

**Change requested:**

(check all that apply)

Address: \_\_\_\_ \*\*\*

Phone: \_\_\_\_\_\_

Other: \_\_\_\_\_\_

**EDMONDS-WOODWAY HIGH SCHOOL Student Update Form**

**STUDENT** PERSONAL DATA **(PLEASE print legibly)**

|  |  |  |
| --- | --- | --- |
| **Student Name:** Legal **Last Name** | Legal **First Name** | Legal **Middle Name** |
| Student Cell Phone Number  ( ) | **Student Email Address** | **Student Birth date** |

**Student’s primary language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (The language most understood by this student)

**PRIMARY** HOUSEHOLD INFORMATION

*A student’s* ***primary residence*** *is defined as the physical location where he/she* ***lives for FOUR OR MORE nights*** *per week.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Parent /**  **Legal Guardian 1** | Legal **Last Name** |  | | Legal **First Name** |  |  | Legal Middle Name |
| **Relationship to Student** | Birthdate (Month/Day/Year) | | | **Email Address** | (This is our primary source of communication with families) | |
| **PRIMARY Phone\*\* *(****We will call this number first)*  ( ) 🞎Unlisted | | **Cell phone/**Work phone/Other (circle one)  ( ) | | | Primary language spoken at home | |
| **Primary Parent/**  **Legal Guardian 2 in same location** | Legal Last Name | | | Legal First Name | | | Legal Middle Name |
| Relationship to Student | Birthdate (Month/Day/Year) | | | Email Address | | |
| Home Phone (if different than primary)  ( ) | | Cell phone/Work phone/Other (circle one)  ( ) | | | Cell phone/Work phone/Other (circle one)  ( ) | |
|  | | | | | | | |
| **Residential Address** (Please provide your most current PUD bill for proof of residency)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Street Apt / Unit City State & ZIP | | | | | | | |
| Mailing Address(if different than residential address. Please provide proof if mailing address is not a P.O Box)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Street Apt / Unit / PO Box City State & ZIP | | | | | | | |

**SECONDARY household information (IF APPLICABLE)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent /**  **Legal Guardian 1** | Legal Last Name |  | | Legal First Name |  |  | Legal Middle Name |
| Relationship to Student | Birthdate (Month/Day/Year) | | | Email Address |  | |
| Home phone 🞎Unlisted  ( ) | | Cell phone/Work phone/Other (circle one)  ( ) | | | Primary language spoken at home: | |
| **Parent/**  **Legal Guardian 2** | Legal Last Name | | | Legal First Name | | | Legal Middle Name |
| Relationship to Student | Birthdate (Month/Day/Year) | | | Email Address | | |
| Phone 🞎Unlisted  ( ) | | Cell phone/Work phone/Other (circle one)  ( ) | | | Cell phone/Work phone/Other (circle one)  ( ) | |

Residence of **non-custodial parents/guardians not living with the student** OR location where the student lives **FEWER THAN FOUR nights** per week

|  |
| --- |
|  |
| **Residential Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Street Apt / Unit City State & ZIP |
| Mailing Address(if different than residential address)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Street Apt / Unit / PO Box City State & ZIP |

**EMERGENCY CONTACTS** (We will contact parent(s) or guardian(s) first).

**This is for Emergency purposes only and does not allow the people named below to excuse attendance or have access to student accounts.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact 1**  Not living with your family. | Legal Last Name | |  | | Legal First Name | |  | | Relationship to Student | Residential Street Address City, State, & ZIP (Optional) |
| Cell phone/Work phone/Other (circle one)  ( ) | | Cell phone/Work phone/Other (circle one)  ( ) | | |  | | Cell phone/Work phone/Other (circle one)  ( ) | | Email (optional) |
| **Emergency Contact 2** | Legal Last Name | | | Legal First Name | |  | | Relationship to Student | | Residential Street Address City, State, & ZIP (Optional) |
| Cell phone/Work phone/Other (circle one)  ( ) | Cell phone/Work phone/Other (circle one)  ( ) | | | |  | | Cell phone/Work phone/Other (circle one)  ( ) | |
| **Emergency Contact 3** | Legal Last Name | | | Legal First Name | |  | | Relationship to Student | | Residential Street Address City, State, & ZIP (Optional) |
| Cell phone/Work phone/Other (circle one)  ( ) | Cell phone/Work phone/Other (circle one)  ( ) | | | |  | | Cell phone/Work phone/Other (circle one)  ( ) | |

**RESIDENCY VERIFICATION:** I affirm that the residency information provided on this form is true and accurate as of this date. I understand that falsification of an address, residence, or conditions of living arrangements, or the use of any other fraudulent means to obtain a school assignment shall be cause for revocation of this enrollment. Such falsification will also cause forfeiture of any future transfer rights through the highest grade level of the school. Proof of residency is required.

**HOMELESS STUDENTS:** If an eligible student is homeless, the district shall not require proof of residency or any other information regarding an address and shall enroll the student at the request of the student or parent/guardian. Students enrolled in a district program without legal residence may continue in that school until the end of the academic year.

**All items in bold lettering are required.**

**SIGNATURE**

*I attest that the information herein is complete, true, and accurate, and may be verified with the appropriate institution(s). I understand that providing false information may be grounds for revocation of enrollment in the Edmonds School District. Changes will not be accepted if unsigned or signed by a student.*

***Address changes MUST be accompanied by a copy of your most current PUD bill or major utility bill (not cable or cell phone)***

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Legal Guardian Signature** *(person listed in parent/legal guardian 1 box)* **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please **PRINT** name of Parent / Legal Guardian whose signature appears above

Check here if you are **removing a primary parent/guardian** (from the primary household) who is currently listed in Skyward. Please attach a copy of the parenting plan or legal documentation.

Please check here if you are removing someone from the current information in Skyward other than a primary parent/guardian.

Name to remove:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*****Primary phone*** *is the number used by the automated phone system to notify families of emergency snow closures, school closures, important meetings and the first number we will contact if we need to reach you regarding your student. It does not have to be a home phone number but it should be a number that students will not be able to easily delete important messages before you are able to retrieve the message. A cell phone number is fine. We do not suggest a work number since calls can be made during day or evening times.*

*Persons listed under Secondary Household cannot change the Primary household information.*

*An email address given for parents/guardians will automatically receive our school family connects e-newsletter. We do not sell email address information.*

***\*\*\*Address updates will NOT be accepted unless they include a copy of your***

Counseling Office Use Only:

Type of proof of residency provided:

Date received (or date stamp):\_\_\_\_\_\_\_\_\_

Initials:\_\_\_\_\_\_\_\_\_

***most recent PUD or major utility bill (not cable or cell phone****). Other options are*

*listed on the attached document. If you are living with someone else with no*

*bills in your name, then a Affidavit of Student Residence is required. Please*

*ask the Counseling Secretary for that form.*

Edmonds School District #15

20420 68th Ave West

Lynnwood WA 98036

(425) 431-7200

**NOTICE TO PARENTS/LEGAL GUARDIANS**

This notice is for parents or legal guardians enrolling a student or filing a change of address. Verification of student residency is required for enrollment or change of enrollment at a school in the Edmonds School District.

Falsification of an address, residence or conditions of living arrangements to obtain a school assignment may be cause for withdrawal of the student from that school. Written notice of intent to withdraw the student will be forwarded to the parent/guardian. Such falsification will also cause forfeiture of any future transfer rights through the highest grade level of school.

If an eligible student is homeless the District shall not require proof of residency or any other information regarding an address and shall enroll the student at request of the student or parent/guardian. Additional forms need to be filled out by parent/guardian for homeless status. Students enrolled in a District program for children without a legal residency may continue in that enrolled school until the end of the academic year.

Please provide at least one form of documentation requested below. The school may require that this documentation be updated periodically. If none of the below documentation is available an Affidavit of Student Residency must be completed with proof of residency from individual(s) listed on form under #2 in Statement of Residency.

\_\_\_\_\_\_Mortgage contract/statement with address and guardian name(s)

\_\_\_\_\_\_Rental/lease agreement specifying the dates of occupancy, address and signatures

\_\_\_\_\_\_PUD Electric, water or gas bill/statement with address and guardian name(s)

\_\_\_\_\_\_ Mortgage or renters insurance with address and guardian name(s)

All students enrolling in EWHS must provide proof of residency in the Edmonds-Woodway service area.