



WELCOME TO SEATTLE PUBLIC SCHOOLS!

Help us serve you better by using the **ADMISSION CHECKLIST** below as you collect the information and documents necessary to enroll your child in Seattle Public Schools.

ASSIGNMENT INFORMATION

- New students are assigned to their attendance area school based on **verified residence address. ASSIGNMENT CANNOT BE MADE WITHOUT ADDRESS VERIFICATION.**
- Students who need specialized services not available at their attendance area school will be assigned to a designated “linked” school.
- To find your attendance area school, use our online Address Look Up Tool. <http://www.seattleschools.org/enrollment> or call (206) 252-0760 for assistance.
- Students may also apply to attend any other school in the district. Assignment depends on space availability and the assignment rules in effect at the time of application. If you wish to apply for another school, you will need to submit a School Choice Form in addition to this Admission Form.
- SPS is implementing a new student assignment plan, and a Transition Plan is in place for assignment of current students, students who have moved, and returning students previously enrolled in the district.
- Non-Resident Students: If you live outside the boundaries of the Seattle School District, please go to, <http://www.seattleschools.org/enrollment> or call (206)252-0760 to learn about the application process and requirements.

Assistance for those with a disability or who do not speak English is available at the SPS Service Center.

(206)252-0760

servicecenter@seattleschools.org

PLEASE NOTE!

Incomplete applications cannot be accepted and will delay your student’s enrollment.

ADMISSION CHECKLIST

FORMS (Please fill out all forms completely and sign where indicated.)

ADMISSION FORM

Complete all information on the following three pages and sign the form. Attach any Court documents relating to guardianship or a parenting plan, if applicable. Sign and date.

CERTIFICATE OF IMMUNIZATION STATUS (CIS)

Washington State requires that you use the official CIS form, which must be signed by the parent/guardian. **All immunization dates MUST appear on this form!** Sign and date.

SPECIAL EDUCATION FORM

For students who have an Individual Education Plan (IEP).

SCHOOL CHOICE FORM (OPTIONAL)

DOCUMENTS (Please bring or enclose a photo copy of all documents when you enroll your student.)

PHOTO ID OF THE PARENT/GUARDIAN REGISTERING THE STUDENT

If faxing a photo ID, please be sure it will be legible by making a light copy first and then faxing the copy.

TWO ADDRESS VERIFICATION DOCUMENTS (MUST CONTAIN THE PARENT’S NAME AND BE DATED WITHIN THE PAST EIGHT WEEKS)

Examples include: copies of current land-line telephone, utility, or cable bills; mortgage information; renters or homeowners insurance documents; or documents from public agencies, such as Courts or DSHS. Lease or rental agreements must include the first page and the signature page. **We do not accept personal correspondence or copies of envelopes.**

BIRTH CERTIFICATE (or similar document, such as a passport) for PreK, Kindergarten, and 1st grade **only**.

OFFICE: 2445 Third Avenue South (M-F 8:30 to 4:00; closed at noon the third Wednesday of each month except during peak enrollment periods)

WEB: <http://www.seattleschools.org/enrollment>

FAX: (206) 252-0761

E-MAIL: servicecenter@seattleschools.org

MAILING ADDRESS:

SPS Service Center

Seattle Public Schools

MS 11-174

PO Box 34165

Seattle, WA 98124-1165

ADMISSION FORM

| | | | | | | | | | | | |
|-------------------------------------|-------------------------------------|------------------------|------------|--|-----|------|--------|-----------|----------|-----|----|
| OFFICE USE ONLY | | Residence Verification | | ACP <input type="checkbox"/> Olympia # | | | ID | | | | |
| 2015-16 <input type="checkbox"/> | 2016-17 <input type="checkbox"/> | Rec'd By | B-Date Ver | Photo ID | CIS | Sped | Health | Title VII | MK/Vento | ELL | DE |

STUDENT INFORMATION

| | | | | | |
|--------------------------------|--|--------------------------|-------------|---------------------------|---|
| Last Name | | Suffix | | Birth Date / / | |
| First Name | | | Middle Name | | |
| Home Phone | | <input type="checkbox"/> | Grade | Grade | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Home Address | | Apt # | City | | State ZIP |
| Mailing Address (if different) | | | | How Long At Home Address? | |

ASSIGNED TO:

HAS STUDENT RECEIVED SPECIAL EDUCATION SERVICES...

Yes No Has student received special education services during the past three years?
 Yes No Has student received special education services during the past one year?
 If YES, estimated amount of time student receives special education services: 1/2 day or less (0-4 hours) More than 1/2 day (more than 4 hours)
 If YES, Special Education form must be completed and signed.

HOME LANGUAGE (do not leave blank)

If the response to either of these questions is a language other than English, the student should be referred for testing with the WELPA Placement Test.

- What language did your child first learn to speak? _____
- What language does YOUR CHILD use the most at home? _____

TO BE COMPLETED IF NOT BORN IN U.S.

| | |
|------------------|-------------------|
| Country of Birth | Date of Entry / / |
|------------------|-------------------|

REFUGEE STATUS

Check here if student is (or was) a refugee. (A refugee, as defined by the Office of Refugee Resettlement; an asylee; a Cuban or Haitian entrant; an Amerasian from Vietnam; or a victim of trafficking.)

| |
|-------------------|
| Country of Origin |
|-------------------|

MIGRANT STATUS

Yes No Have you or your family moved within the past three years to seek or obtain temporary or seasonal work as a primary means of livelihood?

MEDICAL AND HEALTH INFORMATION

| | |
|---|--------------|
| Physician, Clinic or Health Care Provider | Phone Number |
|---|--------------|

- Yes No During school hours, does your child require a non-oral medication? (Ex. Injection, eye/ear drops, application to skin, suppository, central line)
 Yes No During school hours, does your child need help with a medical procedure? (Ex. Blood sugar, NG feeding, sterile catheterization)
 Yes No Does your child have a condition which causes the daily possibility of a life-threatening emergency? This includes life-threatening allergies, diabetes, and some seizures.

If yes, please state what it is. _____

If you answered "YES" to any of the above three medical/health questions,

please request a Health Packet and contact your school nurse, if available, or Health Services at 252-0750.

PREVIOUS SCHOOL (Include Pre-K if applicable) Has student completed high school or a parallel international program? Yes No

| | | |
|----------------|------------------------------|-----------------------------|
| Name of School | Current or Most Recent Grade | Date of Last Attendance / / |
| Street Address | City | State ZIP |

- Yes No Was student suspended or expelled from this school?
 Yes No Has student been suspended or expelled from any school?

If answer "Yes" to any questions in this section, please explain. _____

DISCIPLINE

- Yes No Does the student have any pending disciplinary actions; history of violent or disruptive behavior; past, current, or pending criminal or juvenile court proceedings; or history of gang affiliation?
 Yes No Does the student currently have, or has the student had in the past, a restraining order filed against him/her?

FIRST NAME

STUDENT'S LAST NAME

| INFORMATION FOR PARENTS/GUARDIANS | | | | WHO HAS LEGAL CUSTODY? | STUDENT LIVES WITH... | |
|-----------------------------------|---|------------------|--|---|---|---|
| 1 | Relationship To Student | Employer | | Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Ward of Court <input type="checkbox"/> Parenting Plan <input type="checkbox"/> Independent Copy of Court Order, Parenting Plan, or other legal documents may be required. | <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Agency/Social Services <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Alone <input type="checkbox"/> Student's Spouse/Partner <input type="checkbox"/> Other Relative(s) |
| | Last Name | Work Phone | | Address same as students? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | First Name | Email Address | | Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Parent/Guardian language(s), if other than English Spoken _____ | Home Phone _____ | | Does parent/guardian speak English? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Correspondence _____ | Cell Phone _____ | | | | |
| | Home Address (if different than student's) | | | | | |
| 2 | Relationship To Student | Employer | | Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> | EMERGENCY CONTACTS | |
| | Last Name | Work Phone | | Address same as students? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | First Name | Email | | Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Parent/Guardian language(s), if other than English Spoken _____ | Home Phone _____ | | Does parent/guardian speak English? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Correspondence _____ | Cell Phone _____ | | | | |
| | Home Address (if different than student's) | | | | | |
| 3 | Relationship To Student | Employer | | Living with student? Yes <input type="checkbox"/> No <input type="checkbox"/> | Last Name First Name Relationship To Student Home Phone Other/Cell Phone Last Name First Name Relationship To Student Home Phone Other/Cell Phone | |
| | Last Name | Work Phone | | Address same as students? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | First Name | Email | | Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Parent/Guardian language(s), if other than English Spoken _____ | Home Phone _____ | | Does parent/guardian speak English? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Correspondence _____ | Cell Phone _____ | | | | |
| | Home address (if different than student's) | | | | | |

Student Housing Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, 42 Section U.S.C 11435

- Temporarily living with another person due to loss of housing or economic hardship (Doubled Up)
- In a motel or hotel
- In Transitional Housing
- Foster Child Awaiting Placement
- Group Home
- In a shelter
- Unaccompanied Youth not in the physical custody of parent / legal guardian
- Unsheltered (living in a vehicle of any kind: park, campground, with running water/electricity or substandard housing)

STUDENT ETHNICITY AND RACE

Init Office Use: Obsv

INSTRUCTIONS: Pursuant to the District's reporting requirements under State legislation, this form is to be filled out by the student's parent/guardian. Part A identifies the student's ethnicity and Part B identifies the student's race. These questions are required for federal education funding and accountability reporting. Please provide a response to both questions.

A Is your student of Hispanic or Latino origin? If yes, check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Central American | <input type="checkbox"/> Puerto Rican |
| | <input type="checkbox"/> Cuban | <input type="checkbox"/> South American |
| | <input type="checkbox"/> Dominican | <input type="checkbox"/> Spaniard |
| | <input type="checkbox"/> Latin American | <input type="checkbox"/> Other Hispanic/Latino |
| | <input type="checkbox"/> Mexican/ Mexican American/ Chicano | |

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

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> White | <input type="checkbox"/> Korean | <input type="checkbox"/> Fijian |
| | <input type="checkbox"/> Laotian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Mariana Islands |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Melanesian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Micronesian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Thai | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other American Indian |
| | <input type="checkbox"/> Other Asian | |

B1 Is your student of Native American or Alaskan Native? If yes, check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Squaxin Island |
| <input type="checkbox"/> Chehalis | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Suquamish |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Quileute | <input type="checkbox"/> Swinomish |
| <input type="checkbox"/> Hoh | <input type="checkbox"/> Quinault | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Samish | <input type="checkbox"/> Upper Skagit |
| <input type="checkbox"/> Kalispel | <input type="checkbox"/> Sauk-Suiattle | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Shoalwater | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> Lummi | <input type="checkbox"/> Skokomish | <input type="checkbox"/> Other American Indian - What tribe: |
| <input type="checkbox"/> Makah | <input type="checkbox"/> Snoqualmie | _____ |
| <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Spokane | _____ |
| <input type="checkbox"/> Nisqually | | |

PARENT/GUARDIAN STATEMENT:
 I certify that all of the information I have provided is true and accurate. I understand that falsification of any information or submission of misleading information will be cause for revoking the student's school assignment, that failure to provide supporting documentation may delay the processing of this application or result in the revocation of my child's assignment, and that my child may be excluded from school if immunizations are not current. I understand that Seattle Public Schools may take steps to verify my address, including review of public documents and contacting other government agencies, without further notification. I authorize the request of this student's records from the previous school, if applicable.

Signature of Parent/Guardian _____

Please Print Name _____ Date ____/____/____

Seattle Public Schools provides Equal Educational Opportunity without regard to race, creed, color, religion, age, ancestry, national origin, economic status, gender, sexual orientation, gender identity, pregnancy, marital status, families with children, honorably discharged veteran or military status, physical appearance, or mental, physical or sensory disability.

The District complies with all applicable state and federal laws and regulations to include, but not limited to, Title IX, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, RCW 49.60 "The Law Against Discrimination," and covers, but is not limited to, all District programs, courses, activities, including extra-curricular activities, services, access to facilities, etc.

The Title IX Officer and 504 Coordinator with the overall responsibility for monitoring, auditing, and ensuring compliance with this policy is: Manager, Office of Equity and Compliance Officer, P.O. Box 34165, Mail Stop 33-157, Seattle, WA 98124-1165. Phone: (206) 252-0024. Individuals who believe they have been discriminated against in any of the District's educational or employment activities can file an internal discrimination complaint with the District's Office of Equity and Compliance.