



WAHKIAKUM SCHOOL DISTRICT No. 200

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

# STUDENT REGISTRATION FORM

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 <b>Attached DATA COLLECTION FORM must be completed.</b> 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			
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 _____		If yes, at what grade level(s) _____	

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   Yes   No   Publicity usage   Yes   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	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		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: (      )
<input type="checkbox"/> ALLERGIES:	<input type="checkbox"/> HEARING LOSS:
<input type="checkbox"/> ASTHMA:	<input type="checkbox"/> SKELETAL LIMITATIONS:
<input type="checkbox"/> CARDIOVASCULAR:	<input type="checkbox"/> DIGESTION/URINARY/KIDNEY:
<input type="checkbox"/> DIABETES:	<input type="checkbox"/> ATTENTION DEFICIT:
<input type="checkbox"/> VISION PROBLEMS:	<input type="checkbox"/> PHYSICAL EDUCATION CONSIDERATIONS:
<input type="checkbox"/> SEIZURE DISORDERS:	<input type="checkbox"/> DEVELOPMENTAL DISABILITY:
<input type="checkbox"/> CURRENT MEDICATIONS:	<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 \_\_\_\_\_



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.



**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:

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## **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 ☐ Príncipe  
B31 ☐ Central African Write in:

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## **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:

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## **Latin American**

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

B60 ☐ Costa Rican  
B61 ☐ Ecuadorean  
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:

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## **South African**

B78 ☐ Botswanan

B79 ☐ Mosotho (Lesotho)  
B80 ☐ Namibian

B81 ☐ South African  
B82 ☐ Swazi

B83 ☐ South African Write in:

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## **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:

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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:

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## **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:

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## 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.**

- 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			
<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.myir.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.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](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

**Richard Palmer, 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:

**Stephanie Leitz; Phone number 360-795-3271; E-mail: [sleitz@wahksd.k12.wa.us](mailto:sleitz@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:

- ☐ 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: \_\_\_\_\_  
Device Type / # \_\_\_\_\_



# **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 \$400.00 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 data 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

## **Wahkiakum School District Technology Agreement**

valuable site is blocked, students should contact their Teachers or the Principal to request the site be unblocked.

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 Cybrarian.
- Repair costs vary widely based on availability and the part damaged.

## **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.

# **Wahkiakum School District Technology Agreement**

## **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
- 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.

# Wahkiakum School District Technology Agreement

## Honor Intellectual Property

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

## 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:\_\_\_\_\_**

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 / # \_\_\_\_\_