

ISSAQUAH SCHOOL DISTRICT STUDENT REGISTRATION FORM-HIGH SCHOOL

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City	State	Country
ETHNIC CODE (Check All that Apply) <input type="checkbox"/> A-Asian <input type="checkbox"/> I-American Indian or Alaska Native <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> P-Pacific Islander <input type="checkbox"/> H-Hispanic <input type="checkbox"/> W-White, not of Hispanic origin		PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		DISTRICT RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
				STUDENT SOCIAL SECURITY# (optional)

Has your child ever been in programs such as: Gifted, Special Education, 504 Accommodation, Speech and Language, Occupational Therapy, etc? Yes No If yes, circle the applicable programs.

Has your child ever been registered in the Issaquah School District? Yes No If yes, what school: _____

Does your child have any family members registered in the Issaquah School District? Yes No If yes, list the family members: _____

Does your student have any past, current, or pending disciplinary actions or any history of violent behavior? Yes No Date: _____

Has the student ever been suspended for a weapons violation? Yes No Date: _____

Is your child in the WASL Student Learning Program? Yes No

PRIMARY HOUSEHOLD INFORMATION (Where the student resides)

PRIMARY HOUSEHOLD (Where the student resides)		Parent/Guardian #1 – Phones, Include area code		Parent/Guardian #2 – Phones, Include area code	
Legal Parent/Guardian #1 <i>Last Name</i> <i>First Name</i>		Primary/Home Phone: (____) _____ <i>Please check if confidential</i> <input type="checkbox"/> (will not be published)		Work Phone: (____) _____	
		Work Phone: (____) _____		Cell Phone: (____) _____	
Legal Parent/guardian #2 <i>Last Name</i> <i>First Name</i>		Cell Phone: (____) _____		Pager: (____) _____	
		Pager: (____) _____		Email Address: _____	
		Email Address: _____			
RELATION TO STUDENT		<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	
RESIDENT ADDRESS	<i>Street</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
MAILING ADDRESS (If different from above)	<i>Street</i>	<i>Apt #</i>	<i>P O Box</i>	<i>City</i>	<i>State</i> <i>ZIP</i>

HOUSEHOLD #2 INFORMATION

SECOND HOUSEHOLD (if applicable)		Parent/Guardian #1 – Phones, Include area code		Parent/Guardian #2 – Phones, Include area code	
Parent/guardian #1 <i>Last Name</i> <i>First Name</i>		Home Phone: (____) _____ <i>Please check if Confidential</i> <input type="checkbox"/> (Will not be published)		Work Phone: (____) _____	
		Work Phone: (____) _____		Cell Phone: (____) _____	
Parent/Guardian #2 <i>Last Name</i> <i>First Name</i>		Cell Phone: (____) _____		Pager: (____) _____	
		Pager: (____) _____		Email Address: _____	
		Email Address: _____			
RELATION TO STUDENT		<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	
SECOND HOUSEHOLD ADDRESS	<i>Street</i>	<i>Apt#</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
MAILING ADDRESS (If different from above)	<i>Street</i>	<i>Apt#</i>	<i>P O Box</i>	<i>City</i>	<i>State</i> <i>ZIP</i>

PREVIOUS SCHOOL INFORMATION

NAME OF PREVIOUS SCHOOL: _____

Address of Previous School: _____ City: _____ State: _____ Zip: _____

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 Issaquah Public Schools.

LEGAL PARENT/GUARDIAN #1 SIGNATURE _____ *Date* _____

LEGAL PARENT/GUARDIAN #2 SIGNATURE _____ *Date* _____

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY							
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	ENTRY CODE	IMMUNIZATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH FORM RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL EMERGENCY FORM RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE TRANSCRIPT REQUESTED: DATE TRANSCRIPT RECEIVED: