

Lopez Island School District #144
 86 School Road
 Lopez Island WA 98261 (360)
 468-2202

NEW STUDENT REGISTRATION

| Food Service | Entry Date | Medical Alert | Locker Number | Bus Route AM PM |
|-------------------------------|------------------|-------------------------|-------------------|-------------------------|
| Student Name: Legal Last Name | | Legal First Name | Legal Middle Name | Also known as: |
| Grade Level | Gender M F | Birthplace: | | |
| Birthdate | | City State County | Country | |

| |
|---|
| School Previously Attended (Name, Address, City, State, Zip) |
| School District(s) Previously Attended |

| | | | |
|---|--|-------------------------------|--|
| Primary Household - parent/guardian (where student lives) <i>Last Name First Name</i> | Student Lives with: Both parents Father only Mother only Grandparent Mother/Stepfather Father/Stepmother Stepfather/Stepmother Guardian Agency Self Other _____ | Phone #1 Home Phone | Phone #2 Work Cell Email |
| <i>Last Name First Name</i> | | | Phone #2 Work Cell Email |

| | | | |
|-------------------------|--------|------|----------------------|
| Resident Address | Street | Apt# | City Zip State |
| Mailing Address | Street | Apt# | City Zip State |

Please complete page 2.

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| | | | |
|--|--|---|--|
| Second Household- (non-custodial parent not residing w/student) <i>Last Name First Name</i> | Student Lives with Both parents Father only Mother only Grandparent Father/Stepmother Mother/Stepfather Stepfather/Stepmother Guardian Agency Self Other | Phone #1 Home Work Cell | Phone #2 Home Work: Cell |
| <i>Last Name First Name</i> | | Phone #1 Home Work Cell | Phone #2 Home Work Cell |
| Second Household Mailing Address | Street/PO Box, City, State, Zip | Mailings Requested? <div style="text-align: right;"> Yes No </div> | |

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

| | |
|--|--|
| Has your child ever qualified for or been enrolled in a special ed program? Yes No Has your child ever qualified for or had a 504 plan? Yes No Has your child ever participated in: TitleI LAP Gifted ELL Other _____ | Has your child ever been retained? Yes No If yes, at what grade level(s) |
|--|--|

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.

| | | |
|---|------------------------------|---------|
| Emergency Contact Name (Other than parent/guardian) | Telephone #1 Telephone #2 | Address |
| Emergency Contact Name (Other than parent/guardian) | Telephone #1 Telephone #2 | Address |

STUDENT RELEASE AUTHORIZATION: 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

If the student qualifies as homeless under the McKinney-Vento Homeless Act every effort will be made to enroll the child immediately, even if usually required documents are not immediately available because of the nature of the homelessness. The district homeless liaison is Jeanna Carter, 360-468-2202 ext 2214 or jcarter@lopezislandschool.org.