

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 Home Ed Partnership				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)				
STUDENT NAME: 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: _____	
ETHNICITY and RACE				
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			
PRIMARY HOUSEHOLD (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"/>	
(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	
RESIDENT ADDRESS	(Street)	Apt #	City State ZIP	
MAILING ADDRESS	(If different)	Apt #	City State ZIP	

Additional registration information required on the back of this form

SECOND HOUSEHOLD (1) <i>Legal Last Name</i> <i>Legal First Name</i> <i>Legal Middle Name</i>			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) <i>Legal Last Name</i> <i>Legal First Name</i> <i>Legal Middle Name</i>			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 nd HOUSEHOLD MAILING <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACT INFORMATION In an emergency situation, the parent/guardian will ALWAYS be called first. In the event we cannot reach a parent/guardian, please list two local 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.

STUDENT SERVICES	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 _____