

Office Use Bus# _____	Teacher: _____	Student ID# _____
<input type="checkbox"/> Transfer Student: _____	<input type="checkbox"/> In-District _____	<input type="checkbox"/> Out of District _____

Peninsula School District
ENROLLMENT/EMERGENCY FORM
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TRANSFER STUDENTS ONLY: Please list LAST school/district attended: _____

Student's LEGAL Name _____
Print Last / Print First / Print Middle

Grade Level: _____ **Gender:** Male Female **Birth date:** _____ **Birth Country:** _____

Home Phone # _____ Student Cell Phone: (if applicable) # _____

YES, I give my permission to receive calls/text using **Automatic Dialing Equipment** at this number: # _____

Student's First Language (if not English): _____ Language spoken at home: _____

STUDENT LIVES WITH: MOTHER FATHER BOTH SHARED CUSTODY GUARDIAN(S)
 SOLE CUSTODY ~ if one parent has sole/restrictive custody, valid court papers must be at the school

Mailing Address: _____ **City:** _____ **Zip:** _____
 Mother Father Both Guardian

Physical Address: _____ **City:** _____ **Zip:** _____
 Mother Father Both Guardian

2ND Physical Address: _____ **City:** _____ **Zip:** _____
 Mother Father Both Guardian

PARENT 1 Full Name: _____ **PARENT 2 Full Name:** _____

Home# _____ Cell#: _____ unlisted Home# _____ Cell#: _____ unlisted

Day# _____ Employer: _____ Day# _____ Employer: _____

Other Adult in Household: Name: _____ Relationship: _____ **Other Adult in Household:** Name: _____ Relationship: _____

Cell#: _____ Day#: _____ Cell#: _____ Day#: _____

Parent/Guardian Email(s): _____

Emergency Contacts (other than names listed above): If we cannot contact **you**, list those who can pick-up your child.
If you reside on an island, please designate one contact off-island, if the bridge is closed.

Name: _____ Relationship: _____

Cell# _____ Day# _____

Name: _____ Relationship: _____

Cell# _____ Day# _____



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Emergency Contacts Continued:

Name: _____ Relationship: _____

Cell# _____ Day# _____

CHILDCARE PROVIDER: _____ Phone# _____ Alternate# _____

Older Siblings:

OK to pick-up this student?

Name: _____ YES NO Grade: _____ Name of school: _____

Name: _____ YES NO Grade: _____ Name of school: _____

The Comprehensive Education Data and Research System (CEDARS) is required by RCW 28A.505(2)(b) and defined in Substitute Senate Bill 5163 to obtain the following information.

Please mark the box which best describes the student's parent or guardian military status.

- The student has **no** parent or guardian currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- The student has a parent or guardian who is a current member of the active duty U.S. Armed Forces.
- The student has a parent or guardian who a current member of the Reserves of the U.S. Armed Forces.
- The student has a parent or guardian who a current member of the Reserves of the Washington National Guard.
- The student has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- The student's parent or guardian declines to state a response in regard to military status.

Signatures

I understand the information on the Emergency/Enrollment form 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.

I state that the information I provided on this form is true and accurate.

Parent/Guardian: _____ / _____
Signature date

Parent/Guardian: _____ / _____
2nd Signature optional date



PSD Directory, Photo & Internet Use Agreement

Please check **YES** or **NO** where indicated below

SCHOOL DIRECTORY INFORMATION: Schools may disclose to outside organizations without consent "directory" information such as student name, address, phone number, place of birth, honors, awards and dates of attendance. This includes Military recruiters who will only receive name, address & phone for JR/SR students. *

➤ **Release Directory Information?** **YES** ___ **NO** ___

PHOTO RELEASE INFORMATION: Photos can include visits by news media; staff photos for school/district publications; websites, presentations and other publications with a wide distribution. *

➤ **Allow Photos to be taken:** **YES** ___ **NO** ___

➤ **If not, allow Yearbook photos:** **YES** ___ **NO** ___

* If nothing is checked, we will assume that permission for release of directory information and photos to be taken has been granted.
* If this child is a ward of the court (foster child), permission **MUST** be obtained from his/her caseworker.

Responsible Network Use and Access to the Internet: Peninsula School District believes responsible network use and access to the Internet provides a significant educational value for our schools. The District, teachers and parents must grapple with the relative merits of email, social networking, chatting, and allowing personal devices at school. Within these resources are obvious positive uses as well as obvious negative uses, and some gray area.

Our goal is to not unduly restrict access to the Internet, use of personal portable devices and web-based tools but make them available in the safest way possible to enhance each student's educational experience. Therefore, we use every online experience as an opportunity to supervise, educate and empower students to use these resources as learning tools rather than an alternative to learning. For more information visit sl.psd401.net/digitalcitizenship.

INTERNET USE AGREEMENT: By checking yes below, my child and I agree to all of the acceptable and responsible use provisions outlined in Policy 2022 and Procedures 2022P sl.psd401.net/2022p and Procedures sl.psd401.net/2022 on our website <http://psd401.net> . My child is permitted to use District computing devices as well as personal devices on the District's network to access the Internet for only educational purposes. We further understand using any personal computing device and/or cell phone on District property must comply with all the acceptable and responsible use provisions in place for District owned devices as well as the expectations and discipline set in the student rights and responsibilities handbook sl.psd401.net/handbook. Please understand that this is an all or nothing decision and that loss of Internet privileges will include ALL access to the District's network and online resources.

➤ **I accept the Internet Use Agreement** **YES** ___ **NO** ___

I state that the information I provided on this form is true and accurate.

Parent/Guardian Name (Print): _____ Student Name (Print) _____

Signature: _____ Date: _____ Signature: _____ Date: _____

For all of the above, if nothing is checked we will assume that permission for release of directory information, photos to be taken and/or Internet Use has been granted. If the child is a ward of the court (foster child) permission **MUST** be obtained from the caseworker.

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.