



STUDENT REGISTRATION FORM

School (Select One)					
Dry Creek Elem Stevens MS	Franklin Elem Port Angeles HS	Hamilton Elem Lincoln HS	Jefferson Elem Seaview Academy	Roosevelt Elem	
STUDENT INFORMATION					
Student's Legal Last Name:	Legal First Name:	Legal Middle Name:	Also known as:	Gender: Male Female Other	Grade:
Birth Date:	What language did your child first learn to speak? English Other		Parent's first language: Do you need an interpreter (e.g. for school meetings)? Yes No Do you need official school materials to be translated? Yes No		
If student WAS born in the US: Birth City: State:		If student was NOT born in the US, date first entered: Birth City: Country:			
PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)					
Student's Physical Address:					
Street:		Apt. #:			
City:		State:		Zip:	
Student Mailing Address: Same as above:					
Street/PO Box:		Apt. #			
City:		State:		Zip:	
Household 1 – Guardian 1			<i>Parent/Guardian living with student</i>		
Last Name:		First Name:			
Relationship:		Email:			
Phone 1:		Type:	Phone 2:		Type:
Employer:					
Household 1 – Guardian 2			<i>Parent/Guardian living with student:</i>		
Last Name:		First Name:			
Relationship:		Email:			
Phone 1:		Type:	Phone 2:		Type:
Employer:					
Is this a temporary living situation? Yes No If yes, please indicate where the student is living:					

SECONDARY HOUSHOLD INFORMATION

Household 2 – Guardian 1

*Parent/Guardian **not living with student:***

Last Name: _____ First Name: _____ State: _____
 Mailing Address: _____ City: _____
 Zip Code: _____ Relationship: _____ Email: _____
 Phone 1: _____ Type: _____ Phone 2: _____ Type: _____
 Employer: _____

Household 2 – Guardian 2

*Parent/Guardian **not living with student:***

Last Name: _____ First Name: _____ State: _____ Zip Code: _____
 Mailing Address: _____ City: _____
 Relationship: _____ Email: _____
 Phone 1: _____ Type: _____ Phone 2: _____ Type: _____
 Employer: _____

CUSTODY INFORMATION

Release student to noncustodial parent?
 Is there a joint custody or parenting plan in effect? YES NO If yes, plan must be on file with the school for enforcement.
 Is there a restraining order in effect? YES NO If yes, legal papers must be on file with the school for enforcement.
 Restraining order is against:
 Mother Father Other Name: _____

EMERGENCY INFORMATION

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

Child Care Center:
 Phone: _____

Medical Emergency Information: Physician: _____ Phone: _____
 Please describe any health conditions or allergies the school should be aware of:

SIBLING INFORMATION – PLEASE LIST THE STUDENT’S BROTHERS AND/OR SISTERS

Last Name	First Name	School currently attending

PREVIOUS SCHOOL INFORMATION (list most recent first)

School	City	State	From Date	To Date	Grade Levels

	Yes	No	If YES, School	Year
Previously attended Port Angeles School District?	Yes	No		
Been enrolled in any special education program (served with an IEP?)	Yes	No		
Had a 504 Plan?	Yes	No		
Had an Individual Health Care Plan?	Yes	No		
Been enrolled in ESL programs?	Yes	No		
Been enrolled in a Gifted/Talented/Highly Capable Program?	Yes	No		
~ Been tested/ <i>identified</i> as a Gifted/Talented/Highly Capable Student?	Yes	No		
Ever been retained?	Yes	No		
Ever been suspended or expelled for disciplinary reasons?	Yes	No		
Had a history of violent or criminal behavior?	Yes	No		
Had any history of weapons possession?	Yes	No		
Been convicted of a felony?	Yes	No	Type:	

MILITARY FAMILY INFORMATION			
Is one or both parent(s) or guardian(s) a current member of the active duty U.S. Armed Forces?	Yes	No	Both
Is one or both parent(s) or guardian(s) a current member of the reserves of the U.S. Armed Forces?	Yes	No	Both
Is one or both parent(s) or guardian(s) a current member of the Washington National Guard?	Yes	No	Both

Only students who physically reside within the boundaries of the Port Angeles School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Port Angeles School District may legally attend school within the Port Angeles School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Port Angeles School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Port Angeles School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student.

Parent or Guardian Name:

Date: