

**OFFICE USE ONLY:**  
Enrollment  
Date / Time:

**STUDENT ENROLLMENT INFORMATION**  
**2018-2019 SCHOOL YEAR**  
Please complete one form for each child

**OFFICE USE ONLY:**  
FS# \_\_\_\_\_  
Completed: \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Student's Preferred Name:** \_\_\_\_\_  
*First Middle Last*

**\*\* Preferred Name, Personal Pronoun: Students who attend Washington public schools have the right to be addressed by their preferred name and personal pronouns—he and him, or she and her.**

**Sex (please check one):**  Male  Female **Date of Birth:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_  
\*\*Proof of age may be requested upon enrollment.

**Language spoken by student:** \_\_\_\_\_ **Language spoken at home:** \_\_\_\_\_

**Student receives or has received (please check yes or no for each):**

Special Education services (IEP)  Yes  No | Bilingual services  Yes  No | Section 504 accommodations  Yes  No

**Race (please check one):**  White  African American or Black  Asian  Pacific Islander  American Indian

**Ethnicity (please check one):**  Not Hispanic/Latino  Mexican/Mexican American/Chicano  Cuban  Central American  
 Dominican  Latin American  Puerto Rican  South American  Spaniard  Other

**\*\*Additional ethnicity and/or race information may be requested by the district office\*\***

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**RESIDENTIAL FAMILY – Guardian(s) with whom the student lives**

**Guardian #1**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Current Military\*:  Yes  No

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian #2**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Current Military\*:  Yes  No

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Physical address:** \_\_\_\_\_

**Mailing address (if different):** \_\_\_\_\_

\*Additional military information may be requested by the district office pursuant to RCW 28A.300.505(2)(b)

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**NON-RESIDENTIAL FAMILY - Guardian(s) with whom the student does not live (if applicable)**

**Guardian #1**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Current Military\*:  Yes  No

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian #2**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Current Military\*:  Yes  No

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Should school reports be sent?**  Yes  No **May this family remove the student from school grounds?**  Yes  No

**Physical address:** \_\_\_\_\_

**Mailing address (if different):** \_\_\_\_\_

\*Additional military information may be requested by the district office pursuant to RCW 28A.300.505(2)(b)

**EMERGENCY CONTACT(S) – Please list only person(s) other than guardian(s)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

May this person remove the student from school grounds?  Yes  No

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

May this person remove the student from school grounds?  Yes  No

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**REMOVING STUDENT FROM SCHOOL GROUNDS – Please list any other people who MAY pick up student from school**

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**REMOVING STUDENT FROM SCHOOL GROUNDS – Please list people who MAY NOT pick up student from school**

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**MEDICAL/FAMILY INFORMATION**

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Names/Ages of Siblings:** \_\_\_\_\_

If the parent and/or authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct school authorities to send your child (properly accompanied) to the hospital or doctor most easily accessible?  Yes  No

Do you agree to be financially responsible for all expenses incurred for treatment under these circumstances?  Yes  No

If an ambulance is called, do you agree to be financially responsible for expenses incurred?  Yes  No

If you answered NO to any of the above questions, please explain what action you wish school authorities to take:

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**PRIOR SCHOOL INFORMATION (If applicable)**

**Last School Attended:** \_\_\_\_\_

**Mailing Address (city, state):** \_\_\_\_\_

Has your child ever been expelled from school?  Yes  No **If yes, please explain:**

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Has your child had attendance problems?  Yes  No **If yes, please explain:**

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**In accordance with Chapter 28A.605.010 (RCW), NO STUDENT WILL BE REMOVED FROM ANY SCHOOL GROUNDS OR BUILDING THEREON DURING SCHOOL HOURS EXCEPT BY A PERSON AUTHORIZED TO DO SO BY THE CHILD'S PARENT(S)/GUARDIAN(S), OR BY A PERSON WHO HAS LEGAL CUSTODY OF THE CHILD. BEFORE A STUDENT IS REMOVED, THE PERSON SEEKING TO REMOVE THE STUDENT MUST PRESENT TO THE SATISFACTION OF THE SUPERINTENDENT OR HIS/HER DESIGNEE, EVIDENCE OF HIS/HER PROPER AUTHORITY TO REMOVE THE STUDENT.**

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Wilson Creek School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The Civil Rights Compliance Coordinator is available to handle questions and complaints of alleged discrimination. If you have questions and/or concerns please call Sally Nelson (Civil Rights Compliance Coordinator) [snelson@wilsoncreek.org](mailto:snelson@wilsoncreek.org) or Laura Christian (504/ADA Coordinator) [lchristian@wilsoncreek.org](mailto:lchristian@wilsoncreek.org) or Kirk Freeman (Title IX) [kfreeman@wilsoncreek.org](mailto:kfreeman@wilsoncreek.org) at Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, phone 509-345-2541.

El Distrito Escolar de Wilson Creek no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación: Sally Nelson, La directora, [snelson@wilsoncreek.org](mailto:snelson@wilsoncreek.org) o Laura Christian [lchristian@wilsoncreek.org](mailto:lchristian@wilsoncreek.org) o Kirk Freeman [kfreeman@wilsoncreek.org](mailto:kfreeman@wilsoncreek.org) Wilson Creek School District PO Box 46, Wilson Creek, WA 98860, telephone 509-345-2541.