



BREMERTON SCHOOLS REGISTRATION FORM

- 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"/> Foster Parent <input type="checkbox"/> Mother Only <input type="checkbox"/> Agency <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Self	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			Pre-School/Previous School: Last Date Attended by Student (Month/Year): _____					School Address - City/State/Zip of Last School Attended by Student _____	
Has this child been enrolled or served in Special Education ? <input type="checkbox"/> Yes <input type="checkbox"/> No Please circle: Speech Therapy OT/PT Read Writing Language			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		Street	Apt#	City/State/Zip	Mailing Address (if different from Street)		City/State/Zip		
<input type="checkbox"/> Do not distribute home address									
PRIMARY HOUSEHOLD INFO		PRIMARY PARENT/GUARDIAN Last Name, First Name			PARENT/GUARDIAN Last Name, First Name				
(parent/guardian where student resides)		PRIMARY PARENT/GUARDIAN Employer/Work Place		Wk Phone	PARENT/GUARDIAN Employer/Work Place		Wk Phone		
		E-Mail Address		Cell Phone	E-Mail Address		Cell Phone		
PRIMARY PHONE: (include area code)		Is primary phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No							
SECOND HOUSEHOLD INFO		Street	Apt#	City/State/Zip	Mailing Address (if different from Street)		City/State/Zip		
(non-custodial parent/guardian – student is not residing in this household)									
		PARENT/GUARDIAN Last Name, First Name			PARENT/GUARDIAN Last Name, First Name				
		PARENT/GUARDIAN Employer/Work Place		Wk Phone	PARENT/GUARDIAN Employer/Work Place		Wk Phone		
PHONE:		E-Mail Address		Cell Phone	E-Mail Address		Cell Phone		
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 _____			