

Lake Washington School District – Student Registration Form

School _____ Today's Date _____

Student Information

Legal Last Name		Legal First Name		Legal Middle Name		Also known as	
Birthdate (M/D/Y)	Gender (M/F)	Birthplace: City	State	Country		Grade Level	
Student Social Security # (Optional)	Primary Language Spoken at Home <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever been in programs such as: <input type="checkbox"/> Highly Capable <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Special Education <input type="checkbox"/> Speech/Language <input type="checkbox"/> 504 Accommodation <input type="checkbox"/> Physical Therapy <input type="checkbox"/> English Lang. Learner <input type="checkbox"/> Other _____		
	Years in Country _____						

Ethnic Code: The district is required to report the following information to the state. (Categories are determined by the state and federal government).

Question 1: Is your child of Hispanic or Latino origin? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Central American | |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> South American | |

Question 2: What race do you consider your child? (Check all that apply)

- | | | | | | |
|---|---------------------------------------|---|--|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Quileute | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> White | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Fijian | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Quinault | <input type="checkbox"/> Other American Indian |
| | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Colville | <input type="checkbox"/> Samish | |
| | <input type="checkbox"/> Filipino | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Sauk-Suiattle | |
| | <input type="checkbox"/> Hmong | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Hoh | <input type="checkbox"/> Shoalwater | |
| | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Jamestown | <input type="checkbox"/> Skokomish | |
| | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Kalispel | <input type="checkbox"/> Snoqualmie | |
| | <input type="checkbox"/> Korean | <input type="checkbox"/> Tongan | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Spokane | |
| | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Lummi | <input type="checkbox"/> Squaxin Island | |
| | <input type="checkbox"/> Malaysian | | <input type="checkbox"/> Makah | <input type="checkbox"/> Stillaguamish | |
| | <input type="checkbox"/> Pakistani | | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Suquamish | |
| | <input type="checkbox"/> Singaporean | | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Swinomish | |
| | <input type="checkbox"/> Taiwanese | | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Tulalip | |
| | <input type="checkbox"/> Thai | | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Yakama | |
| | <input type="checkbox"/> Vietnamese | | <input type="checkbox"/> Puyallup | | |
| | <input type="checkbox"/> Other Asian | | | | |

Previous School Information

Number of previous schools attended: _____	Last school student attended (include year, grade and address of former school): _____
Has your child ever enrolled in a school or schools in Washington state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school(s) and year(s) attended? _____	
Has your child ever attended Lake Washington School District (including Headstart, Readystart or Pre-school)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school and year(s) attended? _____	

Primary Household Information – Resident Address – where student resides

Street		Apt #	
City	Zip	Housing Development	
Mailing Address (if different from above)			
Street		PO Box	Apt #
City	State	Zip	

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Parent/guardian #1 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Parent/Guardian #1 Phones with area code Check if unlisted <input type="checkbox"/> Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____
Parent/guardian #2 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Parent/Guardian #2 Phones with area code Check if unlisted <input type="checkbox"/> Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____

Second Household Mailing Information (if different from primary address)

Street _____	Apt # _____
City _____	State _____ Zip _____
Mailing Address (if different from above)	
Street _____	PO Box _____ Apt # _____ City _____ State _____ Zip _____

Parent/guardian #3 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Parent/Guardian #3 Phones with area code Check if unlisted <input type="checkbox"/> Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____
Parent/guardian #4 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Parent/Guardian #4 Phones with area code Check if unlisted <input type="checkbox"/> Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email Address: _____

Verification of Information: The information on this 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 Lake Washington School District.

Legal Parent/Guardian Signature _____ **Date** _____

For Office Use Only	School Entry Date	Student ID #	Advisor Name	Kindergarten Placement AM PM ADK (Circle one)	B/D Verified (initial)