

Bethel School District No. 403 PRESCHOOL ENROLLMENT FORM

Shaded boxes for office use only				
School:		Date Received	Start Date	Student ID
		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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Place (City, State, Country, County)	GRADE LEVEL
Has student's name ever been legally changed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> No, my child is not Hispanic or Latino (continue to next question). <input type="checkbox"/> Yes, child is Hispanic or Latino (check all that apply and continue to next question).				
<input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican/Mexican American/Chicano <input type="checkbox"/> Latin American <input type="checkbox"/> Spaniard <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino				
2 What race do you consider your child (check all that apply)?				
<input type="checkbox"/> African American or Black <input type="checkbox"/> Thai <input type="checkbox"/> Colville <input type="checkbox"/> Samish <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cowlitz <input type="checkbox"/> Sauk-Sulattle <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian <input type="checkbox"/> Hoh <input type="checkbox"/> Shoalwater Bay <input type="checkbox"/> Cambodian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Jamestown S'Klallam <input type="checkbox"/> Skokomish <input type="checkbox"/> Chinese <input type="checkbox"/> Fijian <input type="checkbox"/> Kalispel <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanlan or Chamorro <input type="checkbox"/> Lower Elwa Klallam <input type="checkbox"/> Spokane <input type="checkbox"/> Hmong <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Lummi <input type="checkbox"/> Squaix Island <input type="checkbox"/> Indonesian <input type="checkbox"/> Melanesian <input type="checkbox"/> Makah <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Japanese <input type="checkbox"/> Micronesian <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Suquamish <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Nisqually <input type="checkbox"/> Swinomish <input type="checkbox"/> Laotian <input type="checkbox"/> Tongan <input type="checkbox"/> Nooksack <input type="checkbox"/> Tulalip <input type="checkbox"/> Malaysian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Port Gamble S'Klallam <input type="checkbox"/> Yakima <input type="checkbox"/> Pakistani <input type="checkbox"/> Alaska Native <input type="checkbox"/> Puyallup <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Singaporean <input type="checkbox"/> Chehalis <input type="checkbox"/> Quileute <input type="checkbox"/> Tribe <input type="checkbox"/> Taiwanese <input type="checkbox"/> Quinault <input type="checkbox"/> Other American Indian Tribe/Alaska Native				
PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____				
PREVIOUS SCHOOL ATTENDED				
Name of School		Previous School Address (Street, City, State, and Zip)		
Has student ever attended a school in the Bethel School District? (birth to current grade) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of last school attended.				
Has student every attended a school in Washington? (birth to current grade) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of last school attended.				

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

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: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone #2: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
	Contact #2 (legal last, first, middle name)	Relationship to student	Phone #1: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone #2: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()
	Contact #3 (legal last, first, middle name)	Relationship to student	Phone #1: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	Phone #2: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> 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: _____

DAY CARE INFORMATION

<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before AND After School Days of the Week: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri		
Day Care Business Name	Day Care Contact Person	Day Care Phone Number ()
Day Care Address		Day Care Van <input type="checkbox"/> Yes <input type="checkbox"/> No

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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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.	Office Use Only <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? If yes, does your student have a current IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR, OR HAD, A 504 PLAN? If yes, does your student have a current 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CHILD EVER BEEN REFERRED TO A SCHOOL PSYCHOLOGIST?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> ELL <input type="checkbox"/> Gifted <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR SPEECH THERAPY?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR OCCUPATIONAL THERAPY?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR PHYSICAL THERAPY?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER RECEIVED HELP FROM A SOCIAL WORKER OR COUNSELOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER BEEN RETAINED?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS A BECCA PETITION EVER BEEN FILED ON YOUR CHILD?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER BEEN SUSPENDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade?
HAS YOUR CHILD EVER BEEN EXPELLED?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.