

Dear Parent/Guardian,

Welcome to Arlington Public Schools! We're glad you are here. Our instructional, support, and administrative staff members are highly motivated, enthusiastic, and dedicated to educating, preparing, and inspiring all students to graduate and seek their full potential as lifelong learners. Our School Board has been honored as a "Board of Distinction" by the Washington State School Directors' Association twice in recent years. This commitment, combined with our community's involvement, provides outstanding and unique opportunities for each Arlington student. Arlington's Strategic Plan includes the following goal areas: learning and student achievement; providing a safe and caring learning environment; stewardship of our resources; and engaging parents and the community as partners in the education of students.

The district serves approximately 5,600 students and consists of:

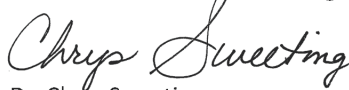
- Four (4) elementary schools, serving kindergarten through grade five
- Two (2) middle schools, serving grades six through eight
- One (1) comprehensive high school, serving grades nine through twelve
- One (1) high school of choice, serving grades nine through twelve, including online and Open Doors options
- One (1) learning center, providing services for kindergarten through grade eight – on campus and home-learning
- Services for qualified preschoolers

Arlington Public Schools provides a wide range of educational programs offering students the skills they need to be successful and contributing citizens. Elementary students learn core subjects along with music, physical education, and technology skills. Middle school students can take art classes, technical classes, and advanced classes in multiple subjects. High school students find a strong comprehensive program with choices such as advanced placement, career and technical education, college in the high school, and performing arts classes.

Arlington Public Schools enjoys a very special and dynamic relationship with the City of Arlington, Cascade Valley Hospital and Skagit Regional Health, and with many other community agencies and organizations. A community-wide approach to planning and a commitment to sharing resources benefit us all.

In Arlington Public Schools we take pride in promoting transparency, equity and continuous improvement. We look forward to partnering with you to ensure your child(ren) receive(s) the best educational experience possible. Please visit our website www.asd.wednet.edu and do not hesitate to contact me with feedback via the website, email, or telephone.

Passionate for Student Learning!



Dr. Chrysta Sweeting
Superintendent

For Office Use Only		Documents received/reviewed: (if applicable)			
Student ID	School Entry Date	Advisor	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Choice Transfer	<input type="checkbox"/> Other Official Proof of Age Document
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Intent to Homeschool	<i>i.e.: Medical Coupons, Hospital Form, Medical Information</i>
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Ancillary Services				
Student Legal Last Name		Student Legal First Name		Student Legal Middle Name	Gender
Student Preferred Last Name		Student Preferred First Name		Preferred Middle Name	Preferred Gender
<i>OPTIONAL</i>		<i>OPTIONAL</i>		<i>OPTIONAL</i>	<i>OPTIONAL</i>
Birthdate (MM/DD/YY)	Enrolling Grade Level	Birth Place (City/State/Country)			

FEDERAL FUNDING: Under Public Law No. 874, the district can receive federal money for each child if the parent is in the active armed forces; or lives or works on federal land. (Please check)

- Active Armed Forces
 Active National Guard
 Lives on Federal Land
 Works on Federal Land
 None of these apply

Has student ever attended an **Arlington Public School**? Yes No If yes, name of school attended

Has student ever attended or received services in a **Washington Public School**? Yes No If yes, date of services/attendance

School/Preschool Previously Attended	School District Previously Attended	Previous School City & State or Country
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Is there a joint-custody or parenting plan in effect?* Yes No
 Is there a restraining order in effect related to the parents/guardians or the student?* Yes No
 *A copy of any Court Order, Parenting Plan, or other legal document may be required.

Has your child ever qualified for or been enrolled in a Special Education Program? Yes, currently
 Yes, in (MM/DD/YY) _____
 Never

Has your child ever qualified for or had a 504 Plan? Yes, currently
 Yes, in (MM/DD/YY) _____
 Never

Check any that your child has ever participated in: Title
 LAP
 Highly Capable
 ESL
 IEP
 Speech
 Home School
 Other _____

Has your child ever been retained and repeated a grade? Yes No
 If yes, what grade level(s)?

Has your child ever been promoted and skipped a grade? Yes No
 If yes, what grade level(s)?

Student's Resident Street Address	Apt/Unit #	City	State	Zip Code
Student's Mailing Address (if different from above)	Apt/Unit #	City	State	Zip Code

Guardian 1 in the Primary Household

Parent/Guardian Full Name	Primary Phone	Work Phone	Cell Phone
Email Address	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle		

Guardian 2 in the Primary Household

Parent/Guardian Full Name	Primary Phone	Work Phone	Cell Phone
Email Address	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle		

SECONDARY HOUSEHOLD (if applicable)

Resident Street Address	Apt/Unit #	City	State	Zip Code
Mailing Address (if different from above)	Apt/Unit #	City	State	Zip Code

Guardian 1 in the Secondary Household (if applicable)

Parent/Guardian Full Name	Primary Phone	Work Phone	Cell Phone
Email Address	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle		

Guardian 2 in the Secondary Household (if applicable)

Parent/Guardian Full Name	Primary Phone	Work Phone	Cell Phone
Email Address	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle		

Does the student have any pending disciplinary actions, history of violent or disruptive behavior, criminal or juvenile court proceedings (including attendance proceedings under BECCA), or history of gang affiliation?* Yes No

If you answered yes above, please explain:

**A copy of any court order, disciplinary records, or other legal documents may be required.*

Please list siblings also attending Arlington Public Schools

Last Name	First Name	School	Grade

Student Release Authorization When an injury or illness, or a non-emergency situation occurs involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

Full Name of Emergency Contact (other than parent/guardian)	Relationship	Primary Phone	Secondary Phone

Special instructions regarding religious beliefs: (optional)

Please read each statement below and sign:

Student Release Authorization: In the event that the school is unable to contact a parent/guardian, I give permission for my child to be released to the person(s) listed above.

Emergency Medical Authorization: I understand that in the event of an accident or illness, every effort will be made to contact a parent/guardian immediately. If a parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Verification of Information: The information on this form is true and accurate. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Arlington Public Schools.

Date

Legal Parent/Guardian Signature