



Summit Public Schools

APPLICATION FOR ENROLLMENT

School Year Applying to: 2016-17 2017-18

For the above school year, the student will be in grade 6 9 10 11

STUDENT INFORMATION

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: Male Female

Which school(s) are you applying to? (* indicates new grade(s) for 2017-18)

Summit Sierra (Seattle | Grades 9-10, 11*) **Summit Atlas** (Seattle | Grades 6*, 9*)

Summit Olympus (Tacoma | Grades 9-10, 11*)

The student is currently enrolled at (school): _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ **Relationship to student:** _____

Residence Address - Student lives at this address: Yes No

_____ *Street*

_____ *City* *State* *Zip Code*

Home Ph. (include area code): _____ Cell Ph. (include area code): _____

Parent/Guardian E-mail: _____ Contact Preference: E-mail Text/Phone

Parent/Guardian 2 (optional) Name: _____ **Relationship to student:** _____

Use same address as Parent/Guardian 1 (If yes, skip to phone number below)

Residence Address - Student lives at this address: Yes No

_____ *Street*

_____ *City* *State* *Zip Code*

Home Ph. (include area code): _____ Cell Ph. (include area code): _____

Parent/Guardian E-mail: _____ Contact Preference: E-mail Text/Phone

Is the student Hispanic or Latino/a? Yes No

Please select up to 5 races/ethnicities that the student identifies as:

- American Indian or Alaska Native Asian Indian Black or African American Cambodian Chinese
 Filipino or Filipino American Guamanian Hawaiian Hmong Japanese Korean Laotian
 Other Asian Other Pacific Islander Samoan Tahitian Vietnamese White / Caucasian

What is the primary language spoken by adults in your home? _____

Has your child ever received support (beyond regular classes) to learn the English in school? Yes No

Has the student ever had an Individualized Education Plan (IEP)? Yes No

If yes, please provide additional details such as date the IEP was written, services received, and school of service:

How did you hear about Summit? If it was a specific person or at a specific place, please include the name.

Lottery Priorities:

Sibling attended/graduated from a Summit school.

Name of sibling: _____ Name of school: _____

ACKNOWLEDGEMENT OF INFORMATION

By signing this application, we acknowledge that all information provided is correct and indicate our meaningful interest in enrolling at Summit Public Schools. In addition, we understand that admission to a Summit Public School is on a space-available basis. If more than 100 complete applications are received by the deadline for each school, Summit Public Schools will hold a random public lottery to fill the spaces. Summit Public Schools will e-mail or mail notification of enrollment status to families within one week of the lottery. Furthermore, we understand that upon receiving and processing an application, Summit Public Schools will produce a receipt for our family; if we do not receive a receipt it is our family's responsibility to determine if Summit Public Schools actually received the application.

Parent / Guardian Signature: _____ **Date:** ____/____/____

Applications must be dropped off at a Summit school or completed online. Note that each school has a separate application deadline, which can be found on the website (<http://www.summitps.org/enroll>).