



New Student Enrollment

Entity #	Grade	Other ID	DOB Verified	Date
Proof of Residency		PM Plan	Food Service PIN	Program
STUDENT INFORMATION				
Student Name: Last		First	Middle	Previously Used
Date of Birth: (mm/dd/yyyy)	Gender:	Place of Birth (city/state/county/country)		
RACE/ETHNICITY INFORMATION				
Does your student identify as Hispanic? <input type="checkbox"/> No <input type="checkbox"/> Yes		What race does your student identify with? See Ethnicity and Race Collection Form		
DISTRIBUTION OF DEMOGRAPHICS			INTERPRETER NEEDS	
<input type="checkbox"/> Military <input type="checkbox"/> Higher Ed <input type="checkbox"/> Outside News/Media <input type="checkbox"/> Athletic Publication <input type="checkbox"/> Yearbook			Is Interpreter Needed for Conferences? <input type="checkbox"/> No <input type="checkbox"/> Yes	
PREVIOUS PROGRAMS STUDENT PARTICIPATED IN				
<input type="checkbox"/> I EP <input type="checkbox"/> HiCap <input type="checkbox"/> LAP <input type="checkbox"/> ELL <input type="checkbox"/> 504 Other: _____				
ENROLLMENT HISTORY				
Has your child ever been enrolled with VPS? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, when and where:		Previous School/Daycare:
Other students in the home attending VPS:				
FAMILY WITH WHOM THE CHILD PRIMARILY RESIDES				
Contact Info #1 Parent/Guardian Name: (Last, First, M.I.)		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		Primary Phone:
Email Address:		Work Phone:		Number to Receive Texts:
Contact Info #2 Parent/Guardian Name: (Last, First, M.I.)		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Other _____		Work Phone:
Email Address:				Number to Receive Texts:
Home Address:				City/State/Zip:
Mailing Address (if Different):				City/State/Zip:
Is Either Parent Currently Active Military: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, Branch _____				
NONCUSTODIAL FAMILY				
Parent/Guardian Name: (Last, First, M.I.)		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		Parent Currently Active Military: <input type="checkbox"/> No <input type="checkbox"/> Yes Branch: _____
Parent/Guardian Name: (Last, First, M.I.)		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Other _____		Receive Report Cards/Mailings <input type="checkbox"/> No <input type="checkbox"/> Yes
Mailing Address				City/State/Zip:
Primary Phone:		Work Phone:		Number to Receive Texts:
Email Address				

**ANY LEGAL RESTRICTIONS
IF SO, ALL LEGAL PAPERS MUST BE ON FILE WITH THE SCHOOL FOR ENFORCEMENT**

- No** **Yes** Is there a parenting plan in effect? If yes, the legal papers must be on file with the school for enforcement
- No** **Yes** Does the noncustodial family have access to school reports, visiting school and picking up the student? If no, the legal papers must be on file with the school for enforcement
- No** **Yes** Are there any current WA State restraining orders in effect? If yes, the legal papers must be on file with the school for enforcement. Name of whom the order of protection is against: _____

EMERGENCY CONTACTS (not Guardians)

Emergency Contact #1 Name: (Last, First, Middle)	May Pick Up Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
Relationship: _____	

Address: _____

Phone # 1	Phone # 2	Phone # 3
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Emergency Contact #2 Name: (Last, First, Middle)	May Pick Up Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
Relationship: _____	

Address: _____

Phone # 1	Phone # 2	Phone # 3
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Emergency Contact #3 Name: (Last, First, Middle)	May Pick Up Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
Relationship: _____	

Address: _____

Phone # 1	Phone # 2	Phone # 3
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FOR PRESCHOOL TO GRADE 3 ONLY

Did your student attend Preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, # hours per week: _____	Preschool Name(s): _____
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DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION?

No **Yes**

If yes, additional information is required prior to your child's enrollment. According to RCW 28A.210.320: Children with life-threatening health conditions – Medication or treatment orders –the medication or treatment order must address the life-threatening condition and it must be on file with the school district prior to the child attending a school or district program. Under the law, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order is not in place.

VERIFICATION OF INFORMATION

I attest that 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 within Vancouver Public Schools and its programs.

_____	_____	_____
Parent/Guardian Signature	Printed Name	Date