



EDMONDS-WOODWAY HIGH SCHOOL
Student Skyward Update Form

(PLEASE print legibly for accurate entry)

Change requested:

(check all that apply)
Address: _____ ***
Phone: _____**
Other: _____

Current grade level: _____

Student's Legal Last Name:	Legal First Name	Legal Middle Name
Student Cell Phone Number (not guardian's cell #) ()	Student Email Address (not guardian's email)	Student Birth date (MM/DD/YYYY) / /
Student's primary language spoken at home <input type="checkbox"/> English only	Student's race and ethnicity	Student's nickname
What country was student born in? (USA, Africa, etc.)	What month & year did student begin school in USA?	How many months did student attend school outside the USA?

PRIMARY HOUSEHOLD – Student lives here

*A student's **primary residence** is defined as the physical location where he/she **lives 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) () <input type="checkbox"/> Unlisted		Cell phone (if different than primary number) ()		Work phone/Other (circle one) ()	
Primary Parent / Legal Guardian 2 in same household	Legal Last Name		Legal First Name		Legal Middle Name	
	Relationship to Student	Birthdate (Month/Day/Year) / /		Email Address (must be different than parent 1 listed above)		
	Home Phone (if different than primary) ()		Cell phone (if different than primary number) ()		Primary language spoken at home <input type="checkbox"/> English only	

Residential Address (Please provide your most current PUD bill for proof of residency) Address changes will not be processed without proof.

Washington _____

House Number & Street _____ Apt / Unit # _____ City _____ ZIP _____

Mailing Address (IF different than residential address. Please provide proof if mailing address is not a P.O Box) This is different than address listed above.

We do not have a separate mailing address, please mail to our house.

PO Box # _____ City _____ ZIP _____

SECOND household (IF APPLICABLE due to divorce, custody, etc.)

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

Parent / Legal Guardian 1	Legal Last Name		Legal First Name		Legal Middle Name	
	Relationship to Student	Birthdate (Month/Day/Year) / /		Email Address		
	Home phone <input type="checkbox"/> 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 <input type="checkbox"/> Unlisted ()		Cell phone/Work phone/Other (circle one) ()		Cell phone/Work phone/Other (circle one) ()	
Address	House Number & Street		City		State & Zip code	

EMERGENCY CONTACTS (We will ALWAYS 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 <small>Not living with your family.</small>	Legal Last Name	Legal First Name	Relationship to Student
	Cell phone/Home phone (circle one) ()	Work phone or Other phone (circle one) ()	Birthdate (MM/DD/YYYY) for verification / /
Emergency Contact 2 <small>Not living with your family.</small>	Legal Last Name	Legal First Name	Relationship to Student
	Cell phone/Home phone (circle one) ()	Work phone or Other phone (circle one) ()	Birthdate (MM/DD/YYYY) for verification / /
Emergency Contact 3	Legal Last Name	Legal First Name	Relationship to Student
	Cell phone/Home phone (circle one) ()	Work phone or Other phone (circle one) ()	Birthdate (MM/DD/YYYY) for verification / /

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 (REQUIRED!)

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 (MUST be the 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 check here if you are removing someone from the current information in Skyward other than a primary parent/guardian.
Name(s) 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. Only one phone number can receive automated calls.

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 or phone information.

*****Address updates will NOT be accepted unless they include a copy of your 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 an Affidavit of Student Residence is required. Please ask the Counseling Secretary for that form.

OFFICE USE ONLY: Date received: _____

Type of update: _____



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

_____Electric (PUD), 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.

AVISO A LOS PADRES/TUTORES

Este aviso es para los padres o tutores legales inscribir un estudiante o presentar un cambio de dirección. Verificación de residencia de estudiante se requiere para la inscripción o cambio de matrícula en una escuela en el distrito escolar de Edmonds.

La falsificación de una dirección, residencia o las condiciones de vida acuerdos para obtener una asignación de escuela puede ser causa de retiro del estudiante de la escuela. Notificación por escrito de la intención de retirar al estudiante se remitirá a los padres/tutores. Tal falsificación también causará pérdida de cualquier derecho de transferencia futura por el más alto grado de la escuela.

Si un estudiante elegible es un vagabundo el distrito no exigirá prueba de residencia o cualquier otra información sobre una dirección y deberá inscribirse el estudiante a petición del estudiante o padre/tutor. Formularios adicionales necesitan ser llenado por el padre/tutor para el estado sin hogar. Estudiantes matriculados en un programa del distrito para los niños sin una residencia legal puede continuar en esa escuela inscrita hasta el final del año académico.

Por favor proporcione por lo menos una forma de documentación solicitada a continuación. La escuela puede requerir que esta documentación será actualizado periódicamente. Si ninguno de la documentación está disponible una declaración jurada de residencia de estudiante debe completarse con prueba de residencia del individuo enumerada más abajo en forma bajo #2 en declaración de residencia.

___Mortgage contrato o instrucción con nombre dirección y guardián

___Rental/contrato especificando las fechas de ocupación, dirección y firma

___Electric Bill (PUD), agua o gas o instrucción con nombre dirección y guardián

___Hipoteca o con nombre dirección y guarda el seguro para inquilinos

Todos los estudiantes que se matriculan en EWHS deben proveer prueba de residencia en el área de servicio Edmonds-Woodway.