

## ADDITIONAL ADMISSION INFORMATION

Students Name: \_\_\_\_\_

### LEGAL:

1. Do you have legal guardian ship of this child? (circle the appropriate answer)
  - no
  - yes
2. Are there any court orders or legal issues we should be aware of concerning this child?
  - no
  - yes \_\_\_\_\_
3. Is your child a convicted sex offender:
  - no
  - yes Risk Level: \_\_\_\_\_

### BEHAVIOR:

4. Has your child been involved in any weapons violations?
  - No
  - Yes \_\_\_\_\_
5. Has your child been expelled or suspended from school?
  - No
  - Yes \_\_\_\_\_
6. Has your child been sent to the office for minor behavior disruptions?
  - No
  - Yes \_\_\_\_\_
7. Has your child been accused of Harassment/Intimidation/Bullying? Has your child been the victim of Harassment/Intimidation/Bullying?
  - No
  - Yes \_\_\_\_\_
8. Does your child have a record of good and consistent attendance?
  - No
  - Yes \_\_\_\_\_
9. Has your child had an athletic training rule violation?
  - No
  - Yes \_\_\_\_\_

**ACADEMIC:**

10. Do you have a copy of an unofficial transcript?
- No
  - Yes If so, please provide a copy when registering your student.
11. Do you have a copy of the most recent WASL (Washington Assessment of Student Learning Results?)
- No
  - Yes If so, please provide a copy when registering your student.
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12. Does your child have their State Assessment Scores?
- No
  - Yes If so, do you have a copy of it? \_\_\_\_\_

**SPECIAL SERVICES/504 PLAN:**

13. Has your child been referred to special education or assessed for special education?
- No
  - Yes
14. Has your child been enrolled in Special Education Services or have a 504 Plan?
- No
  - Yes
15. Do you have a copy of your child's IEP/504 Plan?
- No
  - Yes \_\_\_\_\_

**HEALTH:**

16. Is your child on any medications that will need to be administered at school?
- No
  - Yes \_\_\_\_\_
17. Does your child have any health conditions that may affect their educational program?
- No
  - Yes \_\_\_\_\_

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Signature of Parent filling out this form. Thank you.