



# Olympia School District Application for Student Registration Form

**ALERT FLAG**

- Legal
- Medical

Date Received: \_\_\_\_\_ School: \_\_\_\_\_

**PLEASE DO NOT WRITE IN SHADED AREA-FOR OFFICE USE ONLY**

SCHOOL START DATE (M/D/Y)	TEACHER/ADVISOR	HOMEROOM #	LOCKER #	WITHDRAWAL DATE (M/D/Y)
STUDENT'S LEGAL LAST NAME:		STUDENT'S LEGAL FIRST NAME:		STUDENT'S LEGAL MIDDLE NAME:
Has the student's name been legally changed?				
<input type="checkbox"/> Yes      If yes, what was previous name(s)? _____ <input type="checkbox"/> No      Preferred name: _____				
Grade Level: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender X/Non-Binary				
Physical Resident Address (where student resides): Street: _____ Apt. #: _____ City: _____ State: _____ Zip: _____				
Verification of Residency Statement Received: <input type="checkbox"/> Yes <input type="checkbox"/> No				
OSD Resident?: <input type="checkbox"/> Yes Homeschool: _____ <input type="checkbox"/> No Resident District: _____ <input type="checkbox"/> Out of District Transfer Request Completed				
Attending Homeschool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Within District Transfer Request Completed				
Are you, the parent/legal guardian, a full-time employee of the Olympia School District?				
<input type="checkbox"/> No <input type="checkbox"/> Yes: What location: _____				
<b>FEDERAL FUNDING/MILITARY FAMILIES:</b>				
We are required by state law to request the military connected status of all students. Additionally, Public Law No.874 allows the district to receive additional funding for students of families who live or work on Federal land.				
FEDERAL LAND: <input type="checkbox"/> Lives on Federal Land <input type="checkbox"/> Works on Federal Land <input type="checkbox"/> Does Not Apply				
MILITARY: <input type="checkbox"/> N/A <input type="checkbox"/> Retired/Not Affiliated <input type="checkbox"/> Prefer Not to State				
<input type="checkbox"/> Primary Guardian 1 Active Duty: _____ Reserves: _____ National Guard: _____		<input type="checkbox"/> Primary Guardian 2 Active Duty: _____ Reserves: _____ National Guard: _____		

<b>STUDENT LIVES WITH:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother/Stepfather <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____	<b>PRIMARY GUARDIAN 1</b> (Parent/Legal Guardian where student resides)  Last Name: _____  First Name: _____  Mailing Address (if different from above): Street: _____ Apt. #: _____ City: _____ Zip: _____	<b>PRIMARY GUARDIAN 1 CONTACT INFO.</b>  Home Phone: _____ Cell: _____ Work: _____ Email: _____
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PRIMARY GUARDIAN 1 EMPLOYER (Company Name): \_\_\_\_\_ Phone: \_\_\_\_\_

<b>SECOND HOUSEHOLD</b> (Non-Custodial parent/legal guardian not residing w/ student)  Last Name: _____ First Name: _____  <b>RELATIONSHIP TO STUDENT:</b> <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Self <input type="checkbox"/> Father/Step Parent <input type="checkbox"/> Agency <input type="checkbox"/> Mother/Step Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____  ADDITIONAL MAILINGS REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SECOND HOUSEHOLD PHONE</b>  Home Phone: _____ Cell: _____ Work: _____ Email: _____  <b>SECOND HOUSEHOLD ADDRESS:</b> Street: _____  City: _____  State: _____ Zip: _____
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<b>IS THERE A CUSTODY OR PARENTING PLAN IN EFFECT?</b> <input type="checkbox"/> YES If yes, please provide a copy for child's school file. <b>COPY RECEIVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> NO	<b>IS THERE A RESTRAINING ORDER IN EFFECT?</b> <input type="checkbox"/> YES If yes, a copy must be on file with the school for enforcement. <b>COPY RECEIVED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____  <input type="checkbox"/> NO
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SCHOOL PREVIOUSLY ATTENDED: \_\_\_\_\_ PREVIOUS DISTRICT \_\_\_\_\_

PREVIOUS SCHOOL LOCATION (Address, City, State): \_\_\_\_\_

Has student ever attended an Olympia School District School:  YES  NO  
 If yes, which school(s)?: \_\_\_\_\_

Has student ever been enrolled in a preschool program?  YES  NO

Has student ever attended a Washington state school?  YES  NO  
 If yes, date(s) attended (Month/Year): \_\_\_\_\_

**DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION?**  YES  NO

If **yes**, additional information is required prior to your child attending school. Please complete and return the supplemental Life Threatening Conditions packet. According to RCW 28A.210.320: Children with life-threatening health conditions – Medication or treatment orders – Rules, the medication or treatment order must address the life-threatening condition and it must be on file with the school prior to the child attending school. Under the law, “life-threatening condition” means a health condition that will put the child in danger of death during the school day if a medication or treatment order is not in place. The law provides that a child may not attend school in the absence of a medication or treatment order if the child has a life-threatening condition that might require medical services to be provided at school.

**THIS SECTION IS FOR OFFICE USE ONLY**

Packet provide to parent/legal guardian. Date packet provided: \_\_\_\_\_  
 Signed by authorized office staff  Signed by parent/legal guardian

Has your child ever qualified for, or been enrolled in, a special education program?

NO  YES If yes, at what grade level(s)? \_\_\_\_\_

Has your child ever qualified for, or had, a 504 plan?  NO  YES If yes, at what grade level(s)? \_\_\_\_\_

Has your child ever participated in: Title 1 LAP Gifted Other?  NO  YES if yes, at what grade level(s)? \_\_\_\_\_

Has your child ever been enrolled in an English Learner (EL) Program?  NO  YES

If yes, at what grade level(s)? \_\_\_\_\_

Has your child ever been retained?  NO  YES If yes, at what grade level(s)? \_\_\_\_\_

Has your child ever been promoted?  NO  YES If yes, at what grade level(s)? \_\_\_\_\_

Has your child ever had a BECCA petition filed on them?  NO  YES If yes, at what grade level(s)? \_\_\_\_\_

Has your child ever been suspended or expelled?  NO  YES If yes, at what grade level(s)? \_\_\_\_\_

Is your child currently living in: a shelter, car, motel, doubled-up with friends/relatives, in temporary foster care or group home, or campground?  NO  YES

**DOES STUDENT ATTEND CHILDCARE?**  Before School  After School  Before and After School

Childcare provider's name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL CHILDCARE ARRANGEMENTS?**  NO  YES *If yes, please provide information to school in writing.*

**PLEASE LIST SIBLINGS**

LEGAL LAST NAME	LEGAL FIRST NAME	SCHOOL	GRADE	AGE

**STUDENT'S MEDICAL HISTORY**

(Check appropriate boxes and complete the health card for a more detailed description of the concerns.)

Allergies:  NO  YES DOCTOR OR CLINIC NAME: \_\_\_\_\_

Other Health Concerns:  NO  YES DOCTOR OR CLINIC PHONE NUMBER: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of an accident or illness, every effort will be made to contact the parent/legal guardian immediately. If a parent/legal guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.  NO  YES

**STUDENT RELEASE AUTHORIZATION:**

In the event that the school is unable to contact the parent/legal guardian, I authorize that my child may be released to the person(s) listed as emergency contacts.  YES  NO

When injury, illness or emergency situations (earthquake, fire, etc.) occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/legal guardian, please list persons you trust who are available during the day to provide care for your child (it would be helpful if one contact was from outside of the area).

FIRST EMERGENCY CONTACT		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
LEGAL LAST NAME: _____		_____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____
LEGAL FIRST NAME: _____				
FIRST EMERGENCY CONTACT ADDRESS:				
_____				
STREET		CITY	STATE	ZIP
SECOND EMERGENCY CONTACT		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
LEGAL LAST NAME: _____		_____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____
LEGAL FIRST NAME: _____				
THIRD EMERGENCY CONTACT		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
LEGAL LAST NAME: _____		_____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____
LEGAL FIRST NAME: _____				
FOURTH EMERGENCY CONTACT		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
LEGAL LAST NAME: _____		_____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____
LEGAL FIRST NAME: _____				
FIFTH EMERGENCY CONTACT		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
LEGAL LAST NAME: _____		_____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____
LEGAL FIRST NAME: _____				
SIXTH EMERGENCY CONTACT		RELATIONSHIP TO CHILD	PHONE #1	PHONE #2
LEGAL LAST NAME: _____		_____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____	<input type="checkbox"/> HOME: _____ <input type="checkbox"/> WORK: _____ <input type="checkbox"/> CELL: _____
LEGAL FIRST NAME: _____				

**ETHNICITY and RACE:** School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State legislature, and the state Superintendent of Public Instruction.

**PLEASE COMPLETE THE FOLLOWING:**

Question 1: Is your child of Hispanic or Latino origin?

- No, my child is not Hispanic or Latino origin (continue to question 2)  
 Yes, my child is Hispanic or Latino (check all that apply and continue to next question)

<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08) <input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10)	<input type="checkbox"/> Ecuadorian (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16) <input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20)	<input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23) <input type="checkbox"/> Salvadoran (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) <input type="checkbox"/> Other Hispanic/Latino Write In (H29)
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Question 2: What race(s) do you consider your child (check all that apply)?

<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07) <input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15) <input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23) <input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> Asian Write In (A27) _____ <input type="checkbox"/> Black/African American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthelemois/Barhelemoises(Saint Barthelemy) (B07) <input type="checkbox"/> British Virgin Islander (B08) <input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10)	<input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12) <input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupien (B14) <input type="checkbox"/> Haitian (B15) <input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <input type="checkbox"/> Caribbean Write In (B20) _____ <input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Republic) (B23) <input type="checkbox"/> Chadian (B24) <input type="checkbox"/> Congolese (Republic of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28) <input type="checkbox"/> Sao Tomean (B29) <input type="checkbox"/> Principe (B30) <input type="checkbox"/> Central African Write In (B31) _____ <input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37) <input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49) <input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) <input type="checkbox"/> East African Write In (B53) _____ <input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60) <input type="checkbox"/> Ecuadorian (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67) <input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> South Georgia and the South Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74) <input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> Latin American Write In (B77) _____ <input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)
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<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81) <input type="checkbox"/> Swazi (B82) <input type="checkbox"/> South African Write In (B83)	<input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18) <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Quileute Tribe of Quileute Reservation (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of Washington (N35) <input type="checkbox"/> Alaska Native Write In (N36)	<input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17) <input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) <input type="checkbox"/> Pacific Islander Write In (P21)
<input type="checkbox"/> Black Write In (C02)	<input type="checkbox"/> American Indian Write In (N37)	<input type="checkbox"/> White (W00) <input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02) <input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04) <input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06) <input type="checkbox"/> Eastern European Write In (W07)
<input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakima Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Nisqually Indian Tribe (N16)	<input type="checkbox"/> Upper Skagit Tribe (N38) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00) <input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijan (P04) <input type="checkbox"/> I-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06) <input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12) <input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14)	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15) <input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish (W23) <input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31) <input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> Middle Eastern Write In (W34)
		<input type="checkbox"/> North African Write In (W35) <input type="checkbox"/> White Write In (W36) <input type="checkbox"/> Kuwaiti (W37)

**VERIFICATION OF INFORMATION:** I attest that the information on this form is true and accurate as of this date. 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 Olympia School District.

Legal Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_