



CONWAY SCHOOL ENROLLMENT FORM

Date: _____

STUDENT INFO	STUDENT Legal LAST Name		STUDENT Legal FIRST Name		STUDENT Legal MIDDLE Name	
	BIRTHDATE (Month/Day/Year) / /	Has student's name ever been legally changed? If yes, what was previous name?	PRIMARY LANGUAGE SPOKEN AT HOME <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		GRADE LEVEL:	PREFERRED GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified
	District Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthplace: City: State: County: Country:			Birth Certificate Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIMARY HOUSEHOLD	PRIMARY PARENT/GUARDIAN INFORMATION (Household information where student resides)					
	Legal Parent/Guardian #1 Last Name			Legal Parent/Guardian #1 First Name		
	CELL Phone ()		HOME Phone ()		WORK Phone ()	
	Email					
	Relationship to Student:					
	Parent/Guardian #2 Last Name			First Name		
	Email		CELL Phone ()		WORK Phone ()	
	Relationship to Student:					
	Residence Address	Street	Apt #	City	State	Zip
	Mailing Address (If different From above)	Street	Apt #	PO Box	City	State Zip

SECOND HOUSEHOLD	SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)					
	Parent/Guardian #1 Last Name			Parent/Guardian #1 First Name		
	CELL Phone ()		HOME Phone ()		WORK Phone ()	
	Email					
	Relationship to Student:					
	Parent/Guardian #2 Last Name			Parent/Guardian #2 First Name		
	Email:		CELL Phone ()		WORK Phone ()	
	Relationship to Student:					
	Residence Address	Street	Apt	City	State	Zip
	Mailing Address (If different from above)	Street	Apt #	PO Box	City	State Zip

School previously attended (most recent)	Entry Date	Withdrawal Date	Previous School Address (Street, City, State and Zip)
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PLEASE LIST OTHER SIBLINGS ATTENDING CONWAY SCHOOL DISTRICT

Last Name	First Name	Teacher	Grade

Has the student ever been suspended for a weapons violation? Yes No Date: _____

Has your child ever qualified for or been enrolled in a Special Education Program? Yes No

Has your child ever qualified for or had a 504 plan? Yes No

Has your child ever participated in: Title I LAP Gifted ELL Speech & Language Occupational Therapy

Has your child ever repeated or skipped a grade?

Yes, Repeated Yes, Skipped

What grade level(s) _____

Ethnicity and Race

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. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.

Please complete the following:

1. Is your child of Hispanic or Latino origin?

No, my child is not Hispanic or Latino

Yes, my Child is Hispanic or Latino - (Check all that apply):

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Central American | <input type="checkbox"/> Other Hispanic/Latino |

2. What race do you consider your child? (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Thai | <input type="checkbox"/> Colville | <input type="checkbox"/> Samish |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Hoh | <input type="checkbox"/> Shoalwater Bay |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Jamestown S'Klallam | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Fijian | <input type="checkbox"/> Kalispel | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Lower Elwa Klallam | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Lummi | <input type="checkbox"/> Squaix Island |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Makah | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Port Gamble S'Klallam | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Other Washington Indian Tribe |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Quileute | <input type="checkbox"/> Other American Indian Tribe/Alaska Native |
| <input type="checkbox"/> Taiwanese | | <input type="checkbox"/> Quinault | |

RESIDENCE VERIFICATION

Please provide the information requested below so that we may legally enroll your child in the Conway School District. The Conway School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries, unless an Inter-district Transfer form has been ACCEPTED by our district prior to enrollment.

For cases in which residency is in question, school officials can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate cancellation of enrollment.**

In order to verify the address listed (on the front page of this form), we require one of the following be provided upon initial registration or at any time during enrollment when a home address changes.

- _____ Property Tax Statement .
- _____ Utility Bill (must include parent/guardian name, address and be less than 30 days old)
- _____ Purchase papers from a home or the original copy of your lease agreement. If you are renting or leasing your residence in which all utilities are included in rent, you can provide the rental agreement on PROPERTY MANAGEMENT LETTERHEAD ONLY.
- _____ Notarized verification of residency -- *person signing this document must also provide proof of residency as outlined above.*

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that falsification of information to achieve enrollment may be cause for revocation of the student's enrollment in the Conway School District. I agree to notify the Conway School District in writing within five (5) school days following any change of my/our residency."

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

School Official Signature _____ Date _____

To be signed by the School Official who received form and verified residency identification checked above.