



**SNOHOMISH
SCHOOL
DISTRICT**

SNOHOMISH SCHOOL DISTRICT 201 NEW STUDENT REGISTRATION FORM

SCHOOL: Aim High School

DATE: 11/15/18

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY					
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE
					AM PM

Has any member of your family ever been enrolled in the Snohomish School District? <input type="checkbox"/> Yes <input type="checkbox"/> No					
STUDENT NAME: Legal Last Name		Legal First Name		Also Known As:	
BIRTHDATE (Month/Day/Year)		BIRTHPLACE: City		Grade Level:	
GENDER <input type="checkbox"/> F <input checked="" type="checkbox"/> M		Snohomish Sno WA US		12	
DISTRICT RESIDENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Military Family Status (circle) <input type="checkbox"/> A - U.S. Armed Forces active duty <input type="checkbox"/> G - National Guard member <input type="checkbox"/> M - More than one member of Armed Forces/National Guard <input type="checkbox"/> N - No affiliation <input type="checkbox"/> R - U.S. Armed Forces reserves <input type="checkbox"/> Z - Do not wish to state		PRIMARY LANGUAGE SPOKEN AT HOME <input checked="" type="checkbox"/> English <input type="checkbox"/> Other	
Resident District:					

PRIMARY HOUSEHOLD (primary parent/guardian where student resides)			PRIMARY CONTACT # (include area code)		PRIMARY CONTACT PH #2 (area code)	
Legal Last Name (of primary contact)	Legal First Name	Middle Name	<input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			<input type="checkbox"/> Please check if unlisted		<input type="checkbox"/> Please check if unlisted	
Legal Last Name	Legal First Name	Middle Name	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
RELATIONSHIP TO STUDENT <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			<input type="checkbox"/> Please check if unlisted		<input type="checkbox"/> Please check if unlisted	
FAMILY EMAIL ADDRESS			ADDITIONAL EMAIL ADDRESS			
RESIDENT ADDRESS			Apt # City State ZIP			
MAILING ADDRESS (if different from above)			Apt # P O Box City State ZIP			

SECOND HOUSEHOLD (Non-custodial parent/guardian not residing with student)			PHONE #1 (include area code)		PHONE #2 (include area code)	
Legal Last Name	Legal First Name	Middle Name	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			<input type="checkbox"/> Please check if unlisted		<input type="checkbox"/> Please check if unlisted	
Legal Last Name	Legal First Name	Middle Name	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			<input type="checkbox"/> Please check if unlisted		<input type="checkbox"/> Please check if unlisted	
FAMILY EMAIL ADDRESS			RELATIONSHIP TO STUDENT: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No			

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
<u>Aim High School</u>	<u>Snohomish</u>	<u>Snohomish, WA</u>
HAS STUDENT EVER ATTENDED SNOHOMISH PUBLIC SCHOOLS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATE ATTENDED (Month/Year)
IF YES, NAME OF SCHOOL(S) ATTENDED		<u>9/18 - 11/18</u>

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, plan must be on file with the school) <input type="checkbox"/> Copy Attached	
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, legal papers must be on file with the school) <input type="checkbox"/> Copy Attached	
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	

Please complete additional registration information on back...

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? ☐ Yes ☒ No Date: _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? ☐ Yes ☒ No

HAS YOUR CHILD EVER BEEN ON AN IEP? (Individualized Education Program) ☐ Yes ☒ No

HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? ☒ Yes ☐ No

HAS YOUR CHILD EVER PARTICIPATED IN:

- ☐ Title – Title 1 Services
☐ LAP – Learning Assistance Program
☐ Gifted – Accelerated Learning Program
☐ ELL – English Language Learner

HAS YOUR CHILD EVER BEEN RETAINED?

☐ Yes ☒ No

If yes, at what grade level(s) _____

DOES STUDENT ATTEND CHILD CARE?

☐ Before school ☐ After school ☐ Before and after school

CHILD CARE PROVIDER

Name

Address

Phone Number

ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

PLEASE LIST OTHER SIBLINGS ATTENDING SNOHOMISH PUBLIC SCHOOLS

Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

STUDENT RELEASE AUTHORIZATION

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

PRIMARY EMERGENCY CONTACT (after parent/guardian contact) Legal Last Name Legal First Name		RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS Street		City	State	ZIP
SECONDARY EMERGENCY CONTACT (after parent/guardian contact) Legal Last Name Legal First Name		RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS Street		City	State	ZIP

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed _____

Legal Parent/Guardian Signature _____

Date 11/15/18

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____

Date 11/15/18

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