



# 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

<b>SCHOOL NAME</b>								
STUDENT Last Name		First Name	Middle	BIRTHDATE	BIRTH CITY/STATE/COUNTY/COUNTRY	SEX	GRADE	<b>FOR OFFICE USE:</b> <input type="checkbox"/> Preschool Form <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Record <input type="checkbox"/> Home Language <input type="checkbox"/> Ethnicity/Race Data <input type="checkbox"/> Health Information <input type="checkbox"/> Housing Form Entry Date: _____ Withdrawal Date: _____
STUDENT LIVES WITH (Check One)		SCHOOL AGE SIBLING(S) Name(s)/School		FEDERAL EMPLOYEE	ACTIVE MILITARY	<b>FOR OFFICE USE:</b> Date/Time Rcvd: _____ <input type="checkbox"/> Open Enrollment: _____ <input type="checkbox"/> Choice: _____ Teacher: _____		
<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				<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: _____	<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			
<b>FOR OFFICE USE:</b> <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 <b>Special Education</b> ? <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						
<b>RESIDENT ADDRESS</b>		Street	Apt#	City/State/Zip	Mailing Address (if different from Street)		City/State/Zip	
<input type="checkbox"/> Do not distribute home address								
<b>PRIMARY HOUSEHOLD INFO</b>		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	
<b>PRIMARY PHONE: (include area code)</b>		Is primary phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>SECOND HOUSEHOLD INFO</b>		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	
<b>PHONE:</b>		E-Mail Address		Cell Phone	E-Mail Address		Cell Phone	
<b>DAY CARE PROVIDER</b>			Day Care Address			Day Care Phone (include area code)		
<b>EMERGENCY CONTACT NAME (In local area)</b>			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 _____		