

Eatonville School District
ENROLLMENT FORM

3120-F

1 of 3

School:		This box for office use only				
		Date Received _____ Start Date _____ Lunch Code _____				
		Medical Alert <input type="checkbox"/> Yes <input type="checkbox"/> No Current IEP <input type="checkbox"/> Yes <input type="checkbox"/> No Advisor _____				
STUDENT INFO	STUDENT NAME: <u>Legal</u> LAST Name		<u>Legal</u> FIRST Name	<u>Legal</u> MIDDLE Name	Suffix (Jr, II, III)	Nickname
	BIRTHDATE (Month/Day/Year) ____/____/____	GENDER Male Female	Birth Place (City, State, Country, County)		Grade Level	Birth Certificate Yes No
	Has student's name been legally changed? Yes No			Primary Phone: _____ Check if Confidential <input type="checkbox"/>		
	If yes, what was previous name(s)? High School Student Only---Student email address: _____					

PRIMARY HOUSEHOLD Household where student lives	1st Parent/Guardian <u>Legal</u> Last Name		First Name	MI	Relationship to Student Mother Stepparent Legal Guardian Father Grandparent Other _____	
	Second Phone: cell work other		Third Phone: cell work other		1st Parent/Guardian email address: _____	
	Home Street Address		Apt #	City	State	ZIP
	Mailing Address (If different)		PO Box	City	State	ZIP
	2nd Parent/Guardian <u>Legal</u> Last Name		First Name	MI	Relationship to Student Mother Stepparent Legal Guardian Father Grandparent Other _____	
	Second Phone: cell work other		Third Phone: cell work other		2nd Parent/Guardian email address: _____	

SECONDARY HOUSEHOLD Parent not residing with student	1st Parent/Guardian <u>Legal</u> Last Name		First Name	MI	Relationship to Student Mother Stepparent Legal Guardian Father Grandparent Other _____	
	<u>Second Household Parent/Guardian may pick up at any time?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Primary Phone: _____ Check if confidential		Second Phone: cell work other		Third Phone: cell work other	
	1st Parent/Guardian Email Address: _____					
	Home Street Address		Apt #	City	State	ZIP
	Mailing Address (If different)		PO Box	City	State	ZIP
	2nd Parent/Guardian <u>Legal</u> Last Name		First Name	MI	Relationship to Student Mother Stepparent Legal Guardian Father Grandparent Other _____	
	Add Second Household Parent/Guardian as Emergency Contact?					
Second Phone: cell work other		Third Phone: cell work other		2nd Parent/Guardian Email Address: _____		

EMERGENCY	EMERGENCY CONTACTS (persons the school is authorized to contact to pick student up at school if residential parent cannot be reached)			
	Contact #1 (legal last, first, middle name)	Relationship to student	Phone #1:	Phone #2:
	Contact #2 (legal last, first, middle name)	Relationship to student	Phone #1:	Phone #2:
	Contact #3 (legal last, first, middle name)	Relationship to student	Phone #1:	Phone #2:

- In the event my child is injured or becomes ill and no responsible person from the primary household can be reached, I hereby delegate the principal or the school's designated agent to do whatever is in the best interest of my child.
- Additionally, in the event my child is seriously injured, becomes seriously ill or has a medical emergency, I hereby delegate the principal or the school's designated agent to call 911 as the first emergency procedure.

Parent/Legal Guardian Signature _____ Date _____

CUSTODY INFORMATION

Yes No Is there a **legal document** in effect that will impact the release of student records? (If yes, legal paper should be on file with the school.)
 Yes No Is the child protected by a **restraining order** currently in effect? (If yes, legal paper should be on file with the school.)
 Restraining order is against Mother Father Other _____

Previous Schools	Name of School		Previous School Address (Street, City, State, and Zip)	
	Has student ever attended a school in the Eatonville School District? (birth to current grade) Yes No		Has student ever attended a school in Washington? (birth to current grade) Yes No	
	If Yes, name of last Eatonville school attended.		If Yes, name of last WA school attended.	

Daycare Information	Before School	After School	Before AND After School	Days of the Week: Mon Tues Wed Thur Fri
	Day Care Business Name		Day Care Contact Person	Day Care Phone Number
	Day Care Address			Day Care Pick Up? Yes No

Siblings Attending in District	Last Name	First Name	Grade	School

Ethnicity and Race	<p>School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.</p> <p>Please complete the following:</p> <p>1. Is your child of Hispanic or Latino origin?</p> <p>No, my child is not Hispanic or Latino (continue to next question).</p> <p>Yes, child is Hispanic or Latino (check all that apply and continue to next question).</p> <table> <tr> <td>Cuban</td> <td>Puerto Rican</td> <td>South American</td> </tr> <tr> <td>Dominican</td> <td>Mexican/Mexican American/Chicano</td> <td>Latin American</td> </tr> <tr> <td>Spaniard</td> <td>Central American</td> <td>Other Hispanic/Latino</td> </tr> </table> <p>2. What race do you consider your child (check all that apply)?</p> <table> <tr> <td>African American or Black</td> <td>Thai</td> <td>Cowlitz</td> <td>Sauk-Sulattle</td> </tr> <tr> <td>White or Caucasian</td> <td>Vietnamese</td> <td>Hoh</td> <td>Shoalwater Bay</td> </tr> <tr> <td>Asian Indian</td> <td>Other Asian</td> <td>Jamestown S'Klallam</td> <td>Skokomish</td> </tr> <tr> <td>Cambodian</td> <td>Native Hawaiian</td> <td>Kalispel</td> <td>Snoqualmie</td> </tr> <tr> <td>Chinese</td> <td>Fijian</td> <td>Lower Elwa Klallam</td> <td>Spokane</td> </tr> <tr> <td>Filipino</td> <td>Guamanian or Chamorro</td> <td>Lummi</td> <td>Squaxin Island</td> </tr> <tr> <td>Hmong</td> <td>Mariana Islander</td> <td>Makah</td> <td>Stillaguamish</td> </tr> <tr> <td>Indonesian</td> <td>Melanesian</td> <td>Muckleshoot</td> <td>Suquamish</td> </tr> <tr> <td>Japanese</td> <td>Micronesian</td> <td>Nisqually</td> <td>Swinomish</td> </tr> <tr> <td>Korean</td> <td>Samoan</td> <td>Nooksack</td> <td>Tulalip</td> </tr> <tr> <td>Laotian</td> <td>Tongan</td> <td>Port Gamble S'Klallam</td> <td>Upper Skagit</td> </tr> <tr> <td>Malaysian</td> <td>Other Pacific Islander</td> <td>Puyallup</td> <td>Yakima</td> </tr> <tr> <td>Pakistani</td> <td>Alaska Native</td> <td>Quileute</td> <td>Other WA Indian Tribe</td> </tr> <tr> <td>Singaporean</td> <td>Chehalis</td> <td>Quinault</td> <td>Other American Indian</td> </tr> <tr> <td>Taiwanese</td> <td>Colville</td> <td>Samish</td> <td>Tribe/Alaska Native</td> </tr> </table>				Cuban	Puerto Rican	South American	Dominican	Mexican/Mexican American/Chicano	Latin American	Spaniard	Central American	Other Hispanic/Latino	African American or Black	Thai	Cowlitz	Sauk-Sulattle	White or Caucasian	Vietnamese	Hoh	Shoalwater Bay	Asian Indian	Other Asian	Jamestown S'Klallam	Skokomish	Cambodian	Native Hawaiian	Kalispel	Snoqualmie	Chinese	Fijian	Lower Elwa Klallam	Spokane	Filipino	Guamanian or Chamorro	Lummi	Squaxin Island	Hmong	Mariana Islander	Makah	Stillaguamish	Indonesian	Melanesian	Muckleshoot	Suquamish	Japanese	Micronesian	Nisqually	Swinomish	Korean	Samoan	Nooksack	Tulalip	Laotian	Tongan	Port Gamble S'Klallam	Upper Skagit	Malaysian	Other Pacific Islander	Puyallup	Yakima	Pakistani	Alaska Native	Quileute	Other WA Indian Tribe	Singaporean	Chehalis	Quinault	Other American Indian	Taiwanese	Colville	Samish	Tribe/Alaska Native
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ADDITIONAL STUDENT INFORMATION

DOES YOUR CHILD HAVE A LIFE THREATENING CONDITION? If yes please explain _____	Yes	No	This box for office use only <input type="checkbox"/> Parent/Guardian signed Date _____
MEDICAL HISTORY Asthma _____ Allergies _____ Other _____ If yes please list _____			
ANY MEDICATION TAKEN AT SCHOOL? _____ Medications taken at school must have a Physician Order Form filed at school			
HAS YOUR CHILD EVER QUALIFIED FOR, OR BEEN ENROLLED IN, A SPECIAL ED PROGRAM? If yes, does your student have a current IEP?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR, OR HAD, A 504 PLAN? If yes, does your student have a current 504 plan?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN REFERRED TO A SCHOOL PSYCHOLOGIST?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER PARTICIPATED IN: Title LAP ELL Gifted Other _____	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR SPEECH THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR OCCUPATIONAL THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR PHYSICAL THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER RECEIVED HELP FROM A SOCIAL WORKER OR COUNSELOR?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN RETAINED?	Yes	No	If yes, at what grade?
HAS A BECCA PETITION EVER BEEN FILED ON YOUR CHILD?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN SUSPENDED?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN EXPELLED?	Yes	No	If yes, at what grade?

FOR SECONDARY STUDENTS ONLY (MIDDLE SCHOOL AND HIGH SCHOOL)

1. In case of emergency, I authorize my child to leave school on his/her own unless an administrator deems the situation unsafe. I understand I will be contacted first.
- ☐ Yes Student Cell # _____
- ☐ No
2. My child's name, address and phone number may be released to military service/recruiters.
- ☐ Yes
- ☐ No
- The information on the registration 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 Eatonville School District.
- I understand that my child's classroom assignment may be on a temporary basis, and the school staff may reassign my child if special services are necessary.

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EATONVILLE SCHOOL DISTRICT #404

PARENT/GUARDIAN AUTHORIZATION FOR THE RELEASE OF RECORDS

Student Name: _____ Student _____
Date of Birth: _____

As a parent/guardian or student, you have the right to give permission or not give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless the release of records is allowed under one of the exceptions under the rules implementing the Family Education Right and Privacy Act (FERPA). An example of an exception would be the transfer of records of one school to another.

Previous School: School/Agency or Person Street Address City, State, Zip Phone/FAX	Information Requested: <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Academic <input type="checkbox"/> Attendance <input type="checkbox"/> Standardized Test Scores <input type="checkbox"/> Discipline <input type="checkbox"/> Threat Assessment Records <input type="checkbox"/> Immunization/Health Records</div><div style="width: 50%;"><input type="checkbox"/> 7th & 8th Grade Student Learning Plan <input type="checkbox"/> High School & Beyond Plan <input type="checkbox"/> Psychological Reports/Records <input type="checkbox"/> Special Education Records <input type="checkbox"/> 504 Plan/Records <input type="checkbox"/> ELL Records <input type="checkbox"/> Highly Capable <input type="checkbox"/> Other:</div></div>
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Please Send Records Attention:</div><div style="width: 30%;"><input type="checkbox"/> Eatonville Middle School <input type="checkbox"/> Eatonville Elementary <input type="checkbox"/> Columbia Crest</div><div style="width: 30%;"><input type="checkbox"/> Eatonville High School <input type="checkbox"/> Weyerhaeuser Elementary <input type="checkbox"/> MRPP</div><div style="width: 30%;"><input type="checkbox"/> Eatonville Online Academy <input type="checkbox"/> Student Services</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Please Send Records to: Eatonville School District PO Box 698 Eatonville, WA 98328</div><div style="width: 30%;">or Fax to: (360) 879-1812</div><div style="width: 30%;">or e-Mail to: _____</div></div>	

I understand the requested information will be treated in a confidential manner by the Eatonville School District under the provisions of the Family Education and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards and the Health Insurance Portability and Accountability Act (HIPAA).

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under prior consent release.

I hereby authorize the release of records:

Consent Valid Until: _____

Parent/Guardian Signature: _____ Date: _____

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Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
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.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)									
Required Vaccines for School or Child Care Entry							<p>If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.</p> <p>I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.</p> <table><tr><td><input type="checkbox"/> Diphtheria</td><td><input type="checkbox"/> Hepatitis A</td><td><input type="checkbox"/> Hepatitis B</td></tr><tr><td><input type="checkbox"/> Hib</td><td><input type="checkbox"/> Measles</td><td><input type="checkbox"/> Mumps</td></tr><tr><td><input type="checkbox"/> Rubella</td><td><input type="checkbox"/> Tetanus</td><td><input type="checkbox"/> Varicella</td></tr></table> <p><input type="checkbox"/> Polio (all 3 serotypes must show immunity)</p>	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
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●▲ DTaP (Diphtheria, Tetanus, Pertussis)																
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)																
●▲ DT or Td (Tetanus, Diphtheria)																
●▲ Hepatitis B																
● Hib (<i>Haemophilus influenzae type b</i>)																
●▲ IPV (Polio) (any combination of IPV/OPV)																
●▲ OPV (Polio)																
●▲ MMR (Measles, Mumps, Rubella)																
● PCV/PPSV (Pneumococcal)																
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS																
Recommended Vaccines (Not Required for School or Child Care Entry)																
Flu (Influenza)																
Hepatitis A																
HPV (Human Papillomavirus)																
MCV/MPSV (Meningococcal Disease types A, C, W, Y)																
MenB (Meningococcal Disease type B)																
Rotavirus																

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.**To print with the immunization information filled in:**

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 November 2019



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name:

First Name:

Middle Initial:

Birthdate (MM/DD/YYYY):

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

**Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law*

RELIGIOUS EXEMPTION

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

**EATONVILLE SCHOOL DISTRICT
HEALTH HISTORY**

				Male Female
_____ Last name	_____ First name	_____ Middle name	_____ Birthdate	_____ Gender
_____ Physician	_____ Date of last exam	_____ Dentist	_____ Date of last exam	

Does the student have a life threatening condition? ☐ Yes ☐ No

If yes, please explain: _____

What medications have been prescribed for this condition? _____

ARE ANY OF THE FOLLOWING A PROBLEM FOR YOUR CHILD? (Please check and describe)

<input type="checkbox"/> Health problems at birth:
<input type="checkbox"/> Allergies: <input type="checkbox"/> food, <input type="checkbox"/> insect, <input type="checkbox"/> pollen, <input type="checkbox"/> drugs, <input type="checkbox"/> other:
<input type="checkbox"/> Blood: <input type="checkbox"/> anemia, <input type="checkbox"/> sickle cell disease, <input type="checkbox"/> hemophilia
<input type="checkbox"/> Cancer:
<input type="checkbox"/> Ears: <input type="checkbox"/> hearing aids, <input type="checkbox"/> infections, tubes, <input type="checkbox"/> hearing loss
<input type="checkbox"/> Eyes: <input type="checkbox"/> glasses, <input type="checkbox"/> contacts, <input type="checkbox"/> color blindness, <input type="checkbox"/> other:
<input type="checkbox"/> Gastrointestinal: <input type="checkbox"/> ulcers, <input type="checkbox"/> colitis, <input type="checkbox"/> hepatitis, <input type="checkbox"/> needs special bathroom privileges
<input type="checkbox"/> Genetic: <input type="checkbox"/> Down Syndrome, <input type="checkbox"/> cystic fibrosis, <input type="checkbox"/> other:
<input type="checkbox"/> Genitourinary: <input type="checkbox"/> kidney infection, <input type="checkbox"/> bladder infection, <input type="checkbox"/> needs special bathroom privileges
<input type="checkbox"/> Heart: <input type="checkbox"/> congenital, <input type="checkbox"/> rheumatic, <input type="checkbox"/> pacemaker, <input type="checkbox"/> high blood pressure, <input type="checkbox"/> restrictions
<input type="checkbox"/> Hospitalizations/operations:
<input type="checkbox"/> Mental: <input type="checkbox"/> ADHD, <input type="checkbox"/> depression, <input type="checkbox"/> bi-polar, <input type="checkbox"/> other:
<input type="checkbox"/> Metabolic: <input type="checkbox"/> diabetes, <input type="checkbox"/> thyroid, <input type="checkbox"/> other:
<input type="checkbox"/> Mouth: <input type="checkbox"/> dental decay, <input type="checkbox"/> orthodontia
<input type="checkbox"/> Neurological: <input type="checkbox"/> seizures, <input type="checkbox"/> meningitis, <input type="checkbox"/> cerebral palsy
<input type="checkbox"/> Nose: <input type="checkbox"/> fracture, <input type="checkbox"/> nose bleeds
<input type="checkbox"/> Orthopedic: <input type="checkbox"/> fracture, <input type="checkbox"/> scoliosis, <input type="checkbox"/> kyphosis
<input type="checkbox"/> Respiratory: <input type="checkbox"/> asthma, <input type="checkbox"/> bronchitis
<input type="checkbox"/> Serious injury:
<input type="checkbox"/> Skin: <input type="checkbox"/> acne, <input type="checkbox"/> eczema
<input type="checkbox"/> Other (please explain):
<input type="checkbox"/> Disabilities: <input type="checkbox"/> physical, <input type="checkbox"/> mental, <input type="checkbox"/> behavioral, <input type="checkbox"/> learning, <input type="checkbox"/> speech

MEDICATION

Does your child take any medications routinely or for specific purposes such as allergies, ADHD, diabetes, epilepsy, etc? ☐ Yes ☐ No

If yes, where is the medication taken? ☐ At school ☐ At home

What is the name of the medication? _____

In the event my child is injured or becomes ill and no responsible person from the home can be reached, I hereby designate the principal or the school's appointed agent to do whatever is in the best interest of my child.

In the event my child is seriously injured, becomes seriously ill, or has a medical emergency, I hereby designate the principal or the school's appointed agent to call 911 as the first emergency procedure.

Please indicate hospital preference(s): _____

Parent/Guardian Signature

Date



EATONVILLE SCHOOL DISTRICT #404
PO Box 698, Eatonville WA 98328
(360) 879-1000 FAX (360) 879-1086

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW **28A.300.507.**

For the purpose of collecting the data please mark all that apply:

- ☐ No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- ☐ Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- ☐ Yes a parent/guardian is a current member of the **reserves** of the U.S. Armed Forces.
- ☐ Yes a parent/guardian is a current member of the **Washington National Guard**.
- ☐ Yes more than one parent or guardian is **currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard**.
- ☐ No Response/Refused to state.

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

(Note: If at any time though out the school year the military status changes please contact the Eatonville School District office or your student's school to report the change.)

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

Student Name:		Date:
Birth Date:	Gender: Male Female	Grade:
Form Completed by: Parent/Guardian Name _____ Relationship to Student _____ Parent/Guardian Signature _____ If available, in what language would you prefer to receive communication from the school? _____ Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes___ No___ Don't Know___		

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever received formal education* outside of the United States? (Kindergarten – 12 th grade) ____ Yes ____ No "Formal education" does not include refugee camps or other unaccredited programs for children.	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. When did your child first attend a school in the United States? (Kindergarten – 12 th grade)	_____ Month Day Year
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation? ____ Yes ____ No	

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

Note to district: A response of a language other than English to question #2 OR question #3 triggers ELL placement testing

The Purpose of the Home Language Survey

The Home Language Survey is given to **all** students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing **instruction appropriate to the individual student's needs as well as help with communication needs that** may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when **the student's parents are both US** citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and **district services**. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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**.



Eatonville School District #404

Phone: 360-879-1000 Fax 360-879-1086

PO Box 698, 200 Lynch St. W.

Eatonville, WA 98328

Together, We Commit to Inspiring Life Long Learners, To Create a Better Future

EATONVILLE SCHOOL DISTRICT HOUSING QUESTIONNAIRE

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student: _____ Parent/Guardian: _____

School: _____ Phone: _____

Age: _____ Current Grade Level: _____ Date of Birth: _____

Do you have any preschool aged students? Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Is this address Temporary or Permanent? _____

Permanent may include renting or owning your own home.

Mailing Address: _____

Please choose which of the following situations the student currently resides in (You can choose more than one):

_____ House or apartment with parent or guardian

_____ Motel, car, or campsite

_____ Shelter or other temporary housing

_____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

_____ Loss of housing

_____ Economic situation

_____ Temporarily waiting for house or apartment

_____ Provide care for a family member

_____ Living with boyfriend/girlfriend

_____ Loss of employment

_____ Parent/Guardian is deployed

_____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? ☐ Y ☐ N

Equal Employment & Educational Opportunities • Eatonville School District #404 • PO Box 698 • Eatonville WA 98328

Phone: 360-879-1000 • Fax 360-879-1086

Updated January 2017

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying **even if they do not have all of the documents normally required** at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison, Anisa Parks at 360-879-1424 or the State Coordinator, Melinda Dyer at 360-725-6000.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

School Personnel Use Only

_____ Sent to building and district McKinney Vento Liaison

Notes: _____

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: “The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)”.

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA’s school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior’s list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child’s eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.



Eatonville School District #404

Together, We Commit to Inspiring Lifelong Learners, To Create a Better Future

If you do not wish photos or directory information released about your student, return the completed form (below) to your child's school office.

Directory information can be made public without the consent of parents.

Directory information means the student's name, parent/guardian name(s), address, telephone listing, email address, enrollment status, birth date, post-high school career plans, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, type of awards received, and the most recent school attended by the student. The names, addresses, and telephone numbers of students in grades 9-12 will be released upon request to military recruiters and institutions of higher education unless parents have advised the school in writing that they do not want their student's information disclosed without their prior written consent. In addition, the district will release the student's current school, address and telephone number to appropriate law enforcement personnel including Child Protective Services.

School Offices have forms (or see below) which parent(s)/guardian(s) may use if they want to restrict the release of directory information. (Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

Return the completed form to your school's principal by September 30, each school year.

The request for restriction is recorded into the student information system and the form is kept on file in the school's office for one school year. For more information, phone (360) 879-1000.

If no documentation is on file, it will be assumed that permission for release of directory information and/or photos has been granted.

PLEASE DO NOT RELEASE DIRECTORY INFORMATION <input type="checkbox"/>	PLEASE DO NOT ALLOW PHOTOGRAPHS / VIDEO <input type="checkbox"/>
---	---

STUDENT INFORMATION	
STUDENT NAME:	
ADDRESS	
SCHOOL:	
PARENT/GUARDIAN SIGNATURE*:	DATE:

**Students who are 18 years of age may sign their own request.*

**PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL OFFICE
NO LATER THAN SEPTEMBER 30 EACH SCHOOL YEAR.**

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Eatonville School District #404

Together, We Commit to Inspiring Lifelong Learners, To Create a Better Future

IN-DISTRICT FIELD TRIP PERMISSION FORM

Dear Parents/Guardians,

During the course of the school year, students occasionally need to travel between school buildings/facilities as part of the regular school experience. Activities may include swimming lessons, rehearsals, or other school-related activities. This permission form will allow your child to leave the school grounds on planned and supervised field trips to other Eatonville School District facilities (other school buildings or the ESD farm) during the _____ school year, using district transportation and/or walking.

You will be notified about any excursions planned by your student's teacher. If you have objections to your child attending an upcoming event, please let the teacher know as soon as possible so other arrangements can be made. This permission form is a convenient way to assure that all students that want to participate will be able to.

Thank you for signing and returning this to your child's school at your earliest convenience. This permission will be granted for the _____ school year. You may opt out of this permission at any time with written notice to your child's school.

I give my permission for my child, _____, to go on planned, supervised field trips within Eatonville School District. I understand I will be notified about these trips beforehand and can let the teacher know if I choose not to have my child participate in the excursion.

Parent/Guardian Signature

Date



VERIFICATION OF RESIDENCY

In order to verify residency within Eatonville School District, a copy of one of the documents listed below must be provided. **Please attach the requested copy to this document (Showing parent/guardian/caregiver name and address), and return to our office.**

- ☐ Deed, escrow papers, mortgage book or statement, or property tax form.
- ☐ Lease Agreement/Rental Contract and current rent receipt.
- ☐ For military, a copy of housing assignment.
- ☐ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian/caregiver lives there.
- ☐ Gas or Electric Bill
- ☐ Phone or Cable Bill
- ☐ Water or Garbage Bill

I, _____, the parent/guardian/caregiver of
(Please Print Name)

_____ declare, under penalty of perjury, this
(Please Print Student's Name)

Student resides at the following address: _____
(Please Print)

Falsification of any information or document required for residency verification, or the use of the address of another person, may result in the revocation of student enrollment.

Signature of Parent/Guardian/Caregiver _____ Date _____

THIS SECTION FOR APPROVING OFFICIAL: The attached document(s) show(s) the name and address of the person(s) enrolling the student named above: School Year _____

Signature of Enrolling School Official: _____ Date _____



Eatonville School District Family Access Account Request Form

Please fill in the appropriate information below to request a Family Access account (parent portal). Family Access users can view their student's information on-line.

Please FAX this completed form and a COPY OF YOUR PHOTO ID to 360-879-1086 or send completed form to your child's school. Once we receive the form, we will send an email with your password.

PLEASE PRINT!

Guardian Printed Name: _____

Phone Number: _____

Email: _____

Student Printed Name: _____

Guardian Signature: _____ Date: _____

For Office Use Only

Date Received: _____

Email Sent: _____

Dear Parents/Guardians:

In an effort to provide better service to families, Eatonville School District has a program called Skyward Family Access for accessing your child's information.

The program provides the following benefits:

- 24 hour access to your child's attendance.
- Grades online for middle and high school students.
- One login per parent (even if you have children in more than one ESD school).
- Parent logins will remain the same even if a child moves to a different school in the district.

Family Access is a convenient home-to-school collaboration tool that allows parents/guardians to view general student information as well as your student's attendance and lunch accounts.

Areas of information included are:

- Student Information
- Attendance
- Emergency Information
- Parents/Guardian
- Food Service
- Email notifications
- Message Center
- Health Information

Progress reports and grades are available for middle school and high school students.

Family Access is located at www.eatonville.wednet.edu under the POPULAR tab and look for the Skyward Access tab.

Special Education Transportation Request

**MUST BE RECEIVED BY TRANSPORTATION A MINIMUM OF
THREE (3) WORKING DAYS PRIOR TO REQUESTED START DATE.**

Eatonville School District #404

Transportation Department

For Daily Transportation

☐ New Student

☐ New Request

☐ Returning Student

☐ Routing Change

PLEASE PRINT USE BLUE OR BLACK INK

Date: _____ Requested Start Date: _____

DATE RECEIVED: _____

RECEIVED BY: _____

Student Name: _____

Birth Date: _____ Gender: Male Female Grade: _____

School: _____ TIME: ☐ A.M. ☐ P.M.

Resident Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Student Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Notes:

Transportation Phone: 360-879-1900

Call Transportation if you will NOT be riding the bus for three (3) days or more.



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THIS FORM IS TO BE KEPT AT HOME

Eatonville SD Transportation: 360-879-1900

Transportation Manager:	Clay Jamerson
Transportation Specialist:	Bonnie McNicol
Transportation Secretary:	Katey Critel

Please have the following information ready when you call:

Student Name: _____ Grade: _____

School Attending: CC / EES / WES / EMS / EHS

Physical (street) address: _____

When you call us, we will provide:

Bus Number: _____ Route Number: _____

Bus Stop Location: _____

AM pick up time: _____ PM drop off time: _____

Please keep this information page handy so if you need to contact the transportation, you have the information available.

