

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
NKSD SCHOOL NAME	SCHOOL ENTRY DATE	MEDICAL ALERT <input type="checkbox"/> Yes OTHER ALERT <input type="checkbox"/> Yes	OTHER ID#	ADVISOR NAME CLASS OF _____	WA PRIMARY <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS THIS STUDENT EVER ATTENDED A SCHOOL IN THE STATE OF WASHINGTON? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school and city _____					
CITY AND STATE OF SCHOOL and/or DISTRICT MOST RECENTLY ATTENDED _____					
HAS THIS STUDENT EVER ATTENDED NKSD SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school and year attended _____					
DID STUDENT ATTEND AS A PRE-SCHOOLER AT AN NKSD SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No					
STUDENT NAME: Legal Last Name	Legal First Name	Middle Initial	Also known as:	STUDENT SOCIAL SECURITY # (Optional)	
BIRTHDATE (Month/Day/Year) Verified <input type="checkbox"/>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE: City, State, Country		REGISTERING FOR GRADE:	
PRIMARY LANGUAGE SPOKEN AT HOME (circle) English Spanish Other			STUDENT'S PRIMARY LANGUAGE (circle) English Spanish Other		
ETHNICITY and RACE					
Is your child of Hispanic or Latino origin? (Please 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				
What race(s) do you consider your child? (Please check all that apply)					
<input type="checkbox"/> African American / Black	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Nisqually			
	<input type="checkbox"/> Fijian	<input type="checkbox"/> Nooksack			
<input type="checkbox"/> White	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Port Gamble Klallam			
	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Puyallup			
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Quileute			
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Quinault			
<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Samish			
<input type="checkbox"/> Filipino	<input type="checkbox"/> Tongan	<input type="checkbox"/> Sauk-Suiattle			
<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Shoalwater			
<input type="checkbox"/> Indonesian		<input type="checkbox"/> Skokomish			
<input type="checkbox"/> Japanese	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Snoqualmie			
<input type="checkbox"/> Korean	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Spokane			
<input type="checkbox"/> Laotian	<input type="checkbox"/> Colville	<input type="checkbox"/> Squaxin Island			
<input type="checkbox"/> Malaysian	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Stillaguamish			
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Hoh	<input type="checkbox"/> Suquamish			
<input type="checkbox"/> Singaporean	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Swinomish			
<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Tulalip			
<input type="checkbox"/> Thai	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Yakama			
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Lummi	<input type="checkbox"/> Other Washington Indian			
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Makah	<input type="checkbox"/> Other American Indian / Alaska Native			
	<input type="checkbox"/> Muckleshoot				
PRIMARY HOUSEHOLD (parent/guardian where student resides)		PHONE #1 – Home Phone (include area code)		PHONE (include area code)	
(1) Legal Last Name	Legal First Name	Please check if unlisted <input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Cell	
(2) Legal Last Name	Legal First Name	STUDENT LIVES WITH		PHONE (include area code)	
		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Grandparents	<input type="checkbox"/> Guardian	
		<input type="checkbox"/> Father Only	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Agency	
		<input type="checkbox"/> Mother Only	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Self	
RESIDENT ADDRESS	(Street)	Apt #	City	State	ZIP
MAILING ADDRESS	(If different)	Apt #	City	State	ZIP
PARENT E-MAIL ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mom or <input type="checkbox"/> Dad					

Additional registration information required on the back of this form...

NORTH KITSAP SCHOOL DISTRICT #400**Student Registration Form**

SECOND HOUSEHOLD (non-custodial parent not residing with student) <i>(1) Legal Last Name</i> <i>Legal First Name</i>		PHONE #1 - Home Phone (include area code) Please check if unlisted <input type="checkbox"/>		PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell	
(non-custodial parent not residing with student) <i>(2) Legal Last Name</i> <i>Legal First Name</i>		RELATIONSHIP Both Parents Grandparents Guardian Father Only Father/Stepmother Agency Mother Only Mother/Stepfather Self			PHONE (include area code) <input type="checkbox"/> Work <input type="checkbox"/> Cell
RESIDENT ADDRESS	<i>(Street)</i>	Apt #	City	State	ZIP
SECOND HOUSEHOLD MAILING ADDRESS (include City, State, and Zip)				REQUEST 2 nd HOUSEHOLD MAILING <input type="checkbox"/> Yes <input type="checkbox"/> No	

DOES THIS STUDENT ATTEND DAYCARE?			DAYCARE PROVIDER Name Address Phone Number		
<input type="checkbox"/> Before school M T W TH F			WILL THIS STUDENT RIDE A BUS TO DAYCARE?		
<input type="checkbox"/> After school M T W TH F			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, circle specific days M T W TH F		
<input type="checkbox"/> Before and after school M T W TH F					

LEGAL PAPERWORK

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 _____

STUDENT SERVICES		HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____
HAS THIS STUDENT EVER BEEN ENROLLED OR SERVED IN A SPECIAL EDUCATION PROGRAM? (IEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DOES THIS STUDENT HAVE ANY PAST, CURRENT, OR PENDING DISCIPLINARY PROBLEMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DOES THIS STUDENT HAVE ANY HISTORY OF VIOLENT BEHAVIOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS YOUR CHILD EVER PARTICPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> English Language Learner <input type="checkbox"/> Speech <input type="checkbox"/> Occupational/Physical Therapy <input type="checkbox"/> Other _____		

Due to changes in the student data system, we have the ability to link families whose siblings attend other schools within the District. Please provide the information for each student (other than the student for whom you are filling out this form) in the spaces provided below.

	<u>Student Name</u>	<u>Age</u>	<u>School</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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 the North Kitsap School District.

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