

# Student Registration Form

School \_\_\_\_\_ Today's Date \_\_\_\_\_

## Student Information

Legal Last Name		Legal First Name		Legal Middle Name
Also known as	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> Female	Grade Level	Birthdate (Month/Day/Year)
Birthplace	City	State	Country	
Has your child ever been in programs such as:				
<input type="checkbox"/> Highly Capable	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Special Education	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Other _____		
<input type="checkbox"/> 504 Accommodation	<input type="checkbox"/> Speech/Language	_____		
Is the student's parent/guardian currently in the military?		If Yes:		
<input type="checkbox"/> No		<input type="checkbox"/> Armed Forces, Active Duty		
<input type="checkbox"/> Yes:		<input type="checkbox"/> Armed Forces, Reserves		
Number of parents/guardians currently in the military: _____		<input type="checkbox"/> Washington National Guard		

## 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 Preschool)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school and year(s) attended? _____	

For Office  
Use Only

School Entry Date	Advisor Name	Student ID #	B/D Verified (initial)
-------------------	--------------	--------------	------------------------

**Primary Household Information – Resident Address – where student resides**

Street _____ Apt # _____		<b>For Office Use Only</b>  Address Verified (initial)
City _____ State _____ Zip _____	Housing Development (if applicable) _____	
Mailing Address (if different from above)		
Street _____ PO Box _____ Apt # _____		
City _____ State _____ Zip _____		
Primary Phone: (_____) _____ <input type="checkbox"/> Check if unlisted <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		
<b>Parent/Guardian #1</b>  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 _____	Phone 2: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other  Phone 3: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other  Email Address: _____
<b>Parent/Guardian #2</b>  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 _____	Phone 2: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other  Phone 3: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other  Email Address: _____

**Second Household Mailing Information**

Street _____ Apt # _____		
City _____ State _____ Zip _____	Housing Development (if applicable) _____	
Mailing Address (if different from above)		
Street _____ PO Box _____ Apt # _____		
City _____ State _____ Zip _____		
Primary Phone: (_____) _____ <input type="checkbox"/> Check if unlisted <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		
<b>Parent/Guardian #3</b>  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 _____	Phone 2: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other  Phone 3: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other  Email Address: _____
<b>Parent/Guardian #4</b>  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 _____	Phone 2: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other  Phone 3: (_____) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other  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** \_\_\_\_\_