



Please Print Clearly

Last School _____ Date _____

Student Name: <u>LEGAL</u> Last Name		<u>LEGAL</u> First Name		<u>LEGAL</u> Middle Name	
Also or Previously Known as			Birthdate (Month/Day/Year)		Gender
					M F
Country of Birth (If outside of U.S.)		Grade Entering		When did your student first attend school in the USA? (Mo/Yr)	
Student Cell Phone Number ()			Student Email Address		
Residential Address Street Address		City		State Zip	

Both questions must be completed
(The information in both questions 1 and 2 is required to be in compliance with 2010 Federal and State Ethnicity Reporting Requirements.)

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Not Hispanic/Latino (10) | <input type="checkbox"/> Mexican/ Mexican American/ Chicano (30) |
| <input type="checkbox"/> Cuban (55) | <input type="checkbox"/> Central American (75) |
| <input type="checkbox"/> Dominican (60) | <input type="checkbox"/> South American (80) |
| <input type="checkbox"/> Spaniard (65) | <input type="checkbox"/> Latin American (85) |
| <input type="checkbox"/> Puerto Rican (70) | <input type="checkbox"/> Other Hispanic/Latino (90) |

QUESTION 2. What race do you consider your child? (Check all that apply.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> African American/ Black (200) | <input type="checkbox"/> Native Hawaiian (605) | <input type="checkbox"/> Muckleshoot (436) | <input type="checkbox"/> Other Washington Indian (495) |
| <input type="checkbox"/> White(300) | <input type="checkbox"/> Fijian (615) | <input type="checkbox"/> Nisqually (439) | <input type="checkbox"/> Other American Indian:
The indigenous peoples
of North, Central, South,
or Latin America (those
not choosing one of the
federally recognized
state tribes). (499) |
| <input type="checkbox"/> Asian Indian (505) | <input type="checkbox"/> Guamanian or Chamorro (620) | <input type="checkbox"/> Nooksack (442) | |
| <input type="checkbox"/> Cambodian (507) | <input type="checkbox"/> Mariana Islander (625) | <input type="checkbox"/> Port Gamble Klallam (445) | |
| <input type="checkbox"/> Chinese (510) | <input type="checkbox"/> Melanesian (630) | <input type="checkbox"/> Puyallup (448) | |
| <input type="checkbox"/> Filipino (520) | <input type="checkbox"/> Micronesian (632) | <input type="checkbox"/> Quileute (451) | |
| <input type="checkbox"/> Hmong (525) | <input type="checkbox"/> Samoan (635) | <input type="checkbox"/> Quinault (454) | |
| <input type="checkbox"/> Indonesian (530) | <input type="checkbox"/> Tongan (640) | <input type="checkbox"/> Samish (457) | |
| <input type="checkbox"/> Japanese (535) | <input type="checkbox"/> Other Pacific Islander (699) | <input type="checkbox"/> Sauk-suiattle (460) | |
| <input type="checkbox"/> Korean (540) | <input type="checkbox"/> Alaska Native (405) | <input type="checkbox"/> Shoalwater (463) | |
| <input type="checkbox"/> Laotian (545) | <input type="checkbox"/> Chehalis (410) | <input type="checkbox"/> Skokomish (466) | |
| <input type="checkbox"/> Malaysian (550) | <input type="checkbox"/> Colville (413) | <input type="checkbox"/> Snoqualmie (469) | |
| <input type="checkbox"/> Pakistani (555) | <input type="checkbox"/> Cowlitz (416) | <input type="checkbox"/> Spokane (472) | |
| <input type="checkbox"/> Singaporean (560) | <input type="checkbox"/> Hoh (418) | <input type="checkbox"/> Squaxin Island (475) | |
| <input type="checkbox"/> Taiwanese (565) | <input type="checkbox"/> Jamestown (421) | <input type="checkbox"/> Stillaguamish (478) | |
| <input type="checkbox"/> Thai (570) | <input type="checkbox"/> Kalispel (424) | <input type="checkbox"/> Suquamish (481) | |
| <input type="checkbox"/> Vietnamese (575) | <input type="checkbox"/> Lower Elwha (427) | <input type="checkbox"/> Swinomish (484) | |
| <input type="checkbox"/> Other Asian (599) | <input type="checkbox"/> Lummi (430) | <input type="checkbox"/> Tulalip (487) | |
| | <input type="checkbox"/> Makah (433) | <input type="checkbox"/> Upper Skagit (488) | |
| | | <input type="checkbox"/> Yakama (490) | |

Is the parent or grandparent a member of a federally recognized tribe?
 Yes
 No

FOR EDMONDS SCHOOL DISTRICT OFFICE USE ONLY

Student Fees Owed: _____ Meets Cr. Def. No Yes

Approved Condition of Approval _____

Denied Reason _____

Program Director Signature _____ Date _____

SIBLINGS (IF APPLICABLE)

Please list all siblings attending an Edmonds School District program

Name	Grade	School

Name	Grade	School

PRIMARY HOUSEHOLD INFORMATION - Students under 18 must complete parent/guardian information						
<i>A student's primary residence is defined as the physical location where he/she lives for FOUR OR MORE nights per week.</i>						
Parent / Guardian	Legal Last Name		Legal First Name		Legal Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Parent Email Address	
	Home Phone () <input type="checkbox"/> Unlisted		Work Phone () <input type="checkbox"/> Unlisted		Cell Phone / Pager () <input type="checkbox"/> Unlisted	
Residential Address						
Street Address		Apt/Unit		City		State Zip
Mailing Address						
Street Address		Apt/Unit		City		State Zip
<i>(If different than above)</i>						

SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)						
<i>Residence of non-custodial parents/guardians not living with the student OR location where the student lives LESS THAN FOUR nights per week</i>						
Parent / Guardian	Legal Last Name		Legal First Name		Legal Middle Name	
	Relationship to Student		Birthdate (Month/Day/Year)		Student Email Address	
	Home Phone () <input type="checkbox"/> Unlisted		Work Phone () <input type="checkbox"/> Unlisted		Cell Phone / Pager () <input type="checkbox"/> Unlisted	
Residential Address						
Street Address		Apt/Unit		City		State Zip
Mailing Address						
Street Address		Apt/Unit		City		State Zip
<i>(If different than above)</i>						

EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for student if they become ill or injured and emergency contact cannot be reached.			
Name		Relationship to Student	
Address		Daytime Phone () Ext.	

RESIDENCY VERIFICATION: I affirm that the residency information provided on this form is true and accurate as of this date. I understand that falsification of an address, residence, or conditions of living arrangements, or the use of any other fraudulent means to obtain a school assignment shall be cause for revocation of this enrollment. Such falsification will also cause forfeiture of any future transfer rights through the highest grade level of the school. Proof of residency may be requested **HOMELESS STUDENTS:** If an eligible student is homeless, the district shall not require proof of residency or any other information regarding an address and shall enroll the student at the request of the student or parent/guardian. Students enrolled in a district program without legal residence may continue in that school until the end of the academic year

EDUCATIONAL BACKGROUND:

Please list most recent high schools the student attended. *Start with the most recent school.*

Name of Previous/Current School

Location of School (City & State or Country)

Grades Attended	Entry Date	Withdrawal Date
-----------------	------------	-----------------

Name of Previous School

Location of School (City & State or Country)

Grades Attended	Entry Date	Withdrawal Date
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Has the student ever been enrolled in the Edmonds School District? YES NO

STATE REQUIRED HOME LANGUAGE SURVEY - This is for the student WAC392-160-005

1. What language does the student currently speak? English Other: _____
2. What language did your child first learn to speak? English Other: _____
3. What language does your child use the most at home? English Other: _____

"First Language" is the language your child learned when first beginning to talk. If the answer to question 2 or 3 is a language other than English, your student will be given a Washington State English Language Proficiency Placement

Are one or both parents active military? Yes No **Name of Parent:** _____

SPECIAL EDUCATION SERVICES

Are you **currently eligible** for Special Education services? No Yes

Special Education services based on an IEP are NOT provided at Edmonds Community College

Students currently eligible for special education services will be required to revoke **OR** be a shared student:

- **Revocation:** Students who revoke are no longer able to access IEP services through the school district and must go through the evaluation process again if they wish to access them in the future.
- **Shared Student:** Shared students attend classes at both an assigned Edmonds School District high school and EdCAP at Edmonds Community College. Shared students must provide their own transportation to and from both campuses.

Once a student who is currently eligible for special education services submits a P-134, their IEP case manager, and the ESD Secondary Special Education Coordinator are notified and a designated staff member will reach out to the student to discuss these options.

IMPORTANT INFORMATION ABOUT THE COLLEGE

I acknowledge that Edmonds Community College:

- Does not require instructors to monitor student attendance,
- Complies with federal law in granting access to student records, which means parents are not automatically given access to their child’s academic records,
- Does not provide any special monitoring or guardianship for any of its students,
- May expose students to a variety of ideas, philosophies, and material that some may find offensive and may not deem suitable for younger adults,
- Makes no special allowances or accommodations to students because of their age.

For more information on college policies and for release of information forms please visit our website at:
<http://www.edcc.edu/es/records.html>

In order to assist you better in meeting your academic goals, the following questions below are designed to help your EdCAP advisor learn more about your educational history and your learning style and to direct you to possible resources on campus. Your answers are voluntary and confidential and do not determine eligibility in EdCAP.

How many Schools have you/your student attended, including elementary school? _____
 Did you/your student repeat any grades in school? No Yes
 Did you/your student receive special help in school? No Yes
 Did you/your student get testing for possible learning disabilities? No Yes
 Were you/your student ever told that you/your student had a learning disability? No Yes if yes, please explain: _____

By enrolling in EdCAP I grant permission to EdCAP personnel to ADD, DROP and/or WITHDRAW me from my classes at any point during my time with the program.

Drop All: Students who drop themselves by the 10th day of each quarter will maintain whatever academic standing they are currently in. This is because the courses do not show up on student’s transcript.

Withdraw All: If a student Withdrawals themselves from all of their classes, they will drop down a standing unless the reason was for an unforeseeable emergency. These courses are recorded as a “W” on students’ transcript which indicates that the student did not complete the course.

Instructor Drop Policy: Instructors reserve the right to drop students who do not attend or participate in at least 60 percent of the course within the first two weeks of the quarter.

Advisor Drop Policy: In the event that a student stops attending classes without prior arrangement with EdCAP, and/or program staff cannot reach them, the advisors are allowed to drop or withdraw students from their classes.

APPLICANT AND PARENT/GUARDIAN SIGNATURES

I attest that the information herein is complete, true, and accurate, and may be verified with the appropriate institution. I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District. I understand and agree to the conditions outlined in this registration form.

Student Signature:

Parent/Guardian Signature, IF student applicant is under 18:

Date _____

Date _____

PLEASE PRINT CLEARLY

School _____ Grade Level _____ Date _____

Student Name _____ Date of Birth _____

Expected student school start date: _____ Parent /Guardian Name (Print) _____

The following information is important for your student's health and safety. It will be forwarded to the school nurse.

I acknowledge that this information will be maintained in my student's school record and shared with staff on a need to know basis to provide a safe and healthy environment for my student.

I prefer to speak with a school nurse directly regarding my child's health information described below. Please contact me by telephone at this number: (_____) _____

Health Information

Does your child have a **LIFE-THREATENING HEALTH CONDITION**? Yes No

A **LIFE-THREATENING CONDITION** is a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place. Children with **LIFE-THREATENING CONDITIONS** such as severe bee sting or severe food allergies, severe asthma, diabetes, severe seizures, or other at-risk conditions are required to have a medication or treatment order and a nursing plan in place before they start school. Please notify office staff at registration; you will need to contact your school nurse before your student can attend school.

Does your student have medical insurance? Yes No If so, what kind? _____

Has your child ever been hospitalized for a health condition? Yes No If so, what kind? _____

Check any of these conditions which your child has or has had:

- | | | | | |
|---------------------------------|---|---|---|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Orthopedic/Bone |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Bowel Concerns | <input type="checkbox"/> In Counseling | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Social/Emotional/Behavioral |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/Bladder Disease | <input type="checkbox"/> Vision Problems |

Allergy to: _____ Severe? Yes No

Asthma Severe? Yes No Hospitalized for asthma? Yes No What triggers your student's asthma (for example: exercise, upper respiratory infections, allergies, emotions, etc.)?

Other health concerns: (please specify) _____

Licensed health provider name: (e.g. M.D., D.O., A.R.N.P., P.A., etc.) Name: _____

Contact phone number: (_____) _____

What does this student do to manage his/her own condition? _____

How can the nurse/teacher help with this at school? _____

What symptoms should we report to you? _____

List any medications taken by student.

Medication Taken: _____ For _____ At Home At School

Medication Taken: _____ For _____ At Home At School

Students who have medication administered by school staff need an **MEDICATION AUTHORIZATION** form completed and signed by their attending health care provider and parent or legal guardian. You can obtain this form from the school office staff.

Provide any information not included above which you think we should know about this student's physical, emotional, or mental health which might affect school performance or require special consideration (i.e. limitations in activities, major life events, etc.).

Signature of Parent / Legal Guardian _____ Date _____