

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 EVER PARTICPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____			

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and afterschool	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)	

PLEASE LIST OTHER SIBLINGS (living at primary residence)				
Last Name	First Name	School	Grade	Age

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child (local area only please).

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT ADDRESS <i>Street</i> <i>City,</i> <i>State,</i> <i>ZIP</i>			

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.

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.

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 Centralia School District.

Legal Parent/Guardian Signature _____ *Date* _____

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY	SKYWARD ENTRY DATE:	BIRTH CERTIFICATE <input type="checkbox"/>	IMMUNIZATION RECORDS <input type="checkbox"/>	HOME LANG SURVEY <input type="checkbox"/>	FREE/REDUCED LUNCH FORM? Yes / No <input type="checkbox"/>
MEDICAL HISTORY <input type="checkbox"/>	INTERNET CONSENT <input type="checkbox"/>	ETHNICITY FORM <input type="checkbox"/>	REQUEST FOR RECORDS REC'D <input type="checkbox"/>	TRANSPORTATION FAXED? <input type="checkbox"/> DATE:	NEED SENT TO STUDENT SUPPORT? Yes / No <input type="checkbox"/> SENT SPEDEMAIL OUT <input type="checkbox"/>