



Siblings \_\_\_\_\_ Attends ECS (Y/N) \_\_\_\_\_ Grade \_\_\_\_\_  
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 Primary Language Spoken at Home: \_\_\_\_\_  
 Church Attending \_\_\_\_\_ City, State: \_\_\_\_\_  
 Not attending a church at this time     In the process of looking for a church

Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No    WA SSID#:	If yes, plan must be on file with the school for enforcement.
Restraining order is against <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
Is there a parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No    WA SSID#:	If yes, plan must be on file with the school for enforcement.

	Physician's Name	Office Phone Number	Name of Insurance Company	Group and/or Policy #
Physician				
Dentist				

*Please list any allergies or other necessary medical information for student(s). (Attach additional sheet if necessary.)*

Student	Details

Family or student concerns: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list the person(s) responsible for payment of tuition and fees:

Name	Relationship	Address	City	Zip	Home Phone	Work Phone

*Note: All financial matters concerning your account will only be discussed with the parent(s)/person listed as the individuals responsible for payment of fees. Thank you.*

In case parent cannot be reached, list two individuals we may contact and are authorized to pick up your child:

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

Verification of information: The information on this form is true and accurate as of this date.  
 Legal Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_