

Enrolling for: _____



Suquamish Tribe Tribal Education Department P.O. Box 498 Suquamish, WA 98392
Main (360) 394-8566 Fax (360) 598-3132

**Suquamish Tribal Education Department
 Student Registration Form**

CURRENT SCHOOL ATTENDING:		GRADE:	TODAY'S DATE:	
LAST NAME:		FIRST NAME:	MI:	ALSO KNOWN AS:
BIRTHDATE:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NO:	HIGHER ED STUDENT ID. NO. (if known) <input type="checkbox"/> OC _____ <input type="checkbox"/> NWIC _____ <input type="checkbox"/> UW _____	
TRIBAL AFFILIATION:	ENROLLMENT NO:	PICTURE ID ATTACHED: <input type="checkbox"/> (Driver's license, enrollment card, etc..)		
PREVIOUS SCHOOL(S) ATTENDED:	ADDRESS:	CITY :	STATE:	ZIP:
PRIMARY HOUSEHOLD: (parent/guardian where student resides) (1) Last Name: _____ First Name: _____ (2) Last Name: _____ First Name: _____		PHONE: (Include area code) Home (____)_____-____-____ <input type="checkbox"/> check if unlisted Work (____)_____-____-____ Workplace name: _____ Cell (____)_____-____-____ PHONE: (Include area code) Home (____)_____-____-____ <input type="checkbox"/> check if unlisted Work (____)_____-____-____ Workplace name: _____ Cell (____)_____-____-____		STUDENT LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother only <input type="checkbox"/> Mom/ Stepfather <input type="checkbox"/> Father only <input type="checkbox"/> Guardian/ ICW <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____
MAILING ADDRESS:		CITY:	STATE:	ZIP:
STREET ADDRESS:		CITY:	STATE:	ZIP:
E-MAIL ADDRESS <input type="checkbox"/> Home: _____ <input type="checkbox"/> Work: _____ <input type="checkbox"/> Mom or <input type="checkbox"/> Dad _____				

SECONDARY HOUSEHOLD (1) Last Name: _____ First Name: _____		PHONE: (Include area code) Home (____)____-____ <input type="checkbox"/> check if unlisted Work (____)____-____ Workplace name: _____ Cell (____)____-____		RELATIONSHIP: <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mom/ Stepfather <input type="checkbox"/> Guardian/ ICW <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____	
(2) Last Name: _____ First Name: _____		PHONE: (Include area code) Home (____)____-____ <input type="checkbox"/> check if unlisted Work (____)____-____ Workplace name: _____ Cell (____)____-____			
SECONDARY MAILING ADDRESS:		CITY:	STATE:	ZIP:	

Are there pending legal issues that the Tribal Education Department needs to be aware of? Yes No
 Please explain: _____

Has your student ever been enrolled in Special Education? Yes No
 If yes, what is his/her case manager's name: _____

Has your student ever been enrolled in a 504 Plan? Yes No
 If so, when? _____

Do you have any concerns about your child's academic, social or behavioral performance in school? Yes No
 If yes, please describe: _____

Services Needed: Please check the services that you would like your student to receive.

<input type="checkbox"/> TUTORING	<input type="checkbox"/> ACADEMIC AND ATTENDANCE MONITORING
<input type="checkbox"/> ACADEMIC PLANNING	<input type="checkbox"/> IN-SCHOOL SUPPORT
<input type="checkbox"/> ELEMENTARY SCHOOL AFTER SCHOOL PROGRAM	<input type="checkbox"/> INDEPENDENT STUDY
<input type="checkbox"/> MIDDLE SCHOOL AFTER SCHOOL PROGRAM	<input type="checkbox"/> SUMMER SCHOOL PROGRAMS
<input type="checkbox"/> SUQUAMISH EARLY COLLEGE HIGH SCHOOL	<input type="checkbox"/> HIGH SCHOOL SUMMER SCHOOL CREDIT RETRIEVAL

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____