PORT ANGELES SCHOOL DISTRICT

Today's Date: ( ) New Student ( ) Re-enroll ( )

Entering Grade ( ) HS Grad Year ( )

Advisor _____

Student Information

Legal Last Name	Legal First Name	Legal Middle Name	Also known as:

Birthdate (Month/Day/Year)	Grade	Gender	Birthplace: City	State	Country
		M ( ) F ( )			

Ethnicity: **Please fill out attached form**

U.S. Citizen? Yes ( ) No ( ) How long has the student attended school (K-12) in the United States? _____ years _____months

Primary Household Information (Where the Student Resides)

Household #1 Guardian #1	Last Name	First Name	Home Phone # Unlisted ( )	Cell Phone #
			( )_____	( )_____
			E-mail address: _____	

Relationship to student: Father ( ) Mother ( ) Grandparent ( ) Stepfather ( ) Stepmother ( ) Guardian ( ) Other _____

Resident Address	Street	Apt #	City	State	Zip

City or County **Do you live in the City? ( ) or County? ( ) - Please check one.**

Mailing Address (if different from above)	Street	P.O. Box	City	State	Zip

Workplace Information	Employer or Company Name	City, State	Workplace Phone #
			( )_____

Household #1 Guardian #2	Last Name	First Name	Home Phone # Unlisted ( )	Cell Phone #
			( )_____	( )_____
			E-mail address: _____	

Relationship to student: Father ( ) Mother ( ) Grandparent ( ) Stepfather ( ) Stepmother ( ) Guardian ( ) Other _____

Workplace Information	Employer or Company Name	City, State	Workplace Phone #
			( )_____

Secondary Household Information

Household #2 Guardian #1	Last Name	First Name	Home Phone # Unlisted ( )	Cell Phone #
			( )_____	( )_____
			E-mail address: _____	

Relationship to student: Father ( ) Mother ( ) Grandparent ( ) Stepfather ( ) Stepmother ( ) Guardian ( ) Other _____

Resident Address	Street	Apt #	City	State	Zip

Mailing Address (if different from above)	Street	P.O. Box	City	State	Zip

Workplace Information	Employer or Company Name	City, State	Workplace Phone #
			( )_____

Household #2 Guardian #2	Last Name	First Name	Home Phone # Unlisted ( )	Cell Phone #
			( )_____	( )_____
			E-mail address: _____	

Relationship to student: Father ( ) Mother ( ) Grandparent ( ) Stepfather ( ) Stepmother ( ) Guardian ( ) Other _____

Workplace Information	Employer or Company Name	City, State	Workplace Phone #
			( )_____

Sibling Information--Please list the student's brothers and/or sisters

Last Name	First Name	School Name	Grade

Custody Information

Is there a joint custody or parenting plan in effect? ( ) Yes ( ) No If yes, plan must be on file with the school for enforcement.

Is there a restraining order in effect? ( ) Yes ( ) No If yes, legal papers must be on file with the school for enforcement.

Restraining order is against: ( ) Mother ( ) Father ( ) Other Name:_____

Previous Schools Attended--Please list all schools attended, including Port Angeles Schools, most recent first

School Name	City	State	Grade Level(s)

For kindergarteners, did the student attend preschool? No ( ) Yes ( ) If yes, please indicate preschool attended: _____

Has the student ever been retained? No ( ) Yes ( ) If so, what grade? _____

Daycare Information (if any)

Daycare/Babysitter's Name	Is the Daycare/Babysitter authorized to remove the child from school? Yes ( ) No ( )

Provider Address	Street	City	Telephone #
		PASD	

Busing Information

Will student ride the bus?	( ) Yes ( ) No	AM Bus Route #_____ PM Bus Route # _____	Comments:

Special Services Information

Has your child ever qualified for or been enrolled in a Special Education Program? No ( ) Yes ( )

Has your child ever qualified for a 504 plan? No ( ) Yes ( )

Has your child ever participated in:

( ) Title I / LAP ( ) Individual Education Plan ( ) Gifted ( ) English as a Second Language ( ) Other Special Program _____

Safety / Criminal History

Has your child ever been suspended for a weapons violation? ( ) Yes ( ) No

Has your child ever been convicted of a felony? If yes, please list type: _____ ( ) Yes ( ) No

Physician Information

Physician Name	City, State	Telephone #
		( )_____

Local Emergency Contact Information

	Last Name	First Name	Home Phone #	Work Phone #	Cell Phone #
Emergency contact #1					

Relationship to student:

	Last Name	First Name	Home Phone #	Work Phone #	Cell Phone #
Emergency contact #2					

Relationship to student:

If necessary, my child may be released to the person(s) listed as emergency contacts if the school is unable to contact the parent(s)/guardian(s) listed on page one of this form.

Legal Parent / Guardian Signature _____

Release of Student Information

The Port Angeles School District defines Directory Information as information that would not generally be considered harmful or an invasion of privacy if disclosed, such as: student's name, address, listed telephone number, date and place of birth, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, photograph, grade level, diplomas and awards received and the most recent previous school attended.

I request that my student's directory information NOT be released to the following (check all that apply):

Higher Education ( ) Military ( ) Newspapers/Media ( ) School Yearbook/Sports Rosters ( )

Please sign this form for validation

The information on this form is true and accurate as of this date.

Legal Parent / Guardian Signature: _____ Date: _____