

**BREMERTON SCHOOLS REGISTRATION FORM****2024 - 2025**

- Has this student ever attended Bremerton Schools? ☐ Yes ☐ No
- Restraining Order? ☐ Yes ☐ No
- Out of District Student? ☐ Yes ☐ No If yes, please complete the Choice Transfer Request with your home district

| SCHOOL NAME | | | | | | | |
|---|---|---|--|---|-----|---|---|
| STUDENT Last Name | First Name | Middle | BIRTHDATE | BIRTH CITY/STATE/COUNTY/COUNTRY | SEX | GRADE | FOR OFFICE USE: Preschool Form Birth Certificate Immunization Record Home Language Ethnicity/Race Data Health Information Housing Form Address Verification Request of Records Entry Date: _____ Withdrawal Date: _____ |
| STUDENT LIVES WITH (Check One) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother | SCHOOL AGE SIBLING(S) Name(s)/School _____ _____ | FEDERAL EMPLOYEE <input type="checkbox"/> Bangor <input type="checkbox"/> PSNS <input type="checkbox"/> Jackson Park <input type="checkbox"/> Keyport <input type="checkbox"/> Naval Hospital <input type="checkbox"/> Other: _____ | ACTIVE MILITARY <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> More than 1 member | FOR OFFICE USE: Date/Time Rcvd: _____ <input type="checkbox"/> Open Enrollment: _____ <input type="checkbox"/> Choice: _____ Teacher: _____ | | | |
| FOR OFFICE USE: <input type="checkbox"/> MEETS FEDERAL CRITERIA FOR HOMELESS | | | | | | | |
| Previous School (or Preschool): Last Date Attended by Student (Month/Year): _____ | | | School Address - City/State/Zip of Last School Attended by Student _____ | | | | |
| Is the student enrolled or served in Special Education ? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide a copy of the current IEP. | | Does this child have any past, current, or pending discipline? <input type="checkbox"/> YES <input type="checkbox"/> NO Does this child have any court actions pending? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Does this child have any history of violent behavior? <input type="checkbox"/> YES <input type="checkbox"/> NO Does this child have any unpaid fines/fees from other schools? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| • Did your child first speak a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO • Has your child ever been enrolled in a program for English Language Learners (ELL)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| RESIDENT ADDRESS <input type="checkbox"/> Do not distribute home address | Street | Apt# | City/State/Zip | Mailing Address (if different from Street) | | City/State/Zip | |
| PRIMARY HOUSEHOLD INFO (parent/guardian where student resides) | PRIMARY PARENT/GUARDIAN Last Name, First Name | | | PARENT/GUARDIAN Last Name, First Name | | | |
| | PRIMARY PARENT/GUARDIAN Employer/Work Place | | | Wk Phone | | PARENT/GUARDIAN Employer/Work Place | |
| | E-Mail Address | | | Cell Phone | | PARENT/GUARDIAN Employer/Work Place | |
| PRIMARY PHONE: (include area code) | Is primary phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| SECOND HOUSEHOLD INFO (non-custodial parent/guardian – student is not residing in this household) | Street | Apt# | City/State/Zip | Mailing Address (if different from Street) | | City/State/Zip | |
| | PARENT/GUARDIAN Last Name, First Name | | | PARENT/GUARDIAN Last Name, First Name | | | |
| | PARENT/GUARDIAN Employer/Work Place | | | Wk Phone | | PARENT/GUARDIAN Employer/Work Place | |
| | E-Mail Address | | | Cell Phone | | PARENT/GUARDIAN Employer/Work Place | |
| PHONE: | E-Mail Address | | | Cell Phone | | E-Mail Address | |
| DAY CARE PROVIDER | | Day Care Address | | | | | |
| | | Day Care Phone (include area code) | | | | | |
| EMERGENCY CONTACT NAME (In local area) | | Daytime Phone (include area code) | | Cell Number (include area code) | | Work Number (include area code) | |
| | | | | | | Relationship to Student | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| I verify that the above information is true and accurate. Parent/Guardian Signature _____ Date _____ | | | | | | | |