

OMAK SCHOOL DISTRICT - ENROLLMENT FORM

Revised 3/2/18

STUDENT INFORMATION

Proof of Age Yes No

Proof of physical address must be provided

Proof of Residency Yes No

Legal Last Name _____ Legal First Name _____

Middle Name _____ Date of Birth _____

Grade Level _____ Gender M F X Birth City _____ Birth State _____ Birth Country _____

What race(s) do you consider your child? (You must check at least one of the following categories*)

White Colville African American/Black Korean Vietnamese Filipino Other American Indian/Alaska Native

(*For more selections, please see the last page of this document.)

Is your child of Hispanic or Latin origin: Yes No If yes, please check one of the following categories:

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

1. What language does **YOUR CHILD** use most at home? _____

2. What language did your **CHILD** first learn to speak? _____

3. What language do parent/guardians use the most when you speak to your child? _____

“First Language” is the language your child learned when first beginning to talk. If the answer to this question is a language other than English, your student will be given a Washington State Language Proficiency Placement Test.

Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes No Don't Know

If student's Country of Birth is other than the United States, please complete the following:

- A. _____ How many months has the student attended public school in the U.S. (grades K-12) prior to enrolling in Omak School District?
- B. _____ How many months has the student received formal education outside the U.S. in his/her native language (grades K-12) prior to enrolling in Omak School District? This does not include refugee camp schools or other unaccredited programs for children. Native language refers to the family's dominant language.
- C. _____ The date the student first enrolled in public education anywhere in the United States.

MEP: Have you moved within the past three years to seek or obtain agricultural or fishing employment? Yes No

PREVIOUS SCHOOL INFORMATION (All fields must be completed.)

#1 School Name _____ Entry Date (mm/dd/yy) _____

District _____ Withdrawal Date (mm/dd/yy) _____

Address _____ Grades attended _____

City _____ State _____ Zip _____

Has your student ever attended Paschal Sherman Indian School? Yes No

Has your student ever attended North or East Elementary, Middle School, High School or Highlands High School? Yes No

PARENT INFORMATION

Student lives with

Custody

- Both Parents
- Father Only
- Foster Family
- Grandparent Only
- Joint Custody
- Legal Guardian
- Mother Only
- Self / Independent Adult
- Social Agency

- Agency
- Both Parents
- Father
- Father / Stepparent
- Foster Parent(s)
- Grandparent(s)
- Guardian
- Host Parents
- Mother
- Mother / Stepparent
- Other
- Self
- Stepfather / Stepmother

Restrictions for Custody (if applicable) Yes No

Legal Documentation on File with School? Yes No

PARENT/GUARDIAN (List the parents/guardians the student LIVES WITH first.)(Proof of physical address must be provided)

Household #1

First Parent / Guardian

Mr./Mrs./Ms./____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No

Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Primary Language _____ Speaks English? Yes No

Employer _____ Business Phone (____) _____ Ext. _____ Available at work? Yes No

Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____

Email Address _____

Please check appropriate box: Parent/ Guardian: Has no active military affiliation Is a member of active duty U.S. Armed Forces
Is a member of the reserves of the U.S. Armed Forces Is a member of the Washington National Guard
More than one parent/guardian is a member of the active duty U.S. Armed Forces or Reserves of the U.S. Armed Forces or Washington National Guard

Second Parent / Guardian

Mr./Mrs./Ms./____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No Copy of Corresp.? Yes No

Address (if different from Student's) _____

Primary Language _____ Speaks English? Yes No

Employer _____ Business Phone (____) _____ Ext. _____ Available at work? Yes No

Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____

Email Address _____

Please check appropriate box: Parent/ Guardian: Has no active military affiliation Is a member of active duty U.S. Armed Forces
Is a member of the reserves of the U.S. Armed Forces Is a member of the Washington National Guard
More than one parent/guardian is a member of the active duty U.S. Armed Forces or Reserves of the U.S. Armed Forces or Washington National Guard

Household #2

First Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No Copy of Corresp.? Yes No

Address (if different from Student's) _____

List as an Emergency Contact? Yes No Primary Language _____ Speaks English? Yes No

Employer _____ Business Phone (____) _____ Ext. _____ Available at work? Yes No

Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____

Email Address _____

Please check appropriate box: Parent/ Guardian: Has no active military affiliation Is a member of active duty U.S. Armed Forces
Is a member of the reserves of the U.S. Armed Forces Is a member of the Washington National Guard
More than one parent/guardian is a member of the active duty U.S. Armed Forces or Reserves of the U.S. Armed Forces or Washington National Guard

2nd Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No Copy of Corresp.? Yes No

Address (if different from Student's) _____

List as an Emergency Contact? Yes No Primary Language _____ Speaks English? Yes No

Employer _____ Business Phone (____) _____ Ext. _____ Available at work? Yes No

Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____

Email Address _____

Please check appropriate box: Parent/ Guardian: Has no active military affiliation Is a member of active duty U.S. Armed Forces
Is a member of the reserves of the U.S. Armed Forces Is a member of the Washington National Guard
More than one parent/guardian is a member of the active duty U.S. Armed Forces or Reserves of the U.S. Armed Forces or Washington National Guard

OTHER EMERGENCY CONTACTS (List at least one local Emergency Contact. May list additional Emergency Contacts on the last page.)

First Emergency Contact — Must be local

Last Name _____ First Name _____

Relationship to Student _____ Primary Language _____

Home Phone (____) _____ Unlisted Yes No Work Phone (____) _____ Ext. _____

Email Address _____ Cell Phone (____) _____ Pager (____) _____

Second Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____ Primary Language _____

Home Phone (____) _____ Unlisted Yes No Work Phone (____) _____ Ext. _____

Email Address _____ Cell Phone (____) _____ Pager (____) _____

MEDICAL / HEALTH INFORMATION

In case of emergency, 911 will be called to evaluate your child. Parent/Guardian will be notified as soon as possible.

Physician Name _____ Phone Number (_____) _____

Dentist Name _____ Phone Number (_____) _____

My child has a life threatening condition that requires a medication or treatment during the school day. Yes No

Chapter 28A.210 RCW: Requires orders to be in place before starting school.

Special Programs (Check all special programs or services in which the student has participated.)

Special Education / IEP / OT / PT / Speech Therapy

ESL / ELL

None Apply

Reading or Math Support (LAP / Title I)

Head Start

Gifted / Highly Capable

International Baccalaureate

Summer School

Native American Education

Other: _____

SIBLING INFORMATION (Use a separate sheet for additional siblings.)

Name	Relationship	Age	Gender	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DAYCARE PROVIDER:

Before School

Both Before and After School

After School

Provider Name (Last, First) _____

Address _____

Daycare Phone (____) _____ Cell Phone (____) _____ Pager (____) _____

Comments _____

PUBLICATION POLICY: Throughout the year, there are various events in which your child may be photographed (classroom activities, school events, etc.) We would like your permission to use these pictures or video and the child’s name in newsletters, on the district’s website, social media, area newspapers or displays. Yes, I give permission. No, I do not give permission.

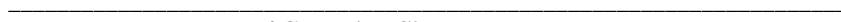
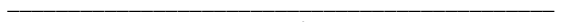
NOTIFICATION POLICY: The district now uses **SchoolMessenger** to contact parents/guardians regarding emergencies. We also send automated notices in the case of unexcused absences to the primary number given. We would also like to send general announcements (event reminders, etc.) to your primary number. Yes, I give permission. No, I do not give permission.

Note: If at any time you wish to change the number used for these announcements, contact the district communication office at 509-826-8340.

PERMISSION: I give Omak School District permission to request all records from previous schools to include transcripts, Special Ed records, immunizations, and permanent files. Yes, I give permission. No, I do not give permission.

VERIFICATION: 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.

Parent/Guardian Signature Required

 Parent / Guardian Signature	 Today’s Date
--	---

Yes, I have received a copy of the student handbook _____ (Initial)

Additional Race selections if needed: - What race(s) do you consider your child?

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