

Please Print Clearly



Mercer Island School District Student Enrollment Form

OFFICE USE ONLY
Address Verif. ___ Birth Cert. ___ Immuniz. ___
PD ___ check(s) @ ___ Date ___

Today's Date: ___ New ___ Re-enrolling ___ Entering Grade ___ Year of HS Graduation ___ Counselor ___

Processing Date: ___ Assignment: ___

Student Name: Legal Last Name, Legal First Name, Legal Middle Name, Also known as:
Birthdate (Month/Day/Year), Gender M F, Birthplace: City, State, Country, US Citizen Yes No
Primary language spoken by child, First learned language spoken by child
Primary language spoken by parent/guardian (other than English), Primary language the child speaks at home
Mother: ___, Father: ___
Ethnicity and Race Information: Please see additional page
Student Email Address: _____

Primary Household Information

Primary Household Parent/Guardian #1 (where student resides)
Last name, First Name
Student lives with
Both parents, Father only, Mother only, Grandparents
Father/Stepmother, Mother/Stepfather, Stepfather/Stepmother
Guardian, Agency, Self, Other, Emancipated Minor
Primary Household Parent/Guardian #2 (where student resides)
Last name, First Name

Resident Address: Street, Apt #, City, State, Zip

Mailing Address (if different from above): Street, Apt #, PO Box, City, State, Zip

Primary Household Parent/Guardian #1 Phones
Please check primary phone; include area code
Home phone, Work Phone, Cell phone
Email Address:
Primary Household Parent/Guardian #2 Phones
Please check primary phone; include area code
Home phone, Work Phone, Cell phone
Email Address:

Is this a temporary living situation? Yes No If Yes, please indicate where the student is living: ___ in a shelter ___ in a car ___ in a motel/hotel ___ with more than one family in a house or apartment ___ with friends or a relative ___ Other (please specify):
Does the living situation checked above result from a loss of housing or from economic hardship? Yes No Not sure

Secondary Household Information

Receive Mailings? Yes No

Secondary Household Parent/Guardian #1
Last name, First Name
Secondary Household Parent/Guardian #2
Last name, First Name

Secondary Address: Street, Apt #, City, State, Zip

Mailing Address (if different from above): Street, Apt #, PO Box, City, State, Zip

Secondary Household Parent/Guardian #1 Phones
Please check primary phone; include area code
Home phone, Work Phone, Cell phone
Email Address:
Secondary Household Parent/Guardian #2 Phones
Please check primary phone; include area code
Home phone, Work Phone, Cell phone
Email Address:

Do you want to disclose to school officials a joint custody, parenting plan, or other legal document, if any, affecting parental rights regarding the student? Yes No If yes, please attach current copies of such documents.
Do you want to disclose to school officials any restraining orders, if any, against other individuals who may be present at school and that the order relates to the student? Yes No If yes, please attach current copies of such documents.

Daycare/Childcare Provider

Daycare/Childcare Provider Name, Phone Number, Cell Phone

Is Daycare/Childcare Provider authorized to remove student from school? Yes No

Previous Schools Attended

Has your child ever attended Mercer Island School District? Yes No. Has your child been retained? Yes No. If yes, what grade? _____

All previous schools attended, including Mercer Island (list most recent first):

School Name	Address	City	State	From	To	Grade Levels	Public please check	Private check

Previous Schooling Information

How many months (1 year = 10 months) has the student attended school in the US (K-12) before enrolling in the district? _____

How many months (1 year = 10 months) has the student received formal education in his/her native language (equivalent to K-12) before enrolling in the district? _____

Preschool/Kindergarten Information

Did child attend Mercer Island School District Preschool? Yes No

For kindergarten student, please indicate preschool attended _____

For kindergarten student, please indicate if half-day or full-day kindergarten is preferred (check one): Half-day _____ Full-day _____

Special Services

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: Title I/LAP IEP Gifted OT/PT Speech Therapy Other _____

Has your child ever been enrolled in English as a Second Language Program? Yes No

Safety

Has your child ever been suspended for a weapons violation? Yes No Date: _____

Siblings Please list other siblings attending Mercer Island Public Schools:

Last Name	First Name	School	Grade

Emergency Contacts (fill in information for at least two contacts). NOT PARENTS OR GUARDIANS-LOCAL CONTACTS ONLY!

Primary Contact (other than parent/guardian) Last name First Name	Relationship to child	Phone #1 (include area code)			Phone #2 (include area code)		
		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
		<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell

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 _____

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

Legal Parent/Guardian Signature _____ Date _____

Re: Children with Life Threatening Conditions - Annual Notice

Dear Parents/Guardians:

The purpose of this letter is to inform you of the law enacted to help your child's school provide for the safety and health of children during the school day. The Law states that:

Children with life-threatening conditions such as severe bee sting or food allergies, severe asthma, diabetes, severe seizures, etc., are required to have a medication or treatment order and nursing care plan in place while they are in school. The medication or treatment order must be from the child's licensed health care provider. If a medication or treatment order is not provided, the chief administrator of the school is required to exclude the child until such order has been provided.

Substitute House Bill 2834, *Children with Life-Threatening Conditions*, which took effect June 13, 2002; defines life-threatening condition as "a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place."

This requirement applies to students with a life-threatening condition who are new to the district, and students who are already attending the school. Our exclusion procedures are in accordance with the rules (WACs) of the State Board of Education.

It is vital to your child's safety during the school day that you immediately notify your school nurse if your child has a life-threatening health condition that may require medical services to be performed at school. The school nurse will create your child's emergency health care plan with your help. Call the school nurse (see phone numbers listed) and leave a detailed and confidential message, including best times to contact you.

Lakeridge Elementary	230-6231	Islander Middle School	230-6158
West Mercer Elementary.....	230-6044	Mercer Island High School	236-3377
Island Park Elementary	230-6281	Preschool	230-6044

For your convenience, the Medication Policy and Provider/Medication Authorization Forms can be downloaded from the District Web site (www.misd.k12.wa.us. Select School Nurse from the Parents & Families section). Children with a life threatening condition requiring medication must have these forms completed before they attend school.

Thank you for providing for the safety and health of your student at school.

Sincerely,

Your School Nurses!

Student Health Form (Update for 2011-2012)

Student Name: _____ Date of Birth: _____ Male: _____ Female: _____

School: _____ Grade: _____ Class of: _____

Life Threatening Medical Conditions (Check all that apply):

If your child has a life threatening medical condition, state law requires a medication/treatment order from a Health Care Provider, and a school nurse Health Care Plan before your child can attend school. The MISD medication form and school nurse contact information is available on the school nurse web site: www.misd.k12.wa.us/parents/families/snews.

Does your child have any of the following conditions? Please explain:

No ___ Yes ___ Severe allergic reaction to tree nuts, peanuts _____ Other food product: _____

No ___ Yes ___ Severe allergic reaction to bee stings, other insects: _____

No ___ Yes ___ Other severe allergies-affecting school. Specify: _____

No ___ Yes ___ Severe asthma, regularly takes medication for asthmatic condition or hospitalized within last 5 years: _____

No ___ Yes ___ Seizure disorder: _____

No ___ Yes ___ Diabetes: _____

No ___ Yes ___ Heart condition: _____

Does your child have any of the following other conditions that would affect his/her classroom performance or P.E. activities?

Please explain:

No ___ Yes ___ Allergies. Specify: _____

No ___ Yes ___ Asthma, takes medication only when needed: _____

No ___ Yes ___ History of seizure disorder: _____ Type and date of last seizure: _____

No ___ Yes ___ History of heart condition: _____

No ___ Yes ___ Digestive, bowel or bladder problems: _____

No ___ Yes ___ Growth problems: _____

No ___ Yes ___ Skeletal limitations: _____

No ___ Yes ___ Cancer/Leukemia: _____

No ___ Yes ___ Neuromuscular problems: _____

No ___ Yes ___ Other developmental disability: _____

No ___ Yes ___ Attention Deficit Disorder: _____

No ___ Yes ___ Behavioral/Emotional concerns: _____

No ___ Yes ___ Tourette's Syndrome: _____

No ___ Yes ___ Migraine headaches: _____

No ___ Yes ___ PE considerations: _____

No ___ Yes ___ Vision deficit: _____

No ___ Yes ___ Hearing loss: _____

No ___ Yes ___ Routine medication: _____

Medications: State law requires written permission from a Health Care Provider and parent before any medication (prescription or over-the-counter) can be given or carried by student at school. A form is available from the school nurse, office, or school nurse website: www.misd.k12.wa.us/parents/families/snews.

This information is considered confidential. It will be shared with school staff on a need-to-know basis. I understand 911 may be called to assist in a medical emergency during school hours. I understand it is my responsibility to notify the school office in writing if there are any changes in my child's health.

Preferred Doctor: _____ Phone number: _____

Preferred Dentist: _____ Phone number: _____

Preferred Hospital: _____ Phone number: _____

Parent/Guardian Signature: _____ Date: _____

CONFIDENTIAL. Please return this form to school nurse.

Student's Legal Name: _____ **Date of Birth:** _____

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. The new federal requirements state that Unknown, Multiracial and Not Provided are not valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Please complete the following:

Is your child of **Hispanic or Latino** origin? Yes, check all that apply in section 1 and 2.

No, check all that applies in section 2.

Section 1. 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 |

Section 2. What race(s) 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 |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Jamestown | <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 Elwha | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Lummi | <input type="checkbox"/> Squaxin 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 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 | |

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