

This completed form must be returned along with an Inter-District Transfer form from your resident district at your first Career Education Options registration appointment. Parent or guardian signature is required on page 4 for students under age 18. Students 18 and older may sign for themselves. The Monroe School District is CEO's educational partner. For more information, please call 206-546-7844.



## Welcome To Monroe Public Schools!

### New Student Registration

Has any member of your family ever been enrolled in or employed by the Monroe Public Schools?  Yes  No

STUDENT: Legal Last Name		Legal, First Name		Legal Middle Name		Also Known as:		
Birth Date (Month/Day/Year)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Place: City		State	Country		Grade Level
Resident Address	Street			Apt#	City	State	ZIP	
Mailing Address (If different from above)	Street			Apt#	P O Box	City	State	ZIP

Email Address:	Phone #1 (include area code) <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted	Phone #2 (include area code) <input type="checkbox"/> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted
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RESIDENT DISTRICT: Is student attending Monroe Public Schools via an Inter District Transfer or Choice Transfer?  Yes  No  
If Yes, what is your resident district? \_\_\_\_\_

#### HEALTH INFORMATION

Health Care Provider/Clinic, \_\_\_\_\_

- Yes  No During school hours, does your child need help with a medical procedure? (Ex. Blood sugar, tube feeding, catheterization)
- Yes  No Does your child have a condition which causes the daily possibility of a life-threatening emergency? This includes life-threatening allergies, diabetes, and some seizures.  
If Yes, please state what it is \_\_\_\_\_

**If your child has a life threatening health condition, an emergency care plan and medical treatment order must be in place prior to your child's school attendance. Please contact Health Services at 360 804-2600 for assistance.**

Income Information: The following information will help determine eligibility for special funding sources but will not affect a Student's eligibility for enrollment (optional).

Household size: \_\_\_\_ (Number of individuals living together in household)

Total Annual Household Income

- |  |  |
|--|--|
| <input type="checkbox"/> \$22,459 or less    | <input type="checkbox"/> \$54,428 - \$62,419 |
| <input type="checkbox"/> \$22,460 - \$30,451 | <input type="checkbox"/> \$62,420 - \$70,411 |
| <input type="checkbox"/> \$30,452 - \$38,443 | <input type="checkbox"/> \$70,412 - \$78,403 |
| <input type="checkbox"/> \$38,444 - \$46,435 | <input type="checkbox"/> \$78,404 - \$86,395 |
| <input type="checkbox"/> \$46,436 - \$54,427 | <input type="checkbox"/> \$86,396 or more    |

1/1/19

For Office Use Only

Yes  No

HOME LANGUAGE: Is a language other than English spoken in the home?  Yes  No  
 If yes, list language(s) most often used by:  
 Father \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Guardian \_\_\_\_\_

2. Was your child's first language (or native language) a language other than English?  Yes  No  
 If Yes, list language(s): \_\_\_\_\_ Language spoken most often by student: \_\_\_\_\_

3. **Has your child attended school in the United States for less than 3 years?**  Yes  No  
**If Yes**, please complete the following:  
 a. How many months has the student attended school in the United States (grades K-12) before enrolling in this district? \_\_\_\_\_ months  
 List dates: **from** month/date/year \_\_\_\_/\_\_\_\_/\_\_\_\_ **to** month/date and year \_\_\_\_/\_\_\_\_/\_\_\_\_  
 b. For how many months has the student received formal education (equivalent to grades K-12) outside the United States in his/her first or native language (family's dominant language) before enrolling in this district? \_\_\_\_\_ months  
*Guidance:*  
 • One (1) school year = ten (10) months.  
 • "Formal education" does not include refugee camp schools or other unaccredited programs for children.

4. Has your child been tested for an English Language Learner (ELL or ESL) program in a previous school?  Yes  No

5. Has your child participated in an English Language Learner (ELL or ESL) program in a previous school?  Yes  No

**STUDENT RESIDENCY:**  
 The answers to the following questions can help determine the services this student may be eligible to receive under McKinney Vento Act 42 U.S. C. 11435.  
 Is this student's home address a temporary living arrangement due to loss of housing or economic hardship?  Yes  No  
 If you answered "Yes" to the above question:  
 Please contact your school's office to request a *Student Residency Questionnaire*

<b>PRIMARY HOUSEHOLD:</b> (parent/guardian #1 where student resides) <i>Last Name</i> <i>First Name</i>		Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> work <input type="checkbox"/> Cell  <input type="checkbox"/> please check if unlisted	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted
(parent/guardian #2 where student resides) <i>Last Name</i> <i>First Name</i>		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted	Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted
Parent/Guardian #1 Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Self <input checked="" type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Guardian <input type="checkbox"/> agency		Parent/Guardian #2 Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Self <input checked="" type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Guardian <input type="checkbox"/> agency	
Resident Address		<i>Street</i>	<i>Apt#</i> <i>City</i> <i>State</i> <i>ZIP</i>

<b>SECOND HOUSEHOLD</b> (non-custodial parent/guardian not residing with student) <b>Last Name</b> <b>First Name</b>		Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted	<input type="checkbox"/> Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted
(non-custodial parent/guardian not residing with student) <b>Last Name</b> <b>First Name</b>		Phone #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted	<input type="checkbox"/> Phone #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell  <input type="checkbox"/> Please check if unlisted
NC - Parent/Guardian #1 Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Self <input checked="" type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Guardian <input type="checkbox"/> agency		NC - Parent/Guardian #2 Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Self <input checked="" type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Guardian <input type="checkbox"/> agency	
Resident Address		Email Address	

<b>SCHOOL:</b> School Previously Attended	School District Previously Attended	Previous School Location (City and State)
Has student ever attended Monroe Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of school attended:		Date Attended (Month/Year)

**OTHER INFORMATION:**  
Is there a joint-custody or parenting plan in effect?  
 Yes  No If Yes, plan must be on file with the school  Original provided to school to copy and return

Is there a restraining order in effect?  
 Yes  No If Yes, legal papers must be on file with the school  Original provided to school to copy and return

Restraining order is against:  Mother  Father  Other

**DISCIPLINE:**  
Has the student ever been suspended or expelled?  Yes  No If Yes date: \_\_\_\_\_

<b>SPECIAL SERVICES:</b> Has your child ever qualified for or been enrolled in a special education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level(s) _____
Has your child ever qualified for or had a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever participated in: <input type="checkbox"/> Title <input type="checkbox"/> LEP <input type="checkbox"/> Gifted <input type="checkbox"/> Other	

**CHILD CARE:** Does student attend child care?  Yes  No Child Care Provider Name: \_\_\_\_\_  
If Yes, check below and fill in child care information to right *Address* \_\_\_\_\_ *Phone Number* \_\_\_\_\_  
 Before school  After school  Before & after school

If you have additional child care arrangements, please provide information to school in writing.

<b>OTHER SIBLINGS:</b> Please list other siblings attending Monroe Public Schools			
Last Name	First Name	School	Grade

**RELIGIOUS BELIEFS:** If you have special instructions regarding religious beliefs, please provide information to school in writing.

**EMERGENCY CONTACT INFORMATION:**  
When injury, illness or other non-emergency situations 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/guardian, please list persons you trust who are available during the day to provide care for your child.

Primary Contact (Other Than Parent/Guardian) <i>Last Name</i> <i>First Name</i>	Relationship To Child	Phone #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Primary Contact Address <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i>			
Secondary Contact (Other Than Parent/Guardian) <i>Last Name</i> <i>First Name</i>	Relationship To Child	Phone #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Secondary Contact Address <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i>			

## STUDENT ETHNICITY AND RACE

**Instructions:** This form is to be filled out by the student's parents or guardians and both questions must be answer. Part A asks about the student' ethnicity and Part B asks about the student's race.

A. *Is your student of Hispanic or Latino origin?*  Not Hispanic/Latino

If Yes, check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Central American                   | <input type="checkbox"/> Puerto Rican          |
| <input type="checkbox"/> Cuban                              | <input type="checkbox"/> South American        |
| <input type="checkbox"/> Dominican                          | <input type="checkbox"/> Spaniard-             |
| <input type="checkbox"/> Latin American                     | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Mexican/ Mexican American/ Chicano |  |

B. *What race(s) do you consider your child? Check all that apply. Please circle O your primary choice.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian        | <input type="checkbox"/> Makah                               |
| <input type="checkbox"/> White                  | <input type="checkbox"/> Fijian                 | <input type="checkbox"/> Muckleshoot                         |
| <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Guamanian OR Chamorro  | <input type="checkbox"/> Nisqually                           |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Mariana Islander       | <input type="checkbox"/> Nooksack                            |
| <input type="checkbox"/> Filipino               | <input type="checkbox"/> Melanesian             | <input type="checkbox"/> Port Gamble Klallam                 |
| <input type="checkbox"/> Hmong                  | <input type="checkbox"/> Micronesian            | <input type="checkbox"/> Puyallup                            |
| <input type="checkbox"/> Indonesian             | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Quileute                            |
| <input type="checkbox"/> Japanese               | <input type="checkbox"/> Tongan                 | <input type="checkbox"/> Quinault                            |
| <input type="checkbox"/> Korean                 | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samish                              |
| <input type="checkbox"/> Laotian                |   | <input type="checkbox"/> Sauk-Suiattle                       |
| <input type="checkbox"/> Malaysian              | <input type="checkbox"/> Alaska Native          | <input type="checkbox"/> Shoalwater                          |
| <input type="checkbox"/> Pakistani              | <input type="checkbox"/> Chehalis               | <input type="checkbox"/> Skokomish                           |
| <input type="checkbox"/> Singaporean            | <input type="checkbox"/> Colville               | <input type="checkbox"/> Snoqualmie                          |
| <input type="checkbox"/> Taiwanese              | <input type="checkbox"/> Cowlitz                | <input type="checkbox"/> Spokane                             |
| <input type="checkbox"/> Thai                   | <input type="checkbox"/> Hoh                    | <input type="checkbox"/> Squaxin Island                      |
| <input type="checkbox"/> Vietnamese             | <input type="checkbox"/> Jamestown              | <input type="checkbox"/> Stillaguamish                       |
| <input type="checkbox"/> Other Asian            | <input type="checkbox"/> Kalispel               | <input type="checkbox"/> Suquamish                           |
|   | <input type="checkbox"/> Lower Elwha            | <input type="checkbox"/> Swinomish                           |
|   | <input type="checkbox"/> Lummi                  | <input type="checkbox"/> Tulalip                             |
|   |   | <input type="checkbox"/> Yakama                              |
|   |   | <input type="checkbox"/> Other Washington Indian             |
|   |   | <input type="checkbox"/> Other American Indian/Alaska Native |

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed under Emergency Contact Information.

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

**VERIFICATION OF INFORMATION:** 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 Monroe Public Schools.

Legal Parent/Guardian Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Notice of Non-Discrimination

The Monroe School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. A list of employees designated to handle questions and complaints of alleged discrimination are on our district website [www.monroe.webnet.edu](http://www.monroe.webnet.edu)

The Monroe School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities.