

**Peninsula School District
New Student Information Form**

Please print LEGAL Name:

LAST: _____ **FIRST:** _____ **MIDDLE:** _____

Birthdate: _____ **Grade:** _____

Please complete the following, which will help us to provide for your student's special academic needs/talents.

Has your child seen a specialist for training or extra help in the past? If so, please check any of the following that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Readiness | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Remedial Math | <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Physical Therapy/Occupational Therapy |
| <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Special Education Services | <input type="checkbox"/> School Psychologist, testing |

Please check if applicable.

- | | | |
|---|--|--|
| <input type="checkbox"/> Student eligible for Reduced Lunch | <input type="checkbox"/> Student eligible for Free Lunch | <input type="checkbox"/> Eligible for Free Medical Insurance |
|---|--|--|

Has your child had any trouble with the following? Check any that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Getting along with peers | <input type="checkbox"/> Following school rules | <input type="checkbox"/> Completing classroom assignments |
| <input type="checkbox"/> Responding in a positive manner to assistance from adults | <input type="checkbox"/> Organizing materials and assignments | <input type="checkbox"/> Attending to tasks and following classroom instructions |

Has your child experienced any of the following events within the past year? Check any that apply.

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Serious illness (child or parents) | <input type="checkbox"/> Divorce | <input type="checkbox"/> Death in the Family |
|---|----------------------------------|--|

ESL/Bilingual -if checked, starting in which grade? _____ Year student moved to U.S.A. _____ Interpreter needed to talk with family?

Other concerns are more personal: abuse, parents or siblings in recovery for drug and alcohol dependency, etc. If you would like to discuss any of these concerns, please contact the school counselor for a confidential appointment.

Were there any past, current or pending disciplinary actions or attendance issues from your previous school? Yes No

If yes, please describe: _____

Has your student had legal troubles within the last year? No Yes If yes, describe: _____

Sentencing requirements: _____ Contact _____

I state that I am the legal custodial parent or legal guardian of the student named on this form and further state that the student resides with me at the listed address. I state that all information is true and accurate. I understand this information may be shared with staff who are supervising the student, and/or who need the information in order to protect the health and safety of the student and provide a safe learning environment.

Parent/Guardian: _____ / _____ **Parent/Guardian:** _____ / _____
Signature 1 Date Signature 2 (optional) Date

Data Required by Law

PLEASE ANSWER BOTH QUESTIONS:

1. Is your child of Hispanic or Latino origin? (Please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> NOT HISPANIC/LATINO | <input type="checkbox"/> CENTRAL AMERICAN | <input type="checkbox"/> CUBAN |
| <input type="checkbox"/> DOMINICAN | <input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO | <input type="checkbox"/> OTHER HISPANIC/LATINO |
| <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> SOUTH AMERICAN | <input type="checkbox"/> SPANIARD |

2. What race(s) do you consider your child? (Please check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> ALASKA NATIVE | <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> SQUAXIN ISLAND |
| <input type="checkbox"/> CAMBODIAN | <input type="checkbox"/> CAUCASIAN/WHITE | <input type="checkbox"/> CHEHALIS | <input type="checkbox"/> STILLAGUAMISH |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> COLVILLE | <input type="checkbox"/> COWLITZ | <input type="checkbox"/> SUQUAMISH |
| <input type="checkbox"/> FIJIAN | <input type="checkbox"/> FILIPINO | <input type="checkbox"/> GUAMANIAN or CHAMORRO | <input type="checkbox"/> SWINOMISH |
| <input type="checkbox"/> HMONG | <input type="checkbox"/> HOH | <input type="checkbox"/> INDONESIAN | <input type="checkbox"/> TAIWANESE |
| <input type="checkbox"/> JAMESTOWN | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> KALISPEL | <input type="checkbox"/> THAI |
| <input type="checkbox"/> KOREAN | <input type="checkbox"/> LAOTIAN | <input type="checkbox"/> LOWER ELWHA | <input type="checkbox"/> TONGAN |
| <input type="checkbox"/> LUMMI | <input type="checkbox"/> MAKAH | <input type="checkbox"/> MALAYSIAN | <input type="checkbox"/> TULALIP |
| <input type="checkbox"/> MARIANA ISLANDER | <input type="checkbox"/> MELANESIAN | <input type="checkbox"/> MICRONESIAN | <input type="checkbox"/> YAKIMA |
| <input type="checkbox"/> MUCKLESHOOT | <input type="checkbox"/> NATIVE HAWAIIAN | <input type="checkbox"/> NISQUALLY | <input type="checkbox"/> VIETNAMESE |
| <input type="checkbox"/> NOOKSACK | <input type="checkbox"/> OTHER AMERICAN INDIAN | <input type="checkbox"/> OTHER ASIAN | |
| <input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> OTHER WASHINGTON INDIAN | <input type="checkbox"/> PAKISTANI | |
| <input type="checkbox"/> PORT GAMBLE KLALLAM | <input type="checkbox"/> PUYALLUP | <input type="checkbox"/> QUILEUTE | |
| <input type="checkbox"/> QUINAULT | <input type="checkbox"/> SAMISH | <input type="checkbox"/> SAMOAN | |
| <input type="checkbox"/> SAUK-SUIATTLE | <input type="checkbox"/> SHOALWATER | <input type="checkbox"/> SINGAPOREAN | |
| <input type="checkbox"/> SKOKOMISH | <input type="checkbox"/> SNOQUALMIE | <input type="checkbox"/> SPOKANE | |