



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 M ( ) F ( )	Birthplace:	City	State	Country	
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 <input type="checkbox"/> No <input type="checkbox"/>	
Provider Address	Street	City	Telephone #
PASD			

### Busing Information

Will student ride the bus?	( <input type="checkbox"/> ) Yes   ( <input type="checkbox"/> ) No	AM Bus Route # _____      PM Bus Route # _____	Comments:
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### 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

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

Relationship to student:

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

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: \_\_\_\_\_



NAME \_\_\_\_\_

BUILDING \_\_\_\_\_

Ethnicity and Race Data Requirements: New standards for collecting and reporting ethnicity and racial data have been adopted that allow individuals to more accurately identify themselves; are required for federal education funding and accountability reporting; align with other agencies that are using the new standards; are consistent with census data and other national data sets, used for policy analyses; and better reflect population changes.

**QUESTION 1:** If you are of Hispanic or Latino origin? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Not Hispanic    | <input type="checkbox"/> Peruvian                      |
| <input type="checkbox"/> Argentine       | <input type="checkbox"/> Salvadoran                    |
| <input type="checkbox"/> Chilean         | <input type="checkbox"/> Spanish                       |
| <input type="checkbox"/> Mexican/Chicano | <input type="checkbox"/> Other Spanish/Hispanic/Latino |

**QUESTION 2:** What race(s) do you consider yourself? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Alaska Native           |
| <input type="checkbox"/> White or Caucasian        | <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 Clallam     |
| <input type="checkbox"/> Taiwanese                 | <input type="checkbox"/> Puyallup                |
| <input type="checkbox"/> Thai                      | <input type="checkbox"/> Quinalt                 |
| <input type="checkbox"/> Vietnamese                | <input type="checkbox"/> Samish                  |
| <input type="checkbox"/> Other Asian American      | <input type="checkbox"/> Sauk-Suiattle           |
| <input type="checkbox"/> Native Hawaiian           | <input type="checkbox"/> Shoalwater              |
| <input type="checkbox"/> Fijian                    | <input type="checkbox"/> Skokomish               |
| <input type="checkbox"/> Guamanian or Chamorro     | <input type="checkbox"/> Snoqualmie              |
| <input type="checkbox"/> Mariana Islander          | <input type="checkbox"/> Spokane                 |
| <input type="checkbox"/> Melanesian                | <input type="checkbox"/> Squaxin Island          |
| <input type="checkbox"/> Micronesian               | <input type="checkbox"/> Stillaguamish           |
| <input type="checkbox"/> Samoan                    | <input type="checkbox"/> Suquamish               |
| <input type="checkbox"/> Tongan                    | <input type="checkbox"/> Swinomish               |
| <input type="checkbox"/> Other Pacific Islander    | <input type="checkbox"/> Tualalip                |
|  | <input type="checkbox"/> Yakama                  |
|  | <input type="checkbox"/> Other Washington Indian |
|  | <input type="checkbox"/> Other American Indian   |