

Kahlotus School District Enrollment Form
100 W Martin Street
Kahlotus WA 99335

Office Use Only: Student ID#
Entry Date:
Home Language Survey Form: YES NO

Today's Date: Month Day Year

Has this student withdrawn from the previous school? YES NO

Has this student attended Kahlotus Schools in the past? YES NO Military Family Status: YES -Branch NO

Student Legal Last Name: **Student Legal First Name:** **Student Middle Name:**

Birth Date: Month Day Year Grade: Does this student have school records by any other name? YES NO

If yes, please list all names:

Student "Goes by" Last Name (If different than Legal Name): Student "Goes by" First Name (If different than Legal Name):

Parent/Guardian (Format: John & Jane Smith):

Student's Residence Address: APT: City: State: Zip:

Mailing Address: (If different from residence) APT: City: State: Zip:

Parent E-mail Address:

Gender: Male Female Birth City: Birth State: Birth Country: Date First Enrolled in a United States Public School:
 Month Day Year

Ethnicity: Is this student of Hispanic or Latino origin? YES NO (circle all that apply)
 Mexican/Mexican American/Chicano Spaniard Central American Latin American
 Cuban Puerto Rican South American Other Hispanic/Latino
 Dominican

What race do you consider this student? (Circle all that apply)
 African American or Black Pakistani Samoan Makah Snoqualmie
 White or Caucasian Singaporean Tongan Muckleshoot Spokane
 Asian Indian Taiwanese Other Pacific Islander Nisqually Squaxin Island
 Cambodian Thai Alaska Native Nooksack Stillaguamish
 Chinese Vietnamese Chehalis Port Gamble Clallam Suquamish
 Filipino Other Asian Colville Puyallup Swinomish
 Hmong Native Hawaiian Cowlitz Quileute Tulalip
 Indonesian Fijian Hoh Quinault Yakama
 Japanese Guamanian or Chamorro Jamestown Samish Other Washington Indian
 Korean Mariana Islander Kalispel Sauk-Suiattle Other American Indian
 Laotian Melanesian Lower Elwha Shoalwater
 Malaysian Microsesian Lummi Skokomish

Student's primary language is English: YES NO If not English, list language spoken @home:

PARENT/GUARDIAN INFORMATION

Father/Guardian Information

Father's Last Name: **Father's First Name:**

Father's Street Address (if different than student):

City: State: Zip:

Father's Cell Phone: Father's Daytime Phone:

Father's Employer: Father's Work Phone:

Does student live with Father? YES NO

Is there a NO CONTACT order for Father? YES NO

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

Mother/Guardian Information

Mother's Last Name: Mother's First Name:
Mother's Street Address (if different than student):
City: State: Zip:
Mother's Cell Phone: Mother's Daytime Phone:
Mother's Employer: Mother's Work Phone:
Does student live with Mother? YES NO
Is there a NO CONTACT order for Mother? YES NO

ADDITIONAL PARENT/GUARDIAN INFORMATION

Parent Number 3 Relationship (circle one): Stepfather Stepmother Foster/Legal Guardian Grandparent Other
Parent's Last Name: Parent's First Name:
Resident Address (if different than student):
City: State: Zip:
Cell Phone: Daytime Phone:
Employer: Work Phone:
Does student reside with this parent? YES NO Is there a NO CONTACT order for this parent? YES NO

Parent Number 4 Relationship (circle one): Stepfather Stepmother Foster/Legal Guardian Grandparent Other
Parent's Last Name: Parent's First Name:
Resident Address (if different than student):
City: State: Zip:
Cell Phone: Daytime Phone:
Employer: Work Phone:
Does student reside with this parent? YES NO Is there a NO CONTACT order for this parent? YES NO

EMERGENCY CONTACT INFORMATION

Please list local emergency contact information OTHER THAN PARENTS in the order you wish to have them called.

CONTACT NUMBER 1

Contact Name:
Relationship:
Home Phone: Work Phone: Cell Phone:

CONTACT NUMBER 2

Contact Name:
Relationship:
Home Phone: Work Phone: Cell Phone:

CONTACT NUMBER 3

Contact Name:
Relationship:
Home Phone: Work Phone: Cell Phone:

ADDITIONAL INFORMATION

Circle previous / current participation in: (all that apply)
Gifted Title 1 ELL/Bilingual Math or Reading Assistance OT/PT Services Speech Special Education (IEP) 504 Plan

NAME AND ADDRESS OF SCHOOL LAST ATTENDED

School: Grade:
Address: City: State: Zip:
Phone: Fax:
Date of withdrawal: Reason for withdrawal:

SIBLING INFORMATION

Name: School: Grade:
Name: School: Grade:
Name: School: Grade:
Name: School: Grade:

Parent/Guardian Signature: Date:

Unaccompanied Youth Signature: Date: