



SNOQUALMIE VALLEY PUBLIC SCHOOLS NEW STUDENT ENROLLMENT/REGISTRATION FORM

DATE _____
BIRTH CERT. _____

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE / /	MEDICAL ALERT	GRADE/TEACHER / /	HOMEROOM NUMBER	BUS ROUTE AM PM

STUDENT INFO	STUDENT NAME: Legal LAST Name		Legal FIRST Name		Legal MIDDLE Name	
	BIRTHDATE (Month/Day/Year) / /	Has student's name ever been legally changed? If yes, what was previous name?	PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		GRADE LEVEL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

PRIMARY HOUSEHOLD	PRIMARY PARENT/GUARDIAN INFORMATION (Household information where student resides)					STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____
	Last Name: _____		First Name: _____			
	Home Phone: () _____		Work Phone: () _____		Cell Phone: () _____	
	Last Name: _____		First Name: _____			
	Home Phone: () _____		Work Phone: () _____		Cell Phone: () _____	
	Resident Street Address	Street	Apt #		City	
Mailing Address (if different from above)	Street	Apt #	PO Box	City	State	ZIP
E-MAIL ADDRESS:						

SECOND HOUSEHOLD	SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)					RELATIONSHIP <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____
	Last Name: _____		First Name: _____			
	Home Phone: () _____		Work Phone: () _____		Cell Phone: () _____	
	Last Name: _____		First Name: _____			
	Home Phone: () _____		Work Phone: () _____		Cell Phone: () _____	
	Mailing Address	Street	Apt #	PO Box	City	
E-MAIL ADDRESS						

School previously attended (Most Recent)	Entry Date	Withdrawal Date	Previous School Address (City and State)	
School previously attended	Entry Date	Withdrawal Date	Previous School Address (City and State)	
School previously attended	Entry Date	Withdrawal Date	Previous School Address (City and State)	
Has student ever attended a school in the Snoqualmie Valley School District? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of school attended:		School Year:
Has student ever attended another school district in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of school district and school attended:		School Year:

Ethnicity and Race

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as are used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.

The new Federal requirements state that Unknown, Multiracial, and Not Provided are not valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Please select all categories that apply to your child in Section 1 and Section 2:

Section 1. Is your child of Hispanic or Latino Origin?

No, My child is not Hispanic or Latino

Yes, My child is Hispanic or Latino *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Mexican/Mexican American/Chicano | |

Section 2. What race(s) do you consider your child? *(check all that apply)*

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

HOME LANGUAGE INFORMATION

Section 1

1. Is a language other than English spoken in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your child's first language a language other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer is yes, please list the language(s):		

If the answers to this Section are no you are done with the completion of this form. Please sign and date below.
If the answer to Question 2 is yes, your student will be referred for testing on the Washington Language Proficiency Placement Test. Please continue and complete Section 2 below:

Section 2

Please list language(s) spoken at home:		
List language(s) most often used by:		
<i>Father</i>	<i>Mother</i>	<i>Guardian</i>
For how many months has the student attended school in the United States (grade K-12) before enrolling in Snoqualmie Valley School District? <i>One (1) school year = ten months</i>		
For how many months has the student received formal education outside the United States in his/her native language (equivalent to grades K-12) before enrolling the Snoqualmie Valley School District? <i>"Formal education" does not include refugee camp schools or other unaccredited programs for children</i> <i>"Native Language" refers to the family's dominant language</i>		
Has the student ever received ESL/ELL services in another state other than Washington State?		
Student Name:	Birth Date (Month/Day/Year) / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School:	Grade:	
Student's Country of Origin:		
Parent or Guardian Name:		
Mailing address:	Daytime phone number:	

Parent/Guardian Signature

Date

Reference to WAC392-160-005.

- "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.
- "Eligible student" means any student who meets the following two conditions:
 - (a) The primary language of the student must be other than English; and
 - (b) The student's English skills must be sufficiently deficient or absent to impair learning.