

# Shaw Island School District

# New Student Enrollment Form

STUDENT LEGAL LAST NAME		LEGAL FIRST NAME	LEGAL MIDDLE NAME	PREFERRED NAME
BIRTHDATE	GENDER ___ Male ___ Female	PREFERRED GENDER ___ Male ___ Female ___ Non-Binary	PRIMARY LANGUAGE SPOKEN AT HOME	CHILD'S PRIMARY LANGUAGE
BIRTH COUNTRY		GRADE LEVEL		
PRIMARY HOUSEHOLD Guardian 1 First and Last Name		Relationship to Student	PHONE #1 (include area code) __ Home __ Work __ Cell	PHONE #2 (include area code) __ Home __ Work __ Cell
			Email Address	
PRIMARY HOUSEHOLD Guardian 2 First and Last Name		Relationship to Student	PHONE #1 (include area code) __ Home __ Work __ Cell	PHONE #2 (include area code) __ Home __ Work __ Cell
			Email Address	
RESIDENT ADDRESS	Street		City	State
	PO Box			
SECOND HOUSEHOLD Guardian 1 First and Last Name		Relationship to Student	PHONE #1 (include area code) __ Home __ Work __ Cell	PHONE #2 (include area code) __ Home __ Work __ Cell
			Email Address	
SECOND HOUSEHOLD Guardian 2 First and Last Name		Relationship to Student	PHONE #1 (include area code) __ Home __ Work __ Cell	PHONE #2 (include area code) __ Home __ Work __ Cell
			Email Address	
SECOND HOUSE ADDRESS	Street		City	State
	PO Box			
Is there a joint-custody or parenting plan in effect: __ Yes __ No (If yes, plan must be on file with school for enforcement)				
Is there a restraining order in effect: __ Yes __ No (If yes, legal papers must be on file with the school for enforcement)				
Restraining order is against __ Mother __ Father __ Other: _____				
SCHOOL PREVIOUSLY ATTENDED		SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL CITY/STATE	
Has your child ever qualified for a special education program? __ Yes __ No			Has your child ever been retained? __ Yes __ NO	
Has your child ever qualified for or had a 504 plan? __ Yes __ No			If yes, at what grade level? _____	
MILITARY SURVEY __ US Armed Forces Active Duty __ National Guard Member __ US Armed Forces Reserves __ No Affiliation				

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrolment or assignment may be cause for revocation of the student's enrollment or assignment in the Shaw Island School District.

Legal Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write in shaded area – For Office Use Only	School Entry Date	SSID	School ID
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