

## KINDERGARTEN REGISTRATION WEEK

April 15th - April 19th

**Parent & Kindergarten Information Meeting  
at St. James Family Center April 15th 6:30pm**

**WELCOME CLASS OF 2038!**

It's time to get our new kindergarten crew signed up for the 2025-26 school year! Children who are five years old on or before August 31<sup>st</sup> of the upcoming school year are eligible to start kindergarten.

Registration paperwork will be distributed to students attending pre-school at St. James Family Center. Packets can also be picked up at J.A. Wendt Elementary School office Mon.-Thurs. (8am-4pm). Parents are encouraged to contact Mrs. Stacey Wegdahl at the main office at J.A. Wendt Elementary School with questions (360)795-3261 or [swegdahl@wahksd.k12.wa.us](mailto:swegdahl@wahksd.k12.wa.us).

Parents, please bring **COMPLETED** registration packets to the Parent/Kindergarten Information Meeting on **Tuesday, April 15th at 6:30pm.**

You will be able to meet kindergarten staff at this event.

If you are unable to attend the meeting, please return your completed registration packet to our main school office between 8am - 4pm Monday - Thursday as soon as possible. **We look forward to meeting our "Mini-Mules!"**



### ITEMS NEEDED FOR REGISTRATION:

- ☐ CHILD'S BIRTH CERTIFICATE
- ☐ IMMUNIZATION RECORDS
- ☐ LEGAL DOCUMENTS (if applicable)



# WAHKIAKUM SCHOOL DISTRICT No. 200

## STUDENT REGISTRATION FORM

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

DO NOT WRITE IN THIS AREA - FOR OFFICE USE ONLY STUDENT ALPHAKEY	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE AM PM
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STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE City	State Country	County GRADE LEVEL
ETHNICITY and RACE <i>Attached DATA COLLECTION FORM must be completed.</i> Must answer both questions 1 and 2.			LANGUAGE SPOKEN BY STUDENT <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other _____	

STUDENT LIVES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Self <input type="checkbox"/> Other _____	PRIMARY GUARDIAN Household 1 (parent/guardian where student resides) Last Name First Name	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY PHONE (include area code) Please check if unlisted <input type="checkbox"/> Please check if cell phone <input type="checkbox"/>	SECONDARY GUARDIAN Household 1 (parent/guardian where student resides) Last Name First Name	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
RESIDENT ADDRESS Street Apt #	City State ZIP		
MAILING ADDRESS (If different from above) Street Apt # P O Box	City State ZIP		
GUARDIAN 1 EMPLOYER	Guardian Work Phone	GUARDIAN EMAIL ADDRESS	
GUARDIAN 2 EMPLOYER	Guardian Work Phone	GUARDIAN EMAIL ADDRESS (if different from above)	
MOTHER'S DATE OF BIRTH (Month/Day/Year)		FATHER'S DATE OF BIRTH (Month/Day/Year)	

SECOND HOUSEHOLD INFORMATION <input type="checkbox"/> Both parents <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____	SECOND HOUSEHOLD (Non-custodial parent not residing with student) Last Name First Name	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY PHONE (include area code) Please check if unlisted <input type="checkbox"/> Please check if cell phone <input type="checkbox"/>	(Non-custodial parent not residing with student) Last Name First Name	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #3 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND HOUSEHOLD ADDRESS (Street/PO Box, City, State, ZIP)		ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOLS & DISTRICTS PREVIOUSLY ATTENDED	PREVIOUS SCHOOLS LOCATION (City and State)	SCHOOL PHONE	DATES ATTENDED (Month/Year)
HAS YOUR CHILD EVER ATTENDED ANOTHER SCHOOL IN WASHINGTON STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, schools & districts _____			
PRESCHOOL ATTENDED (for Students entering Kindergarten or 1 <sup>st</sup> grade only)	PRESCHOOL LOCATION (City and State)	PRESCHOOL TYPE <input type="checkbox"/> Headstart <input type="checkbox"/> Early Start <input type="checkbox"/> Pre-Kindergarten	DATES ATTENDED (Month/Year)

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school for enforcement.)	
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers 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 _____	

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM (HAVE AN IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what grade level(s) _____
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ESL <input type="checkbox"/> Other _____	

HAS YOUR CHILD EVER BEEN ENROLLED IN AN ENGLISH LANGUAGE LEARNER PROGRAM? HAS YOUR CHILD BEEN ENROLLED IN THE MIGRANT EDUCATION PROGRAM?	<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize this student's information to be distributed for the purposes of: <input type="checkbox"/> Yes <input type="checkbox"/> No Military usage <input type="checkbox"/> Yes <input type="checkbox"/> No Publicity usage <input type="checkbox"/> Yes <input type="checkbox"/> No
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DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school <input type="checkbox"/>	CHILD CARE PROVIDER <i>Name</i> <i>Address</i> <i>Phone Number</i>
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing.)	

PLEASE LIST OTHER SIBLINGS			
Last Name	First Name	Age	Grade Level if Applies      Preschool Program / School

STUDENT'S MEDICAL HISTORY (Check appropriate boxes and describe nature of problem.)	
DOCTOR or CLINIC NAME: <input type="checkbox"/> ALLERGIES: <input type="checkbox"/> ASTHMA: <input type="checkbox"/> CARDIOVASCULAR: <input type="checkbox"/> DIABETES: <input type="checkbox"/> VISION PROBLEMS: <input type="checkbox"/> SEIZURE DISORDERS: <input type="checkbox"/> CURRENT MEDICATIONS:	DOCTOR or CLINIC PHONE NUMBER: (      ) <input type="checkbox"/> HEARING LOSS: <input type="checkbox"/> SKELETAL LIMITATIONS: <input type="checkbox"/> DIGESTION/URINARY/KIDNEY: <input type="checkbox"/> ATTENTION DEFICIT: <input type="checkbox"/> PHYSICAL EDUCATION CONSIDERATIONS: <input type="checkbox"/> DEVELOPMENTAL DISABILITY: <input type="checkbox"/> OTHER:

When injury, illness, or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list first and last names of persons you trust who are available during the day to provide care for your child (local area only please).

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS <i>Street</i> <i>City</i> <i>State</i> <i>ZIP</i>			
SECONDARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECONDARY CONTACT ADDRESS <i>Street</i> <i>City</i> <i>State</i> <i>ZIP</i>			
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT ADDRESS <i>Street</i> <i>City</i> <i>State</i> <i>ZIP</i>			

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.    Yes ☐      No ☐

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.      Yes ☐      No ☐

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Wahkiakum School District.

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Wahkiakum School District**

Date (Fecha): \_\_\_\_\_

Race/Ethnicity Collection Form (Formulario de Recopilación de Raza/Origen Étnico)

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
 (Apellido del estudiante) (Nombre del estudiante)  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (Sexo): M F (circle one)  
 (Escuela) (Nivel escolar) (haga un círculo alrededor de uno)

**QUESTION 1. Is your child of Hispanic or Latino origin?****PREGUNTA 1. ¿Es su niño de origen hispano o latino?**H01 ☐ **NOT HISPANIC/LATINO****HISPANIC/LATINO** (may check categories and use write-in)

- |   |  |   |  |
|---|--|---|--|
| H00 <input type="checkbox"/> Hispanic                   | H08 <input type="checkbox"/> Costa Rican | H15 <input type="checkbox"/> Jamaican   | H23 <input type="checkbox"/> Puerto Rican                    |
| H02 <input type="checkbox"/> Argentine                  | H09 <input type="checkbox"/> Cuban       | H16 <input type="checkbox"/> Mexican    | H24 <input type="checkbox"/> Salvadoran                      |
| H03 <input type="checkbox"/> Bolivian                   | H10 <input type="checkbox"/> Dominican   | H17 <input type="checkbox"/> Mestizo    | H25 <input type="checkbox"/> Spaniard                        |
| H04 <input type="checkbox"/> Brazilian                  | H11 <input type="checkbox"/> Ecuadorian  | H18 <input type="checkbox"/> Native     | H26 <input type="checkbox"/> Surinamese                      |
| H05 <input type="checkbox"/> Chicano (Mexican American) | H12 <input type="checkbox"/> Guatemalan  | H19 <input type="checkbox"/> Nicaraguan | H27 <input type="checkbox"/> Uruguayan                       |
| H06 <input type="checkbox"/> Chilean                    | H13 <input type="checkbox"/> Guyanese    | H20 <input type="checkbox"/> Panamanian | H28 <input type="checkbox"/> Venezuelan                      |
| H07 <input type="checkbox"/> Colombian                  | H14 <input type="checkbox"/> Honduran    | H21 <input type="checkbox"/> Paraguayan | H29 <input type="checkbox"/> Hispanic/Latino Write in: _____ |
|   |  | H22 <input type="checkbox"/> Peruvian   |  |

**QUESTION 2. What race(s) do you consider your child? (check all that apply)****PREGUNTA 2. ¿Qué raza(s) considera que es su niño? (Marque todo lo que corresponda).****AMERICAN INDIAN/ALASKA NATIVE** (may check categories and use write-in)N00 ☐ American Indian/Alaskan Native

- |  |   |   |
|--|---|---|
| N01 <input type="checkbox"/> Chinook Tribe   | N13 <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | N24 <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N02 <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation    | N14 <input type="checkbox"/> Marietta Band of Nooksack Tribe                    | N25 <input type="checkbox"/> Skokomish Indian Tribe   |
| N03 <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation       | N15 <input type="checkbox"/> Muckleshoot Indian Tribe                           | N26 <input type="checkbox"/> Snohomish Tribe  |
| N04 <input type="checkbox"/> Confederated Tribes of the Colville Reservation       | N16 <input type="checkbox"/> Nisqually Indian Tribe                             | N27 <input type="checkbox"/> Snoqualmie Indian Tribe  |
| N05 <input type="checkbox"/> Cowlitz Indian Tribe                                  | N17 <input type="checkbox"/> Nooksack Indian Tribe of Washington                | N28 <input type="checkbox"/> Snoqualmoo Tribe   |
| N06 <input type="checkbox"/> Duwamish Tribe  | N18 <input type="checkbox"/> Port Gamble S'Klallam Tribe                        | N29 <input type="checkbox"/> Spokane Tribe of the Spokane Reservation                             |
| N07 <input type="checkbox"/> Hoh Indian Tribe                                      | N19 <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation         | N30 <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation               |
| N08 <input type="checkbox"/> Jamestown S'Klallam Tribe                             | N20 <input type="checkbox"/> Quileute Tribe of the Quileute Reservation         | N31 <input type="checkbox"/> Steilacoom Tribe   |
| N09 <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | N21 <input type="checkbox"/> Quinault Indian Nation                             | N32 <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington                         |
| N10 <input type="checkbox"/> Kikiallus Indian Nation                               | N22 <input type="checkbox"/> Samish Indian Nation                               | N33 <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation               |
| N11 <input type="checkbox"/> Lower Elwha Tribal Community                          | N23 <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington           | N34 <input type="checkbox"/> Swinomish Indian Tribal Community                                    |
| N12 <input type="checkbox"/> Lummi Tribe of the Lummi Reservation                  |   | N35 <input type="checkbox"/> Tulalip Tribes of Washington   |
| N36 <input type="checkbox"/> Alaska Native Write in: _____                         |   |   |
| N37 <input type="checkbox"/> American Indian Write in: _____                       |   |   |

**ASIAN** (may check categories and use write-in)

- |  |   |  |  |
|--|---|--|--|
| A00 <input type="checkbox"/> Asian           | A08 <input type="checkbox"/> Filipino   | A15 <input type="checkbox"/> Mien        | A22 <input type="checkbox"/> Sri Lankan            |
| A01 <input type="checkbox"/> Asian Indian    | A09 <input type="checkbox"/> Hmong      | A16 <input type="checkbox"/> Mongolian   | A23 <input type="checkbox"/> Taiwanese             |
| A02 <input type="checkbox"/> Bangladeshi     | A10 <input type="checkbox"/> Indonesian | A17 <input type="checkbox"/> Nepali      | A24 <input type="checkbox"/> Thai                  |
| A03 <input type="checkbox"/> Bhutanese       | A11 <input type="checkbox"/> Japanese   | A18 <input type="checkbox"/> Okinawan    | A25 <input type="checkbox"/> Tibetan               |
| A04 <input type="checkbox"/> Burmese/Myanmar | A12 <input type="checkbox"/> Korean     | A19 <input type="checkbox"/> Pakistani   | A26 <input type="checkbox"/> Vietnamese            |
| A05 <input type="checkbox"/> Cambodian/Khmer | A13 <input type="checkbox"/> Lao        | A20 <input type="checkbox"/> Punjabi     | A27 <input type="checkbox"/> Asian Write in: _____ |
| A06 <input type="checkbox"/> Cham            | A14 <input type="checkbox"/> Malaysian  | A21 <input type="checkbox"/> Singaporean |  |
| A07 <input type="checkbox"/> Chinese         |   |  |  |

**BLACK** (may check categories and use write-in)

- |   |   |   |
|---|---|---|
| B00 <input type="checkbox"/> Black/African American | B01 <input type="checkbox"/> African American | B02 <input type="checkbox"/> African Canadian |
|---|---|---|

### **Caribbean**

B03 ☐ Anguillian  
B04 ☐ Antiguan  
B05 ☐ Bahamian  
B06 ☐ Barbadian  
B07 ☐ Barthélemois/Barthélemoises  
(Saint Barthélemy)

B08 ☐ British Virgin Islander  
B09 ☐ Caymanian  
(Cayman Island)  
B10 ☐ Cuba Dominican  
B11 ☐ Dominican  
(Dominican Republic)

B12 ☐ Dutch Antillean  
(Netherlands Antilles)  
B13 ☐ Grenadian  
B14 ☐ Guadeloupian  
B15 ☐ Haitian

B16 ☐ Jamaican  
B17 ☐ Martiniquais/Martiniquaise  
B18 ☐ Montserratian  
B19 ☐ Puerto Rican  
B20 ☐ Caribbean Write in: \_\_\_\_\_

### **Central African**

B21 ☐ Angolan  
B22 ☐ Cameroonian  
B23 ☐ Central African  
(Central African Republic)

B24 ☐ Chadian  
B25 ☐ Congolese  
(Republic of the Congo)

B26 ☐ Congolese (Democratic  
Republic of the Congo)  
B27 ☐ Equatorial Guinean  
B28 ☐ Gabonese

B29 ☐ São Toméan  
B30 ☐ Principe  
B31 ☐ Central African Write in: \_\_\_\_\_

### **East African**

B32 ☐ Burundian  
B33 ☐ Comoran  
B34 ☐ Djiboutian  
B35 ☐ Eritrean  
B36 ☐ Ethiopian  
B37 ☐ Kenyan

B38 ☐ Malagasy (Madagascar)  
B39 ☐ Malawian  
B40 ☐ Mauritian (Mauritius)  
B41 ☐ Mahoran (Mayotte)  
B42 ☐ Mozambican  
B43 ☐ Reunionese

B44 ☐ Rwandan  
B45 ☐ Seychellois/Seychelloise  
B46 ☐ Somali  
B47 ☐ South Sudanese  
B48 ☐ Sudanese  
B49 ☐ Ugandan

B50 ☐ Tanzanian (United Republic  
of Tanzania)  
B51 ☐ Zambian  
B52 ☐ Zimbabwean  
B53 ☐ East African Write in: \_\_\_\_\_

### **Latin American**

B54 ☐ Argentine  
B55 ☐ Belizean  
B56 ☐ Bolivian  
B57 ☐ Brazilian  
B58 ☐ Chilean  
B59 ☐ Colombian

B60 ☐ Costa Rican  
B61 ☐ Ecuadorian  
B62 ☐ El Salvadoran  
B63 ☐ Falkland Islander  
B64 ☐ French Guianese  
B65 ☐ Guatemalan

B66 ☐ Guyanese  
B67 ☐ Honduran  
B68 ☐ Mexican  
B69 ☐ Nicaraguan  
B70 ☐ Panamanian  
B71 ☐ Paraguayan  
B72 ☐ Peruvian

B73 ☐ South Georgia and the  
South Sandwich Islands  
B74 ☐ Surinamese  
B75 ☐ Uruguayan  
B76 ☐ Venezuelan  
B77 ☐ Latin American Write in: \_\_\_\_\_

### **South African**

B78 ☐ Botswanan

B79 ☐ Mosotho (Lesotho)  
B80 ☐ Namibian

B81 ☐ South African  
B82 ☐ Swazi

B83 ☐ South African Write in: \_\_\_\_\_

### **West African**

B84 ☐ Beninese  
B85 ☐ Bissau-Guinean  
B86 ☐ Burkinabé (Burkina Faso)  
B87 ☐ Cabo Verdean

B88 ☐ Ivorian (Cote d'Ivoire)  
B89 ☐ Gambian  
B90 ☐ Ghanaian  
B91 ☐ Liberian

B92 ☐ Malian  
B93 ☐ Mauritanian  
B94 ☐ Nigerien (Niger)  
B95 ☐ Nigerian (Nigeria)  
B96 ☐ Saint Helenian

B97 ☐ Senegalese  
B98 ☐ Sierra Leonean  
B99 ☐ Togolese  
C01 ☐ West African Write in: \_\_\_\_\_

C02 ☐ Black Write in: \_\_\_\_\_

### **MIDDLE EASTERN and NORTH AFRICAN** (may check categories and use write-in)

W08 ☐ Algerian  
W09 ☐ Amazigh or Berber  
W10 ☐ Arab or Arabic  
W11 ☐ Assyrian  
W12 ☐ Bahraini  
W13 ☐ Bedouin  
W14 ☐ Chaldean  
W34 ☐ Middle Eastern Write in: \_\_\_\_\_  
W35 ☐ North African Write in: \_\_\_\_\_

W15 ☐ Copt  
W16 ☐ Druze  
W17 ☐ Egyptian  
W18 ☐ Emirati  
W19 ☐ Iranian  
W20 ☐ Iraqi  
W21 ☐ Israeli

W22 ☐ Jordanian  
W23 ☐ Kurdish Kuwaiti  
W24 ☐ Lebanese  
W25 ☐ Libyan  
W26 ☐ Moroccan  
W27 ☐ Omani

W28 ☐ Palestinian  
W29 ☐ Qatari  
W30 ☐ Saudi Arabian  
W31 ☐ Syrian  
W32 ☐ Tunisian  
W33 ☐ Yemeni

### **PACIFIC ISLANDER** (may check categories and use write-in)

P00 ☐ Native Hawaiian/Other  
Pacific Islander  
P01 ☐ Carolinian  
P02 ☐ Chamorro  
P03 ☐ Chuukese  
P04 ☐ Fijian

P05 ☐ i-Kiribati / Gilbertese  
P06 ☐ Kosraean  
P07 ☐ Maori  
P08 ☐ Marshallese  
P09 ☐ Native Hawaiian  
P10 ☐ Ni-Vanuatu

P11 ☐ Palauan  
P12 ☐ Papuan  
P13 ☐ Pohnpeian  
P14 ☐ Samoan  
P15 ☐ Solomon Islander  
P16 ☐ Tahitian

P17 ☐ Tokelauan  
P18 ☐ Tongan  
P19 ☐ Tuvaluan  
P20 ☐ Yapese  
P21 ☐ Pacific Islander Write in: \_\_\_\_\_

### **WHITE** (may check categories and use write-in)

☐ White ☐ White Write in: \_\_\_\_\_

### **Eastern European**

W01 ☐ Bosnian  
W02 ☐ Herzegovinian

W03 ☐ Polish  
W04 ☐ Romanian

W05 ☐ Russian  
W06 ☐ Ukrainian

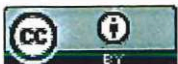
W07 ☐ Eastern European Write in: \_\_\_\_\_



The Home Language Survey is given to *all* students enrolling in Washington schools.

<b>Student Name:</b> _____	<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____ Best contact phone number _____		
<b>Right to Translation and Interpretation Services</b>  All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	1. a) In what language(s) would your family prefer to receive written communication from the school? _____  b) Do you need an interpreter for meetings and phone calls (including ASL)? Parent/Guardian Name #1: _____ Interpreter Needed? ____ Yes ____ No   Language _____  Parent/Guardian Name #2: _____ Interpreter Needed? ____ Yes ____ No   Language _____	
<b>Eligibility for Language Development Support</b>  Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) did your child first speak or understand? _____  3. What language does your child use the most at home? _____  4. What is the primary language used in the home, regardless of the language spoken by your child? _____  5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____	
<b>Prior Education</b>  Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> <li>Give us information about the knowledge and skills your child is bringing to school.</li> <li>May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><b><i>This form is not used to identify students' immigration status.</i></b></p>	6. In what country was your child born? _____  7. Has your child ever received formal education outside of the United States? (K-12 <sup>th</sup> Grade) ____ Yes ____ No If yes: Number of months: _____ Language(s) of instruction: _____  8. When did your child first attend a school in the United States? (K-12 <sup>th</sup> Grade) _____ Month      Day      Year	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.





## SCHOOL STUDENT HEALTH INFORMATION ANNUAL UPDATE

We use this updated information to assist in caring for your student at school. Please *carefully* complete **BOTH SIDES** of this form and return to the school Health Office as soon as possible.

In order to provide a safe and healthy environment for your child, this confidential information will be accessible to: School Health Personnel, your child's teachers and care givers, and emergency medical personnel.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M ☐ F ☐

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PARENTS/GUARDIANS:** If your child has a serious medical condition, it is vital that you discuss this with your Health Office Immediately. **We MUST be alerted to LIFE THREATENING HEALTH CONDITIONS prior to the start of school.** These conditions may require an Emergency Care Plan with Emergency Medications (per RCW28A.210.320). **If an emergency medication or plan is needed, and the proper paperwork is not in place, we are required to EXCLUDE the child from school.**

**LIFE THREATENING HEALTH CONDITIONS:** If you check any of these boxes, you must contact the School Health Room.

☐

**Asthma \* Severe \*** - please answer the following questions

Yes ☐ No ☐ Does this child use rescue inhaler routinely for asthma symptoms?  
Daily ☐ Weekly ☐ Monthly ☐ (ie: Atrovent, ProAir, Ventolin)

Yes ☐ No ☐ Has your child used steroids for asthma symptoms in the past year?  
☐ inhaled steroids (ie: Flovent or Qvar) or ☐ Prednisone

Yes ☐ No ☐ Has your child been hospitalized for asthma in the past year?

☐

**Allergy/Anaphylaxis - SEVERE, WITH AN EPINEPHRINE PRESCRIPTION (EPI-PEN)**

Cause of allergy (Bee sting, Peanut/Nut, Food, Medication, Other): \_\_\_\_\_

Describe previous reaction: \_\_\_\_\_

☐

**Diabetes, Type 1**

Date of Diagnosis: \_\_\_\_\_ ☐ Uses a pump ☐ If so, for how many years in use? \_\_\_\_\_

☐

**Seizure Disorder**

☐ Is currently taking seizure medication

☐

**Other potentially life threatening issues:** \_\_\_\_\_

☐

**My child has no potentially life threatening health conditions.**

- o Allergy, **not** life threatening:

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergen: \_\_\_\_\_ Reaction: \_\_\_\_\_

- o History of Concussion / Head Injury:

Date of Injury: \_\_\_\_\_ Was a Health Care Provider Seen? \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Was a Health Care Provider Seen? \_\_\_\_\_

- o Hearing Concerns? ☐ Has a known hearing loss ☐ Wears hearing aids?

- o Vision Concerns? ☐ Glasses ☐ Contacts

- o Other Concerns (Please contact the school health office): \_\_\_\_\_

☐

**My child has none of the conditions listed above.**

HEALTH HISTORY: Please check the health conditions that apply to your child

Health Condition***:	Yes	No	Explain:
Brain or Spinal Disorder			
Cerebral Palsy			
Migraine Headaches			
ADD/ADHD / Hyperactivity			
Mental Health Behavioral Issues, or depression, anxiety			
Heart / Cardiovascular Disease			
Blood / bleeding disorder			
<b>Breathing Issues</b> (including <b>Asthma</b> – Mild-Moderate)			
Digestive / Stomach Issues			
Bowel or Bladder Issues			
Bladder Issues			
Cancer			
Other:			

**Washington school immunization law RCW 28A.210.120** requires that you must provide medically verified immunization records for your child by the first day of school.

Would you like the school nurse to obtain these records from the Washington State Immunization Information System (WA IIS)? Yes ☐ No ☐

**MEDICATIONS:**

Does your child take medication at home? ☐ Yes ☐ No

Please list here:

**Does your child need to take medication AT SCHOOL?** ☐ YES\*\*\* ☐ No

**\*\* IF YES YOU MUST CONTACT THE SCHOOL HEALTH PERSONNEL and complete necessary paperwork. IF medications are needed during the school day; RCW 28A.210.206 requires a written authorization form for medication to be administered at school, to be signed by the parent/guardian AND a health care provider.**

**Ask your school for these forms, or download them from the district website.**

\*includes over the counter, prescription, herbal, and naturopathic medications.\*\*

Doctor's Name: \_\_\_\_\_

**PARENT/GUARDIAN PRINTED NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Updated 02/04/16

**\*\*\*Please provide documentation of your child's condition from your medical provider.**



# WAHKIAKUM SCHOOL DISTRICT

500 S 3rd St., B398  
Cathlamet, WA 98612

Dear Parent/Guardian,

Wahkiakum School District manages student immunization records through the School Module, an online system provided by the Washington State Department of Health. The School Module saves you time because it allows us to quickly and efficiently check if your child has the vaccines required for school. This system also allows the nurse to enter vaccines that were not recorded by a LHP or may have been given out of the state of Washington.

This will save us time on finding and entering vaccination dates and free up time to work with students. Most children born and/or vaccinated in Washington already have their information in the system. You can access your child's record at any time by signing up for MyIR at <https://wa.mvir.net/register>. If you have any questions, please feel free to contact the school nurse, at [scortez@wahksd.k12.wa.us](mailto:scortez@wahksd.k12.wa.us).

Starting August 1, 2020, all immunization records turned in to the school are required by state law to be medically verified. Valid documentation includes medical records from a health care provider, a completed Certificate of Immunization Status (CIS) signed by a healthcare provider, and a CIS printed from MyIR which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.mvir.net/register> to begin the sign-up process.

## Where do I get more information? Where do I get forms?

For more information about immunization requirements, visit <https://www.doh.wa.gov/SCCI>. Please contact your Healthcare provider to determine which vaccine(s) your child is missing.

Sarah Cortez RN-BSN  
Wahkiakum District Nurse  
[scortez@wahksd.k12.wa.us](mailto:scortez@wahksd.k12.wa.us)

Student: \_\_\_\_\_ Birthday: \_\_\_\_\_

Yes, I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Initial \_\_\_\_\_

No, I do not give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Initial \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Stephanie Leitz, Principal**  
Wahkiakum High School  
360.795.3271  
Fax: 360.795.0545

**Brent Freeman, Superintendent**  
Sue Ellyson, District Clerk  
360.795.3971  
Fax: 360.795.0545

**Nikki Reese, Principal**  
Julius A. Wendt Elementary School  
John C. Thomas Middle School  
360.795.3261 Fax: 360.795.3205



## Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth Experiencing homelessness. (Please see page 2 for more information).

**If you own/rent your home, you do not need to complete this form.**

**Stop Here**

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Gender: \_\_\_\_\_  
☐ Student is unaccompanied (not living with a parent or legal guardian) (UY)  
☐ Student is living with a parent or legal guardian

B. If you do not own/rent your own home, please check all that apply below:

- |   |  |
|---|--|
| <input type="checkbox"/> In a motel   | <input type="checkbox"/> A car, park, campsite, or similar location. |
| <input type="checkbox"/> In a shelter   | <input type="checkbox"/> Moving from place to place/ couch surfing   |
| <input type="checkbox"/> Transitional Housing   |  |
| <input type="checkbox"/> In someone else's house or apartment with another family (due to loss of housing or economic hardship) |  |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.)                          |  |
| <input type="checkbox"/> Other _____  |  |

Continue if you checked a box in part B. Please include all children living in the above housing situation.

Sibling(s) Name		M/F	DOB	SSID#	Grade	School Name
First	Last					

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Print name of parent(s)/legal guardian(s)/UY: \_\_\_\_\_

\*Signature of parent/legal guardian/UY: \_\_\_\_\_ Date: \_\_\_\_\_

\*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

**Enrollment staff:** If parent marked any box in Section B above, please forward a copy of this form to: Renea Freeman; Phone number 360-795-3271; E-mail: [rfreeman@wahksd.k12.wa.us](mailto:rfreeman@wahksd.k12.wa.us)  
**Original in cumulative folder**

**For School Personnel Only:** For data collection purposes and student information system coding  
☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

**SEC. 725. DEFINITIONS.**

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

**Additional Resources**

Parent information and resources can be found at the following:

[http://center.serve.org/nche/ibt/parent\\_res.php](http://center.serve.org/nche/ibt/parent_res.php)

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>

Revised 1/31/17

Please return completed forms to the school office.

RCW 28A.300.505(2)(b) applies to parents or guardians regardless if the student resides with the military member or has custodial rights. The parent who usually fills out information about the student is asked to fill out information about military service. Schools are expected to ask parents for this information each year.

Please fill out the accompanying form for your student indicating military status of the student's parent or guardian.

Thank you for your assistance in helping the district gather this required information.

### Military Parent or Guardian Affiliation

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016-17 school year. (<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>) Reasons for collection of the data include:

- (1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
- (2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. [2015 c 210 § 1.]

Mark all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A = US Armed Forces, active duty | <input type="checkbox"/> G = National Guard Member    | <input type="checkbox"/> M = More than one family member currently serving in Armed Forces or National Guard |
| <input type="checkbox"/> N = No affiliation               | <input type="checkbox"/> R = US Armed Forces Reserves | <input type="checkbox"/> X = Data Not Available <input type="checkbox"/> Z = No response/refused to state    |

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_



# Wahkiakum School District

## Internet Opt-Out Form

**Internet Use at School:** The Internet has become a standard part of the educational process. Each student attending Wahkiakum School District has the privilege of Internet access. This access is meant to serve as an extension of instructional materials to help meet curriculum goals. Students will also receive instruction on appropriate use of electronic devices.

### **Photographed at School**

Throughout the school year your child may be photographed, interviewed, videotaped and/or sound recorded by school district personnel. These photographs and recordings may be viewable by the public and/or with the school district through a variety of media including social media, websites, television, radio and print.

If you do not want your child to have access to the internet at school, or be publicized on the internet, please complete and sign the form and return it to the office at your child's school.

***By signing this form your child will be excused from using the internet and being publicized while at school.***

*As per board policy, I request my student to **not have provided internet access or publicized** while at school. I understand that further disciplinary action and/or loss of student technology privileges may occur if my student does not follow the above stated procedure.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

CC: Student File  
Counselor  
Assigned Teachers

## Transportation Information

My Child: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

☐ will be a car rider.

☐ will be a bus rider.

☐ will go to daycare.

☐ will be a walker.

Additional Information: \_\_\_\_\_

### Family #1 Contact Information

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

Physical Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

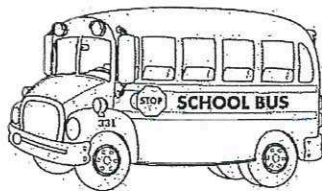
### Family #2 Contact Information

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

Physical Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**PLEASE CALL THE OFFICE @ 360-795-3261 BEFORE 2:30 PM WITH LAST MINUTE  
TRANSPORTATION CHANGES. THANK YOU!**





## GIVING ACTION PLAN PROGRAM (GAP)

"Food insecurity" is defined as a condition that is caused by reduced quality or variety of daily food or a shortage of food in the home which causes a disruption in eating patterns and food intake.

This is a program called GAP. GAP stands for Giving Action Plan. Anyone can participate at any level. You may want to receive food from the program, donate time to the program, donate your expertise, and/or donate money and food to the program. Please specify what you'd like to do. Circle all that apply.

The mission statement for the GAP program is to solicit and effectively distribute food and other necessities to assist those school aged children of Wahkiakum County when they don't have access to federal free and reduced priced meal programs; therefore allowing children to live and grow to their fullest potential and raise public awareness about food insecurity and hunger.

### **If you are choosing to receive food from this program please answer the following questions.**

List the name and ages of all children that live with you on a regular basis:

\_\_\_\_\_

Which school aged child(ren) do you want to receive GAP?

Student's Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

### **FILL OUT NEW FORM EACH SCHOOL YEAR THAT YOU WISH TO RECEIVE SERVICES.**

1. What seems to be the most difficult part of food insecurity?

2. If you are experiencing food insecurity, what are your hopes/goals to get food secure?

3. How long have you been experiencing food insecurity?

4. What kind of help would you like to receive through GAP?

If you need more information, please call the school office at 360-795-3261.

# Parents– Are Your Kids Ready for School?

## Required Immunizations for School Year 2023-2024



**Instructions:** To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps, rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
<b>Preschool</b> Age 19 months to <4 years on 09/01/2023	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
<b>Preschool/Transitional Kindergarten</b> 4 years of age or older on 09/01/2023	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
<b>Kindergarten through 6th</b>	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
<b>7th through 10th</b>	5 doses DTaP* <i>Plus</i> Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
<b>11th through 12th</b>	5 doses DTaP* <i>Plus</i> Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

\*Vaccine doses may be acceptable with fewer than listed depending on when they were given. \*\*Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: [www.immunize.org/cdc/schedules](http://www.immunize.org/cdc/schedules).

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).



# KEEP ME HOME IF...

I have a temperature of 99.6°F or higher



I'm vomiting



I have a rash, sores, lice, ringworm, or scabies

- Body rash (not related to allergic reaction, diapering, or heat)
- Oozing open sores or wounds
- Mouth sores with drooling
- Untreated head lice, ringworm or scabies

I'm not feeling well

- Unusually tired
- Low activity level
- Lack of appetite
- More cranky than normal

**COVID-19 is not the only illness in the community.** Child care and early learning programs are required to follow Washington Administrative Code (WAC) 110-300-0205 and send children and staff home when they are sick.

Programs are allowed to have sickness policies that are more cautious than WAC requirements. For example, a program may require children be symptom-free for 24 hours before returning to care, or they may choose to exclude for COVID-19 symptoms and require a negative test before a child can return.

**Nobody likes to get sick.** Keeping your child home when they are sick helps teachers, children, and other families from getting their germs. Other things you can do to stay healthy:

- Wash your hands
- Stay up to date on your vaccinations, including COVID-19 and flu



## Washington State Governor's Office of the Education Ombuds (OEO)

The Washington State Governor's Office of the Education Ombuds (OEO) is an independent state agency that helps to reduce educational opportunity gaps by supporting families, students, educators, and other stakeholders in communities across WA in understanding the K-12 school system and resolving concerns collaboratively. OEO services are free and confidential. Anyone can contact OEO with a question or concern about school.

OEO listens, shares information and referrals, and works informally with families, communities, and schools to address concerns so that every student can fully participate and thrive in our state's public schools. OEO provides support in multiple languages and has telephone interpretation available. To get help or learn more about what OEO does, please visit our website: <https://www.oeo.wa.gov/en>; email [oeoinfo@gov.wa.gov](mailto:oeoinfo@gov.wa.gov), or call: [1-866-297-2597](tel:1-866-297-2597) (interpretation available). (English)