



COUPEVILLE MIDDLE AND HIGH SCHOOL

High levels of learning for all students

SUPPLEMENTAL ENROLLMENT FORM

501 South Main Street, Coupeville, WA 98239 coupevillewolves.org (360) 678-2415 (360) 675-0540 Fax



Student Legal Name _____ Grade _____

In accordance with Washington State Law (RCW 28A225.330), this authorizes a school to request the parent/guardian and student to briefly indicate in writing to please answer the following questions:

1) Have you ever been placed in a special education program? YES ____ NO ____

If YES, please explain the nature of the program and the dates of your attendance (a copy of a current IEP will suffice if you have one)

2) Have you been disciplined for violent behavior at your prior school? YES ____ NO ____

If YES, please give dates and explain the nature of the behavior and discipline (RCW 13.04.155)

3) Are you currently subject to a suspension or expulsion from your prior school? YES ____ NO ____

If YES, please give dates and details of the suspension or expulsion.

4) Do you have any unpaid fines or fees imposed by your prior school? YES ____ NO ____

If YES, please note the amount and explain.

(Please note: School Districts will generally not send cumulative files or official transcripts for students who owe fines RCW 28A.635.060)

5) Any health conditions affecting the student's educational needs? YES ____ NO ____

If YES, please identify.

Student Signature and Date

Parent/Guardian Signature and Date