

STEHEKIN SCHOOL DISTRICT - STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Ethnicity: _____ Race: _____

Grade: _____ Previous school attended: _____

Medical Concerns: _____

HOME LANGUAGE SURVEY

What language did your child first learn to speak? _____

What language does your child use the most at home? _____

What language(s) do parent/guardians use the most when you speak to your child? _____

Do parent(s) or grandparent(s) have a Native American tribal affiliation? _____

PARENT/GUARDIAN INFORMATION

Name(s): _____

Relationship to Student: _____

Email address: _____

Signature: _____ Date: _____

Other Emergency Contact Name: _____

Other Emergency Contact Email Address: _____

Other Emergency Contact Phone Number (if applicable): _____

Stehekin School District does not discriminate in any program or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Questions and complaints of alleged discrimination may be directed to the school Superintendent at PO BOX 37 Stehekin, WA 98852 or rscutt@gmail.com.

STEHEKIN SCHOOL DISTRICT – STUDENT ENROLLMENT CHECKLIST

Please provide the following:

- Student Enrollment Form
- Vaccination Record and/or Exemption Form
- Copy of Birth Certificate
- Records & Transcript Request Form (if applicable)