

NEW STUDENT REGISTRATION FORM

DO NOT WRITE IN THIS SHADED AREA – FOR OFFICE USE ONLY

School Entry Date	DISTRICT STUDENT ID #	SSID#	MEDICAL ALERT	KINDERGARTEN AM PM FD	<input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> USER AGREEMENT <input type="checkbox"/> PROOF OF RESIDENCY	BUS ROUTE AM PM
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STUDENT NAME	Legal Last Name	Legal First Name	Legal Middle Name	Also known as:
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BIRTH DATE (Month/Day/Year)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F X	BIRTHPLACE City	State
		County	Country

Date entered US schools:	Primary language spoken at home:	Registering for grade:
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STUDENT LIVES WITH (check one): <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father and Stepparent <input type="checkbox"/> Mother and Stepparent <input type="checkbox"/> Stepparent only <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Other: _____	PRIMARY PHONE NUMBER (include area code) (____) _____ This is the number that will be used for automated School Messenger calls and the first number that school personnel will use to contact you about the student.
	PARENT/GUARDIAN #1 (Primary household where student resides) Last Name _____ First Name _____ Email Address _____ Relationship to student: _____ Primary language: _____
	PHONE NUMBERS FOR PARENT/GUARDIAN #1 (include area codes) (____) _____ (____) _____ (____) _____ CELL HOME WORK
	PARENT/GUARDIAN #2 (Primary household where student resides) Last Name _____ First Name _____ Email Address _____ Relationship to student: _____ Primary language: _____
	PHONE NUMBERS FOR PARENT/GUARDIAN #2 (include area codes) (____) _____ (____) _____ (____) _____ CELL HOME WORK

ADDRESS (Primary household where student resides)	Street	Apt #
	City	State ZIP

MAILING ADDRESS (If different from above)	Street or PO Box	Apt #
	City	State ZIP

HOUSEHOLD #2 (Parent / legal guardian not residing with student): <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other: _____	PARENT/GUARDIAN #1 (Parent / legal guardian not residing with student) Last Name _____ First Name _____ Email Address _____ Relationship to student: _____ Primary language: _____
	PHONE NUMBERS FOR PARENT/GUARDIAN #1 (Parent / legal guardian not residing with student) (include area codes) (____) _____ (____) _____ (____) _____ CELL HOME WORK
	PARENT/GUARDIAN #2 (Parent / legal guardian not residing with student) Last Name _____ First Name _____ Email Address _____ Relationship to student: _____ Primary language: _____
	PHONE NUMBERS FOR PARENT/GUARDIAN #2 (Parent / legal guardian not residing with student) (include area codes) (____) _____ (____) _____ (____) _____ CELL HOME WORK

ADDRESS (Parent / legal guardian not residing with student)	Street	Apt #
	City	State ZIP

MAILING ADDRESS (If different from above)	Street or PO Box	Apt #
	City	State ZIP

Most recent school or preschool attended (name of school): _____ City/State: _____	Last date attended (month/year) _____
Has student ever attended school in the Renton School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, name of school attended: _____	Last date attended (month/year) _____
Has student ever attended school in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, name of school attended: _____ City: _____	Last date attended (month/year) _____
Has this student ever been suspended for a weapons violation? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, date(s): _____ 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 this student ever qualified for or been enrolled in a special education program? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, at what grade level(s)? _____ What school? _____ Has this student ever qualified for or had a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, at what grade level(s)? _____ Has this student ever qualified for a Washington State student learning plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this student ever participated in: <input type="checkbox"/> Title I <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> ELL <input type="checkbox"/> Other _____	

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 Name _____ Address _____ Phone Number _____ Please provide written information regarding additional child care arrangements to the school.
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PLEASE LIST OTHER SIBLINGS ATTENDING RENTON DISTRICT SCHOOLS			
Last Name	First Name	School	Grade

LOCAL EMERGENCY CONTACT Last Name _____ First Name _____	Relationship to student _____	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
2 nd LOCAL EMERGENCY CONTACT Last Name _____ First Name _____	Relationship to student _____	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

EMERGENCY DISMISSAL PLAN
Emergencies (windstorm, earthquake, power loss, etc.) may arise making it difficult to dismiss your child following normal routines. No child will be released without contact with you or your emergency designee. It is important to develop a plan with your family so they know what to do in an emergency. Please write instructions and familiarize your child with your family emergency plan. Include in your plan additional adults to whom your child could be released. PLAN: _____ _____ _____

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child be released to the emergency contact(s) listed above.

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 Renton School District.

Parent / Legal Guardian Signature _____ Date _____

These race and ethnicity categories are provided by the State of Washington and the Renton School District is mandated to collect this information for every student under applicable State and Federal laws. A student, or the parent/guardian on behalf of the student, is not required to identify their race and/or ethnicity on school forms. However, if a student, or parent/guardian on behalf of the student, does not complete questionnaire, by law, school personnel must use 'observer identification' to select the most appropriate categories. **Please note this is based on heritage not origin**

Student's Legal Last Name _____ Legal First Name _____
 Birthday (month, day, year) _____ Grade _____ Today's Date _____

AMERICAN INDIAN / ALASKA NATIVE

WA State Federally Recognized Tribes

- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Confederated Tribes and Bands of the Yakama Nation
- Cowlitz Indian Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Indian Community of the Kalispel Reservation
- Lower Elwha Tribal Community
- Lummi Tribe of the Lummi Reservation
- Makah Indian Tribe of the Makah Indian Reservation
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe of Washington
- Port Gamble S'Klallam Tribe
- Puyallup Tribe of the Puyallup Reservation
- Quileute Tribe of the Quileute Reservation
- Quinault Indian Nation
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe of Washington
- Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation

- Skokomish Indian Tribe
- Snoqualmie Indian Tribe
- Spokane Tribe of the Spokane Reservation
- Squaxin Island Tribe of the Squaxin Island Reservation
- Stillaguamish Tribe of Indians of Washington
- Suquamish Indian Tribe of the Port Madison Reservation
- Swinomish Indian Tribal Community
- Tulalip Tribes of Washington
- Upper Skagit Indian Tribe of Washington
- Other: _____

WA State Non-Federally Recognized Tribes

- Chinook Tribe
- Duwamish Tribe
- Kikiallus Indian Nation
- Marietta Band of Nooksack Tribe
- Snohomish Tribe
- Snoqualmoo Tribe
- Steilacoom Tribe
- Other: _____

All other American Indian / Alaska Native

ASIAN

- Asian Indian
- Bangladeshi
- Bhutanese
- Burmese/Myanmar
- Cambodian/Khmer
- Cham
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Lao

- Malaysian
- Mien
- Mongolian
- Nepali
- Okinawan
- Pakistani
- Punjabi
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Tibetan
- Vietnamese
- Other: _____

PACIFIC ISLANDER

- Carolinian
- Chamorro
- Chuukese
- Fijian
- i-Kiribati/Gilbertese
- Kosraean
- Maori
- Marshallese
- Native Hawaiian
- Ni-Vanuatu
- Palauan

- Papuan
- Pohnpeian
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Tuvaluan
- Yapese
- Other: _____

- BLACK**
- African American
- African Canadian
- Other: _____

- Caribbean**
- Anguillan
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/ Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican
- Grenadian
- Guadeloupean
- Haitian
- Jamaican
- Martiniquais/Martiniquaise
- Montserratian
- Dutch Antillean (Netherlands Antilles)
- Puerto Rican
- Other: _____

- East African**
- Burundian
- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Mahoran (Mayotte)
- Mozambican
- Reunionese
- Rwandan
- Seychellois/Seychelloise
- Somali
- South Sudanese
- Sudanese
- Ugandan
- Tanzanian (United Republic of Tanzania)
- Zambian
- Zimbabwean
- Other: _____

- South African**
- Botswanan
- Mosotho (Lesotho)
- Namibian
- South African
- Swazi
- Other: _____

- Central African**
- Angolan
- Cameroonian
- Central African Republic
- Chadian
- Congolese (Democratic Republic of the Congo)
- Congolese (Republic of the Congo)
- Equatorial Guinean
- Gabonese
- São Toméan
- Príncipe
- Other: _____

- West African**
- Beninese
- Burkinabé (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Bissau-Guinean
- Liberian
- Malian
- Mauritanian
- Nigerien (Niger)
- Nigerian (Nigeria)
- Saint Helenian
- Senegalese
- Sierra Leonean
- Togolese
- Other: _____

- Latin American**
- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Ecuadorian
- Falkland Islander
- French Guianese
- Guyanese
- Paraguayan
- Peruvian
- South Georgia and the South Sandwich Islander
- Surinamese
- Uruguayan
- Venezuelan
- Costa Rican
- El Salvadoran
- Guatemalan
- Honduran
- Mexican
- Nicaraguan
- Panamanian
- Other: _____

- WHITE**
- Eastern European**
- Polish
- Romanian
- Russian
- Ukrainian
- Bosnian
- Herzegovinian
- Other: _____

- North African / Middle Eastern**
- Algerian
- Amazigh or Berber

- Arab or Arabic
- Assyrian
- Bahraini
- Bedouin
- Chaldean
- Copt
- Druze
- Egyptian
- Emirati
- Iranian
- Iraqi
- Israeli
- Jordanian
- Kurdish

- Kuwaiti
- Lebanese
- Libyan
- Moroccan
- Omani
- Palestinian
- Qatari
- Saudi Arabian
- Syrian
- Tunisian
- Yemeni
- Other: _____

- All other white**

- HISPANIC/LATINO**
- Argentine
- Bolivian
- Brazilian
- Chicano (Mexican American)
- Chilean
- Columbian
- Costa Rican
- Cuban Dominican
- Ecuadorian
- Guatemalan

- Guyanese
- Honduran
- Jamaican
- Mexican
- Mestizo
- Native
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- Puerto Rican

- Salvadoran
- Spaniard
- Surinamese
- Uruguayan
- Venezuelan
- Other: _____

Student Health Record

Student Name: (Last) _____ (First) _____ Birthdate: _____

State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes or seizures have a care plan completed prior to the first day of school. Contact the school nurse as soon as possible to complete the proper forms.

Does your student have a LIFE-THREATENING health condition? No Yes

MEDICAL HISTORY (check all that apply)

<p>Life-Threatening Conditions: (Care plan is REQUIRED)</p> <p>EG <input type="checkbox"/> Anaphylaxis (Epi-pen prescribed) Allergen/s:</p> <p>EK <input type="checkbox"/> Diabetes Type 1</p> <p>NP <input type="checkbox"/> Seizures – (Emergency medication required)</p> <p>RG <input type="checkbox"/> Asthma – Severe</p> <p><input type="checkbox"/> Other Life-Threatening Condition:</p> <p>Congenital / Genetic</p> <p>AH <input type="checkbox"/> Down Syndrome</p> <p>AJ <input type="checkbox"/> Fetal Alcohol Spectrum Disorder</p> <p><input type="checkbox"/> Please list:</p> <p>Blood / Hematology</p> <p>BA <input type="checkbox"/> Anemia</p> <p>BB <input type="checkbox"/> Hemophilia</p> <p>BC <input type="checkbox"/> Sickle Cell Disease Trait</p> <p>OJ <input type="checkbox"/> History of Severe Nosebleeds</p> <p><input type="checkbox"/> Other Blood Condition:</p> <p>Cardiac / Heart</p> <p>CC <input type="checkbox"/> Heart Birth Defect</p> <p>CD <input type="checkbox"/> Heart Murmur</p> <p><input type="checkbox"/> Other Cardiovascular Condition:</p> <p>Allergy, Immune, Endocrine, Metabolic and Nutritional</p> <p>ED <input type="checkbox"/> Allergy – Food</p> <p>EE <input type="checkbox"/> Allergy – Insect</p> <p><input type="checkbox"/> Allergy – Other List:</p> <p>EL <input type="checkbox"/> Diabetes Type 2</p> <p><input type="checkbox"/> Other Endocrine, Immune, Nutritional or Metabolic:</p> <p>Gastrointestinal, Dental and Oral</p> <p>GA <input type="checkbox"/> Celiac</p> <p>GG <input type="checkbox"/> Food Intolerance List:</p> <p>GL <input type="checkbox"/> Lactose Intolerance</p> <p>GF <input type="checkbox"/> Encopresis</p> <p>GO <input type="checkbox"/> Chronic Constipation</p> <p>GH <input type="checkbox"/> Gastric Reflux</p> <p>GJ <input type="checkbox"/> Inflammatory Bowel Disease</p> <p>GK <input type="checkbox"/> Irritable Bowel Syndrome</p> <p><input type="checkbox"/> Other Gastrointestinal, Liver, Dental, Oral Condition</p> <p>Musculoskeletal</p> <p>MC <input type="checkbox"/> Juvenile Rheumatoid / Idiopathic Arthritis</p> <p><input type="checkbox"/> Please list:</p> <p>Cancer / Tumor</p> <p><input type="checkbox"/> Please list:</p>	<p>Nervous System</p> <p>NB <input type="checkbox"/> ADHD / ADD diagnosed by:</p> <p>NC <input type="checkbox"/> Autism Spectrum Disorder</p> <p>NE <input type="checkbox"/> Cerebral Palsy</p> <p>NF <input type="checkbox"/> Developmental Disability</p> <p>NH <input type="checkbox"/> Migraines</p> <p>NI <input type="checkbox"/> Headaches, Recurring</p> <p>NP <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Current <input type="checkbox"/> Historical Type:</p> <p>NU <input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Other Neurological Condition:</p> <p>Transplant</p> <p>OD <input type="checkbox"/> List organ:</p> <p>Mental or Behavioral Health</p> <p>PA <input type="checkbox"/> Anxiety</p> <p>PC <input type="checkbox"/> Depression</p> <p>PH <input type="checkbox"/> Sleep Disorder</p> <p><input type="checkbox"/> Other Mental or Behavioral Health Condition</p> <p>Respiratory / Breathing</p> <p>RG <input type="checkbox"/> Asthma – Current</p> <p>RH <input type="checkbox"/> Asthma – Ever Diagnosed</p> <p>RA <input type="checkbox"/> Asthma – Exercised Induced</p> <p>RE <input type="checkbox"/> Reactive Airway Disease</p> <p><input type="checkbox"/> Other Respiratory Condition:</p> <p>Skin</p> <p>SB <input type="checkbox"/> Eczema or Contact Dermatitis or Psoriasis</p> <p><input type="checkbox"/> Other Skin Condition:</p> <p>Renal / Kidney</p> <p><input type="checkbox"/> Please list:</p> <p>Ear / Hearing</p> <p>YA <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Current <input type="checkbox"/> Historical</p> <p><input type="checkbox"/> Hearing Impaired Hearing Aid/s Cochlear Implant</p> <p>YB <input type="checkbox"/> Other Ear Condition:</p> <p>Eye / Vision</p> <p>YF <input type="checkbox"/> Wears glasses / contacts</p> <p>YE <input type="checkbox"/> Color Vision Deficit</p> <p>YD <input type="checkbox"/> Visually Impaired</p> <p><input type="checkbox"/> Other Eye Condition:</p> <p>Other Health Concerns</p> <p><input type="checkbox"/> Please list:</p>
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OC **No known health concerns.**

Please initial _____

Student Health Record

Student Name: (Last) _____ (First) _____ Birthdate: _____

MEDICATIONS

Please report all medications that your student takes at home and/or at school.

Is medication needed at home? No Yes Please list: _____

Is medication needed at school? No Yes Please list: _____
Complete REQUIRED paperwork for medication at school.

State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.

Medical Devices

- OLA Vagal Nerve Stimulator
- OLB Automatic Internal Cardiac Defibrillator
- OLC Pacemaker
- OLD Gastrostomy tube
- OLE Jejunostomy tube
- Brace
- Prosthesis List:
- Other medical devices:

Stoma

- OKA Gastrostomy
- OKB Colostomy
- OKD Tracheostomy
- OKE Urostomy
- OK Other:

Physical Activity / Mobility Issues

- Wheelchair
- Crutches
- Other List:

I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered. **I understand that Washington law requires that my student's immunizations are complete or conditional before starting school.** I give permission to my child's school to add immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Legal Guardian Signature: _____ Date: _____

IMMUNIZATION VERIFICATION (Office use only)

WAIS # _____ CIS Series: Preschool Grade K-6 Grade 7 Grade 8-12

Immunization Status is COMPLETE on the WAIS Certificate of Immunization Status (CIS).

OR

Immunization Status is CONDITIONAL on the WAIS CIS and the conditional status expiration date is after the first day of attendance.

Parent/Guardian has signed the conditional status acknowledgement on the CIS.

OR

Student is not in WAIS. **Medically verified immunization records must be provided.**

Medically verified immunization records provided Permission to enter statement signed

OR

Certificate of Exemption (COE) provided for all vaccines not in compliance on WAIS CIS or in WAIS.

COE is fully completed Permission to enter statement signed

OR

Immunization Status is NOT COMPLETE on the WAIS CIS **Student may not start school until documentation of missing immunizations is received that will change the CIS status to COMPLETE or CONDITIONAL.**

Student added to School Module Roster: Grade: _____

Staff who verified immunizations: _____ Date: _____



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

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

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>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.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • 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. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)</p> <p>_____</p> <p>Month Day Year</p>	

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.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.





Student Information – Annual Update

(Please Fill Out and Return to Your Student's School)

Please complete sections 1 through 6. Please use one form per student. If you require additional copies, contact your school.

Name of Student: _____

Student's Grade: _____ School: _____ Birthdate: _____ (mm/dd/yyyy)

1. Student photo / information release: I **DO NOT** consent to the release of my child's directory information to the following entities (check all that apply):

Military Higher Ed Public Use (TV, Social Media, etc.) School/District Use Yearbook

2. Preferred language for communication:

What is your preferred language of communication?

English Spanish Other (please state): _____

3. Federal funding: Under Public Law No. 81-874 the district can receive money for each child if a parent/guardian is in the active armed forces.

- Is either parent/guardian in the armed forces? Yes No
- If you answered "Yes": One parent/guardian Both parents/guardians
- Active Reserve
- (If you answered "No", skip to Section 4) Armed forces branch(es): _____

4. Unaccompanied youth:

The term "unaccompanied youth" refers to a student who does not live with a parent or legal guardian.

- Is this student considered to be an unaccompanied youth? Yes No

5. 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. 11431).

- 1. Is this student's home address a temporary living arrangement? Yes No
- 2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
- 3. Is this student living with someone other than his/her parent or legal guardian? Yes No

- If you answered YES to **any** of the above questions, please complete the remainder of this section.
- If you answered NO to **all** of the above questions, skip the remaining questions in this section and continue to section 6 (Verification of Information).

Where is this student currently living? (check box)

- In a motel Transitional Housing
- In a shelter Other _____
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park, abandoned building or campsite

ADDRESS OF CURRENT RESIDENCE: _____

(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

6. Verification of Information: I certify that the information on this form is true and accurate as of this date.

Name of Parent / Guardian (please print): _____

Signature of Parent / Guardian: _____ Date: _____

Renton School District Responsible Use Policy (RUP)



Students and Families: PLEASE READ THIS TOGETHER

Statement of Purpose

Renton School District teachers and students use technology and internet-based tools in their classrooms on a regular basis to support student learning and prepare students to engage in the rapidly changing world. These technologies improve student communication and collaboration skills, provide an authentic audience, and extend learning beyond the classroom walls while building digital citizenship skills. Student access to technology requires responsible, courteous, efficient, and legal use. Our goal in providing access to these resources is to enhance learning experiences and to educate students in responsible and appropriate use. It is important that students and parents recognize that information posted on the internet is public, permanent, and needs to be appropriate.

Terms of Agreement:

1. I agree to follow teachers'/building/district instructions when using technology.
2. I agree to be polite, considerate, and to use appropriate language.
3. I agree to report and/or help prevent any bullying, abuse, or harm of others.
4. I agree to tell an adult if I read, see, or access something inappropriate, or if I witness inappropriate use of technology.
5. I agree to follow all filters and security measures.
6. I agree to use technology carefully and to conserve district resources.
7. I agree not to share my passwords, except with my teacher or parent/guardian ([Family Educational Rights and Privacy Act or FERPA](#)).
8. I agree to use only my own files and folders. I will not access another individual's files and folders without his/her permission.
9. I agree not to reveal or post personal information belonging to myself or another person (i.e., passwords, addresses, or telephone numbers).
10. I agree to follow copyright laws.
11. I agree to follow the technology check-out process.

Following Federal, State and, local laws, Renton School District will protect student and employee data. However, I understand that my use of any district technology (computer, network, internet, resources, etc.) will be monitored and is neither private nor confidential to district/authorized personnel. I understand that if I violate this agreement, the district's policies and procedures, or my student handbook, I may not be allowed to continue to use technology or I may receive other appropriate consequences.

International Society for Technology in Education (ISTE) NETs standards:	Educational Technology Essential Academic Learning Requirements (EALRS):
<ol style="list-style-type: none"> 1. Creativity and Innovation 2. Research and Information Fluency 3. Communication and Collaboration 4. Critical Thinking, Problem Solving, and Decision Making 5. Digital Citizenship 6. Technology Operations and Concepts 	<ol style="list-style-type: none"> 1. EALR 1 Integration <ol style="list-style-type: none"> a. Innovate b. Collaborate c. Investigate and Think Critically 2. EALR 2 Digital Citizenship <ol style="list-style-type: none"> a. Practice Safety b. Operate Systems c. Select and Use Applications d. Adapt to Change (Technology Fluency)