

Bethel School District No. 403 SECONDARY ENROLLMENT FORM

Shaded boxes for office use only																																																																				
School:	Date Received	Start Date	Student ID	Bus Info																																																																
	Medical Alert <input type="checkbox"/> Yes <input type="checkbox"/> No	Current IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Advisor																																																																	
STUDENT NAME: Legal LAST Name	Suffix (Jr, II, III)	Legal FIRST Name	Legal MIDDLE Name	Nickname																																																																
BIRTHDATE (Month/Day/Year) ____/____/____	GENDER Male Female	Birth Certificate Yes No	Birth Place (City, State, Country, County)	GRADE LEVEL																																																																
Has student's name ever been legally changed? Yes No If yes, what was previous name(s)?																																																																				
ETHNICITY AND RACE School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction. Please complete the following:																																																																				
1 Is your child of Hispanic or Latino origin? No, my child is not Hispanic or Latino (continue to next question). Yes, child is Hispanic or Latino (check all that apply and continue to next question).																																																																				
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2 What race do you consider your child (check all that apply)?																																																																				
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PRIMARY LANGUAGE SPOKEN AT HOME ENGLISH SPANISH OTHER _____																																																																				
Has student ever attended a school in the Bethel School District? (birth to current grade) Yes No If Yes, name of last school attended.																																																																				
Has student every attended a school in Washington? (birth to current grade) Yes No If Yes, name of last school attended.																																																																				
PREVIOUS SECONDARY SCHOOLS ATTENDED (List ALL schools attended for 7th to 12th grade, listing the most recent first.)																																																																				
Name of School	Previous School Address (Street, City, State, and Zip)																																																																			

STUDENT INFO

Student name _____

PRIMARY HOUSEHOLD <i>Household where student lives</i>	1st Parent/Guardian Legal Last Name	First Name	Middle Initial	Relationship to Student Father Mother Other (specify)
	Primary Phone: Home Work Cell <input type="checkbox"/> Check if confidential	Second Phone: Home Work Cell		Third Phone: Home Work Cell
	()	()		()
	Home Street Address	Apt #	City	State ZIP
	Mailing Address (if different from above)	PO Box	City	State ZIP
	1st Parent/Guardian Email Address:			
	2nd Parent/Guardian Legal Last Name	First Name	Middle Initial	Relationship to Student Father Mother Other (specify)
2nd Parent/Guardian Email Address:		Second Phone: Home Work Cell	Third Phone: Home Work Cell	
()		()	()	

PARENTING PLAN/CUSTODY INFORMATION

Yes No There is a JOINT CUSTODY or PARENTING PLAN in effect. (If yes, legal paper should be on file with the school.)
 Yes No There is a RESTRAINING ORDER in effect. (If yes, legal paper should be on file with the school.)
 Restraining order is against Mother Father Other _____

SECONDARY HOUSEHOLD <i>Parent not residing with student</i>	1st Parent/Guardian Legal Last Name	First Name	Middle Initial	Relationship to Student Father Mother Other (specify)
	Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Check if confidential	Second Phone: Home Work Cell		Third Phone: Home Work Cell
	()	()		()
	Home Street Address	Apt #	City	State ZIP
	Mailing Address (if different from above)	PO Box	City	State ZIP
	1st Parent/Guardian Email Address:			Add as emergency contact
	2nd Parent/Guardian Legal Last Name	First Name	Middle Initial	Relationship to Student Father Mother Other (specify)
2nd Parent/Guardian Email Address:		Second Phone: Home Work Cell	Third Phone: Home Work Cell	
()		()	Add as emergency contact	

EMERGENCY CONTACTS (persons the school is authorized to contact to pick student up at school if residential parent cannot be reached)

Emergency	Contact #1 (legal last, first, middle name)	Relationship to student	Phone #1: Home Work Cell	Phone #2: Home Work Cell
	()	()	()	()
	Contact #2 (legal last, first, middle name)	Relationship to student	Phone #1: Home Work Cell	Phone #2: Home Work Cell
()	()	()	()	
Contact #3 (legal last, first, middle name)	Relationship to student	Phone #1: Home Work Cell	Phone #2: Home Work Cell	
()	()	()	()	

- In the event my child is injured or becomes ill and no responsible person from the home can be reached, I hereby delegate the principal or the school's designated agent to do whatever is in the best interest of my child.
- Additionally, in the event my child is seriously injured, becomes seriously ill or has a medical emergency, I hereby delegate the principal or the school's designated agent to call 911 as the first emergency procedure.

Parent/Legal Guardian Signature _____

Date _____

Student name _____

PLEASE LIST OTHER SIBLINGS ATTENDING BETHEL SCHOOL DISTRICT

Last Name	First Name	School	Grade

ADDITIONAL STUDENT INFORMATION

DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION?	Yes	No	Office Use Only
If yes, additional information is required prior to your child attending school. Please complete and return the supplemental Life Threatening Conditions packet. According to RCW 28A.210.320: <i>Children with life-threatening health conditions - Medication or treatment orders - Rules</i> , the medication or treatment order must address the life-threatening condition and it must be on file with the school prior to the child attending school. Under the law, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. The law provides that a child may not attend school in the absence of a medication or treatment order if the child has a life-threatening condition that might require medical services to be provided at school.			<input type="checkbox"/> Packet given to parent
			<input type="checkbox"/> Office staff signed
			<input type="checkbox"/> Parent/Guardian signed
			Date packet given: _____
HAS YOUR CHILD EVER QUALIFIED FOR, OR BEEN ENROLLED IN, A SPECIAL ED PROGRAM?	Yes	No	If yes, at what grade?
If yes, does your student have a current IEP?	Yes	No	
HAS YOUR CHILD EVER QUALIFIED FOR, OR HAD, A 504 PLAN?	Yes	No	If yes, at what grade?
If yes, does your student have a current 504 plan?	Yes	No	
HAS YOUR CHILD EVER BEEN REFERRED TO A SCHOOL PSYCHOLOGIST?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER PARTICIPATED IN: Title LAP ELL Gifted Other _____	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR SPEECH THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR OCCUPATIONAL THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR PHYSICAL THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER RECEIVED HELP FROM A SOCIAL WORKER OR COUNSELOR?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN RETAINED?	Yes	No	If yes, at what grade?
HAS A BECCA PETITION EVER BEEN FILED ON YOUR CHILD?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN SUSPENDED?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN EXPELLED?	Yes	No	If yes, at what grade?

The information on the registration 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 the Bethel School District.

I understand that my child's classroom assignment may be on a temporary basis, and the school staff may reassign my child if special services are necessary.

Parent/Legal Guardian _____

Date _____

School Official Signature _____

Date _____

To be signed by the School Official who received form and verified enrollment packet accuracy.