

# 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		US Citizen		Ethnic Code		
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> American Indian <input type="checkbox"/> Not Available		
Years in Country _____							
Has your child ever been in programs such as: <input type="checkbox"/> Highly Capable <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Special Education <input type="checkbox"/> English Language Learner <input type="checkbox"/> Other _____ <input type="checkbox"/> 504 Accommodation <input type="checkbox"/> Speech/Language							

## Previous School Information

Number of previous schools attended. _____
Last school student attended (include year, grade and address of former school)
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	
Parent/guardian #1		<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
Last Name _____			Check if unlisted <input type="checkbox"/>
First Name _____			Home Phone: _____
Employer _____			Work Phone: _____
			Cell Phone: _____
			Email Address: _____
Parent/guardian #2		<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
Last Name _____			Check if unlisted <input type="checkbox"/>
First Name _____			Home Phone: _____
Employer _____			Work Phone: _____
			Cell Phone: _____
			Email Address: _____

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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)
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