



SEAVIEW ACADEMY
905 W 9TH ST
PORT ANGELES, WA 98363
2022-2023 SCHOOL YEAR

PLEASE PRINT LEGIBLY

STUDENT REGISTRATION FORM

Updated: 4/18/22

STUDENT INFORMATION					
Student's Legal Last Name:	Legal First Name:	Legal Middle Name:	Also known as:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Grade
Birth Date: _____	What language did your child first learn to speak? <input type="checkbox"/> English <input type="checkbox"/> Other	Parent's first language: Do you need an interpreter (e.g. for school meetings)? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you need official school materials to be translated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If student WAS born in the US: Birth City _____ State: _____		If student was NOT born in the US, date first entered: _____ Birth City _____ Country _____			
If this student was born outside of the United States: How many months did your student attend school outside of the United States? _____ Has your student attended a public school (K-12) in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what date did your student first enroll in a public school (K-12) in the United States? _____ How many months has your student attended public school (K-12) before coming to PASD? _____ (one school year is equal to 10 months)					
PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES)					
Student lives with: (circle) Both Parents Mother Father Father/Stepmother Mother/Stepfather Foster Parents Legal Guardian Grandparent(s) Alternates Parents Emancipated Minor Other (specify relationship) _____					
Student's Physical Residence: Street: _____ Apt. # _____ Complex: _____ City: _____ State: _____ Zip: _____					
Students Mailing Address (if different): Street/PO Box#: _____ Apt. # _____ City: _____ State: _____ Zip: _____					
HOUSEHOLD 1 – GUARDIAN 1 Parent/guardian living with Student: Last Name: _____ First Name: _____ Relationship: _____ Email: _____ Employer: _____ Phone: (_____) _____ Home Phone <input type="checkbox"/> Confidential? Work Phone Phone: (_____) _____ Cell Phone/Other Phone Current Member of Active Duty U.S. Armed Forces? Yes _____ No _____ Current Member of the Reserves? Yes _____ No _____ Current Member of the Washington National Guard? Yes _____ No _____					
HOUSEHOLD 1 – GUARDIAN 2 Parent/guardian living with Student: Last Name: _____ First Name: _____ Relationship: _____ Email: _____ Employer: _____ Phone: (_____) _____ Work Phone Phone: (_____) _____ Cell Phone Phone: (_____) _____ Other Phone Current Member of Active Duty U.S. Armed Forces? Yes _____ No _____ Current Member of the Reserves? Yes _____ No _____ Yes _____ Current Member of the Washington National Guard? No _____					
Is this a temporary living situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate below where the student is living: <input type="checkbox"/> In a shelter <input type="checkbox"/> In a car <input type="checkbox"/> In a motel/hotel <input type="checkbox"/> With more than one family in a house or apt. <input type="checkbox"/> With friends or a relative <input type="checkbox"/> Other (please specify): _____ YOU MAY BE ELIGIBLE FOR SUPPORT FROM THE DISTRICT					

SECONDARY HOUSEHOLD INFORMATION**HOUSEHOLD 2 – GUARDIAN 1**Parent/guardian **not living with** Student: Last Name: _____ First Name: _____**Mailing Address:** Street/PO Box#: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Relationship: _____ Email: _____ Employer: _____

Phone: (____) _____ Phone: (____) _____ Phone: (____) _____
Home Phone ☐ **Confidential?** Work Phone Cell Phone/Other Phone

Current Member of Active Duty U.S. Armed Forces? Yes _____ No _____

Current Member of the Reserves? Yes _____ No _____

Current Member of the Washington National Guard? Yes _____ No _____

HOUSEHOLD 2 – GUARDIAN 2Parent/guardian **not living with** Student: Last Name: _____ First Name: _____

Relationship: _____ Email: _____ Employer: _____

Phone: (____) _____ Phone: (____) _____ Phone: (____) _____
Work Phone Cell Phone Other Phone

Current Member of Active Duty U.S. Armed Forces? Yes _____ No _____

Current Member of the Reserves? Yes _____ No _____

Current Member of the Washington National Guard? Yes _____ No _____

CUSTODY INFORMATIONRelease student to noncustodial parent? ☐ Yes ☐ NoIs there a joint custody or parenting plan in effect? ☐ Yes ☐ No If yes, plan must be on file with the school for enforcement.Is there a restraining order in effect? ☐ Yes ☐ No If yes, legal papers must be on file with the school for enforcement.Restraining order is against: ☐ Mother ☐ Father ☐ Other - Name: _____**EMERGENCY INFORMATION**Persons to contact in case of **emergency** (if parent/guardian cannot be reached) **and** who are authorized to pick up student at school:

Name: _____ Relationship: _____

Phone: (____) _____ Phone: (____) _____

Name: _____ Relationship: _____

Phone: (____) _____ Phone: (____) _____

Name: _____ Relationship: _____

Phone: (____) _____ Phone: (____) _____

Name: _____ Relationship: _____

Phone: (____) _____ Phone: (____) _____

Child Care Center: _____ Phone: (____) _____

Medical Emergency Information: _____ Physician: _____ Phone: (____) _____

Please describe any health conditions or allergies the school should be aware of: _____

SIBLING INFORMATION – PLEASE LIST THE STUDENT’S BROTHERS AND/OR SISTERS

Last Name	First Name	DOB	Sex	Live at Home	School Currently Attending
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____ **School District:** _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates Attended: From: _____ to _____ **Grade level(s):** _____

Previously enrolled in an early learning program? ☐ Yes ☐ No **If yes, check all that apply:**

☐ PASD Preschool ☐ Other Preschool ☐ Childcare ☐ Playgroup ☐ Early Headstart ☐ Headstart ☐ Friends/Neighbors

Other schools attended (list most recent first)

School	City	State	From Date	To Date	Grade Levels

School Experience Data: Has this student: (please circle)

Previously attended Port Angeles School District?	Yes	No	If yes, school:	Year:
Been enrolled in any special education program (served with an IEP?)	Yes	No	If yes, school:	Year:
Had a 504 Plan?	Yes	No	If yes, school:	Year:
Had an Individual Health Care Plan?	Yes	No	If yes, school:	Year:
Been enrolled in ESL programs?	Yes	No	If yes, school:	Year:
Been enrolled in a Gifted/Talented/Highly Capable Program?	Yes	No	If yes, school:	Year:
~ Been tested/identified as a Gifted/Talented/Highly Capable Student?	Yes	No		
Ever been retained?	Yes	No		
Ever been suspended or expelled for disciplinary reasons?	Yes	No		
Had a history of violent or criminal behavior?	Yes	No		
Had any history of weapons possession?	Yes	No		
Been convicted of a felony?	Yes	No	If yes, type:	

BUSING INFORMATION

Will Student ride the bus? Yes ☐ No ☐ **AM Route #:** _____ **PM Route #:** _____ **Comments:** _____

Only students who physically reside within the boundaries of the Port Angeles School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Port Angeles School District may legally attend school within the Port Angeles School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Port Angeles School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Port Angeles School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date