

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

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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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