



# 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	<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: _____	
<b>STUDENT LIVES WITH (Check One)</b> <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		<b>SCHOOL AGE SIBLING(S)</b> Name(s)/School _____ _____		<b>FEDERAL EMPLOYEE</b> <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: _____		<b>ACTIVE MILITARY</b> <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> Date/Time Rcvd: _____ <input type="checkbox"/> Open Enrollment: _____ <input type="checkbox"/> Choice: _____ Teacher: _____
<b>FOR OFFICE USE:</b> <input type="checkbox"/> MEETS FEDERAL CRITERIA FOR HOMELESS								
<b>Pre-School/Previous School:</b> 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 <b>Please circle:</b> 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> <input type="checkbox"/> Do not distribute home address	Street	Apt#	City/State/Zip	Mailing Address (if different from Street)		City/State/Zip		
<b>PRIMARY HOUSEHOLD INFO</b> (parent/guardian where student resides)	FATHER Last Name, First Name			MOTHER Last Name, First Name				
	FATHER Employer/Work Place		Wk Phone	MOTHER Employer/Work Place		Wk Phone		
	E-Mail Address		Cell Phone	E-Mail Address		Cell Phone		
<b>PHONE:</b> Home (include area code)	Is home phone unlisted? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>SECOND HOUSEHOLD INFO</b> (non-custodial parent – student is not residing with this parent)	FATHER Last Name, First Name			MOTHER Last Name, First Name				
	FATHER Employer/Work Place		Wk Phone	MOTHER Employer/Work Place		Wk Phone		
	Mailing Address			Phone (include area code)				
<b>DAY CARE PROVIDER</b>		Day Care Address			Day Care Phone (include area code)			
<b>EMERGENCY CONTACT NAME</b> (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 _____		