

Bethel School District No. 403
SECONDARY ENROLLMENT FORM

Shaded boxes for office use only																																																																				
School:	Date Received	Start Date	Student ID	Bus Info																																																																
	Medical Alert <input type="checkbox"/> Yes <input type="checkbox"/> No	Current IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Advisor																																																																	
STUDENT NAME: Legal LAST Name	Suffix (Jr, II, III)	Legal FIRST Name	Legal MIDDLE Name	Nickname																																																																
BIRTHDATE (Month/Day/Year) ____/____/____	GENDER Male Female	Birth Certificate Yes No	Birth Place (City, State, Country, County)	GRADE LEVEL																																																																
Has student's name ever been legally changed? Yes No If yes, what was previous name(s)?																																																																				
ETHNICITY AND RACE School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction. Please complete the following:																																																																				
1 Is your child of Hispanic or Latino origin? No, my child is not Hispanic or Latino (continue to next question). Yes, child is Hispanic or Latino (check all that apply and continue to next question).																																																																				
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2 What race do you consider your child (check all that apply)?																																																																				
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PRIMARY LANGUAGE SPOKEN AT HOME																																																																				
ENGLISH SPANISH OTHER _____																																																																				
Has student ever attended a school in the Bethel School District? (birth to current grade) Yes No If Yes, name of last school attended.																																																																				
Has student ever attended a school in Washington? (birth to current grade) Yes No If Yes, name of last school attended.																																																																				
PREVIOUS SECONDARY SCHOOLS ATTENDED (List ALL schools attended for 7th to 12th grade, listing the most recent first.)																																																																				
Name of School		Previous School Address (Street, City, State, and Zip)																																																																		

STUDENT INFO

Student name _____

PRIMARY HOUSEHOLD Household where student lives	1st Parent/Guardian Legal Last Name	First Name	Middle Initial	Relationship to Student Father Mother Other (specify)		
	Primary Phone: Home Work Cell <input type="checkbox"/> Check if confidential		Second Phone: Home Work Cell		Third Phone: Home Work Cell	
	()		()		()	
	Home Street Address		Apt #	City	State	ZIP
	Mailing Address (if different from above)		PO Box	City	State	ZIP
	1st Parent/Guardian Email Address:					
	2nd Parent/Guardian Legal Last Name	First Name	Middle Initial	Relationship to Student Father Mother Other (specify)		
2nd Parent/Guardian Email Address:		Second Phone: Home Work Cell		Third Phone: Home Work Cell		
()		()		()		

PARENTING PLAN/CUSTODY INFORMATION

Yes No There is a **JOINT CUSTODY** or **PARENTING PLAN** in effect. (If yes, legal paper should be on file with the school.)
 Yes No There is a **RESTRAINING ORDER** in effect. (If yes, legal paper should be on file with the school.)
 Restraining order is against Mother Father Other _____

SECONDARY HOUSEHOLD Parent not residing with student	1st Parent/Guardian Legal Last Name	First Name	Middle Initial	Relationship to Student Father Mother Other (specify)		
	Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Check if confidential		Second Phone: Home Work Cell		Third Phone: Home Work Cell	
	()		()		()	
	Home Street Address		Apt #	City	State	ZIP
	Mailing Address (if different from above)		PO Box	City	State	ZIP
	1st Parent/Guardian Email Address:				Add as emergency contact	
	2nd Parent/Guardian Legal Last Name	First Name	Middle Initial	Relationship to Student Father Mother Other (specify)		
2nd Parent/Guardian Email Address:		Second Phone: Home Work Cell		Third Phone: Home Work Cell		
()		()		Add as emergency contact		

EMERGENCY CONTACTS (persons the school is authorized to contact to pick student up at school if residential parent cannot be reached)

Emergency	Contact #1 (legal last, first, middle name)	Relationship to student	Phone #1: Home Work Cell	Phone #2: Home Work Cell
	()	()	()	()
	Contact #2 (legal last, first, middle name)	Relationship to student	Phone #1: Home Work Cell	Phone #2: Home Work Cell
()	()	()	()	
Contact #3 (legal last, first, middle name)	Relationship to student	Phone #1: Home Work Cell	Phone #2: Home Work Cell	
()	()	()	()	

- In the event my child is injured or becomes ill and no responsible person from the home can be reached, I hereby delegate the principal or the school's designated agent to do whatever is in the best interest of my child.
- Additionally, in the event my child is seriously injured, becomes seriously ill or has a medical emergency, I hereby delegate the principal or the school's designated agent to call 911 as the first emergency procedure.

Parent/Legal Guardian Signature _____

Date _____