

PRIMARY GUARDIAN 1 EMPLOYER (Company Name) _____	Employer Phone _____
PRIMARY GUARDIAN 2 EMPLOYER (Company Name) _____	Employer Phone _____

SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student) Last Name _____ First Name _____ RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Agency <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Grandparents <input type="checkbox"/> Other	SECOND HOUSEHOLD PHONE <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email Address _____
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SECOND HOUSEHOLD (non-custodial parent not residing with student) Last Name _____ First Name _____	Additional Mailings Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
SECOND HOUSEHOLD ADDRESS (Street/Apt #, City, State, ZIP) _____	

IS THERE A CUSTODY OR PARENTING PLAN IN EFFECT? Yes No
 If yes, please provide a copy for your child's school file. Copy Received? Yes No

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No
 If yes, legal papers must be on file with the school for enforcement. Copy Received? Yes No

Restraining order is against: Mother Father Other _____

SCHOOL PREVIOUSLY ATTENDED: _____	SCHOOL DISTRICT PREVIOUSLY ATTENDED: _____
PREVIOUS SCHOOL LOCATION: (Address, City, State) _____	

Has Student Ever Attended Olympia School District Schools? Yes No If yes, School: _____

Has Your Child Ever Been Enrolled In A Preschool Program? Yes No

Has Student Ever Attended A Washington State School? Yes No Date(s) Attended (Month/Year) _____

DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION? No Yes
 If **yes**, additional information is required prior to your child attending school. Please complete and return the supplemental Life Threatening Conditions packet. According to RCW 28A.210.320: *Children with life-threatening health conditions – Medication or treatment orders – Rules*, the medication or treatment order must address the life-threatening condition and it must be on file with the school prior to the child attending school. Under the law, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. The law provides that a child may not attend school in the absence of a medication or treatment order if the child has a life-threatening condition that might require medical services to be provided at school.

THIS SECTION IS FOR OFFICE USE ONLY		
<input type="checkbox"/> Packet given to parent/legal guardian	<input type="checkbox"/> Authorized office staff signed	<input type="checkbox"/> Parent/Legal Guardian signed
Date packet given: _____		

Has your child ever qualified for, or been enrolled in, a special education program? No Yes If yes, at what grade level(s)? _____

Has your child ever qualified for, or had, a 504 plan? No Yes If yes, at what grade level(s)? _____

Has your child ever participated in: Title 1 LAP Gifted Other? No Yes If yes, at what grade level(s)? _____

Has your child ever been enrolled in an, English Learner (EL) Program? No Yes If yes, at what grade level(s)? _____
 Primary language spoken at home: _____

Has your child ever been **retained**? No Yes If yes, at what grade level(s)? _____

Has your child ever been **promoted**? No Yes If yes, at what grade level(s)? _____

Has your child ever had a BECCA petition filed on them? No Yes If yes, at what grade level(s)? _____

Has your child ever been suspended or expelled? No Yes If yes, at what grade level(s)? _____

Is your child currently living in: a shelter, car, motel, doubled-up with friends/relatives, in temporary foster care or group home, or campground? No Yes If yes, at what grade level(s)? _____

DOES STUDENT ATTEND CHILDCARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school		
Childcare Provider's Name _____	Address _____	Phone Number _____

Additional Childcare Arrangements? No Yes (Please provide information to school in writing.)

PLEASE LIST SIBLINGS

Legal Last Name	Legal First Name	School	Grade	Age

STUDENT'S MEDICAL HISTORY

(Check appropriate boxes and complete the health card for a more detailed description of the concerns.)

Allergies: No Yes

Doctor or Clinic Name: _____

Other Health Concerns: No Yes

Doctor or Clinic Phone Number: _____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/legal guardian immediately. If parent/legal guardian cannot be reached, I authorize school authorities to obtain emergency care for my child. Yes No

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/legal guardian, I authorize that my child may be released to the person(s) listed as emergency contacts. Yes No

When injury, illness or emergency situations (earthquake, fire, etc.) occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/legal guardian, please list persons you trust who are available during the day to provide care for your child (it would be helpful if one contact was from outside of the area).

PRIMARY CONTACT (other than parent/legal guardian)		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
Legal Last Name	First Name		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
_____	_____	_____		

PRIMARY CONTACT ADDRESS	Street	City	State	ZIP
_____	_____	_____	_____	_____

SECONDARY CONTACT (other than parent/legal guardian)		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
Legal Last Name	First Name		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
_____	_____	_____		

THIRD CONTACT (other than parent/legal guardian)		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
Legal Last Name	First Name		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
_____	_____	_____		

FOURTH CONTACT (other than parent/legal guardian)		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
Legal Last Name	First Name		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
_____	_____	_____		

FIFTH CONTACT (other than parent/legal guardian)		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
Legal Last Name	First Name		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
_____	_____	_____		

SIXTH CONTACT (other than parent/legal guardian)		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
Legal Last Name	First Name		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
_____	_____	_____		

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:

Question 1: Is your child of Hispanic or Latino origin?

- No, my child is not Hispanic or Latino (continue to next question). (10)
- Yes, my child is Hispanic or Latino (check all that apply and continue to next question).
 - Cuban (55)
 - Dominican (60)
 - Spaniard (65)
 - Puerto Rican (70)
 - Mexican/Mexican American/Chicano (30)
 - Central American (75)
 - South American (80)
 - Latin American (85)
 - Other Hispanic/Latino (90)

Question 2: What race(s) do you consider your child (check all that apply)?

- African American / Black (200)
- White or Caucasian (300)
- Asian Indian (505)
- Cambodian (507)
- Chinese (510)
- Filipino (520)
- Hmong (525)
- Indonesian (530)
- Japanese (535)
- Korean (540)
- Laotian (545)
- Malaysian (550)
- Pakistani (555)
- Singaporean (560)
- Taiwanese (565)
- Thai (570)
- Vietnamese (575)
- Other Asian (599)
- Alaska Native (405)
- Chehalis (410)
- Colville (413)
- Cowlitz (416)
- Hoh (418)
- Jamestown (421)
- Kalispel (424)
- Lower Elwa Klallam (427)
- Lummi (430)
- Makah (433)
- Muckleshoot (436)
- Nisqually (439)
- Nooksack (442)
- Port Gamble Klallam (445)
- Puyallup (448)
- Quileute (451)
- Quinault (454)
- Samish (457)
- Sauk-Suiattle (460)
- Shoalwater Bay (463)
- Skokomish (466)
- Snoqualmie (469)
- Spokane (472)
- Squaxin Island (475)
- Stillaguamish (478)
- Suquamish (481)
- Swinomish (484)
- Tulalip (487)
- Upper Skagit
- Yakima (490)
- Other Washington Indian Tribe (495)
- Other American Indian Tribe (499)
- Native Hawaiian (605)
- Fijian (520)
- Guamanian or Chamorro (620)
- Mariana Islander (625)
- Melanesian (630)
- Micronesian (632)
- Samoan (635)
- Tongan (640)
- Other Pacific Islander (699)

VERIFICATION OF INFORMATION:

I attest that 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 or assignment to a school in the Olympia School District.

Legal Parent/Guardian's Signature: _____

Date: _____

Printed Name: _____