

Queets - Clearwater School

1. Child Information

School year: _____

Legal First Name _____

Application date: ____/____/____

Middle Name _____

Legal Last Name _____

Child's birth date ____/____/____

Nickname _____

Gender: Male Female

Is this child on an Individualized Education Program (IEP)?

Yes No

If no, do you have any concerns about this child's development? Yes No

Is this child in licensed foster care?

Yes No

Is this child homeless (does not have a fixed, regular, and adequate nighttime residence) living with a relative, friend, car or shelter?

Yes No

If yes, does this homeless child live with a parent or legal guardian? Yes No

Is this child living with a guardian, who is not a parent or licensed foster parent, who receives a TANF grant on behalf of the child?

Yes No

Child's first language _____ Child's second language _____

Is this child Hispanic/Latino? Yes No

If yes, check all that apply:

Argentinian

Bolivian

Chilean

Colombian

Costa Rican

Cuban

Dominican

Ecuatorian (Ecuadorian)

Guatemalan

Honduran

Mexican or Mexican-American (Chicano)

Nicaraguan

Panamanian

Peruvian

Puerto Rican

Salvadoran

Spanish

Uruguayan

Venezuelan

Latin American

Other Hispanic or Latino (describe)

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

White

Black or African American

Alaska Native

- Aleut (Unangan)
- Alutiiq
- Athabaskan
- Eskimo (Inupiaq or Yupik)
- Eyak
- Haida
- Tlingit
- Tsimshian
- Other Alaska Native _____

American Indian

- Chehalis
- Chinook
- Colville
- Cowlitz
- Duwamish
- Hoh
- Jamestown
- Kalispel
- Kikiallus
- Lower Elwha
- Lummi
- Makah
- Muckleshoot
- Nisqually
- Nooksack
- Port Gamble Klallam
- Puyallup
- Quileute
- Quinault
- Samish
- Sauk-Suiattle
- Shoalwater
- Skokomish
- Snohomish
- Snoqualmie
- Snoqualmoo
- Spokane
- Squaxin Island
- Steilacoom
- Stillaguamish
- Suquamish
- Swinomish
- Tulalip
- Upper Skagit
- Yakama
- Other American Indian _____

Asian

- Asian Indian
- Bangladeshi

- Bhutanese
- Burmese
- Cambodian (Kampuchean)
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian
- Madagascar
- Malayan
- Maldivian
- Mongolian
- Nepali
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

Native Hawaiian or Other Pacific Islander

- Fijian
- Guamanian
- Kosraean
- Mariana Islander
- Marshall Islander
- Melanesian
- Micronesian
- Native Hawaiian
- Palauan
- Papua New Guinean
- Ponapean (Pohnpeian)
- Samoan
- Solomon Islander
- Tahitian
- Tarawa Islander
- Tokelauan
- Tongan
- Trukese (Chuukese)
- Vanuatuan (New Hebrides Islander)
- Yapese

2. Parent/Guardian Contact Information

First Name _____ Last Name _____ Gender: Male Female

Relationship to Child: Parent (biological or adoptive) Step Parent Foster Parent Grandparent
 Other Relative Other Legal Guardian Other (specify) _____

Parent's Birth Date: ____/____/____

Street Address _____ City _____ Zip _____

County _____

Mailing address (if different) _____ City _____ Zip _____

School District _____ Email _____

Phone _____ Alternate Phone _____

Do you need an interpreter to communicate with English speakers? Yes No

If yes, what language(s) do you speak? _____

Additional Parents/Guardians: (if address is different, please add)

First Name _____ Last Name _____ Birth Date ____/____/____

First Name _____ Last Name _____ Birth Date ____/____/____

First Name _____ Last Name _____ Birth Date ____/____/____

3. Child lives with:

One parent/guardian (Name) _____

Two parents/guardians in same household (Names) _____

Two parents/guardians in two households –

Does one household have primary legal custody? Yes No

If **yes**, which parent has primary custody? _____

Spouse of parent with primary custody, if any: _____

If **no**, name the legal parent/guardian that shares custody for each household. Do not include their spouses.

(Household 1) _____ (Household 2) _____

11. Family Info: Other Household Members (Include individuals residing in the home)

First Name	Last Name	Gender	Relationship to Child	Age, if under 19	Birthdate, if under 5

12. Previous Enrollment

Was this child previously enrolled in Head Start (for preschoolers)? Yes No If yes, where? _____

Was this child enrolled in Early Head Start or a birth-to-three home visiting program? Yes No

Was this child previously enrolled in any other school for the previous school year)? Yes No If yes, where? _____

Does this child have an Individualized Education Program (IEP)? Yes No

If this child has an IEP check all categories of the IEP. If not, skip to next question.

- Autism
- Deaf-blindness
- Developmental delay
- Emotional disturbance
- Hearing impairment
- Intellectual disability
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment

What school district issued this child's IEP? _____

Is a school district special education preschool available for this child? Yes No

13. Additional Questions

We use this information to help us maintain state funding for our school. All responses will be kept confidential.

- Is this child an English language learner (speaks another language and is learning English)? Yes No
- Has this child been homeless within the last 12 months? Yes No
- Does this child have a parent who is developmentally or physically disabled? Yes No
- Does this child have a parent currently on active duty in the U.S. Military? Yes No
- Does this child have a parent currently a member of a National Guard unit or a Military Reserve unit? Yes No
- Does this child have a parent who is currently or was recently deployed to a combat zone? Yes No
- Does this child have a parent who is incarcerated in jail, prison or a detention center? Yes No
- Does this child have a parent who was under age 18 when this child was born? Yes No
- Does this child have a parent who is a migrant worker? Yes No
- Do you have a support system outside of your family (people you can talk to and people who help you)? Yes No

Health Information Please *attach a copy of the child's immunization record*

Does this child have a chronic health condition such as diabetes, asthma, seizures, etc.? Yes No

If yes, please describe _____

Does your child have any known allergies? Yes No Unknown

If yes please explain _____

Does this child have medical insurance or coverage? Yes No Unknown

- DSHS Provider One Services Card Washington Basic Health Military Medical Coverage
 Private Medical Insurance Tribal Coverage

Does this child have a regular doctor or medical clinic? Yes No Unknown

Did this child have a well-child exam within the last 12 months)? Yes No Unknown

Date of last well-child exam ____ / ____ / ____ Date Unknown

Does this child have dental insurance or coverage? Yes No Unknown

- DSHS Provider One Services Card Washington Basic Health Military Dental Coverage
 Private Dental Insurance ABCD (not available in all counties)

Does this child have a regular dentist or dental clinic? Yes No Unknown

Did this child have a dental screening within the last 6 months? Yes No Unknown

Date of last dental screening before ____ / ____ / ____ Date Unknown

Signature of Parent/Guardian

I certify that the information on this form is true and correct. I understand that this information may be reported to other state agencies or research firms. Queets - Clearwater School keeps the identity of individual children and families confidential to the extent allowed by state and federal law.

Print name _____

Signature _____ Date _____

Signature of Queets - Clearwater School Administration

I certify that, to the best of my knowledge, the information on this form is true and correct. I viewed and verified documentation establishing this child's enrollment information

Signature _____ Date _____