

Everett Public Schools Student Enrollment Information



School: _____ Date of Entry: _____

DO NOT WRITE IN SHADED AREAS – FOR OFFICE USE ONLY

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)
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE _____ (Month/Day/Year) GRADE _____	Country of Birth _____	State of Birth: _____ City of Birth: _____ Initial USA School Entry Date: _____ WA School Entry Date: _____	

Does this student currently receive any of the following services: ☐ Yes ☐ No If yes, which services does the student receive?

☐ Special Education Classes/IEP ☐ Speech ☐ Occupational or Physical Therapy ☐ ELL ☐ 504 Plan

DISTRICT RESIDENT ☐ Yes ☐ No

If no, list the student's resident district: _____ Does this student have a variance? ☐ Yes ☐ No

Student Phone Info	Home	Student Cell	Email: <small>Teachers/Office may use this email</small>			
Student Resident Address (verified)	Street address	Apt. #	City	State	Zip	
Mailing Address <input type="checkbox"/> Same as Above	Street (if different from above)	Apt. #	P.O. Box	City	State	Zip

Student lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Mother/Stepfather
☐ Father/Stepmother ☐ Grandparents* ☐ Stepfather/Stepmother* ☐ Guardian*
☐ Agency* ☐ Self (*If under 18) ☐ Other: _____

**Legal Documentation Required*

Is there a joint custody or parenting plan in effect? ☐ Yes ☐ No If yes, please provide a copy of the plan to the school.

Is there a restraining order in effect? ☐ Yes ☐ No If yes, please provide a copy of the legal papers to the school.

FEDERAL FUNDING/MILITARY FAMILIES:

We are required by state law to request the military connected status of all students. Additionally, Public Law No. 874 allows the district to receive additional funding for students of families who live or work on Federal Land.

MILITARY FAMILIES Please list relationships of all parents/guardians in line with their military affiliation, regardless of whether they reside with the student, or check the appropriate box. Active Duty: _____ Reserves: _____ National Guard: _____	<input type="checkbox"/> Retired/Not Affiliated <input type="checkbox"/> Prefer not to state	FEDERAL LAND <input type="checkbox"/> LIVES on federal land <input type="checkbox"/> WORKS on federal land <input type="checkbox"/> Does not apply
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SIBLING INFORMATION SECTION

Does the student have siblings who reside in the same household? ☐ Yes ☐ No If yes, please list siblings below.

Child's Name	Date of Birth	Grade	Current School/Preschool/Child Care	Already an EPS student?

PARENT/GUARDIAN INFORMATION SECTION

Parent/Guardian (G1) Guardian online student record access: ☐ Yes ☐ No Relation to child: _____
G1 is the primary guardian record, and is responsible for record updates.

Name: _____ Lives with child: ☐ Yes ☐ No
First Last

Address: _____
(If different than child) Number Street Apt. # City Zip

Preferred Language for Correspondence (if available): _____ Receive mailings? ☐ Yes ☐ No

Complete all phone information below:

Home _____ Work _____ Cell _____

Email _____ Teachers/Office/LMS/Blackboard use email.

Parent/Guardian (G2) Guardian online student record access: ☐ Yes ☐ No Relation to child: _____

Name: _____ Lives with child: ☐ Yes ☐ No
First Last

Address: _____
(If different than child) Number Street Apt. # City Zip

Preferred Language for Correspondence (if available): _____ Receive mailings? ☐ Yes ☐ No

Complete all phone information below:

Home _____ Work _____ Cell _____

Email _____ Teachers/Office/LMS/Blackboard use email.

Parent/Guardian (G3) Guardian online student record access: ☐ Yes ☐ No Relation to child: _____

Name: _____ Lives with child: ☐ Yes ☐ No
First Last

Address: _____
(If different than child) Number Street Apt. # City Zip

Preferred Language for Correspondence (if available): _____ Receive mailings? ☐ Yes ☐ No

Complete all phone information below:

Home _____ Work _____ Cell _____

Email _____ Teachers/Office/LMS/Blackboard use email.

Parent/Guardian (G4) Guardian online student record access: ☐ Yes ☐ No Relation to child: _____

Name: _____ Lives with child: ☐ Yes ☐ No
First Last

Address: _____
(If different than child) Number Street Apt. # City Zip

Preferred Language for Correspondence (if available): _____ Receive mailings? ☐ Yes ☐ No

Complete all phone information below:

Home _____ Work _____ Cell _____

Email _____ Teachers/Office/LMS/Blackboard use email.

PREVIOUS SCHOOL INFORMATION SECTION

Name of Last School Attended (include preschool):	Date of Entry:	Date of Withdrawal:
Address:		Phone:
Name of School Attended Prior to Last School:	Date of Entry:	Date of Withdrawal:
Address:		Phone:

ADDITIONAL EMERGENCY CONTACTS/RELEASE SECTION

In case of emergency, if the parent/guardian cannot be contacted the student may be released to the emergency contacts listed below.

Name: _____

Relationship to student: _____

Address: _____
_____**Phone:**

Home _____

Work _____

Cell _____

Has child in Everett Public Schools: ☐ Y ☐ N

Name: _____

Relationship to student: _____

Address: _____
_____**Phone:**

Home _____

Work _____

Cell _____

Has child in Everett Public Schools: ☐ Y ☐ N

Name: _____

Relationship to student: _____

Address: _____
_____**Phone:**

Home _____

Work _____

Cell _____

Has child in Everett Public Schools: ☐ Y ☐ N

I understand that you will release my student to anyone I have listed above as an Additional Emergency Contact/Release. I will notify these contacts that the school may contact them in the event of an emergency involving my student.

Parent/Guardian Signature_____
Date_____
Relationship to Student**STUDENT TRAVEL INFORMATION SECTION**☐ Bused from Home☐ Parent☐ Walker☐ Special Bus☐ Bused from Child Care☐ Child Care provided Transportation☐ Transit☐ Car**CHILD CARE INFORMATION SECTION**Does student attend child care? ☐ Yes ☐ No
If yes, please provide contact information

Child Care Facility Name: _____

Child Care Contact Name: _____

Child Care Address:

_____Phone Number(s):

_____**ATTENDANCE/DISCIPLINE INFORMATION SECTION**Has this student been referred under the **Washington State BECCA Law** guidelines for truancy problems? ☐ Yes ☐ NoIs this student **currently on a short-term suspension, long-term suspension, or expulsion** from his/her previous school? ☐ Yes
☐ No

If yes, effective what date? _____ For how long? _____

I attest to the accuracy of this information. I understand that if incorrect information is provided it may be grounds for revocation of admission.

Parent/Guardian Signature_____
Date_____
Relationship to Student**DIRECTORY RELEASE INFORMATION/INTERNET ACCESS**

Refer to and complete, if applicable, the Everett Public Schools' Directory Information form which includes federal Family Educational Rights & Privacy Act (FERPA) release information. The form is attached to the *Student Responsibilities and Rights Policies and Parental Notifications* handbook.

Student Name: _____

Student ID: _____

Ethnicity and Race Reporting Requirements

To meet federal and state requirements please complete the form below.

Note: If no data is provided, we are required to make a selection for you. Our default selections will be *Not Hispanic/Latino* and *White*.

QUESTION 1: Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> NOT HISPANIC/LATINO | <input type="checkbox"/> MEXICAN/MEXICANAMERICAN/CHICANO |
| <input type="checkbox"/> CUBAN | <input type="checkbox"/> CENTRAL AMERICAN |
| <input type="checkbox"/> DOMINICAN | <input type="checkbox"/> SOUTH AMERICAN |
| <input type="checkbox"/> SPANIARD | <input type="checkbox"/> LATIN AMERICAN |
| <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> OTHER HISPANIC/LATINO |

QUESTION 2: What race(s) do you consider your child? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> AFRICAN AMERICAN/BLACK | <input type="checkbox"/> ALASKA NATIVE |
| <input type="checkbox"/> WHITE | <input type="checkbox"/> CHEHALIS |
| <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> COLVILLE |
| <input type="checkbox"/> CAMBODIAN | <input type="checkbox"/> COWLITZ |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> HOH |
| <input type="checkbox"/> FILIPINO | <input type="checkbox"/> JAMESTOWN |
| <input type="checkbox"/> HMONG | <input type="checkbox"/> KALISPEL |
| <input type="checkbox"/> INDONESIAN | <input type="checkbox"/> LOWER ELWHA |
| <input type="checkbox"/> JAPANESE | <input type="checkbox"/> LUMMI |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> MAKAH |
| <input type="checkbox"/> LAOTIAN | <input type="checkbox"/> MUCKLESHOOT |
| <input type="checkbox"/> MALAYSIAN | <input type="checkbox"/> NISQUALLY |
| <input type="checkbox"/> PAKISTANI | <input type="checkbox"/> NOOKSACK |
| <input type="checkbox"/> SINGAPOREAN | <input type="checkbox"/> PORT GAMBLE KLALLAM |
| <input type="checkbox"/> TAIWANESE | <input type="checkbox"/> PUYALLUP |
| <input type="checkbox"/> THAI | <input type="checkbox"/> QUILEUTE |
| <input type="checkbox"/> VIETNAMESE | <input type="checkbox"/> QUINAULT |
| <input type="checkbox"/> OTHER ASIAN | <input type="checkbox"/> SAMISH |
| <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> SAUK-SUIATTLE |
| <input type="checkbox"/> FIJIAN | <input type="checkbox"/> SHOALWATER |
| <input type="checkbox"/> GUAMANIAN OR CHAMORRO | <input type="checkbox"/> SKOKOMISH |
| <input type="checkbox"/> MARIANAN ISLANDER | <input type="checkbox"/> SNOQUALMIE |
| <input type="checkbox"/> MELANESIAN | <input type="checkbox"/> SPOKANE |
| <input type="checkbox"/> MICRONESIAN | <input type="checkbox"/> SQUAXIN ISLAND |
| <input type="checkbox"/> SAMOAN | <input type="checkbox"/> STILLAQUAMISH |
| <input type="checkbox"/> TONGAN | <input type="checkbox"/> SUQUAMISH |
| <input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> SWINOMISH |
| | <input type="checkbox"/> TULALIP |
| | <input type="checkbox"/> YAKIMA |
| | <input type="checkbox"/> OTHER WASHINGTON INDIAN |
| | <input type="checkbox"/> OTHER AMERICAN INDIAN/ALASAKA NATIVE |