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

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
Attached **DATA COLLECTION FORM** *must be completed.*
Must answer both questions 1 and 2.

LANGUAGE SPOKEN BY STUDENT
☐ English   ☐ Spanish
☐ Ukrainian   ☐ Other _____

STUDENT LIVES WITH ☐ Both parents ☐ Grandparent(s) ☐ Father only ☐ Mother only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Stepparent(s) ☐ Guardian ☐ Foster Care ☐ Self ☐Other ____	PRIMARY GUARDIAN Household 1 (parent/guardian where student resides) *Last Name* *First Name*	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell
PRIMARY PHONE (include area code) Please check if unlisted ☐ Please check if cell phone ☐	SECONDARY GUARDIAN Household 1 (parent/guardian where student resides) *Last Name* *First Name*	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ 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 ☐ Both parents ☐ Grandparent(s) ☐ Father only ☐ Mother only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Stepparent(s) ☐ Guardian ☐ Agency ☐ Self ☐ Other ____	SECOND HOUSEHOLD (Non-custodial parent not residing with student) *Last Name* *First Name*	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell
PRIMARY PHONE (include area code) Please check if unlisted ☐ Please check if cell phone ☐	(Non-custodial parent not residing with student) *Last Name* *First Name*	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell

SECOND HOUSEHOLD ADDRESS	*(Street/PO Box, City, State, ZIP)*	ADDITIONAL MAILINGS REQUESTED ☐ Yes ☐ 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? ☐ Yes ☐ No If yes, schools & districts _____

PRESCHOOL ATTENDED (for Students entering Kindergarten or 1st grade only)	PRESCHOOL LOCATION (City and State)	PRESCHOOL TYPE ☐ Headstart ☐ Early Start ☐ Pre-Kindergarten	DATES ATTENDED (Month/Year)

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?   ☐ Yes   ☐ No   (If yes, plan must be on file with the school for enforcement.)

IS THERE A RESTRAINING ORDER IN EFFECT?   ☐ Yes   ☐ No   (If yes, legal papers must be on file with the school for enforcement.)

Restraining order is against: ☐ Mother   ☐ Father   ☐ Other _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM (HAVE AN IEP)? ☐ Yes   ☐ No

HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN?   ☐ Yes   ☐ No

HAS YOUR CHILD EVER PARTICPATED IN: ☐ Title ☐ LAP ☐ Gifted ☐ ESL ☐ Other _____

HAS YOUR CHILD EVER BEEN RETAINED?   ☐ Yes   ☐ No

If yes, at what grade level(s) _____

Revised 10/2015

HAS YOUR CHILD EVER BEEN ENROLLED IN AN ENGLISH LANGUAGE LEARNER PROGRAM?	☐ Yes ☐ No	I authorize this student's information to be distributed for the
HAS YOUR CHILD BEEN ENROLLED IN THE MIGRANT EDUCATION PROGRAM?	☐ Yes ☐ No	purposes of: Military usage Yes No Publicity usage Yes No

DOES STUDENT ATTEND CHILD CARE? ☐ Before school ☐ After school ☐ Before and after school	CHILD CARE PROVIDER *Name* *Address* *Phone Number*

ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing.)

PLEASE LIST OTHER SIBLINGS   Grade Level

Last Name	First Name	Age	if Applies	Preschool Program / School

STUDENT'S MEDICAL HISTORY (*Check appropriate boxes and describe nature of problem.*)

DOCTOR or CLINIC NAME: _____   DOCTOR or CLINIC PHONE NUMBER: (   )

☐ ALLERGIES:	☐ HEARING LOSS:
☐ ASTHMA:	☐ SKELETAL LIMITATIONS:
☐ CARDIOVASCULAR:	☐ DIGESTION/URINARY/KIDNEY:
☐ DIABETES:	☐ ATTENTION DEFICIT:
☐ VISION PROBLEMS:	☐ PHYSICAL EDUCATION CONSIDERATIONS:
☐ SEIZURE DISORDERS:	☐ DEVELOPMENTAL DISABILITY:
☐ CURRENT MEDICATIONS:	☐ 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) *Last Name First Name*	RELATIONSHIP TO CHILD	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell
PRIMARY CONTACT ADDRESS *Street* *City* *State* ZIP			
SECONDARY CONTACT (other than parent/guardian) *Last Name First Name*	RELATIONSHIP TO CHILD	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell
SECONDARY CONTACT ADDRESS *Street* *City* *State* ZIP			
THIRD CONTACT (other than parent/guardian) *Last Name First Name*	RELATIONSHIP TO CHILD	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell
THIRD CONTACT ADDRESS *Street* *City* *State* ZIP			

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* _____

Washington Office of Superintendent of **PUBLIC INSTRUCTION**

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

Student Name:	Grade:	Date:

Parent/Guardian Name _____ Parent/Guardian Signature _____

Best contact phone number _____

Right to Translation and Interpretation Services 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_____
Eligibility for Language Development Support 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_____
Prior Education Your responses about your child's birth country and previous education: • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. ***This form is not used to identify students' immigration status.***	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (K-12th 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-12th 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.

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 ☐ Hispanic	H08 ☐ Costa Rican	H15 ☐ Jamaican	H23 ☐ Puerto Rican
H02 ☐ Argentine	H09 ☐ Cuban	H16 ☐ Mexican	H24 ☐ Salvadoran
H03 ☐ Bolivian	H10 ☐ Dominican	H17 ☐ Mestizo	H25 ☐ Spaniard
H04 ☐ Brazilian	H11 ☐ Ecuadorian	H18 ☐ Native	H26 ☐ Surinamese
H05 ☐ Chicano (Mexican American)	H12 ☐ Guatemalan	H19 ☐ Nicaraguan	H27 ☐ Uruguayan
H06 ☐ Chilean	H13 ☐ Guyanese	H20 ☐ Panamanian	H28 ☐ Venezuelan
H07 ☐ Colombian	H14 ☐ Honduran	H21 ☐ Paraguayan	H29 ☐ Hispanic/Latino Write in:
		H22 ☐ 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 ☐ Chinook Tribe	N13 ☐ Makah Indian Tribe of the Makah Indian Reservation	N24 ☐ Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
N02 ☐ Confederated Tribes and Bands of the Yakama Nation	N14 ☐ Marietta Band of Nooksack Tribe	N25 ☐ Skokomish Indian Tribe
N03 ☐ Confederated Tribes of the Chehalis Reservation	N15 ☐ Muckleshoot Indian Tribe	N26 ☐ Snohomish Tribe
N04 ☐ Confederated Tribes of the Colville Reservation	N16 ☐ Nisqually Indian Tribe	N27 ☐ Snoqualmie Indian Tribe
N05 ☐ Cowlitz Indian Tribe	N17 ☐ Nooksack Indian Tribe of Washington	N28 ☐ Snoqualmoo Tribe
N06 ☐ Duwamish Tribe	N18 ☐ Port Gamble S'Klallam Tribe	N29 ☐ Spokane Tribe of the Spokane Reservation
N07 ☐ Hoh Indian Tribe	N19 ☐ Puyallup Tribe of the Puyallup Reservation	N30 ☐ Squaxin Island Tribe of the Squaxin Island Reservation
N08 ☐ Jamestown S'Klallam Tribe	N20 ☐ Quileute Tribe of the Quileute Reservation	N31 ☐ Steilacoom Tribe
N09 ☐ Kalispel Indian Community of the Kalispel Reservation	N21 ☐ Quinault Indian Nation	N32 ☐ Stillaguamish Tribe of Indians of Washington
N10 ☐ Kikiallus Indian Nation	N22 ☐ Samish Indian Nation	N33 ☐ Suquamish Indian Tribe of the Port Madison Reservation
N11 ☐ Lower Elwha Tribal Community	N23 ☐ Sauk-Suiattle Indian Tribe of Washington	N34 ☐ Swinomish Indian Tribal Community
N12 ☐ Lummi Tribe of the Lummi Reservation		N35 ☐ Tulalip Tribes of Washington

N36 ☐ Alaska Native Write in: _____
N37 ☐ American Indian Write in: _____

ASIAN (may check categories and use write-in)

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

BLACK (may check categories and use write-in)

B00 ☐ Black/African American   B01 ☐ African American   B02 ☐ African Canadian B02

Caribbean

- B03 ☐ Anguillan
- 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
- 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
- W34 ☐ Middle Eastern Write in: _____
- W35 ☐ North African Write in: _____

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 ☐ Pohpeian
- 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: _____

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 <u>confidential</u> 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 <u>prior</u> 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 <u>no</u> potentially life threatening health conditions.**

- Allergy, ***not*** life threatening:
Allergen: _____ Reaction: _____
Allergen: _____ Reaction: _____
- History of Concussion / Head Injury:
Date of Injury: _____ Was a Health Care Provider Seen? _____
Date of Injury: _____ Was a Health Care Provider Seen? _____
- Hearing Concerns? ☐ Has a known hearing loss ☐ Wears hearing aids?
- Vision Concerns? ☐ Glasses ☐ Contacts
- 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			
Breathing Issues (including **Asthma** – 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.

<u>*includes over the counter, prescription, herbal, and naturopathic medications.**</u>

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.myir.net/register. If you have any questions, please feel free to contact the school nurse, at 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.myir.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

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:_____

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:

☐ In a motel   ☐ A car, park, campsite, or
☐ In a shelter   similar location.
☐ Transitional Housing   ☐ Moving from place to place/
                                                   couch surfing

☐ In someone else's house or apartment with another family
   (due to loss of housing or economic hardship)
☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)

☐ 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
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://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:

☐ A = US Armed Forces, active duty   ☐ G = National Guard Member   ☐ M = More than one family member currently serving in Armed Forces or National Guard

☐ N = No affiliation   ☐ R = US Armed Forces Reserves   ☐ X = Data Not Available   ☐ Z = No response/refused to state

Student Name: _____   Parent/Guardian Name: _____

Students Name:_____

Wahkiakum School District Technology Agreement

Procedures and information for Students and Parents

The mission of the technology program in the Wahkiakum School District is to create a collaborative learning environment for all students, providing them the tools necessary to inquire and explore their world. This computing initiative will enable and support students and teachers as they implement transformative uses of technology while enhancing student engagement with content and promoting the development of self-directed and lifelong learners. Students will transition from consumers of information to creative producers, problem solvers and owners of knowledge. Wahkiakum School District strives to prepare students for an ever-changing world and is committed to supporting them as they prepare for post-secondary success. Along with the use of technology comes responsibility for both students and parents. To ensure the privacy and safety of our students, it is important for both parents and students to become familiar with the procedures below. The procedures and information contained in this Technology Agreement apply to Chromebooks and all other technology services/devices used by students with Wahkiakum School District. As a district, we are committed to creating an environment that promotes ethical and responsible conduct.

Receiving Your Chromebook

Students will check out their Chromebooks at the beginning of the school year. Once they have a parent signed Technology Agreement their Chromebook will be assigned. This will happen during the first week of school.

Returning your Chromebook

At the end of the school year or at the time of a transfer, students will return their Chromebook along with charger to the school and complete the Inspection Checklist checkout. Failure to turn in a Chromebook will result in the student being charged the full $350.00 replacement cost. The District may also file a report of stolen property with the local law enforcement agency if the Chromebook and charger are not returned.

Wahkiakum School District Technology Agreement

Taking Care of District Electronic Assets (All Students)

Students are responsible for the general care of the district technology they are utilizing.

- Students should never leave portable assets (Chromebooks, Laptops, etc.) unsecured.
- No food or drink should be next to Chromebooks, PCs or Laptops.
- Cords, cables, and removable storage devices must be inserted carefully into Chromebooks, PCs and Laptops.
- Chromebooks and laptops should not be used with the power cord plugged in when the cord may be a tripping hazard.
- Chromebooks and Laptops should always be carried and stored with the screen closed.
- Screen Care – The Chromebook can be damaged if subjected to heavy objects, rough treatment, some cleaning solvents, and other liquids. The screens are also particularly sensitive to damage from excessive pressure.
- Make sure there is nothing on the keyboard such as pens, pencils, papers, etc. before closing the lid.
- Only clean the screen with a soft, dry, microfiber or anti-static cloth.
- All Chromebooks will be labeled with a barcode and asset tag. Students may be charged up to the full cost of a Chromebook for tampering with a barcode or asset tag.
- Chromebooks that are broken or fail to work properly must be taken to Haannah at the High School or Stacey at the ES/MS office as soon as possible to be repaired. **District-owned Technology should never be taken to an outside computer service for any type of repairs or maintenance.**

Using Your Chromebook at School

Students are expected to bring a fully charged Chromebook to every class every day, unless specifically advised not to do so by their teacher.

- Chromebooks must be brought to school each day with a full charge.
- Inappropriate media may not be used as Chromebook backgrounds or themes. The presence of such media will result in disciplinary action.
- Sound must be muted at all times unless permission is obtained from a teacher.
- Headphones may be used at the discretion of the teacher. Students should have their own personal headphones.
- **Cloud Print is depreciated, see following:**
  https://support.google.com/chromebook/answer/7225252?hl=en

Wahkiakum School District Technology Agreement

Logging into a Chromebook (All Students)
● Students will log into their Chromebooks using their school issued Google Apps for Education account.
● Only WSD students and staff can log into school Chromebooks.
● Students should never share their account passwords with others, unless requested by an administrator. You will be held responsible for your account's activities. Managing and Saving Your Digital Work with a Chromebook (All Students)
● The majority of student work will be stored in the Internet/cloud based applications and can be accessed from any computer with an Internet connection and most mobile Internet devices.
● Some files may be stored on the Chromebook hard drive.
● Students should always remember to save frequently when working on digital media.
● The district will not be responsible for the loss of any student work.
● Students are encouraged to maintain backups of their important work on a portable storage device or by having multiple copies stored in different Internet storage solutions.

Using your Chromebook Outside of School
Students are encouraged to use their Chromebooks at home and other locations outside of school. A Wi-Fi Internet connection will be required for the majority of Chromebook use, however, some applications, such as Google Docs, can be used while not connected to the Internet. Students are bound by the Wahkiakum School District's Use of Technology Agreement, Administrative Procedures, and all other guidelines in this document wherever they use a Chromebook.

Operating Systems and Security (All Students)
Students may not use or install any operating system on their Chromebook other than the current version of Chrome OS that is supported and managed by the district. The Chromebook operating system, Chrome OS, updates itself automatically. Students do not need to manually update their Chromebooks.
 Virus Protection – Chromebooks use the principle of "defense in depth" to provide multiple layers of protection against viruses and malware, including date encryption and verified boot. There is no need for additional virus protection.

Content Filter/Firewalls (All WSD Students/Staff) The district utilizes an
Internet content filter that is in compliance with the federally mandated Children's Internet Protection Act (CIPA). All District provided Internet technology assets, regardless of physical location (in or out of school), will have all the Internet activity protected and monitored by the district. If a website is blocked in school, then it will be blocked out of school. If an educationally valuable site is blocked, students should contact their Teachers or the Principal to request the site be unblocked.

Wahkiakum School District Technology Agreement

Any attempts to circumvent content filtering, firewalls or other electronic security will be met with disciplinary action, up to and including revocation of physical access to district technology assets.

Software (All Students)

- Google Apps for Education – Chromebooks seamlessly integrate with the Google Apps for Education suite of productivity and collaboration tools. This suite includes Google Docs (word processing), Spreadsheets, Presentations, Drawings, and Forms. All work is stored in the cloud.
- Chrome Web Apps and Extensions - Students are allowed to install appropriate Chrome web apps and extensions from the Chrome Web Store. Students are responsible for all the web apps and extensions they install on their Chromebooks. Inappropriate material will result in disciplinary action. Some web apps will be available to use when the Chromebook is not connected to the internet.
- Students are not allowed to install/attempt to install software or modify administrative settings on WSD Windows PCs/Laptops Chromebook Identification (All Students)
- The district will maintain a log of all Chromebooks that includes the Chromebook serial number, asset tag code, and barcode. Removing or defacing these markings on the Chromebook will result in disciplinary action. If they are coming loose on their own, report it to the Cybrarian immediately.

Repairing/Replacing Your Chromebook

- If your Chromebook is not working, notify your teacher and take it to the Cybrarian.
- All repair work must be reported to/completed by the Cybriarian.
- Repair costs vary widely based on availability and the part damaged.

No Expectation of Privacy (All Students)

Students have no expectation of confidentiality or privacy with respect to any usage of WSD Technology Assets, regardless of whether that use is for district-related or personal purposes, other than as specifically provided by law. The District may, without prior notice or consent, log, supervise, access, view, monitor, and record use of district technology (Including Chromebooks) at any time for any reason related to the operation of the District. By using District Technology, students agree to such access, monitoring, and recording of their use. Teachers, school administrators, and the technology staff may use monitoring software that allows them to view the screens and activity on student District Technology. INITIALS:_____

Wahkiakum School District Technology Agreement

Wahkiakum School District Digital Citizenship Agreement

Wahkiakum School District believes that the best way to prepare our students for their digital future is to have them practice using online tools appropriately in school. We have monitoring software and filters, but these tools are not perfect guarantees that students will not encounter potentially harmful situations (harassment, inappropriate content, etc.). Our goal is to use potential mistakes as teachable moments to help protect our students against future harmful experiences online.

Respect and Protect Yourself

- I will keep my passwords private and will not share them with my friends.
- I will be conscious of my digital footprint and careful about posting personal information.
- I will only post text and images that are appropriate for school.
- I will be aware of where I save my files so that I can access them where and when I need them.
- I will be aware of whom I am sharing my files (keeping them private, sharing with teachers and classmates or posting them publicly).
- I will always log off before leaving a computer.
- I will immediately report any inappropriate behavior directed at me to my teacher, librarian, or other adult at school.

Respect and Protect Others

- I will not use computers to bully or harass other people.
- I will not log in with another student's username and password.
- I will not trespass into another student's network folder, documents, files or profile.
- I will not disrupt other people's ability to use school computers.
- I will not pretend to be someone else and will be honest in my representation of myself.
- I will not forward inappropriate materials or hurtful comments or spread rumors.
- I will immediately report any inappropriate behavior directed at my fellow students to my teacher, librarian or other adult at school.

Respect and Protect the Learning Environment

- I will limit my web browsing at school to school research or personal research similar to that which I would do in class.
- I will not visit inappropriate websites. If an inappropriate page, image, or search result comes up, I will immediately close the window or tab.
- I will not play games on school computers without specific teacher instructions

Wahkiakum School District Technology Agreement

- ● I will not send or read instant messages or participate in online forums or chat without specific teacher instruction.
- ● I will only send and receive school related email.

<u>Honor Intellectual Property</u>

I will not plagiarize and I will cite all use of websites, images, books and other media.

I have read and discussed the Wahkiakum School District Technology Agreement Digital with my student. I understand that failure to follow the information and expectations outlined in these documents may result in loss of device access and/or disciplinary action.

Student Name _____

Signature_____ Date_____

Parent/Guardian Name_____

Signature _____ Date_____

Device Type / #_____