



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

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: ☐ No ☐ Yes If yes, which services does student receive?
☐ Special Education Classes/IEP ☐ Speech ☐ Occupational or Physical Therapy ☐ ELL ☐ 504 Plan

DISTRICT RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the student's resident district: _____ Does this student have a variance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity & Race Information Please see last page for required State and Federal information	STUDENT'S PRIMARY LANGUAGE Home Language: _____ Native Language: _____	PREFERRED LANGUAGE FOR CORRESPONDENCE <input type="checkbox"/> English <input type="checkbox"/> Other: _____
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Student Phone Info	Home _____	Cell _____	Email: Teachers/Office may use this email		
Student Resident Address (verified)	Street address _____	Apt. # _____	City _____	State _____	Zip _____
Mailing Address <input type="checkbox"/> Same as Above	Street (if different from above) _____	Apt. # _____	PO 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? ☐ No ☐ Yes If yes, please provide a copy of the plan to the school.

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

FEDERAL FUNDING: Under Public Law No. 874 the district can receive federal money for each child if the parent is in the active armed forces lives or works on federal land. **Please check all that apply.**

ARMED FORCES
BRANCH: _____
☐ ACTIVE ☐ RESERVE
☐ Does not apply

FEDERAL LAND
☐ LIVES on federal land
☐ WORKS on federal land
☐ Does not apply

SIBLING INFORMATION

Does the student have siblings who are or will be attending Everett Public Schools? ☐ No ☐ Yes 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**Parent/Guardian (G1)** Guardian online student record access: Yes ___ No ___ Relation to child: _____

Name: _____ Lives with child: Yes ___ No ___

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

Complete all phone information below: Receive mailings? Yes ___ No ___

Home _____ Work _____ Cell _____

E-mail _____ Teachers/Office/LMS/Connect Ed use email

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

Name: _____ Lives with child: Yes ___ No ___

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

Complete all phone information below: Receive mailings? Yes ___ No ___

Home _____ Work _____ Cell _____

E-mail _____ Teachers/Office/LMS/Connect Ed use email

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

Name: _____ Lives with child: Yes ___ No ___

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

Complete all phone information below: Receive mailings? Yes ___ No ___

Home _____ Work _____ Cell _____

E-mail _____ Teachers/Office/LMS/Connect Ed use email

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

Name: _____ Lives with child: Yes ___ No ___

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

Complete all phone information below: Receive mailings? Yes ___ No ___

Home _____ Work _____ Cell _____

E-mail _____ Teachers/Office/LMS/Connect Ed use email

PREVIOUS SCHOOL INFORMATION

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

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**☐ Bused from Home☐ Parent☐ Walker☐ Special Bus☐ Bused from Child Care☐ Child Care provided Transportation☐ Transit☐ Car**CHILD CARE INFORMATION**Does student attend child care? ☐ No ☐ Yes
If yes, please provide contact information

Child Care Facility Name: _____

Child Care Contact Name: _____

Child Care Address: _____

Phone Number(s):

() _____

() _____

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

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 |