

TACOMA SCHOOL DISTRICT NO. 10

ENROLLMENT FORM

STUDENT INFORMATION

All information is to be completed by parent/guardian

Has your student been enrolled in the Tacoma School District before? Yes No

If yes, which school If yes, student's district ID#

If no, what district/school did student last attend? Student's Current Grade:

Legal First Name: Legal Middle Name: Legal Last Name:

Preferred First Name: Gender (circle one): Male Female Birthdate:

Is your student of Hispanic or Latino ethnicity? Yes No If yes, please check one:

Central American (75)	Cuban (55)	Dominican (60)	Latin American (85)
Puerto Rican (70)	South American (80)	Spaniard (65)	Other Hispanic/Latino (10)
Mexican/Mexican American/Chicano (30)			

What is/are your student race(s)? Please check all that apply.

African American or Black (200)	Nisqually (439)	Tulalip (487)	Pakistani (555)
White or Caucasian (300)	Nooksack (442)	Upper Skagit (488)	Singaporean (560)
White, Hispanic Origin (305)	Port Gamble S/Klallam (445)	Yakama (490)	Taiwanese (565)
	Puyallup (448)	Other Washington Indian (495)	Thai (570)
Native American /Native Alaskan	Quinalt (451)	Other American Indian (499)	Vietnamese (575)
Alaska Native (405)	Quilteute (454)	Asian	Other Asian (599)
Chelalis (410)	Samish (457)	Asian Indian (505)	Native Hawaiian/Pacific Islander
Colville (413)	Sauk-Suiattle (460)	Cambodian (507)	Native Hawaiian (605)
Cowlitz (416)	Shoalwater (463)	Chinese (510)	Fijian (615)
Hoh (418)	Skokomish (466)	Filipino (520)	Guamanian or Chamorro (620)
Jamestown (421)	Snoqualmie (469)	Hmong (525)	Mariana Islander (625)
Kalispel (424)	Spokane (472)	Indonesian (530)	Melanesian (630)
Lower Elwha Klallam (427)	Squaxin Island (475)	Japanese (535)	Micronesian (632)
Lummi (430)	Stilloquamish (478)	Korean (540)	Samoa (635)
Makah (433)	Suquamish (481)	Laotian (545)	Tongan (640)
Muckleshoot (436)	Swinomish (484)	Malaysian (550)	Other Pacific Islander (699)

What is your student's primary language spoken at home?

What is your student's native language?

What is your preferred language of correspondence?

Student's email address (optional)

Parent Initials

STUDENT'S PHYSICAL ADDRESS

Street Address Apartment # Complex
 City State Zip Code Is this Temporary Housing? Yes No
 If yes, ask office staff for available services.

STUDENT'S MAILING ADDRESS

Street Address Apartment # Complex
 City State Zip Code
 Student's Home Phone () Unlisted? Yes No Student's Cell Phone () Unlisted? Yes No
(Optional)

PARENT/GUARDIAN CONTACT INFORMATION

	Parent/Guardian #1	Parent/Guardian #2	Parent/Guardian #3	Parent/Guardian #4
Priority to Contact (who should we call first?)				
Has Custody of student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship				
First Name				
Last Name				
Living With Student at Physical Address Listed Above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, Please List Your Physical Address				
Language Spoken at Home				
Correspondence Language				
Email Address				
Use Email For Mailing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone	() () ()	() () ()	() () ()	() () ()
Cell Phone	() () ()	() () ()	() () ()	() () ()
Work Phone	() () ()	() () ()	() () ()	() () ()

Who has Custody of your student (if not listed above)? Name Relationship

If your student is Grade 9 or higher, enter the date they FIRST began 9th grade

EMERGENCY MEDICAL INFORMATION

Who is your student's physician or health care provider?

Phone # ()

EMERGENCY INFORMATION

In case of an emergency such as earthquake, please check the box below for the first course of action your student's school should take:

- Call Parent/Emergency Contact for pick up from school.
- Student should take public transportation home.
- Student should be retained at school.
- Student should walk home.

In the event my student is injured or becomes seriously ill, and the parent/guardian cannot be reached, the school may seek emergency medical assistance for my student.
If yes, please initial. Parent/guardian initials _____

In case of emergency, to which hospital would you like your student transported?

TRANSPORTATION

Please indicate below your student's primary mode of transportation to and from school.

Yes	No	My student walks to school.	AM	PM
Yes	No	My student takes the bus.	AM	PM
Yes	No	My student is picked up/dropped off.	AM	PM

My student has a life-threatening condition. Yes No

Please describe:

Note: If your student's health condition is life-threatening, the school health care plan and medication or treatment plan MUST be completed PRIOR to school attendance. RCW 28A.210.320. Please contact your school nurse.

STUDENT'S PERSONAL INFORMATION

Does your student have a 504 Plan? Yes No Does your student receive ESL/ELL services at school? Yes No
Does your student receive Special Education assistance? Yes No If yes, please circle below:

Resource	Self-contained	DD/MR	Speech	Hearing-Impaired	Visually-Impaired	OT/PT	Other
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Student's City of Birth

State of Birth

Country of Birth

Directory information includes the student's name, photograph, dates of attendance, participation in officially recognized activities and sports, diplomas, awards received and schools attended. Check the box(es) for the type of information that MAY NOT be released.

Name Address Photo Phone

My student's name and phone number may be released to military recruiters. Yes No

Is your student allowed Internet Access at school? Yes No

Do you have home Internet Access? Yes No

EMERGENCY CONTACT INFORMATION (For adults who do NOT live with your student):

	Contact #1	Contact #2	Contact #3	Contact #4
Priority to Contact (who should we call first?)				
Relationship				
First Name				
Last Name				
Language Spoken at Home				
Email Address				
Street Address				
City				
State, Zip Code				
Is this person able to transport student?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Number	() () ()	() () ()	() () ()	() () ()
Cell Number	() () ()	() () ()	() () ()	() () ()
Work Number	() () ()	() () ()	() () ()	() () ()

SIBLINGS LIVING AT HOME

Name	Age	School

STUDENT'S DAYCARE INFORMATION

Daycare Name _____

Address _____

Phone () () _____

Contact Name _____

Information on all pages of this enrollment form is correct to the best of my knowledge.

Parent/Guardian signature _____

Date _____