

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ENROLLED IN THE STANWOOD-CAMANO PUBLIC SCHOOLS? YES NO

• STUDENT INFORMATION:

WAC 392-415-070: The following information must meet the statutory requirement under RCW 28A.230.125, including the student's legal name (last name, first name, and middle name(s) or middle initial(s)); and other or former names used; student's birth date; name(s) of parent(s) or guardian(s); name and location of previous schools attended where credit was attempted; and, student's academic history for all high school level courses attempted.

STUDENT NAME: <i>Legal Last Name</i>		<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Also Known As (Nickname)</i>
BIRTHDATE <i>(Month/Day/Year)</i>	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Gender not exclusively Male or Female	BIRTHPLACE: <i>City State Country</i>		GRADE LEVEL
HOME LANGUAGE SURVEY <i>(Must complete form on page 6)</i>				

• PRIMARY HOUSEHOLD:

STUDENT LIVES WITH: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Stepparent			<input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other	<input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Foster Parent	U.S. MILITARY <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> More than one parent/guardian	EMAIL ADDRESS
						PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted
<i>Legal Last Name</i>		<i>Legal First Name</i>		Home: ()		
<i>Work Place</i>				Cell: ()		
<i>Legal Last Name</i>		<i>Legal First Name</i>		Work: ()		
<i>Work Place</i>				Home: ()		
<i>Legal Last Name</i>		<i>Legal First Name</i>		Cell: ()		
<i>Work Place</i>				Work: ()		
RESIDENT ADDRESS	<i>Street</i>	<i>Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
MAILING ADDRESS	<i>Street</i>	<i>Apt. # or P.O. Box</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	

• SECOND HOUSEHOLD:

RELATIONSHIP TO STUDENT: <input type="checkbox"/> Both parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather/Stepmother			<input type="checkbox"/> Stepparent <input type="checkbox"/> Mother only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other	<input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Foster Parent	EMAIL ADDRESS
SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student)			PHONE NUMBERS (INCLUDE AREA CODE) <input type="checkbox"/> Please check if unlisted		
<i>Legal Last Name</i>		<i>Legal First Name</i>		Home: ()	
<i>Work Place</i>				Cell: ()	
<i>Legal Last Name</i>		<i>Legal First Name</i>		Work: ()	
<i>Work Place</i>				Home: ()	
<i>Legal Last Name</i>		<i>Legal First Name</i>		Cell: ()	
<i>Work Place</i>				Work: ()	
SECOND HOUSEHOLD MAILING ADDRESS <i>(Street/P.O. Box, City, State, Zip Code)</i>				ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
STUDENT HOUSING QUESTIONNAIRE <i>(Must complete form on page 7)</i>					

Please Complete all registration information.

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• PREVIOUS SCHOOL:

USA SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City/State)
HAS STUDENT EVER ATTENDED STANWOOD-CAMANO PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, NAME OF SCHOOL ATTENDED:		DATE ATTENDED (Month/Year)
IF BIRTH COUNTRY IS NOT USA, DID STUDENT ATTEND SCHOOL IN A COUNTRY OTHER THAN USA? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, HOW MANY MONTHS DID STUDENT ATTEND SCHOOL OUT OF COUNTRY? _____ months WHAT IS THE INITIAL PLACEMENT DATE STUDENT ATTENDED USA PUBLIC SCHOOL? (Month/Year) _____ / _____		

• OTHER LEGAL INFORMATION:

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, plan must be on file with the school)</i>	<input type="checkbox"/> Copy attached
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, legal papers must be on file with the school)</i>	<input type="checkbox"/> Copy attached
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	

• STUDENT SERVICES:

HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS STUDENT EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Lap <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other:		

• STUDENT HISTORY:

HAS STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN PETITIONED FOR BECCA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
HAS STUDENT EVER BEEN RETAINED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, what grade level(s)

• FAMILY HISTORY:

PLEASE LIST OTHER SIBLINGS ATTENDING STANWOOD-CAMANO PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• **CHILD CARE INFORMATION:**

DOES STUDENT ATTEND CHILD CARE: Before School After School Both

CHILD CARE PROVIDER: Name:

Address:

ADDITIONAL CHILD CARE ARRANGEMENTS *(Please provide information to school in writing)*

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS *(Please provide information to school in writing)*

Any additional comments regarding your child:

****** If yes, copy of registration form to School Psychologist

Please Complete all registration information.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

• STUDENT RELEASE AUTHORIZATION

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

PRIMARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
SECONDARY CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	
THIRD CONTACT (other than parent/guardian)	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Check if unlisted
WORK ()	CELL ()	

In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above:

Legal Parent/Guardian Signature _____ **Date** _____

• EMERGENCY MEDICAL AUTHORIZATION:

DOCTOR'S NAME (Full Name)	PHONE (INCLUDE AREA CODE)
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I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ **Date** _____

• VERIFICATION OF INFORMATION:

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 to a school in the Stanwood-Camano School District.

Legal Parent/Guardian Signature _____ **Date** _____

DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY					
STUDENT SCHOOL #	SCHOOL ENTRY DATE	MEDICAL ALERT	HOME ROOM #	LOCKER NUMBER	BUS ROUTE
					AM

**Stanwood-Camano School District #401
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Date _____

• AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION

Student name: _____	Birthdate: _____	Grade: _____
Preferred student start date (if applicable): _____		Today's date: _____

• I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION WITH THE AGENCY/ PERSON(S) LISTED BELOW:

<p align="center">Records To / From (circle one):</p> <hr/> <p align="center">Name of previous school/agency/person</p> <hr/> <p align="center">Street address</p> <hr/> <p align="center">City, State, Zip</p>	<p align="center">Send Records To/From (circle one):</p> <p align="center">Stanwood-Camano School District</p> <p align="center">Please check the appropriate school/department below.</p>
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• RELEASE THE FOLLOWING INFORMATION RELEVANT TO EDUCATIONAL PLACEMENT:

<p>School records:</p> <input type="checkbox"/> Student Cum file <input type="checkbox"/> Special Education Records <input type="checkbox"/> Immunization records <input type="checkbox"/> Discipline records <input type="checkbox"/> State Test Assessments	<input type="checkbox"/> WA State History <input type="checkbox"/> Attendance <input type="checkbox"/> Transcripts <input type="checkbox"/> BECCA <input type="checkbox"/> Other Assessments	<p>Medical records:</p> <input type="checkbox"/> Diagnostic information of medical condition that may impact educational placement decisions <input type="checkbox"/> Medical records <input type="checkbox"/> Other:
<p>Purpose for Exchange:</p> <input type="checkbox"/> to discuss and/or place student in program <input type="checkbox"/> to complete assessment/evaluation <input type="checkbox"/> to update records <input type="checkbox"/> other:		

• IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:

<input type="checkbox"/> Cedarhome Elementary 27911 - 68 th Ave NW Stanwood, WA. 98292 Ph: (360) 629-1280 Fax: (360) 629-1289 cesinfo@stanwood.wednet.edu	<input type="checkbox"/> Twin City Elementary 26211 - 72 nd Ave NW Stanwood, WA. 98292 Ph: (360) 629-1270 Fax: (360) 629-1279 tceinfo@stanwood.wednet.edu	<input type="checkbox"/> Port Susan Middle 7506 - 267 th St NW Stanwood, WA. 98292 Ph: (360) 629-1360 Fax: (360) 629-1365 psmsinfo@stanwood.wednet.edu	<input type="checkbox"/> Saratoga School 9307 - 271 st St. NW Stanwood, WA 98292 Ph: (360) 629-1372 Fax: (360) 629-1256 sarinfo@stanwood.wednet.edu
<input type="checkbox"/> Elger Bay Elementary 1810 Elger Bay Rd Camano Island, WA. 98282 Ph: (360) 629-1290 Fax: (360) 629-1291 ebeinfo@stanwood.wednet.edu	<input type="checkbox"/> Utsalady Elementary 608 Arrowhead Rd Camano Isl., WA. 98282 Ph: (360) 629-1260 Fax: (360) 629-1261 uesinfo@stanwood.wednet.edu	<input type="checkbox"/> Stanwood High School 7400 - 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1330 Fax: (360) 629-1331 shsinfo@stanwood.wednet.edu	<input type="checkbox"/> Lincoln Hill High School Lincoln Academy 7600 - 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1340 Fax: (360) 629-1341 lhhsinfo@stanwood.wednet.edu
<input type="checkbox"/> Stanwood Elementary 10227 - 273 rd Pl NW Stanwood, WA. 98292 Ph: (360) 629-1250 Fax: (360) 629-1252 sesinfo@stanwood.wednet.edu	<input type="checkbox"/> Stanwood Middle 9405 - 271 st St NW Stanwood, WA. 98292 Ph: (360) 629-1350 Fax: (360) 629-1354 smsinfo@stanwood.wednet.edu	<input type="checkbox"/> Special Services 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1236 Fax: (360) 629-1233 spedinfo@stanwood.wednet.edu	<input type="checkbox"/> Open Doors 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1200 Fax: (360) 629-1242 djohnston@stanwood.wednet.edu

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. Parent or guardian may revoke this authorization in writing at any time.

Legal Parent/Guardian Signature: _____ **Date:** _____

ADDRESS (Street/PO Box, City, State, ZIP) _____

The confidential exchange of medical information expires after **90 days**.

Stanwood-Camano School District #401 STUDENT REGISTRATION FORM

Date _____

Student Name: _____ Grade: _____ School: _____

Print Copy for EL Coordinator (Applicable)

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)				
	Hispanic	Hispanic (H00) Argentine (H02) Bolivian (H03) Brazilian (H04) Chicano (Mexican American) (H05) Chilean (H06) Colombian (H07) Costa Rican (H08)	Cuban (H09) Dominican (H10) Ecuadorean (H11) Guatemalan (H12) Guyanese (H13) Honduran (H14) Jamaican (H15) Mexican (H16)	Mestizo (H17) Native (H18) Nicaraguan (H19) Panamanian (H20) Paraguayan (H21) Peruvian (H22) Puerto Rican (H23)	Salvadoran (H24) Spaniard (H25) Surinamese (H26) Uruguayan (H27) Venezuelan (H28) Hispanic/Latino Write In (H29)
RACE-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	Native Hawaiian/Other	Native Hawaiian/Other Pacific Islander (P00)			
	Pacific Islander	Carolinian (P01) Chamorro (P02) Chuukese (P03) Fijian (P04) I-Kiribati/Gilbertese (P05) Kosraean (P06)	Maori (P07) Marshallese (P08) Native Hawaiian (P09) Ni-Vanuatu (P10) Palauan (P11) Papuan (P12)	Polynesian (P13) Samoan (P14) Solomon Islander (P15) Tahitian (P16) Tokelauan (P17)	Tongan (P18) Tuvaluan (P19) Yapese (P20) Pacific Islander Write In (P21)
RACE-BLACK/AFRICAN-AMERICAN	Black/African	Black/African American (B00)	African American (B01)	African Canadian (B02)	Race Write In (B03)
	Caribbean	Anguillian (B03) Antigua (B04) Bahamian (B05) Barbadian (B06) Barthélemyois/Barthélemyois (Saint Barthélemy) (B07) British Virgin Islander (B08)	Caymanian (Cayman Islands) (B09) Cuba Dominican (B10) Dominican (Dominican Republic) (B11) Dutch Antillean (Netherlands Antilles) (B12)	Grenadian (B13) Guadelupian (B14) Haitian (B15)	Jamaican (B16) Martiniquais/Martiniquaise (B17) Montserratian (B18) Puerto Rican (B19) Caribbean Write In (B20)
	Central African	Angolan (B21) Cameroonian (B22) Central African (Central African Rep.) (B23) Chadian (B24)	Congolese (Rep. of the Congo) (B25) Congolese (Democratic Republic of the Congo) (B26) Equatorial Guinean (B27) Gabonese (B28)		São Toméan (B29) Príncipe (B30) Central African Write In (B31)
	East African	Burundian (B32) Comoran (B33) Djiboutian (B34) Eritrean (B35) Ethiopian (B36) Kenyan (B37)	Malagasy (Madagascar) (B38) Malawian (B39) Mauritian (Mauritius) (B40) Mahoran (Mayotte) (B41) Mozambican (B42) Reunionese (B43)	Rwandan (B44) Seychellois/Seychelloise (B45) Somali (B46) South Sudanese (B47) Sudanese (B48) Ugandan (B49)	Tanzanian (United Republic of Tanzania) (B50) Zambian (B51) Zimbabwean (B52) East African Write In (B53)
	Latin American	Argentine (B54) Belizean (B55) Bolivian (B56) Brazilian (B57) Chilean (B58) Colombian (B59) Costa Rican (B60)	Ecuadorean (B61) El Salvadoran (B62) Falkland Islander (B63) French Guianese (B64) Guatemalan (B65) Guyanese (B66) Honduran (B67)	Mexican (B68) Nicaraguan (B69) Panamanian (B70) Paraguayan (B71) Peruvian (B72) S. Georgia/S. Sandwich Islands (B73) Surinamese (B74)	Uruguayan (B75) Venezuelan (B76) Latin American Write In (B77)
	South African	Botswanan (B78) Mosotho (Lesotho) (B79)	Namibian (B80) South African (B81)	Swazi (B82)	South African Write In (B83)
	West African	Beninese (B84) Bissau-Guinean (B85) Burkinabé (Burkina Faso) (B86) Cabo Verdean (B87) Ivorian (Côte d'Ivoire) (B88)	Gambian (B89) Ghanaian (B90) Liberian (B91) Malian (B92)	Mauritanian (B93) Nigerian (Niger) (B94) Nigerian (Nigeria) (B95) Saint Helenian (B96)	Senegalese (B97) Sierra Leonean (B98) Togolese (B99) West African Write In (B101)

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RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> Alaska Native Write In (N29) <input type="checkbox"/> American Indian Write In (N37)																																			
	Washington State Tribes	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35) </td> </tr> </table>				<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35)																														
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Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____

Please Complete all registration information.

**Stanwood-Camano School District #401
STUDENT REGISTRATION FORM**

Date _____

McKinney-Vento Act 42 U.S.C. 11435 02/27/2018

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> |
| Other _____ | |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____ Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return to your student's school to be forwarded to:

<u>Michelle Kunzman</u>	<u>360-629-1392</u>	<u>26920 Pioneer Hwy, Stanwood WA 98292</u>
<i>District Liaison</i>	<i>Phone Number</i>	<i>Location</i>

For School Personnel Only: For data collection purposes and student information system coding

- (N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

Please Complete all registration information.