

KALAMA SCHOOL DISTRICT #402 – STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Today's Date _____

LAST NAME (must be legal name) FIRST NAME M.I. DATE OF BIRTH M F
GENDER

Birth Cert. Supplied: Y N Birth Place: _____ Grade: _____

Student email address: _____ City State Zip
Student Phone#: _____

Language: _____ Resident: Y N Soc. Sec. No. _____ - _____ - _____ Full/Part Time

Enrollment Date: _____ Student lives with (please circle) Parents Guardian Mother Father Other _____

Is the enrolling student currently under a suspension or expulsion from another school? YES NO

Reason _____ School _____

Is the enrolling student in any special programs YES NO Program _____

Does the enrolling student have a current specialized learning plan? IEP 504 NONE

FAMILY INFORMATION – Head of Household (Family 1 - Guardian 1)

Last Name First Name Middle Name Date of Birth M F
Gender
Marital Status: Married Single Divorced Widow Relationship to student: _____ Custodial: Y N Emergency contact? Y N

Home Phone Work Phone Other Phone Type

Occupation Employer Name Address City State Zip

Language in home: _____ Guardian 1 email _____

ADDRESS: _____
street number Direction Street Name Apt. Suite, etc. City State Zip

Separate Mailing address: (Physical address is required by the state and also to establish residency)

P.O. Box # or another physical address City State Zip County

SPOUSE (Family 1 – Guardian 2) OR OTHER PARENT (Family 2) (please circle the option that applies)

IS THIS A PARENT LIVING IN A DIFFERENT HOUSEHOLD Y N

Last Name First Name Middle Name Date of Birth M F
Gender
Marital Status: Married Single Divorced Widow Relationship to student: _____ Custodial: Y N Emergency contact? Y N

Home Phone Work Phone Other Phone Type Email Address (if different from Guardian 1)

Occupation Employer Name Address City State Zip

Language you speak: _____

ADDRESS: _____
Street number Direction Street Name Apt., Suite, etc. City State Zip
(Physical addresses are required by the state and also to establish residency)

Separate Mailing address: P.O. Box _____ City _____ State _____ Zip _____

PREVIOUS SCHOOL:

School Name District Address City State Zip

OVER

Has this student ever attended school in Washington?

Y N

Where:

School Name

City and State

EMERGENCY CONTACTS: (person's other than those the student resides with)

Emergency contact table with columns: Name, Home Phone, Work or Cell Phone (circle), Relationship. Three rows provided.

SIBLINGS:

Siblings table with columns: NAME, AGE, NAME, AGE. Three rows provided.

STUDENT ALERT - HEALTH INFORMATION (allergies or other important notifications)

State law requires a medication/treatment order from a Licensed Health Professional before your child can attend school if any of the following "Conditions" exist. Forms are available in the office. (Circle all that apply)

LIFE THREATENING MEDICAL CONDITION

- Y N Severe allergic reaction to nuts
Y N Severe allergic reaction to bees
Y N EpiPen for reaction
Where:
Y N Other severe allergies:
Y N Asthma, regularly takes meds.
Y N Asthma, has been hospitalized or in an emergency room/urgency care within the past year for this condition.
Y N Diabetes
Y N Other:

POSSIBLE LIFE THREATENING MEDICAL CONDITION

- Y N Asthma, meds when needed.
Y N Seizure disorder

- Type:
Last seizure:
Y N Heart Condition:
Y N Blood Disorder: Hemophilia
Anemia Other:
Y N Other Health Concern:
Y N Does your child have any other condition that would affect classroom performance or P.E. activities?
Explain:
Y N Behavior/Emotional Concern:
Y N Attention Deficit Disorder ADD
Y N ADD/Hyperactivity Disorder ADHD
Y N Orthopedic Condition
Y N Glasses/Contacts - Date of exam:
Y N Hearing aids- Date of exam:

DAILY MEDICATIONS

- Y N Medication needed at school:
Y N Medication needed at home:
Other: This information is considered confidential. It will be shared with school staff only as needed during the time your child is enrolled in any activity, in order to ensure the health and safety of your child, unless otherwise requested by you in writing

Parent Signature

Date

FOR OFFICE USE ONLY:

Registration form (Secretary) Immunization form (Secretary) Schedule (Counselor) Entrance Interview (Admin)
Previous School Reference Check (Admin) School Name:
Contact Name: Date:
Comments: