

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

ADMISSION FORM

OFFICE USE ONLY		Residence Verification		<input type="checkbox"/> ACP Olympia #		ID					
2010-11 <input type="checkbox"/>	2011-12 <input type="checkbox"/>	Rec'd By	B-Date Ver	Photo ID	CIS	SPED	Health	Title VII	MK/Vento	eSIS	Sibs

STUDENT INFORMATION

Last Name Birth Date / /

First Name Middle Name Suffix

Home Phone Check if unlisted Grade In 2010-11 Grade In 2011-12 Male Female

ADDRESS INFORMATION

Check here if the student is homeless or living in temporary/transitional housing. Unaccompanied Youth

Home Address Apt # City State ZIP

Mailing Address (if different) How Long At Home Address?

HAS STUDENT RECEIVED SPECIAL EDUCATION SERVICES OR HAD AN IEP (INDIVIDUALIZED EDUCATION PLAN)

Yes No Has student received special education services during the past three years?
 Yes No Has student received special education services during the past year?
 If YES, estimated amount of time student receives special education services:
 If YES, Special Education form must be completed and signed. 1/2 day or less (0-4 hours) More than 1/2 day (more than 4 hours)

HOME LANGUAGE (do not leave blank)

Yes No Is a language other than English spoken at home?
 If yes, what language?
 Yes No Is your child's first language a language other than English?
 If YES, then your child will be assessed for English language proficiency.

TO BE COMPLETED IF NOT BORN IN U.S.

Country of Birth Date of Entry / /

REFUGEE STATUS
 Check here if student is (or was) a refugee. (A refugee, as defined by the Office of Refugee Resettlement; an asylee; a Cuban or Haitian entrant; an Amerasian from Vietnam; or a victim of trafficking.)
 Country of Origin

MEDICAL AND HEALTH INFORMATION

Physician, Clinic or Health Care Provider Phone Number

Yes No During school hours, does your child require a non-oral medication? (Ex. Injection, eye/ear drops, application to skin, suppository, central line)
 Yes No During school hours, does your child need help with a medical procedure? (Ex. Blood sugar, NG feeding, sterile catheterization)
 Yes No Does your child have a condition which causes the daily possibility of a life-threatening emergency? This includes life-threatening allergies, diabetes, and some seizures.
 If yes, please state what it is.

If you answered "YES" to any of the above three medical/health questions, please request a Health Packet and contact your school nurse, if available, or Health Services at 252-0750.

PREVIOUS SCHOOL (including Pre-school)

Name of School Current or Most Recent Grade Date of Last Attendance / /

Street Address Or phone # City State ZIP

Yes No Was student suspended or expelled from this school?
 Yes No Has student been suspended or expelled from any school?
 If yes to either, please explain.

DISCIPLINE

Yes No Does the student have any pending disciplinary actions; history of violent or disruptive behavior; past, current, or pending criminal or juvenile court proceedings; or history of gang affiliation?
 Yes No Does the student currently have, or has the student had in the past, a restraining order filed against him/her?

ASSIGNED TO:

FIRST NAME

STUDENT'S LAST NAME

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INFORMATION FOR PARENTS/GUARDIANS			WHO HAS LEGAL CUSTODY?	STUDENT LIVES WITH...
1	Relationship To Student	Employer	Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Both Parents
Last Name		Work Phone	Address same as students? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Father
First Name		Available at work? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Mother
Parent/Guardian language(s), if other than English		Home Phone	Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Grandparent(s)
Spoken _____		Cell Phone		<input type="checkbox"/> Guardian(s)
Correspondence _____			Does parent/guardian speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Ward of Court
Address (if different than student's)				<input type="checkbox"/> Parenting Plan
			Copy of Court Order, Parenting Plan, or other legal documents may be required.	<input type="checkbox"/> Independent
				<input type="checkbox"/> Agency/Social Services
				<input type="checkbox"/> Foster Parent(s)
				<input type="checkbox"/> Alone
				<input type="checkbox"/> Student's Spouse/Partner
				<input type="checkbox"/> Other Relative(s)

2	Relationship To Student	Employer	Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/>	EMERGENCY CONTACTS	
Last Name		Work Phone	Address same as students? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Name	
First Name		Available at work? Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	First Name
Parent/Guardian language(s), if other than English		Home Phone	Does parent/guardian speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>		Relationship To Student
Spoken _____		Cell Phone			Home Phone
Correspondence _____				Other/Cell Phone	
Address (if different than student's)				Last Name	
				First Name	
				Relationship To Student	
				Home Phone	
				Other/Cell Phone	

3	Relationship To Student	Employer	Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/>	EMERGENCY CONTACTS	
Last Name		Work Phone	Address same as students? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Name	
First Name		Available at work? Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	First Name
Parent/Guardian language(s), if other than English		Home Phone	Does parent/guardian speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>		Relationship To Student
Spoken _____		Cell Phone			Home Phone
Correspondence _____				Other/Cell Phone	
Address (if different than student's)				Last Name	
				First Name	
				Relationship To Student	
				Home Phone	
				Other/Cell Phone	

SIBLINGS (Please list any siblings currently living at the same address. If more than three, please request a sibling addendum.)			
Last Name	First Name	Birth Date	*Does the address and parent/guardian information on this form also apply to this sibling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current School Status <input type="checkbox"/> SPS* <input type="checkbox"/> Private or other district <input type="checkbox"/> Not in school			
Last Name	First Name	Birth Date	*Does the address and parent/guardian information on this form also apply to this sibling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current School Status <input type="checkbox"/> SPS* <input type="checkbox"/> Private or other district <input type="checkbox"/> Not in school			
Last Name	First Name	Birth Date	*Does the address and parent/guardian information on this form also apply to this sibling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current School Status <input type="checkbox"/> SPS* <input type="checkbox"/> Private or other district <input type="checkbox"/> Not in school			

STUDENT ETHNICITY AND RACE

PLEASE ANSWER **BOTH** QUESTIONS **A** AND **B**

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race.

Init
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A Is your student of Hispanic or Latino origin? *If yes, check all that apply.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Central American | <input type="checkbox"/> Puerto Rican |
| | <input type="checkbox"/> Cuban | <input type="checkbox"/> South American |
| | <input type="checkbox"/> Dominican | <input type="checkbox"/> Spaniard |
| | <input type="checkbox"/> Latin American | <input type="checkbox"/> Other Hispanic/Latino |
| | <input type="checkbox"/> Mexican/ Mexican American/ Chicano | |

B What race(s) do you consider your child?
Check all that apply. Please circle your primary choice.

		Office Use				Office Use				Office Use	
		A=N	A=Y			A=N	A=Y			A=N	A=Y
<input type="checkbox"/> African American/ Black	BL		HB	<input type="checkbox"/> Native Hawaiian	SO		HA	<input type="checkbox"/> Makah	AI		HI
<input type="checkbox"/> White	WH		HW	<input type="checkbox"/> Fijian	SO		HA	<input type="checkbox"/> Muckleshoot	AI		HI
<input type="checkbox"/> Asian Indian	EI		HA	<input type="checkbox"/> Guamanian Or Chamorro	SO		HA	<input type="checkbox"/> Nisqually	AI		HI
<input type="checkbox"/> Cambodian	SO		HA	<input type="checkbox"/> Mariana Islander	SO		HA	<input type="checkbox"/> Nooksack	AI		HI
<input type="checkbox"/> Chinese	CH		HA	<input type="checkbox"/> Melanesian	SO		HA	<input type="checkbox"/> Port Gamble Klallam	AI		HI
<input type="checkbox"/> Filipino	FI		HA	<input type="checkbox"/> Micronesian	SO		HA	<input type="checkbox"/> Puyallup	AI		HI
<input type="checkbox"/> Hmong	SO		HA	<input type="checkbox"/> Samoan	SA		HA	<input type="checkbox"/> Quileute	AI		HI
<input type="checkbox"/> Indonesian	SO		HA	<input type="checkbox"/> Tongan	SO		HA	<input type="checkbox"/> Quinault	AI		HI
<input type="checkbox"/> Japanese	JN		HA	<input type="checkbox"/> Other Pacific Islander	SO		HA	<input type="checkbox"/> Samish	AI		HI
<input type="checkbox"/> Korean	KO		HA	<input type="checkbox"/> Alaska Native	AN		HI	<input type="checkbox"/> Sauk-Suiattle	AI		HI
<input type="checkbox"/> Laotian	SO		HA	<input type="checkbox"/> Chehalis	AI		HI	<input type="checkbox"/> Shoalwater	AI		HI
<input type="checkbox"/> Malaysian	SO		HA	<input type="checkbox"/> Colville	AI		HI	<input type="checkbox"/> Skokomish	AI		HI
<input type="checkbox"/> Pakistani	SO		HA	<input type="checkbox"/> Cowlitz	AI		HI	<input type="checkbox"/> Snoqualmie	AI		HI
<input type="checkbox"/> Singaporean	SO		HA	<input type="checkbox"/> Hoh	AI		HI	<input type="checkbox"/> Spokane	AI		HI
<input type="checkbox"/> Taiwanese	SO		HA	<input type="checkbox"/> Jamestown	AI		HI	<input type="checkbox"/> Squaxin Island	AI		HI
<input type="checkbox"/> Thai	SO		HA	<input type="checkbox"/> Kalispel	AI		HI	<input type="checkbox"/> Stillaguamish	AI		HI
<input type="checkbox"/> Vietnamese	VI		HA	<input type="checkbox"/> Lower Elwha	AI		HI	<input type="checkbox"/> Suquamish	AI		HI
<input type="checkbox"/> Other Asian	OA		HA	<input type="checkbox"/> Lummi	AI		HI	<input type="checkbox"/> Swinomish	AI		HI
								<input type="checkbox"/> Tulalip	AI		HI
								<input type="checkbox"/> Yakama	AI		HI
								<input type="checkbox"/> Other Washington Indian	AI		HI
								<input type="checkbox"/> Other American Indian	AI		HI

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PARENT/GUARDIAN STATEMENT:

I certify that all of the information I have provided is true and accurate. I understand that falsification of any information or submission of misleading information will be cause for revoking the student's school assignment, that failure to provide supporting documentation may delay the processing of this application or result in the revocation of my child's assignment, and that my child may be excluded from school if immunizations are not current. I understand that Seattle Public Schools may take steps to verify my address, including review of public documents and contacting other government agencies, without further notification. I authorize the request of this student's records from the previous school, if applicable.

Signature of Parent/Guardian _____

Please Print Name _____

Date / /

Seattle Public Schools provides Equal Educational Opportunity without regard to race, creed, color, religion, age, ancestry, national origin, economic status, gender, sexual orientation, gender identity, pregnancy, marital status, families with children, honorably discharged veteran or military status, physical appearance, or mental, physical or sensory disability.

The District complies with all applicable state and federal laws and regulations to include, but not limited to, Title IX, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, RCW 49.60 "The Law Against Discrimination," and covers, but is not limited to, all District programs, courses, activities, including extra-curricular activities, services, access to facilities, etc.

The Title IX Officer and 504 Coordinator with the overall responsibility for monitoring, auditing, and ensuring compliance with this policy is: Manager, Office of Equity and Compliance Officer, P.O. Box 34165, Mail Stop 33-157, Seattle, WA 98124-1165. Phone: (206) 252-0024. Individuals who believe they have been discriminated against in any of the District's educational or employment activities can file an internal discrimination complaint with the District's Office of Equity and Compliance.