="checkbox"/> Thai		<input type="checkbox"/> Lower Elwha		<input type="checkbox"/> Yakama		
<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Lummi		<input type="checkbox"/> Other Washington Indian		
<input type="checkbox"/> Other Asian		<input type="checkbox"/> Makah		<input type="checkbox"/> Other American Indian / Alaska Native		
		<input type="checkbox"/> Muckleshoot				
<b>PRIMARY HOUSEHOLD</b> (parent/guardian where student resides) (1) Legal Last Name   Legal First Name   Legal Middle Name			PHONE #1 – Home Phone (include area code)  Please check if unlisted <input type="checkbox"/>		PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	
(2) Legal Last Name   Legal First Name   Legal Middle Name			STUDENT LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Father Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Mother Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Self		PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	
RESIDENT ADDRESS	(Street)		Apt #	City   State   ZIP		
MAILING ADDRESS	(If different)		Apt #	City   State   ZIP		

<b>SECOND HOUSEHOLD</b> (1) Legal Last Name      Legal First Name      Legal Middle Name			PHONE #1 - Home Phone (include area code)  Please check if unlisted <input type="checkbox"/>		PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell
(2) Legal Last Name      Legal First Name      Legal Middle Name			RELATIONSHIP <input type="checkbox"/> Both Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Father Only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Mother Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Self		PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell
RESIDENT ADDRESS	(Street)	Apt #	City	State	ZIP
SECOND HOUSEHOLD MAILING ADDRESS (include City, State, and Zip)				REQUEST 2 <sup>nd</sup> HOUSEHOLD MAILING <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>EMERGENCY CONTACT INFORMATION</b> In an emergency situation, the parent/guardian will ALWAYS be called first. In the event we cannot reach a parent/guardian, please list two <b>local</b> contacts we may call to assist with medical emergencies.	Contact Name:
	Home Phone      Cell Phone
	Contact Name:
	Home Phone      Cell Phone

**HEALTH INFORMATION**  
Are there any medical concerns that we should know about your child **before** placement?  Yes     No    If yes, please explain:  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_ Hospital \_\_\_\_\_

Washington State Law requires that all students with life threatening health conditions must have the needed medical orders, medication and/or equipment, and a nursing care plan in place **before** the student may attend school.

If your child must receive medication while at school, a "Medication at School" form must be completed and signed by the student's physician and parent/guardian.

Washington State Law requires a completed, signed immunization certificate on file.

<b>STUDENT SERVICES</b>	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
HAS THIS STUDENT EVER BEEN ENROLLED OR SERVED IN A SPECIAL EDUCATION PROGRAM? (IEP) <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, DOES THE STUDENT HAVE A CURRENT IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IS YOUR STUDENT ON A CURRENT 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DOES THIS STUDENT HAVE ANY PAST, CURRENT, OR PENDING DISCIPLINARY PROBLEMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DOES THIS STUDENT HAVE ANY HISTORY OF VIOLENT BEHAVIOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> English Language Learner <input type="checkbox"/> Speech <input type="checkbox"/> Occupational/Physical Therapy <input type="checkbox"/> Other _____	

**SIBLING INFORMATION**

Please provide information for ALL siblings related to this student.

	<u>Student Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Gender</u>	<u>School (if applicable)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**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 Bainbridge Island School District.

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