



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



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

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 Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</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? _____</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? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ___ No ___ Don't Know ___</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>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___ Yes ___ No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)</p> <p>_____</p> <p>Month Day Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



**STUDENT HEALTH HISTORY
Vancouver Public Schools**

Student's Name: _____

Alpha Key: _____

Please check (✓) any of the following conditions your child has had or does have:

- Hearing problems (H99)** When? _____ Tubes? When? _____ Other _____
- Vision problems (E99)** Wears glasses Wears contacts Other _____
- Diagnosed with ADD or ADHD (M40)** When? _____ Health Care Provider _____

List all current medications: _____

Will medications be needed at school? Yes No If yes, parent must provide medication and Health Care provider release.

- Allergies (A99)** List: _____
Describe what happens: _____

Is EpiPen prescribed for allergies? Yes No If yes, parent must provide EpiPen and Health Care Provider release.

- Bee Sting Allergy (A10)** Describe what happens: _____

Is EpiPen prescribed for allergy? Yes No If yes, parent must provide EpiPen and Health Care Provider release.

- Asthma (B10)** Is an Inhaler used? Yes No How often? _____ Triggers: _____

Will an inhaler be needed at school? Yes No

List medications taken for asthma: _____

If medications will be needed at school, parent must provide medication and Health Care Provider release.

- Seizures (F99)** What type? _____ Last seizure date: _____ Medications: _____

- Diabetes** When was it diagnosed? _____ Type 1 (D10) Type 2 (D12) Pen Pump

- Cerebral Palsy (S19)**

- Heart Condition (C99)**

- Physical condition which limits participation in classroom activities and/or physical education?
If yes, parents must provide a note from their Health Care Provider.

Describe: _____

Orthopedic concerns/specify: _____

Other conditions or changes not listed in the above/specify: _____

This medical information can be shared with personnel working with your student (i.e., school bus driver, staff assistant, etc.)? Yes No

I authorize the emergency service of any physician. Yes No Initial: _____

I assume financial responsibility for medical care. Yes No Legal parent/guardian signature: _____

Health Care Provider: _____ Clinic: _____ Phone: () _____

List any other recurrent medical problem or unusual illness you would like the nurse to be aware of.

Health History Informed Consent

The disclosure of student health information within the school, is limited to the information necessary to serve the student's health or educational interest. Your signature is an informed consent to share health history, precautions and procedure information with school staff for academic success and emergency plans, as determined by the nurse.

Parent or Guardian signature _____ Date _____

Phone number: Home () _____ Work () _____ Ext. _____

MEDICAL INFORMATION