

SOUTHSIDE SCHOOL DISTRICT NO. 042
STUDENT ENROLLMENT FORM

Student's (LEGAL) Last Name _____ First _____ Middle _____ Grade _____

Date of Birth _____ Age _____ Male Female

Birth City _____ Birth State _____ County of Birth _____ Birth Country _____

Home Address _____ City _____ Zip _____

Mailing Address (if different from above) _____

Home Phone #(_____) _____ E-mail _____

Mother _____ Employer _____ Work Phone# _____ Cell Phone# _____

Father _____ Employer _____ Work Phone# _____ Cell Phone# _____

Step Parent _____ Employer _____ Work Phone# _____ Cell Phone# _____

Child living with: Mother Father Stepmother Stepfather Foster Parent(s) Grandparent(s)

Other _____

Language(s) spoken by child: English Other (Please specify) _____

Language(s) spoken at home: English Other (Please specify) _____

Please identify any special health problems or allergies: _____

TRANSFERRED FROM: NAME OF SCHOOL _____

ADDRESS _____

CITY/STATE/ZIP _____

Has your student been enrolled in any of the following programs?

Check all that apply:

- Special Education Title1/Lap Bilingual Education Speech Therapy Gifted/Talented Program
 Migrant Education Occupational/Physical Therapy Other _____

Did your student have classroom or playground behavior problems that we should be aware of?

YES NO Please describe: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

"Unknown" or No response" categories are not permitted by the federal guidelines. If you choose not to self-identify in terms of ethnic and racial categories, these will be assigned by school or district personnel.

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> NOT HISPANIC/LATINO | <input type="checkbox"/> MEXICAN/MEXICAN AMERICAN/CHICANO |
| <input type="checkbox"/> CUBAN | <input type="checkbox"/> CENTRAL AMERICAN |
| <input type="checkbox"/> DOMINICAN | <input type="checkbox"/> SOUTH AMERICAN |
| <input type="checkbox"/> SPAINARD | <input type="checkbox"/> LATIN AMERICAN |
| <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> OTHER HISPANIC/LATINO |

QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> AFRICAN AMERICAN/BLACK | <input type="checkbox"/> ALASKAN NATIVE |
| <input type="checkbox"/> WHITE | <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 |
| <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> SAUK-SUIATTLE |
| <input type="checkbox"/> FIJIAN | <input type="checkbox"/> SHOALWATER |
| <input type="checkbox"/> GUAMANIAN or CHAMORRO | <input type="checkbox"/> SKOKOMISH |
| <input type="checkbox"/> MARIANA ISLANDER | <input type="checkbox"/> SNOQUALMIE |
| <input type="checkbox"/> MELANESIAN | <input type="checkbox"/> SPOKANE |
| <input type="checkbox"/> MICRONESIAN | <input type="checkbox"/> SQUAXIN ISLAND |
| <input type="checkbox"/> SAMOAN | <input type="checkbox"/> STILLAGUAMISH |
| <input type="checkbox"/> TONGAN | <input type="checkbox"/> SUGUAMISH |
| <input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> SWINOMISH |
| | <input type="checkbox"/> TULALIP |
| | <input type="checkbox"/> UPPER SKAGIT (AMERICAN INDIAN/ALASKA NATIVE) |
| | <input type="checkbox"/> YAKAMA |
| | <input type="checkbox"/> OTHER WASHINGTON INDIAN |
| | <input type="checkbox"/> OTHER AMERICAN INDIAN/ALASKA NATIVE |