



2689 Hoover Ave SE | Port Orchard, WA 98366  
(360) 874-7000 | FAX (360) 874-7068

# Registration Form

**Student Name:**

**Select School:**

SCHOOL MOST RECENTLY ATTENDED:

ADDRESS:

HAS THIS STUDENT EVER ATTENDED AN SKSD SCHOOL? Y N

DID STUDENT ATTEND PRE-SCHOOL AT AN SKSD SCHOOL? Y N

PREVIOUS SCHOOL PHONE:

PREVIOUS SCHOOL FAX:

IF YES, NAME OF SCHOOL & YEAR ATTENDED

## STUDENT INFORMATION

LEGAL LAST NAME      LEGAL FIRST NAME      MIDDLE NAME/INITIAL      ALSO KNOWN AS (FIRST & LAST NAME)

BIRTHDATE (MM/DD/YYYY)      GENDER      GRADE      BIRTHPLACE (CITY/STATE)      BIRTH COUNTRY

### PRIMARY HOUSEHOLD (WHERE STUDENT RESIDES)

(1) LAST NAME, FIRST NAME

MOTHER      FATHER      OTHER

(2) LAST NAME, FIRST NAME

MOTHER      FATHER      OTHER

RESIDENCE ADDRESS:

(STREET, CITY, STATE, ZIP)

MAILING ADDRESS:

(STREET/PO BOX, CITY, STATE, ZIP)

GUARDIAN 1 EMAIL:

HOME PHONE:

GUARDIAN PHONE (include area code)      If work #, name of business  
WORK:

CELL/SMS:

GUARDIAN PHONE (include area code)      If work #, name of business  
WORK:

CELL/SMS:

### SECOND HOUSEHOLD (WHERE STUDENT RESIDES)

(1) LAST NAME, FIRST NAME

MOTHER      FATHER      OTHER

(2) LAST NAME, FIRST NAME

MOTHER      FATHER      OTHER

RESIDENCE ADDRESS:

(STREET, CITY, STATE, ZIP)

MAILING ADDRESS:

(STREET/PO BOX, CITY, STATE, ZIP)

GUARDIAN 1 EMAIL:

HOME PHONE:

GUARDIAN PHONE (include area code)      If work #, name of business  
WORK:

CELL/SMS:

GUARDIAN PHONE (include area code)      If work #, name of business  
WORK:

CELL/SMS:

### DOES THIS STUDENT ATTEND DAYCARE?

BEFORE SCHOOL: M T W TH F

AFTER SCHOOL: M T W TH F

BEFORE & AFTER: M T W TH F

DAYCARE PROVIDER:

ADDRESS:

WILL STUDENT RIDE A BUS TO DAYCARE?

Y N | M T W TH F

PHONE:

**SIBLINGS**

NAME	RELATIONSHIP	GRADE LEVEL	SCHOOL
1			
2			
3			
4			

**EMERGENCY CONTACTS**

NAME	RELATIONSHIP	PHONE	SECOND PHONE
1			
2			
3			
4			

**EDUCATION INFORMATION**

HAS THIS STUDENT EVER RECEIVED ANY SPECIAL EDUCATION SERVICES?      Y      N      If yes, what grade?

IF YES, PLEASE SELECT SERVICE(S) RECEIVED:      SPEECH SERVICES      RESOURCE ROOM      CHAPTER/LAP

REMEDIAL      OCCUPATIONAL THERAPY      SPECIAL DAY CLASS SERVICES      GIFTED

ENGLISH AS A SECOND LANGUAGE      OTHER:

DOES THIS STUDENT CURRENTLY HAVE AN IEP?      Y      N

DOES THIS STUDENT HAVE ANY PAST, CURRENT, OR PENDING DISCIPLINARY PROBLEMS?      Y      N

DOES THIS STUDENT HAVE ANY HISTORY OF VIOLENT BEHAVIOR?      Y      N

HAS THIS STUDENT EVER BEEN RETAINED (HELD BACK A GRADE)?      Y      N

IS THIS STUDENT CURRENTLY PARTICIPATING IN:      TITLE      LAP      GIFTED      ELL      OTHER:

HAS THIS STUDENT COMPLETED A WASHINGTON STATE HISOTRY COURSE?      Y      N      DATE/LOCATION:

**ADDITIONAL INFORMATION**

IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT?      Y      N      (If yes, please file plan with school)

IS THERE A RESTRAINING ORDER IN EFFECT?      Y      N      (If yes, legal papers must be on file with the school)

RESTRAINING ORDER IS AGAINST:      MOTHER      FATHER      OTHER:

DOES THIS STUDENT HAVE A MEDICAL CONDITION(S) SEVERE ENOUGH TO IMPACT THEIR SCHOOL PROGRAM OR PERFORMANCE?

Y      N      IF YES, PLEASE DESCRIBE:

**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 SOUTH KITSAP SCHOOL DISTRICT.

PARENT/GUARDIAN SIGNATURE:

DATE:

South Kitsap School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to school facilities to the Boy Scouts and other designated youth programs.

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

School _____	Entry Date _____	Advisor _____
Birth Certificate _____	CIS Form _____	Other Alert _____
ELL Home Lang Survey _____	Months of formal education in native language (equiv to gr. K-12) before enrolling in SKSD _____	Months of attendance in US K-12 education prior to enrollment in SKSD _____
AM Bus _____	PM Bus _____	



## Washington State Ethnicity and Race Data Collection Form

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

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 (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

**Please select both ethnicity and race.**

ETHNICITY	<b>Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)</b> <i>If yes, please select one or more below.</i>			
	HISPANIC	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07)	<input type="checkbox"/> Costa Rican (H08) <input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorean (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15)	<input type="checkbox"/> Mexican (H16) <input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23) <input type="checkbox"/> Salvadorian (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) <input type="checkbox"/> _____ Hispanic/Latino Write In (H29)

RACE- NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	NATIVE HAWAIIAN/ OTHER	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	PACIFIC ISLANDER	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)			
RACE- BLACK/AFRICAN AMERICAN	BLACK/AFRICAN	<input type="checkbox"/> Black/African American (B00)			
	CARIBBEAN	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07)			
	CENTRAL AFRICAN	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep) (B23)			
	EAST AFRICAN	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)			
	LATIN AMERICAN	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)			
		PACIFIC ISLANDER	MAORI	POHPEIAN	TONGAN
		<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) <input type="checkbox"/> _____ Pac. Islander Write In (P21)	
		<input type="checkbox"/> African American (B01)	<input type="checkbox"/> African Canadian (B02)	<input type="checkbox"/> _____ Black Write In (C02)	
		<input type="checkbox"/> British Virgin Islander (B08) <input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11)	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12) <input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupian (B14) <input type="checkbox"/> Haitian (B15) <input type="checkbox"/> Jamaican (B16)	<input type="checkbox"/> Martiniquais/ Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <input type="checkbox"/> _____ Caribbean Write In (B20)	
		<input type="checkbox"/> Chadian (B24) <input type="checkbox"/> Congolese (Republic of the Congo) (B25) <input type="checkbox"/> Equatorial Guinean (B27)	<input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Gabonese (B28) <input type="checkbox"/> São Tomé (B29)	<input type="checkbox"/> Principe (B30) <input type="checkbox"/> _____ Central African Write In (B31)	
		<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/ Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48)	<input type="checkbox"/> Ugandan (B49) <input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) <input type="checkbox"/> _____ East African Write In (B53)	
		<input type="checkbox"/> Ecuadorean (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> South Georgia and the South Sandwich Islands (B73)	<input type="checkbox"/> Surinamese (B74) <input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> _____ Latin American Write In (B77)	

<b>RACE- BLACK/AFRICAN AMER</b>	<b>SOUTH AFRICAN</b>	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)		<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Swazi (B82) <input type="checkbox"/> South African Write In (B83) _____	
	<b>WEST AFRICAN</b>	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87)		<input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88) <input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96) <input type="checkbox"/> Senegalese (B97)	<input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) <input type="checkbox"/> _____ West African Write In (C01)
<b>RACE- AMERICAN INDIAN/ALASKA NATIVE</b>	<b>AMER IND/ AK NATIVE</b>	<input type="checkbox"/> American Indian/Alaskan Native (N00)		<input type="checkbox"/> _____ Alaska Native Write In (N36)		<input type="checkbox"/> _____ American Indian Write In (N37)
	<b>WASHINGTON STATE TRIBES</b>	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Res. (N03) <input type="checkbox"/> Confederated Tribes of the Colville Res. (N04) <input type="checkbox"/> Cowlitz Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community of the Kalispel Res. (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Res. (N12) <input type="checkbox"/> Makah Tribe of the Makah Res. (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Tribe (N15) <input type="checkbox"/> Nisqually Tribe (N16) <input type="checkbox"/> Nooksack Tribe of WA (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)				<input type="checkbox"/> Puyallup Tribe of Puyallup Res. (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Res. (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Tribe of WA (N23) <input type="checkbox"/> Shoalwater Bay Tribe of the Shoalwater Bay Res. (N24) <input type="checkbox"/> Skokomish Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Res. (N29) <input type="checkbox"/> Squaxin Tribe of the Squaxin Island Res. (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of WA (N32) <input type="checkbox"/> Suquamish Tribe of the Port Madison Res. (N33) <input type="checkbox"/> Swinomish Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of WA (N35) <input type="checkbox"/> Upper Skagit Tribe (N38)
<b>RACE- ASIAN</b>	<b>ASIAN</b>	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)	<input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)	<input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)	<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> _____ Asian Write In (A27)	
<b>RACE- WHITE</b>	<b>WHITE</b>	<input type="checkbox"/> White (W00) <input type="checkbox"/> _____ White Write In (W35)				
	<b>EASTERN EUROPEAN</b>	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)	<input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)	<input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)	<input type="checkbox"/> _____ E. European Write In (W07)	
	<b>MID EASTERN &amp; NORTH AFRICAN</b>	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)	<input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Jordanian (W21) <input type="checkbox"/> Kurdish (W22) <input type="checkbox"/> Kuwaiti (W23)	<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29)	<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> _____ Mid. Eastern Write In (W34) <input type="checkbox"/> _____ N. African Write In (W35)	

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_



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: _____		
<p><b>Right to Translation and Interpretation Services</b></p> <p>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.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? _____ Yes _____ No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? _____ Yes _____ No   Language _____</p>	
<p><b>Eligibility for Language Development Support</b></p> <p>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(s) did your child first speak or understand? _____</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><b>Prior Education</b></p> <p>Your responses about your child's birth country and previous education:</p> <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>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12<sup>th</sup> Grade) _____ Yes _____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12<sup>th</sup> 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.





## **Military Family Affiliation**

**Please note:** *This information must be collected yearly and is good for the current school year only.*

Dear Parent or Guardian,

Beginning with the 2016-2017 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation.

(<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 policy makers 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 transitions students to a new school and enable school districts to discover and implement best practices. [2015 c 210§ 1.]

For the purposes of this data collection, "students from military families" includes:

- Students with a parent or guardian who is a member of the active-duty United States armed forces; and
- Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard.

### **Choose one that best describes your family's military status:**

A- Parent or guardian is a current member of the US Armed Forces, active duty

R- Parent or guardian is a current member of the US Armed Forces, reserves

G- Parent or guardian is a current member of the National Guard

M- More than one parent or guardian qualifies for A, R, or G

N- No parent or guardian is currently serving the US Armed Forces or National Guard

Z- Prefer not to answer

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Parent/Guardian Signature

Today's Date

# South Kitsap School District

## HEALTH HISTORY AND CONDITIONS FORM

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Indicate below the medical conditions which are **SEVERE ENOUGH TO AFFECT THE STUDENT'S SCHOOL PROGRAM OR SCHOOL PERFORMANCE.** (Note: this information may be shared with school staff who need to know.)

### MEDICAL HISTORY (CHECK ALL THAT APPLY TO YOUR CHILD)

NB	<b>ADHD/ADD</b>	P	<b>PE Considerations/Limitations</b>	BD	<b>Blood Condition</b>
	<b>Asthma</b>		Description:		Description:
RA	Exercise Induced	UH	<b>Renal: Kidney/Urinary Condition</b>	NU	<b>Head Injury/Concussion</b>
RB	Mild		Description:		Description:
RC	Moderate	GI	<b>Gastrointestinal Condition</b>		<b>Allergies</b>
RD	Severe		Description:	EC	Environmental
	<b>Diabetes</b>		<b>Visually Impaired</b>	ED	Food
EK	Type I	YD	Wears Glasses	EE	Insect
EL	Type II	NP	<b>Seizure Disorder</b>	EF	Latex
NH	<b>Headaches, Migraine</b>		Date of last seizure:	EG	<b>Anaphylactic Condition</b>
	<b>Hearing Impaired</b>		Type of seizure:	EG	<b>Epi-Pen required</b>
YB	Hearing Problem		Seizure medications:	EB	Other:
YB	Hearing Aids				Reacts to:
	Description:	ME	<b>Muscle or Bone Condition</b>		Describe allergic reaction:
CG	<b>Cardiovascular Condition</b>		Description:		
	Description:				

Is medication needed for any condition? Y N

Is medication needed at school? Y N

If **YES**, please list name(s) of medication, dose, and schedule:

What condition is being treated by this medication?

Medication at school (over the counter or prescription) requires Form #157, "Medication at School".

List major operations, injuries, or hospitalizations including dates:

	Medical Exam	Eye Exam	Dental Exam
Last Exam Date/Doctor			
Health Insurance Co.			

In an emergency, transport to \_\_\_\_\_ hospital.

Are there any health-related information or concerns that you can tell us about your child that you feel will help the school staff to better understand and work with them? \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY PROCEDURE**

If the parent(s)/guardian(s) and health care provider named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the 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 of the payment of any services rendered.

Parent/Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



# 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
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 _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>							
●▲ 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							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
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.		
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.		
<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
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature    Date		
▶		
Printed Name		

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.
---	---



## 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: [waisrecords@doh.wa.gov](mailto:waisrecords@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 Pediarix 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		



## Request for Student Records

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

### **PREVIOUS SCHOOL INFORMATION**

SCHOOL NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### **PLEASE SEND ALL SCHOOL RECORDS TO:**

**Burley Glenwood Elementary**

100 SW Lakeway Blvd  
Port Orchard, WA 98367  
(P) 360.443.3110 (F) 360.443.3169

**East Port Orchard Elementary**

2649 Hoover Ave SE  
Port Orchard, WA 98366  
(P) 360.443.3170 (F) 360.443.3229

**Hidden Creek Elementary**

5455 Converse Road SE  
Port Orchard, WA 98367  
(P) 360.443.3050 (F) 360.443.3109

**Manchester Elementary**

1901 California Ave E  
Port Orchard, WA 98366  
(P) 360.443.3230 (F) 360.443.3289

**Mullenix Ridge Elementary**

3900 SE Mullenix Road  
Port Orchard, WA 98367  
(P) 360.443.3290 (F) 360.443.3349

**Olalla Elementary**

6100 SE Denny Bond Blvd  
Olalla, WA 98359  
(P) 360.443.3350 (F) 360.443.3399

**Orchard Heights Elementary**

2288 Fircrest Drive SE  
Port Orchard, WA 98366  
(P) 360.443.3530 (F) 360.443.3604

**Sidney Glen Elementary**

500 SW Birch Road  
Port Orchard, WA 98367  
(P) 360.443.3400 (F) 360.443.3469

**South Colby Elementary**

3281 Banner Road SE  
Port Orchard, WA 98366  
(P) 360.443.3000 (F) 360.443.3049

**Sunnyslope Elementary**

4183 Sunnyslope Road SW  
Port Orchard, WA 98367  
(P) 360.443.3470 (F) 360.443.3529

**Cedar Heights Middle School**

2220 Pottery Ave  
Port Orchard, WA 98366  
(P) 360.874.6020 (F) 360.874.6429

**John Sedgwick Middle School**

8995 Sedgwick Road SE  
Port Orchard, WA 98366  
(P) 360.874.6090 (F) 360.874.6430

**Marcus Whitman Middle School**

1887 Madrona Drive SE  
Port Orchard, WA 98366  
(P) 360.874.6160 (F) 360.874.6440

**South Kitsap High School**

425 Mitchell Ave  
Port Orchard, WA 98366  
(P) 360.874.5600 (F) 360.874.5892

**Discovery Alternative High School**

2150 Fircrest Drive SE  
Port Orchard, WA 98366  
(P) 360.443.3680 (F) 360.443.3704

**Explorer Academy/Hope Academy**

2689 Hoover Ave SE  
Port Orchard, WA 98366  
(P) 360.443.3605 (F) 360.443.3624

**Office of Special Services**

2689 Hoover Ave SE  
Port Orchard, WA 98366  
(P) 360.443.3625 (F) 360.443.3662

**Madrona Heights Preschool**

2150 Fircrest Drive SE  
Port Orchard, WA 98366  
(P) 360.443.3625 (F) 360.443.3659

**Please fax ASAP: Birth Certificate and immunization records**

**All remaining records can be mailed.**

### **Please send all student records including:**

- |                      |                                   |                     |
|----------------------|-----------------------------------|---------------------|
| ▪ Attendance         | ▪ Immunizations                   | ▪ Test Scores       |
| ▪ Discipline         | ▪ Report Cards                    | ▪ Transcript        |
| ▪ Health Information | ▪ Special Education (include IEP) | ▪ Withdrawal Grades |

**ENTRY DATE AT SOUTH KITSAP SCHOOL: \_\_\_\_\_**

Per RCW 28A.225.330 subsection (2), also include the above-named student's confidential discipline records that include history of disciplinary actions, history of violent behavior, or behavior listed in RCW 13.04.155.

According to the Family Educational Rights and Privacy Act (US Code: Title 20, Section 123g.a(6)1B, it is not necessary to obtain written consent to release records. School official in school systems in which the student intends to enroll may receive student's record without written consent for such release.

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_



**ANNUAL ACKNOWLEDGEMENT  
2023-2024**

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Dear Parent/Guardian,

Please read the documents referenced in this letter. After you have read the documents, please sign and date each area to indicate that you have read, understand, and received a copy of each document or instructions on where to obtain a copy. ***Your signature implies full understanding, legal validity, and affirmation to each document.***

This form will remain part of your student's cumulative file and MUST be completed each year. Additional copies of the documents referenced in this form can be found on the South Kitsap School District website at [www.skschools.org](http://www.skschools.org) or by requesting a copy from your student's school. If there are any portions of this form, or the documents referenced, that you do not understand, please make an appointment with your school administrator to discuss your questions.

**This form must be completed by September 15, 2023**

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**Opt-Out**

Parents and adult or emancipated minor students may opt their children or themselves out of participating in any protected information survey. Please see Board Policy #3232.

If you do not have access to a computer, please request a copy of this document from the school office.

**1. Attendance Policy and Procedure – See Policy and Procedure #3122**

If you do not have access to a computer, please request a copy of this document from the school office.

State law for mandatory attendance requires children from age 8 to 17 to attend public school, private school, or a district-approved home school program. If your student has seven (7) or more unexcused absences in any given month or fifteen (15) unexcused absences or more within a school year, we are required by law to take a range of actions including filing a truancy petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance law.

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

\_\_\_\_\_  
Today's Date

**2. South Kitsap School District Rights and Responsibilities**

If you do not have access to a computer, please request a copy of this document from the school office.

I have reviewed the contents of the SKSD Rights and Responsibilities Handbook. I acknowledge that my student and I have been given notice of the types of misconduct for which discipline, suspension, or expulsion may be imposed and procedures for administering such corrective action. It has also provided me with important information regarding the Family Educational Rights and Privacy Act (FERPA), student use of technology, district pesticide uses and asbestos management practices.

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

\_\_\_\_\_  
Today's Date

**3. Internet Access Privileges – See Policy and Procedure #2022**

All students have internet access privileges under the guidelines of the District's acceptable use policy UNLESS a parent or guardian submits a written request for his or her student to opt out. Such exclusion does not preclude the supervised use of the internet in an instructional activity. See Rights and Responsibilities Information Handbook, Section 14.

***Your signature indicates awareness only. A written request to opt out is required.***

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

\_\_\_\_\_  
Today's Date

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

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#### **4. FERPA: Release of Directory Information – See Policy and Procedures #3231 & #3235**

Under Federal Law (FERPA), the District may release directory information on a student without obtaining parent consent UNLESS a parent or guardian submits a written request for his or her student to opt out. The common use of directory information includes athletic contest and musical concert programs, and college recruiters. Such information shall not be released for commercial reasons. See Rights and Responsibilities Information Handbook, Section 12.

***Your signature indicates awareness only. A written request to opt out is required.***

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

\_\_\_\_\_  
Today's Date

#### **5. Student's Photo, Image, Video, or Comments**

The District/School will assume permission to use a student's image (photo or video) or class work in District and school publications, and on District sponsored websites, UNLESS a parent or guardian submits a written request for his or her student to opt out.

The District/School will assume permission to use a student's image (photo or video), including comments in community newspapers or magazines, UNLESS a parent or guardian submits a written request for his or her student to opt out.

***Your signature indicates awareness only. A written request to opt out is required.***

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

\_\_\_\_\_  
Today's Date

#### **6. Release of student information – See Policy and Procedures #3231 & #3235**

Directory information can be released publicly unless the parent, guardian, or adult student **submits a written** request for his or her student to opt out. The district has designated the following as directory information and may select from the following list but is not required to include all or any of the following types of information: students name, photograph, address, telephone number, date and place of birth, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, diplomas and awards received, and the most recent previous school attended. Information may also be released to state and local officials pursuant to Washington State statute. For complete information please refer to the Rights and Responsibilities Information Handbook, Section 12.

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

\_\_\_\_\_  
Today's Date

#### **7. Surveys-Right to Inspect – See Policy and Procedure #3232**

Parents, upon request, will have the opportunity to inspect the following:

- A. Surveys created by a third party before the survey is administered or distributed by a school to students;
- B. Instructional material used as part of the educational curriculum; and
- C. Any survey document used to collect information from students.

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

\_\_\_\_\_  
Today's Date

#### **8. Release of Information to Military Recruiters (Grades 11-12 ONLY)**

The District/School will assume permission to release student demographic information to Armed Forces and Military Recruiters, or Military Schools UNLESS a parent or guardian submits a written request for his or her student to opt out.

***Your signature indicates awareness only. A written request to opt out is required.***

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

\_\_\_\_\_  
Today's Date

#### **9. Prohibition of Harassment, Intimidation, and Bullying – Filing an Incident Report**

##### **See Policy and Procedure #3207**

Any student who believes they have been the target of unresolved, severe, or persistent harassment, intimidation, or bullying may report incidents verbally or in writing to any staff member.

***Your signature indicates awareness only. A written request to opt out is required.***

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

\_\_\_\_\_  
Today's Date



## Annual Attendance Letter 2023-2024

Dear Parent/Guardian

The South Kitsap School District is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Students who attend regularly feel better about school and themselves by not falling behind. You and your student can start building the habit of good attendance beginning in preschool. Learning right from the start that going to school on time, each and every day is not only important and beneficial, but builds good habits of participation, learning, and accountability for future success while in high school, college, and career opportunities.

### **DID YOU KNOW?**

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with schoolwork, dealing with a bully, or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

### **WHAT WE NEED FROM YOU**

We miss your student when they are gone, and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please **contact your school's attendance office.**

### **OUR PROMISE TO YOU**

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school regularly or on time. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

### **SCHOOL POLICIES AND STATE LAWS**

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or Homeschool program. Children that are 6 or 7 years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements. We are required to take daily attendance and notify you when your student has an unexcused absence.

### **UNEXCUSED ABSENCES**

If your student has one **unexcused** absence in any given month, state law (RCW 28A.225.020) requires we schedule a conference with you. Three within any month requires we schedule a conference with you and your student to identify barriers and help with supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

Students with seven unexcused absences in any given month or fifteen unexcused absences or more within a school year, we are required by law to take a range of actions including filing a truancy petition with the juvenile court, alleging a violation of RCW 28A.225.010 the mandatory attendance laws.

The petition may be automatically stayed, and your student and family may be referred to a Community Engagement Board, or you and your student may need to appear in juvenile court. If your student continues to be truant, you may need to go to court.

## EXCUSED ABSENCES

In elementary school, after five **excused** absences in any month, or ten or more excused absences in the school year, the district will contact you to schedule a conference. At least one district employee will attend the conference to help identify barriers and provide supports available to you and your student. A conference will not be required if a doctor's note has been provided or the absence has been pre-arranged in writing, and the parent, student, and school have plan in place to ensure your student does not fall behind academically. If your student has an Individualized Education Plan (IEP) or a 504 Plan, the team that created the plan will need to reconvene.

The South Kitsap School District has established rules on attendance that will help you ensure your student is attending regularly. Please refer to the Rights and Responsibilities Handbook located on our website.

[www.skschools.org](http://www.skschools.org).

## WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your child has the required immunizations.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomachache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your student's teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

**The South Kitsap School District requires annually this signed attendance agreement stating that you agree with the importance of daily attendance.**

***Your signature below indicates that you have read and understand the attendance policies and procedures in South Kitsap School District.***

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_



## Annual 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 reverse side for more information).

***If the student lives in a home owned or rented by the parent or guardian, you do not need to complete this form unless there are inadequate facilities (no water, heat, electricity, etc.)***

If the student does not live in a home owned or rented by the parent or guardian, please check all that apply below. (Submit form to the district's designated McKinney-Vento liaison. Contact information can be found at the bottom of the page.)

- |  |   |
|--|---|
| <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"/> Transitional Housing                       |
| <input type="checkbox"/> Moving from place to place/couch surfing  | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> In someone else's house or apartment with another person/family                     |   |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) _____ |   |

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
First Middle Last Month/Day/Year

School: \_\_\_\_\_ Grade: \_\_\_\_\_

- ☐ Student is unaccompanied (not living with a parent or legal guardian)
- ☐ Student is living with a parent or legal guardian

Address of Current Residence: \_\_\_\_\_

Phone or Contact Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Name of parent/legal guardian: \_\_\_\_\_  
(or unaccompanied youth)

Signature of parent/legal guardian: \_\_\_\_\_  
(or unaccompanied youth)

- The student(s) named above have younger siblings/children (not yet school age) who are in need of
- ☐ developmental screening, community support, or referrals to early childhood services. The district's McKinney-Vento or building Liaison may be able to assist you with age-appropriate resources.

**Please return completed form to your building McKinney-Vento Liaison, or to SKSD's McKinney-Vento Liaison, Annette Stewart, 360.874.7054, [stewart@skschools.org](mailto:stewart@skschools.org)**

### 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

## McKinney-Vento Act 42 U.S.C. 11435

### 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:

[National Center for Homeless Education \(NCHE\)](#)

[National Association for the Education of Homeless Children and Youth \(NAEHYC\)](#)

[SchoolHouse Connection](#)

#### FOR SCHOOL PERSONNEL ONLY

*Checklist for Mc-Kinney Vento Liaisons*

☐ SKYWARD ☐ GOOGLE SHEET ☐ FNS ☐ TRANSPORTATION ☐ UNACCOMPANIED YOUTH ☐ SENT COPY TO DO