

STATEMENT OF INTENT TO REGISTER

Please complete the questionnaire below. All responses must be correct. Any false reports may result in you not being able to enroll at Medical Lake High School.

YES	NO	
_____	_____	I have been charged by a law enforcement agency (minor traffic violations do not apply).
_____	_____	I have been expelled from a school.
_____	_____	I have withdrawn from school in lieu of expulsion.
_____	_____	I have had special education (IEP) classes in my previous school.
_____	_____	I have been enrolled in remedial courses in my previous school.
_____	_____	I have been convicted of a sex offense.

If you answered YES to any statement above, give an explanation in the space provided below.

Explanation

I understand that I am being enrolled at Medical Lake High School on a probationary basis. If Medical Lake High School receives records indicating that I am, for any reason, ineligible to attend school in the Medical Lake School District, I understand that this enrollment might be revoked after the district considers those records.

I certify that the above information is correct.

Student Signature	Date	Parent/Guardian Signature	Date
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OFFICIAL USE ONLY

Name of School Contacted: _____

Phone Number: _____ Assistant Principal: _____

Approved: _____ Disapproved: _____

Assistant Principal - Medical Lake High School