



# Student Enrollment

Do not write in shaded areas

## TRANSPORTATION

Bus \_\_\_\_\_  Walk  Parent Pick-up

<b>Student Number</b>	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Today's Date	School
Legal Last Name	Legal First Name	Middle Name	Preferred Name	
Birth Date / /	Birthplace: City	State	Country	Proof of Age
Legal District of Residence <input type="checkbox"/> Clover Park School District <input type="checkbox"/> Other _____	Proof of Address			

## PROGRAM INFORMATION

Is the student enrolled in:

Gifted  ELL  Special Education (IEP)  504 Plan  Speech Therapy  Other \_\_\_\_\_

## SIBLING INFORMATION

Do you have other children in Clover Park schools?  Yes  No If yes, please list name and relationship to student below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Student living with:  Both Parents  Mother only  Father only  Grandparents  Father/Stepmother  Mother/Stepfather  Guardian  
 Agency  Self  Other Guardian(s) \_\_\_\_\_

<b>PRIMARY HOUSEHOLD</b>	<b>GUARDIAN 1</b> Last Name (Legal)	First	M.I.	Language spoken
	Home Phone ( )	Work Phone ( )	Cell Phone ( )	Email Address
<b>Parent/guardian where student resides</b>	Place of Employment _____	Active Military or Federal Employee: <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Washington National Guard <input type="checkbox"/> Other _____ Rank _____		
	Occupation/Unit _____			
	Resident Address	Apt.# / Complex	City	State Zip
	Mailing Address <input type="checkbox"/> Same as resident address	Apt.# / Complex	City	State Zip
<b>Email address and phone numbers will be used to provide emergency and informational messages.</b>	<b>GUARDIAN 2</b> Last Name (Legal)	First	M.I.	Language spoken
	Work Phone ( )	Cell Phone ( )	Email Address	
	Place of Employment _____	Active Military or Federal Employee: <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Washington National Guard <input type="checkbox"/> Other _____ Rank _____		
	Occupation/Unit _____			

Fill out this section only if student has a parent/legal guardian **NOT** living at the address above

<b>SECOND HOUSEHOLD</b>	Last Name (Legal)	First	M.I.	Language spoken
	Street Address	Apt.# / Complex	City	State Zip
<b>Parent not residing with student</b>	Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone: Work _____ Home _____ Cell _____		
	Place of Employment _____	Active Military or Federal Employee: <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Washington National Guard <input type="checkbox"/> Other _____ Rank _____		
	Occupation/Unit _____			
	<b>GUARDIAN 1</b> Last Name (Legal)	First	M.I.	Language spoken
<b>Email address and phone numbers will be used to provide emergency and informational messages.</b>	Street Address	Apt.# / Complex	City	State Zip
	Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Phone: Work _____ Home _____ Cell _____		
	Place of Employment _____	Active Military or Federal Employee: <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Washington National Guard <input type="checkbox"/> Other _____ Rank _____		
	Occupation/Unit _____			

**IS THERE A PARENTING PLAN IN EFFECT?**  Yes  No If yes, a certified copy of most recent plan must be on file with the school for enforcement. The enrolling parent/legal guardian shall provide the original document for copying at the school, or shall provide a certified copy to the school.

**IS THERE A RESTRAINING ORDER IN EFFECT?**  Yes  No If yes, a certified copy of the order must be on file with the school for enforcement. The enrolling parent/legal guardian shall provide the original document for copying at the school, or shall provide a certified copy to the school.

Restraining order is against:  Mother  Father  Other \_\_\_\_\_

**MEDICAL/HEALTH INFORMATION**

Doctor Name		Phone (    )	Dentist Name		Phone (    )
Accident Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Hospital <input type="checkbox"/> Mary Bridge <input type="checkbox"/> St. Clare <input type="checkbox"/> Madigan <input type="checkbox"/> St. Joseph <input type="checkbox"/> Tacoma General <input type="checkbox"/> Other _____			
Allergies and Health Conditions					

**EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD**

When an emergency situation occurs involving your child and we are unable to reach a parent/guardian, please list persons who are available to pick up your child.

Last Name		First		Relationship to Student		Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Address				City		State	Zip
Place of Employment			Home Phone (    )		Work Phone (    )		Ext.
Email Address					Cellular Phone (    )		

  

Last Name		First		Relationship to Student		Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Address				City		State	Zip
Place of Employment			Home Phone (    )		Work Phone (    )		Ext.
Email Address					Cellular Phone (    )		

**ALTERNATE ADDRESSES (INCLUDES DAYCARE)**

Address Type <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before and After School		Street #	Street Name		Apt. #
Contact Name		Relationship to Student		City	Contact Phone (    )

  

Address Type <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before and After School		Street #	Street Name		Apt. #
Contact Name		Relationship to Student		City	Contact Phone (    )

**PERMISSION**

Internet Access:  Yes  No    Permission to: Walk home?  Yes  No    Ride bike?  Yes  No

In case of emergency school closure, child has permission to: (choose one)

Release to bus    Retain at school    Release to personal vehicle    Walk home

Other comments: \_\_\_\_\_

Has your child ever been suspended/expelled for a weapons violation?  Yes  No    Date(s) \_\_\_\_\_

**PREVIOUS SCHOOLS**

Previous School Attended	City	State	Date Entered	Date Exited
			/   /	/   /
			/   /	/   /
			/   /	/   /

**EMERGENCY PROCEDURE**

- In the event my child is injured or becomes seriously ill and no responsible person from the home can be reached, I hereby delegate the principal or the school's delegated agent to do whatever is in the best interest of my child.
- In the event my child is seriously injured or becomes seriously ill, I hereby delegate the principal or the school's delegated agent to summon an ambulance as the first emergency procedure.

**Person Enrolling Student**

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Please print

Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_

*The McKinney-Vento Act defines homeless children as "Individuals who lack a fixed, regular, and adequate nighttime residence"*  
 Please provide me with information on the McKinney-Vento Act.