



SCHOOL REGISTRATION FORM

School _____

CENTRAL KITSAP SCHOOL DISTRICT
PO BOX 8, SILVERDALE WA 98383

STUDENT'S LEGAL LAST NAME		LEGAL FIRST NAME	LEGAL MIDDLE NAME	GRADE LEVEL	SEX	ENROLLMENT DATE	ENTRY CODE	HOME ROOM	STUDENT NUMBER
BIRTHDATE (MO, DAY, YR)	VERIFIED BY	STREET ADDRESS		CITY	ZIP	HOME PHONE ()		VERIFIED BY	NDA/NSA
		MAILING ADDRESS (IF DIFFERENT)							BUS NUMBER
HAS STUDENT PREVIOUSLY ATTENDED A CENTRAL KITSAP SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO			LAST SCHOOL ATTENDED:						
IF YES, SCHOOL _____ YR _____			ADDRESS		CITY/STATE		ZIP		

Parent/Guardian (one person per line): Check Notifications

Relationship	Name (address if different than above)	Employment	Student Resides with <input type="checkbox"/> Yes <input type="checkbox"/> No	List your contacts below. In the boxes to the right you can mark a total of 6 phone numbers & 2 email contacts for notification.								
				Home Phone	Work Phone	Cell Phone	E-Mail	General, Weather, Emergency	Attendance Select One	Emergency	Text Message	
Primary Contact		Employer Active <input type="checkbox"/> Yes <input type="checkbox"/> No Military	<input type="checkbox"/> Yes <input type="checkbox"/> No									
		Employer Active <input type="checkbox"/> Yes <input type="checkbox"/> No Military	<input type="checkbox"/> Yes <input type="checkbox"/> No									
		Employer Active <input type="checkbox"/> Yes <input type="checkbox"/> No Military	<input type="checkbox"/> Yes <input type="checkbox"/> No									
		Employer Active <input type="checkbox"/> Yes <input type="checkbox"/> No Military	<input type="checkbox"/> Yes <input type="checkbox"/> No									

Native language spoken in the home: _____ Daycare Provider _____ Phone _____
 If not English, please complete the Home Language Survey Daycare Provider _____ Phone _____

LOCAL EMERGENCY CONTACT'S NAME (NOT PARENT)	EMERGENCY PHONE/EXT. NO.	RELATIONSHIP TO STUDENT	Immunization Status
1.			
2.			

LIST NAMES AND BIRTHDATES OF ALL BROTHERS AND SISTERS LIVING AT HOME (IF ADDITIONAL CHILDREN PLEASE COMPLETE ON BACK OF FORM):

NAME (LAST, FIRST, MI) 1.	BIRTHDATE (M, D, Y)	NAME (LAST, FIRST, MI) 3.	BIRTHDATE (M, D, Y)
NAME (LAST, FIRST, MI) 2.	BIRTHDATE (M, D, Y)	NAME (LAST, FIRST, MI) 4.	BIRTHDATE (M, D, Y)

ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY INCOMPLETE INFORMATION MAY BE DETERMINED BY THE SCHOOL DISTRICT.

PARENT OR GUARDIAN SIGNATURE DATE

Date records requested _____

Are you interested in receiving information about health insurance for eligible students at LOW or NO COST to your family? Yes No