

## PARENT/GUARDIAN QUESTIONNAIRE FOR NEW STUDENTS

| Student Legal Name  | Grade                     |                        |              | Date of Birth          |                        | Gende     |  |
|---|---------------------------|------------------------|--------------|------------------------|------------------------|-----------|--|
| Previous School, District, State:   |                           |                        |              |                        |                        |           |  |
| Attended a Central Kitsap School previously?    Yes Year:   | _ □ No                    |                        |              |                        |                        |           |  |
|   |                           |                        |              |                        |                        |           |  |
| Parent/Guardian Signature   |                           |                        |              | Date                   |                        |           |  |
| Please complete the inforn  | nation belo               | ow                     |              |                        |                        |           |  |
| 1. Support Services   | Has your student received |                        |              | Do you feel there is a |                        |           |  |
|   |                           | any of these services? |              |                        | need for these support |           |  |
|   | Yes                       | No                     | Unsure       | Yes                    | No                     | Unsure    |  |
| Counseling  |                           |                        |              |                        |                        |           |  |
| ELD (English Language Development)  |                           |                        |              |                        |                        |           |  |
| Special Education/Resource Room - Current IEP   |                           |                        |              |                        |                        |           |  |
|   |                           |                        |              |                        |                        |           |  |
| Speech Services 504 Plan  |                           |                        |              |                        |                        |           |  |
| Highly Capable  |                           |                        |              |                        |                        |           |  |
| High School Only  |                           |                        |              |                        |                        |           |  |
| Has your student tested for End of Course Exams/State Exit Exam/Smar  | tor Ralanco               | d Δεςρεί               | ment?        |                        | ⊓ Vec                  | □ No      |  |
| If yes what school? State   | Grade                     |                        | Date Tes     | sted                   | □ 1C3                  |           |  |
| 2. Medical: Does your child have any medical problems that we should be   |                           |                        |              |                        |                        |           |  |
| If yes, please explain and list current medications:  | de aware or               | . u res                |              |                        |                        |           |  |
| Please note: Additional information and documentation are required bej  | fore medica               | tions ca               | n he accen   | ted or adm             | inistere               |           |  |
| 3. School Academic Performance: At the previous school my child was   |                           | tions ca               | ii be accep  | tea or aarr            | mistere                |           |  |
| Reading caperiencing difficulty average   |                           | □ ahov                 | e average    | □ rec                  | eiving ext             | ra heln   |  |
| Reading □ experiencing difficulty □ average □ above average □ receiving extra help  Math □ experiencing difficulty □ average □ above average □ receiving extra help |                           |                        |              |                        |                        |           |  |
| At the previous school my child needed extra attention for:   |                           |                        | -            | □ rec                  | civilig ex             | lia lieip |  |
| Has your child ever repeated a grade in school?   | Completion                |                        | what grade   |                        |                        |           |  |
| 4. <b>Discipline:</b> Does your child have past, current, or pending discipline ac  | rtion?                    | Yes 🗆                  | _            |                        |                        |           |  |
| If yes please explain:  |                           |                        |              |                        |                        |           |  |
| Name of school:   | Grade:                    |                        |              |                        |                        |           |  |
| Is there any history with law enforcement or is student currently on pro  | bation, or r              |                        | ed by Juve   | nile Justice           | ? ⊓Ye                  | es ¬ No   |  |
| If yes please explain:  | -                         |                        | ,            |                        |                        |           |  |
| List any violent behavior:  |                           |                        |              |                        |                        |           |  |
| Is your student required to attend school under the BECCA Bill?   | s □ No                    |                        |              |                        |                        |           |  |
| <b>5. Transportation:</b> How will your child be getting to and from school?  |                           | ing p                  | us 🗆 car     |                        |                        |           |  |
| <b>6. Fines:</b> Any unpaid fines or fees imposed by previous schools? (Districts   |                           | _                      |              | - V                    | N.I                    |           |  |
|   | •                         |                        | nusj         | □ Yes □                | NO                     |           |  |
| <b>7. Confidential:</b> Is the student living with his or her parent/guardian? If no, please explain:   | □ Yes                     | □ No                   |              |                        |                        |           |  |
| Complete only if it shows (1) your child's current living situation; or (2) y   | our living s              | ituation               | if you are   | a youth no             | t living v             | vith a    |  |
| parent or guardian. Check the appropriate box:  | 0 -                       |                        | ,            | ,                      | . 0                    |           |  |
| □ in a motel / hotel □ with relatives or others due to lack of adequate ho  | using                     |                        | □ in a s     | helter                 |                        |           |  |
| □ temporary foster care placement □ at a park, in a car, abandone   | d building, ca            | amp gro                | und, or othe | er similar sit         | uation                 |           |  |
| □ other:  |                           |                        |              |                        |                        |           |  |
| 8. Military Family: Please check the statement below that most accurately de  | scribes the m             | nilitarv m             | embership    | of the parer           | its/guard              | ians:     |  |
| No person or expending assumently consider  | □ R - Parent              |                        |              |                        |                        |           |  |
|   | of the U.S. A             | _                      |              | carrent me             |                        | COCIVEO   |  |
| ☐ A - Parent or guardian who is a current member of active duty U.S.  | ☐ G - Parent              |                        |              | a current me           | mber of                | the       |  |
| Armed Forces.   | Washington                | _                      |              |                        |                        |           |  |
| $_{\square}$ M - More than one parent or guardian who qualifies for A, R, or G above.   | □ Decline to              |                        |              |                        |                        |           |  |