

Eatonville School District  
**ENROLLMENT FORM**

3120-F

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)? Student Cell Phone: _____					

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	<b>EMERGENCY CONTACTS (persons the school is authorized to contact to pick student up at school if residential parent cannot be reached)</b>			
	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:

**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 \_\_\_\_\_

Student Name: \_\_\_\_\_

<b>Previous Schools</b>	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.					
<b>Daycare Information</b>	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					
<b>Siblings Attending in District</b>	Last Name		First Name		Grade	School				

My high school aged 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.

Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Name of Student: \_\_\_\_\_

**RACE - ETHNICITY DATA COLLECTION**

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

**Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)**

E T H N I C I T Y	<input type="checkbox"/>	Not Hispanic/Latino	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	Salvadoran
	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	Spaniard
	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Native	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	Venezuelan
	<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Paraguayan		
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Honduran	<input type="checkbox"/>	Peruvian		
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	Puerto Rican		
							Hispanic/Latino (Write In)	
							<input type="checkbox"/>	

**Question 2: What race(s) do you consider your child? (Please check ALL that apply)****White/Black/African American**

R A C E	<input type="checkbox"/>	White	<input type="checkbox"/>	African-Canadian
	<input type="checkbox"/>	Black/African-American		
	<input type="checkbox"/>	African-American		

**Washington State Tribes/Alaskan Native**

R A C E	<input type="checkbox"/>	American Indian/Alaskan Native
	<input type="checkbox"/>	Chinook Tribe
	<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation
	<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation
	<input type="checkbox"/>	Confederated Tribes of the Colville Reservation
	<input type="checkbox"/>	Cowlitz Indian Tribe
	<input type="checkbox"/>	Duwamish Tribe
	<input type="checkbox"/>	Hoh Indian Tribe
	<input type="checkbox"/>	Jamestown S'Klallam Tribe
	<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation
	<input type="checkbox"/>	Kikiallus Indian Nation
	<input type="checkbox"/>	Lower Elwha Tribal Community
	<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation
	<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation
	<input type="checkbox"/>	Marietta Band of Nooksack Tribe
	<input type="checkbox"/>	Muckleshoot Indian Tribe
	<input type="checkbox"/>	Nisqually Indian Tribe
	<input type="checkbox"/>	Nooksack Indian Tribe of Washington
	<input type="checkbox"/>	Port Gamble S'Klallam Tribe
	<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation
	<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation
	<input type="checkbox"/>	Quinault Indian Nation
	<input type="checkbox"/>	Samish Indian Nation
	<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington
	<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
	<input type="checkbox"/>	Skokomish Indian Tribe
	<input type="checkbox"/>	Snohomish Tribe
	<input type="checkbox"/>	Snoqualmie Indian Tribe
	<input type="checkbox"/>	Snoqualmoo Tribe
	<input type="checkbox"/>	Spokane Tribe of the Spokane Reservation
	<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin Island Reservation
	<input type="checkbox"/>	Steilacoom Tribe
	<input type="checkbox"/>	Stillaguamish Tribe of Indians of Washington
	<input type="checkbox"/>	Suquamish Indian Tribe of the Port Madison Reservation
	<input type="checkbox"/>	Swinomish Indian Tribal Community
<input type="checkbox"/>	Tulalip Tribes of Washington	
Alaskan Native (Write In)		
American Indian (Write In)		
<input type="checkbox"/>		

**Eastern European**

R A C E	<input type="checkbox"/>	Bosnian	<input type="checkbox"/>	Romanian
	<input type="checkbox"/>	Herzegovinian	<input type="checkbox"/>	Russian
	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Ukrainian
	Eastern European (Write In)			
	<input type="checkbox"/>			

**Asian**

R A C E	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Lao
	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Malaysian
	<input type="checkbox"/>	Bhutanese	<input type="checkbox"/>	Mien
	<input type="checkbox"/>	Burmese/Myanmar	<input type="checkbox"/>	Mongolian
	<input type="checkbox"/>	Cambodian/Khmer	<input type="checkbox"/>	Nepali
	<input type="checkbox"/>	Cham	<input type="checkbox"/>	Okinawan
	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Punjabi
	<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Singaporean
	<input type="checkbox"/>	Indonesian	<input type="checkbox"/>	Sri Lankan
	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Taiwanese
	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Thai
	Asian (Write In)		<input type="checkbox"/>	Tibetan
	<input type="checkbox"/>		<input type="checkbox"/>	Vietnamese

**Caribbean**

R A C E	<input type="checkbox"/>	Anguillian	<input type="checkbox"/>	Dominican
	<input type="checkbox"/>	Antiguan	<input type="checkbox"/>	(Dominican Republic)
	<input type="checkbox"/>	Bahamian	<input type="checkbox"/>	Dutch Antillean
	<input type="checkbox"/>	Barbadian	<input type="checkbox"/>	(Netherlands Antilles)
	<input type="checkbox"/>	Barthélemois/Barthélemoises	<input type="checkbox"/>	Grenadian
	<input type="checkbox"/>	British Virgin Islander	<input type="checkbox"/>	Guadeloupian
	<input type="checkbox"/>	Caymanian	<input type="checkbox"/>	Haitian
	<input type="checkbox"/>	(Cayman Island)	<input type="checkbox"/>	Jamaican
	<input type="checkbox"/>	Cuba Dominican	<input type="checkbox"/>	Martiniquais/
			<input type="checkbox"/>	Martiniquaise
			<input type="checkbox"/>	Montserratian
			<input type="checkbox"/>	Puerto Rican
	Caribbean (Write In)			
	<input type="checkbox"/>			

**Latin American**

R A C E	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Guatemalan
	<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Guyanese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Honduran
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mexican
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Nicaraguan
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Panamanian
	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Paraguayan
	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Peruvian
	<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	So. Georgia/So.
	<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	Sandwich Islands
	<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Surinamese
	Latin American (Write In)		<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>		<input type="checkbox"/>	Venezuelan

**Pacific Islander/Native Hawaiian**

R A C E	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander		
	<input type="checkbox"/>	Carolinian	<input type="checkbox"/>	Palauan
	<input type="checkbox"/>	Chamorro	<input type="checkbox"/>	Papuan
	<input type="checkbox"/>	Chuukese	<input type="checkbox"/>	Pohpeian
	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Samoan
	<input type="checkbox"/>	i-Kiribati/Gilbertese	<input type="checkbox"/>	Solomon Islander
	<input type="checkbox"/>	Kosraean	<input type="checkbox"/>	Tahitian
	<input type="checkbox"/>	Maori	<input type="checkbox"/>	Tokelauan
	<input type="checkbox"/>	Marshallese	<input type="checkbox"/>	Tongan
	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Tuvaluan
	<input type="checkbox"/>	Ni-Vanuatu	<input type="checkbox"/>	Yapese
	Native Hawaiian (Write In)		Other Pac. Islander (Write In)	
	<input type="checkbox"/>		<input type="checkbox"/>	

**Middle Eastern/North African**

R A C E	<input type="checkbox"/>	Algerian	<input type="checkbox"/>	Israeli
	<input type="checkbox"/>	Amazigh or Berber	<input type="checkbox"/>	Jordanian
	<input type="checkbox"/>	Arab or Arabic	<input type="checkbox"/>	Kurdish Kuwaiti
	<input type="checkbox"/>	Assyrian	<input type="checkbox"/>	Lebanese
	<input type="checkbox"/>	Bahraini	<input type="checkbox"/>	Libyan
	<input type="checkbox"/>	Bedouin	<input type="checkbox"/>	Moroccan
	<input type="checkbox"/>	Chaldean	<input type="checkbox"/>	Omani
	<input type="checkbox"/>	Copt	<input type="checkbox"/>	Palestinian
	<input type="checkbox"/>	Druze	<input type="checkbox"/>	Qatari
	<input type="checkbox"/>	Egyptian	<input type="checkbox"/>	Saudi Arabian
	<input type="checkbox"/>	Emirati	<input type="checkbox"/>	Syrian
	<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Tunisian
	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Yemeni
	Middle Eastern (Write In)		North African (Write In)	
	<input type="checkbox"/>		<input type="checkbox"/>	

**East African**

R A C E	<input type="checkbox"/>	Burundian	<input type="checkbox"/>	Reunioneuse
	<input type="checkbox"/>	Comoran	<input type="checkbox"/>	Rwandan
	<input type="checkbox"/>	Djiboutian	<input type="checkbox"/>	Seychellois
	<input type="checkbox"/>	Eritrean	<input type="checkbox"/>	Seychelloise
	<input type="checkbox"/>	Ethiopian	<input type="checkbox"/>	Somali
	<input type="checkbox"/>	Kenyan	<input type="checkbox"/>	South Sudanese
	<input type="checkbox"/>	Malagasy (Madagascar)	<input type="checkbox"/>	Sudanese
	<input type="checkbox"/>	Malawian	<input type="checkbox"/>	Ugandan
	<input type="checkbox"/>	Mauritian (Mauritius)	<input type="checkbox"/>	Tanzanian
	<input type="checkbox"/>	Mahoran (Mayotte)	<input type="checkbox"/>	(United RC of Tanzania)
	<input type="checkbox"/>	Mozambican	<input type="checkbox"/>	Zambian
	East African (Write In)		Zimbabwean	
	<input type="checkbox"/>		<input type="checkbox"/>	

**West African**

R A C E	<input type="checkbox"/>	Beninese	<input type="checkbox"/>	Liberian
	<input type="checkbox"/>	Bissau-Guinean	<input type="checkbox"/>	Malian
	<input type="checkbox"/>	Burkinabé (Burkina Faso)	<input type="checkbox"/>	Mauritanian
	<input type="checkbox"/>	Cabo Verdean	<input type="checkbox"/>	Nigerien (Niger)
	<input type="checkbox"/>	Ivorian (Cote d'Ivoire)	<input type="checkbox"/>	Nigerian (Nigeria)
	<input type="checkbox"/>	Gambian	<input type="checkbox"/>	Saint Helenian
	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Senegalese
	West African (Write In)		<input type="checkbox"/>	Sierra Leonean
	<input type="checkbox"/>		<input type="checkbox"/>	Togolese

**Central African**

R A C E	<input type="checkbox"/>	Angolan	<input type="checkbox"/>	Congolese (Dem. RC of the Congo)
	<input type="checkbox"/>	Cameroonian	<input type="checkbox"/>	Equatorial Guinean
	<input type="checkbox"/>	Central African (Cen. African RC)	<input type="checkbox"/>	Gabonese
	<input type="checkbox"/>	Chadian	<input type="checkbox"/>	São Toméan
	<input type="checkbox"/>	Congolese (RC of the Congo)	<input type="checkbox"/>	Principe
	Central African (Write In)			
	<input type="checkbox"/>			

**South African**

R A C E	<input type="checkbox"/>	Botswanan	<input type="checkbox"/>	South African
	<input type="checkbox"/>	Mosotho (Lesotho)	<input type="checkbox"/>	Swazi
	<input type="checkbox"/>	Namibian		
	South African (Write In)			
<input type="checkbox"/>				

Student Name:

HAS YOUR CHILD EVER QUALIFIED FOR, OR BEEN ENROLLED IN, A SPECIAL ED PROGRAM? If yes, does your student have a current IEP?	Yes Yes	No 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 Yes	No 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?

## **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**.



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 _____			
<b>Right to Translation and Interpretation Services</b>  All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.	<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>		
<b>Eligibility for Language Development Support</b>  Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	<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>		
<b>Prior Education</b>  Your responses about your child's birth country and previous education: <ul style="list-style-type: none"><li>• Give us information about the knowledge and skills your child is bringing to school.</li><li>• May enable the school district to receive additional federal funding to provide support to your child.</li></ul> <b><i>This form is not used to identify students' immigration status.</i></b>	<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.





La Encuesta de idiomas en el Hogar se entrega a **todos** los alumnos que se inscriben en una escuela de Washington.

<b>Nombre del alumno:</b>		<b>Grado:</b>	<b>Fecha:</b>
Nombre del padre, madre o tutor legal _____ Firma del padre, madre o tutor legal _____			
<b>Derecho a los servicios de traducción o interpretación</b>  Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan. Indique el idioma de su preferencia para que podamos brindarle un intérprete o documentos traducidos, sin cargo alguno, cuando los necesite.	1. a) ¿En qué idioma(s) preferiría su familia recibir las comunicaciones por escrito de la escuela? _____  b) ¿Necesita un intérprete para las reuniones y llamadas telefónicas (incluso de ASL)?  Nombre del padre/madre/tutor 1: _____ ¿Necesita intérprete? ____ Sí ____ No   Idioma _____  Nombre del padre/madre/tutor 2: _____ ¿Necesita intérprete? ____ Sí ____ No   Idioma _____		
<b>Requisitos para recibir apoyo en capacitación de idiomas</b>  La información sobre el idioma del alumno nos ayuda a identificar a los alumnos que reúnen los requisitos para recibir apoyo para formar las habilidades de idioma necesarias para tener éxito en la escuela. Es posible que sea necesario hacer una evaluación para determinar si se requiere ayuda con el idioma.	2. ¿Qué idioma(s) habló o entendió primero su hijo(a)? _____  3. ¿Qué idioma utiliza más su hijo en casa? _____  4. ¿Cuál es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____  5. ¿Ha recibido su hijo apoyo en capacitación del idioma inglés en una escuela anterior? Sí ____ No ____ No sé ____		
<b>Educación previa</b>  Sus respuestas sobre el país de nacimiento de su hijo y su educación previa: <ul style="list-style-type: none"> <li>• Bríndenos información sobre el conocimiento y las aptitudes que su hijo trae a la escuela.</li> <li>• Esto puede ayudar a que el distrito escolar reciba fondos federales adicionales para brindarle apoyo a su hijo.</li> </ul> <p><b>Este formulario no se utiliza para identificar la situación migratoria de los alumnos.</b></p>	6. ¿En qué país nació su hijo? _____  7. ¿Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten – 12.º grado) ____ Sí ____ No  Si la respuesta es Sí: Número de meses: _____ Idioma de formación: _____  8. ¿Cuándo asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten – 12.º grado)  _____ Mes                      Día                      Año		

Gracias por brindarnos la información necesaria en la Encuesta de Idiomas en el Hogar. Póngase en contacto con su distrito escolar si tiene más preguntas sobre este formulario o sobre los servicios que ofrece la escuela de su hijo.





## 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.**





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:**

- ☐ 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 **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 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 **reserves** of the U.S. Armed Forces.
- ☐ Data Not Available
- ☐ 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.)

**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.

<b>Previous School:</b>  School/Agency or Person  Street Address  City, State, Zip  Phone/FAX	<b>Information Requested:</b> <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"/> 7<sup>th</sup> &amp; 8<sup>th</sup> Grade Student Learning Plan <input type="checkbox"/> High School &amp; 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: <b>Eatonville School District PO Box 698 Eatonville, WA 98328</b></div><div style="width: 30%;">or Fax to: <b>(360) 879-1812</b></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: \_\_\_\_\_

**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, 200 Lynch St. W. Eatonville, WA 98328 Phone: 360-879-1000 Fax 360-879-1086

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

**Gary Neal, Superintendent**

### **Immunization Record Requirements**

July 1, 2020

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact [Insert contact name and information].

# 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](http://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



## 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.
- ☐ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian/caregiver lives there.
- ☐ Utility Bill (Gas, Electric, Water or Garbage)
- ☐ Phone, Cable or Internet Service 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 #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: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ The student(s) named above has younger siblings/children (not yet school age) who are in need of developmental screening, community support, or referrals to early childhood services.

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

\_\_\_\_\_ Unsheltered: Car, Public Space or anywhere with inadequate facilities (no running water or electricity).

\_\_\_\_\_ Hotel/Motel

\_\_\_\_\_ Shelters: Shelter or Transitional Housing

\_\_\_\_\_ Doubled Up: with friends or family members (other than or in addition to parent/guardian)



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one): \_\_\_\_child \_\_\_\_child's parent \_\_\_\_child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

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, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. 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. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number 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.

**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 3W238, Washington, D.C. 20202-6335

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](http://www.eatonville.wednet.edu) under the POPULAR tab and look for the Skyward Access tab.



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

## THIS FORM IS TO BE KEPT AT HOME

Eatonville SD Transportation: (360) 879-1900

Transportation Manager:	Clay Jamerson
Transportation Specialist:	Bonnie McNicol
Transportation Secretary:	Tonie Walton

Please visit our [Traversa Ride 360™](https://idsrv.traversaride360.com/core/login?signin=9635e207f7b37d1a2f2fef6d5ba9efdf) page to sign up for transportation and bus routes!

(<https://idsrv.traversaride360.com/core/login?signin=9635e207f7b37d1a2f2fef6d5ba9efdf>)

If unable to complete transportation registration through Taversa, please call our office with the following information:

*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.**





## Eatonville School District #404

### Meal Charge Policy & Food Service Procedure

#### Columbia Crest School

### **PURPOSE**

It is the goal of Eatonville School District to provide healthy meals to students every day to promote better learning in a manner that complies with federal and state regulations and maintains confidentiality for all students.

Our district closely manages our food service department to keep lunch and breakfast prices as low as possible for all students. It is important to understand that unpaid meal charges place a financial burden on our food service department. The purpose of this policy is to establish consistent meal account procedures throughout the district.

### **NO-CHARGE POLICY**

**Eatonville School District has a no-charge policy, which means that a student must have money in their account to purchase a meal.** However, no student will be denied a meal because of an inability to pay. Meals taken when the student's meal account does not have sufficient funds will be charged regardless, leaving the parent responsible for the balance owed.

### **SECOND MEALS, A LA CARTE PURCHASES & INCOMPLETE MEALS**

Second meals, a la carte purchases (extra items), and incomplete meals are charged at the full rate, regardless of free & reduced meals qualification.

A complete meal is one that is based on Federal requirements regarding nutrient content and portion sizes. All students are offered and encouraged to take a complete meal during each meal session.

### **COLUMBIA CREST IS A CEP SCHOOL**

This is specific to Columbia Crest School only. All families are encouraged to fill out the Family Income Survey so our data stays current with this program. The Community Eligibility Provision (CEP) eliminates the need for household applications for free and reduced price meals. To be eligible schools must meet a minimum level of approved free/reduced meal applications in the prior year. CEP permits eligible schools to provide meal service to all students at no charge, regardless of economic status.

## **NEGATIVE BALANCES**

Eatonville School District's Food Service Department is not for profit. When meal accounts are repeatedly or excessively overdrawn it places a hardship on the district. We ask that in fairness to all families and students that you maintain a positive meal account.

It is the responsibility of the parent/guardian to ensure that their student's account balance remains positive. We are not permitted to stamp hands or give out negative balance notifications during lunchtime.

Families will be notified of an outstanding negative balance via a robo-call to the phone number on record. Our staff and/or administration may rely on one or more of the following additional options to communicate an overdue balance:

- 1) Paper notice sent home with the student
- 2) E-mail sent to the parent/guardian
- 3) Personal phone call from building staff
- 4) Referral to the building administrator or counselor

## **DELINQUENT DEBT/COLLECTIONS**

Unpaid meal charges are considered delinquent debt when payment is overdue, as defined by current State or local policies. Payment for a negative balance is due immediately. Reasonable efforts will be made to collect delinquent debt, up to and including a collections process consistent with current state and local policies. Delinquent debt carries over into the next school year, regardless if the student is still within the district.

## **PAYMENT**

Meal payment options include cash, debit/credit or check at your child's building office or debit/credit on our district's website. When sending payment to the building, be sure to include your student's name and student id number. If you are paying for multiple students, please, indicate how you would like funds divided amongst the accounts. NSF checks will incur a \$25 bank fee and you may be asked to bring your student's account current with cash or money order/cashier's check.

For balance inquiry or to make a payment you can visit the district's website or you can visit <https://wa-eatonville.intouchrecepting.com>. If you don't already have access to this feature, you will have the option of creating your own login id and password at that point(do not use a student's login or guest feature as payments may not be appropriately applied). If you would like help with access to 'Skyward Family Access' you may contact your child's building for instructions. There is no service charge for food service payments; however, it may take up to 24 hours for payments to post.



## CONFIDENTIALITY

A student's free, reduced, or paid status is confidential. It is the district's policy that this information be kept confidential except on a need to know basis for processing application and/or payments. Discretion is used at all times during checkout in the cafeterias to maintain confidentiality of paid, free or reduced status and not cause embarrassment to any student.

## OTHER INFORMATION

### *Refunds*

Parents and/or guardians must submit written request (e-mail is ok) for refund of any money remaining in their student's account or to transfer money to a sibling's account. Unclaimed funds must be requested within one year from the point in which a student becomes inactive or the funds will be turned over to Washington State Unclaimed Property. Parents also have the option of donating any remaining funds to the district's Food Service Donation Account, which is used solely to assist families who do not have the ability to pay.

### *Field Trips*

If a meal is to be provided during a field trip, a meal form will be sent home at least 1 week in advance with the field trip permission form. Field trip meals are prepared in our cafeterias and meet the same meal requirements as school lunches. Students who qualify for free or reduced status have the same access pertaining to sack lunches.

### *Special Dietary Needs*

All students with special dietary needs are required to have forms completed and signed by a recognized medical authority and returned to the school nurse with adequate notice to allow for special meal purchase, preparation, and state approval when applicable. All dietary needs will be fulfilled in regards to these forms and the child's needs. These forms are the following: Dietary Prescription for Students with Disabilities, Dietary Prescriptions for Students without Disabilities, and a Medical non-disabling statement. A copy of special dietary needs is kept at the cafeteria to which it pertains. Please, contact your child's building if you need assistance. Special meal accommodations will not be met without a completed form.

### *Graduating Seniors*

Any seniors with negative meal account balances will not be given a diploma until their account is brought current.

### *Civil Rights*

The District will follow USDA Food and Nutrition Civil Rights and non-discrimination policies.

*Disclosures*

Our no-charge meal policy may be updated annually or as needed. This policy will be sent to families annually, and at the time of enrollment if a child is enrolling for the first time, or if a change in policy occurs. It is also available on the Food Services page of our website at [www.eatonville.wednet.edu](http://www.eatonville.wednet.edu).



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#### EES, EMS, EHS, WES

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A complete meal is one that is based on Federal requirements regarding nutrient content and portion sizes. All students are offered and encouraged to take a complete meal during each meal session.

### **FREE & REDUCED- PRICE MEALS APPLICATION**

All families are encouraged to fill out a Free & Reduced Meal Application. This application process is free & confidential and may qualify each student in the family to receive one complete breakfast and one complete lunch per day at either a reduced or free rate. Each household may submit one application. These applications are sent home with every student at the beginning of the school year, however, they are available all year in each school's main office, in the District

Office or on our website's Food Services page. Applications are reviewed and eligibility determined according to national standards within 10 days or sooner. You are responsible for payment until you are approved.

Avoid unnecessary meal charges. **You must fill out a new application each year.** However, there is a grace period at the beginning of every school year in which your family retains its previous status of paid, free or reduced for 30 calendar days. If your family experiences a loss of income or increase in family size during the school year, you may and are encouraged to reapply.

If you would like assistance in filling out an application, you can call any one of our offices. We would gladly assist you.

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