

# 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 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:

☐ Not Hispanic/Latino ☐ Spaniard ☐ Central American ☐ Other Hispanic/Latino  
☐ Cuban ☐ Puerto Rican ☐ Latin American  
☐ Dominican ☐ Mexican/Mexican American/Chicano ☐ 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

### Custody

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

### Student lives with

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

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 |   |