

# Barnes Elementary



**KELSO SCHOOL DISTRICT No. 458  
STUDENT INFORMATION FORM**

Today's Date: \_\_\_\_\_

DO NOT WRITE IN THIS AREA – OFFICE USE ONLY					
School Entry Date: _____	Birth Certificate: _____	Lunch Program #: _____ Free    Reduced    Full Pay	Assigned To: ID# _____	Choice Student From: _____	Records Requested on: SSID# _____
Graduation Year: _____	Health Specialist: _____			Form Completed _____	

### Student Information:

Last Name		First Name		Middle Name
Legal Name if Different:				Grade
Birth date (Month/Day/Year)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace:		
Student Social Security # (optional) _____/_____/_____	Ethnic Code (check one): <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> B-Black, not of Hispanic origin <input type="checkbox"/> H-Hispanic	<input type="checkbox"/> I-American Indian/Alaska Native <input type="checkbox"/> M-Multi Racial <input type="checkbox"/> P-Hawaiian/Pacific Islander <input type="checkbox"/> W-White/Caucasian	Primary Language at Home: <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other	

### Previous School Attended:

School Name	City, State	Phone	
Has student ever attended Kelso Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which schools			Grade
Has student ever attended any other school in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which school and district			
Has student ever been suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:			

### Special Services:

Has your child ever qualified for or been enrolled in a Special Ed Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever qualified for or had a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever participated in: <input type="checkbox"/> Title <input type="checkbox"/> IEP <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> Other _____	Has your child ever been enrolled in English as a Second Language Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what grade? _____

### Primary Household: (Parent/Guardian student resides with)

Last Name, First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone: _____ Unlisted?    Yes/No	Relationship: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other: _____
E-Mail Address:			
Employer	Work Phone	Ext.	
Last Name, First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phones #1: _____ #2: _____	
E-Mail Address:			
Employer	Work Phone	Ext.	
Resident Address:	City	State/Zip	
Mailing Address (if different)	City	State/Zip	

### Legal Matters Affecting Student:

Is there a Parenting Plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
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**Copies of Legal papers must be on file in the school office for enforcement – (copies provided Y / N)**

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**Secondary Household: (Non custodial parent – not residing with student) – complete if applicable**

Last Name, First Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone: _____	Relationship: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Agency <input type="checkbox"/> Other: _____
E-Mail Address: _____				
Employer	Work Phone	Ext. _____		
Last Name, First Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phones #1: _____ #2: _____	
E-Mail Address: _____				
Employer	Work Phone	Ext. _____		
Resident Address:	City	State/Zip		
Mailing Address (if different)	City	State/Zip		

**Siblings:**

PLEASE LIST OTHER SIBLINGS (List School and Grade if applicable)			
Last Name	First Name	School	Grade

**Childcare Information:**

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school <input type="checkbox"/> Early Release only	CHILD CARE PROVIDER	Name	Address	Phone Number
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)				
<b>IN THE EVENT OF AN EARLY DISMISSAL AND I AM NOT HOME, MY STUDENT (S) ARE TO:</b>				
<input type="checkbox"/> Walk Home <input type="checkbox"/> Be transported home by school bus <input type="checkbox"/> Remain at school until picked up <input type="checkbox"/> Be released to an emergency contact <input type="checkbox"/> Other (please list): _____				

**Non-Parental/Emergency Contact Information:**

Primary Contact (other than parent or guardian)	Relationship to child:	Home Phone:	Cell Phone:	Work Phone:
Address:		City:	State:	Zip Code:
Primary Contact (other than parent or guardian)	Relationship to child:	Home Phone:	Cell Phone:	Work Phone:
Address:		City:	State:	Zip Code:
Primary Contact (other than parent or guardian)	Relationship to child:	Home Phone:	Cell Phone:	Work Phone:
Address:		City:	State:	Zip Code:

**Would you like a voter registration form?**  Yes  No

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.  
 Yes  No      Legal Parent/Guardian Initial \_\_\_\_\_      Date \_\_\_\_\_

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Kelso Public Schools.

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_