



Please Print Clearly

Last School _____ Date _____

Student Name: LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
Also or Previously Known as			Birthdate (Month/Day/Year)		Gender
					M <input type="checkbox"/> F <input type="checkbox"/>
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: |
| <input type="checkbox"/> Asian Indian (505) | <input type="checkbox"/> Guamanian or Chamorro (620) | <input type="checkbox"/> Nooksack (442) | The indigenous peoples |
| <input type="checkbox"/> Cambodian (507) | <input type="checkbox"/> Mariana Islander (625) | <input type="checkbox"/> Port Gamble Klallam (445) | of North, Central, South, |
| <input type="checkbox"/> Chinese (510) | <input type="checkbox"/> Melanesian (630) | <input type="checkbox"/> Puyallup (448) | or Latin America (those |
| <input type="checkbox"/> Filipino (520) | <input type="checkbox"/> Micronesian (632) | <input type="checkbox"/> Quileute (451) | not choosing one of the |
| <input type="checkbox"/> Hmong (525) | <input type="checkbox"/> Samoan (635) | <input type="checkbox"/> Quinault (454) | federally recognized |
| <input type="checkbox"/> Indonesian (530) | <input type="checkbox"/> Tongan (640) | <input type="checkbox"/> Samish (457) | state tribes). (499) |
| <input type="checkbox"/> Japanese (535) | <input type="checkbox"/> Other Pacific Islander (699) | <input type="checkbox"/> Sauk-suiattle (460) | Is the parent or grandparent a |
| <input type="checkbox"/> Korean (540) | <input type="checkbox"/> Alaska Native (405) | <input type="checkbox"/> Shoalwater (463) | member of a federally recognized |
| <input type="checkbox"/> Laotian (545) | <input type="checkbox"/> Chehalis (410) | <input type="checkbox"/> Skokomish (466) | tribe? |
| <input type="checkbox"/> Malaysian (550) | <input type="checkbox"/> Colville (413) | <input type="checkbox"/> Snoqualmie (469) | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Pakistani (555) | <input type="checkbox"/> Cowlitz (416) | <input type="checkbox"/> Spokane (472) | <input type="checkbox"/> No |
| <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) | |

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

Has the student ever been enrolled in the Edmonds School District? YES NO

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>

EDCAP DROP/WITHDRAW POLICY

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. I also agree not to ADD, DROP, and/or WITHDRAW myself from classes without express permission from EdCAP personnel.

Dropping:

Students are able to elect to drop from classes during the college’s designated period (typically the first 10 days of instruction). Dropped courses do not show up on student transcripts and do not count against student’s academic standing.

Withdrawing:

Students are able to elect to Withdraws from classes during the college’s designated period. Withdrawn courses are recorded as a “W” on students’ transcript which indicates that the student did not complete the course. This does not count against student GPA but may count against their academic standing. Please refer to most recent Satisfactory Academic Progress Policy.

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, staff is allowed to drop or withdraw students from their courses.

EDCAP ATTENDANCE PERIOD REQUIREMENTS

In accordance with WAC 392-700-015, all EdCAP students are required to meet at minimum, two hours of face-to-face interaction with a designated program staff for the purpose of instruction, academic counseling, career counseling, or case management contact aggregated over each month of enrollment.

In addition, it is a program expectation that all students maintain regular contact and respond to communication from program staff. As noted in our advisor drop policy above, failure to do so may result in removal from 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:
under 18:

Parent/Guardian Signature, IF student applicant is

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 _____



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey - Required to complete

The Home Language Survey is given to all students enrolling in Washington schools.

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services Important- All parents have the right to information about their child’s education in a language they understand. When your child enrolls in school, the school will ask you about the language you would like to use when communicating with the school. This helps your school identify your language needs so they can provide an interpreter or translated documents, free of charge.</p>	<p>All parents have the right to information about their child’s education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? (Skyward Fields - Student Language & Family Home Language) _____</p> <p>a. Do you need an interpreter? Yes ___ No ___.</p> <p>b. Do you need documents translated? Yes ___ No ___.</p>	
<p>Eligibility for Language Development Support Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? (Skyward Field - Native) _____</p> <p>3. What language does your child use the most at home? (Skyward Field - Home) _____</p>	
<p>Prior Education Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> ● Give us information about the knowledge and skills your child is bringing to school. ● May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>4. In what country was your child born? _____</p> <p>5. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) Yes ___ No ___</p> <p style="padding-left: 40px;">If yes: Number of months: _____ Language of instruction: _____</p> <p>6. When did your child first attend a school in the United States? (Kindergarten - 12th grade)</p> <p style="padding-left: 40px;">_____ Month Day Year</p> <p>7. Migrant: Has the child or parent/guardian moved for a seasonal or temporary employment in agriculture or fishing work? Yes ___ No ___</p>	

Contact your school if you have further questions about this form or about services available at your child’s school.

Note to office: Do not change Native or Home Language after initial enrollment, unless correcting English to a language other than English. Never change Native or Home Language from another language to English unless instructed to do so by the EL Department.

Signature	<p>I attest that the information provided in these documents is to be true and accurate. I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>
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