

ELEMENTARY REGISTRATION FORM

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY					
STUDENT ALPHA KEY/OTHER ID	SCHOOL ENTRY DATE	MOST RECENT DISTRICT ENTRY DATE	MEDICAL ALERT	TEACHER NAME & HOMEROOM	BUS ROUTE AM PM

Student names, addresses, and certain other information are Directory Information.

STUDENT NAME: Legal Last Name		Legal First Name		Legal Middle Name		BIRTHDATE (Month/Day/Year)	
GENDER (M/F)	BIRTHPLACE: City State Country			Birth Certificate Verified		GRADE LEVEL	
ATTENDED PRESCHOOL <input type="checkbox"/> Yes <input type="checkbox"/> No				Dates of Attendance		PRIMARY LANGUAGE SPOKEN BY CHILD <input type="checkbox"/> English <input type="checkbox"/> Other _____	
NAME OF LAST SCHOOL PREVIOUSLY ATTENDED:				SCHOOL DISTRICT PREVIOUSLY ATTENDED:			
If this is an out of district school, please provide mailing address, city, state, zip:						Grade level at previous school:	
HAS STUDENT EVER ATTENDED A SCHOOL IN CURRENT DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No						DATE ATTENDED (Month/Year)	
Does your student use another name other than the legal one? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please provide the full name:			

PRIMARY HOUSEHOLD INFORMATION - Parents/guardian of student where student resides

PRIMARY HOUSEHOLD (Primary Guardian I) <i>Last Name First Name</i>		RELATIONSHIP OF PRIMARY GUARDIAN TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____		PHONE #1 Home Phone (include area code)		Please check if unlisted <input type="checkbox"/>	
Please check if parent is military or employed on Federal Property <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both				PHONE #2 Primary Guardian I (include area code)		<input type="checkbox"/> Work <input type="checkbox"/> Cell	
Branch							
RESIDENT ADDRESS	Street	Apt #		City	State	ZIP	
MAILING ADDRESS (If different from above)	Street	Apt #	P O Box	City	State	ZIP	
SECONDARY GUARDIAN PRIMARY HOUSEHOLD (Secondary parent/guardian where student resides) <i>Last Name First Name</i>		RELATIONSHIP OF SECONDARY GUARDIAN TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other _____		PHONE #3 - Secondary Guardian (include area code)		<input type="checkbox"/> Work <input type="checkbox"/> Cell	
PRIMARY LANGUAGE SPOKEN BY PARENT/GUARDIAN (other than English) Mother Father		Will you need an interpreter in order to communicate with your child's teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you need signing in order to communicate with your child's teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No		Resident School	
PARENT EMAIL ADDRESS							

DOES STUDENT ATTEND CHILD CARE? <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school		CHILD CARE PROVIDER Name		Phone ()	
Address		City		Zip Code	
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)					

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, at what grade level(s) _____	
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> OT/PT <input type="checkbox"/> Speech <input type="checkbox"/> ESL <input type="checkbox"/> Other _____			

PLEASE CONTINUE ON BACK OF FORM

PLEASE LIST OTHER SIBLINGS ATTENDING (current School District)				
Last Name	First Name	School	Grade	Lunch Status (Office use)

SECOND HOUSEHOLD INFORMATION – Parents/guardian of student NOT residing full time with student

SECOND HOUSEHOLD (Secondary Guardian 1) Last Name First Name		RELATIONSHIP OF SECOND HOUSEHOLD GUARDIAN 1 TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		PHONE #1 Second Household Home Phone (include area code)		Please check if unlisted <input type="checkbox"/> <input type="checkbox"/> Work <input type="checkbox"/> Cell
RESIDENT ADDRESS Street		Apt #	City	State	ZIP	
MAILING ADDRESS (If different from above) Street		Apt #	P.O. Box	City	State	ZIP
SECOND HOUSEHOLD (Secondary guardian 2) Last Name First Name		RELATIONSHIP OF SECOND HOUSEHOLD GUARDIAN 2 TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other		PHONE #3 – Secondary Guardian – Household 2 (include area code)		<input type="checkbox"/> Work <input type="checkbox"/> Cell
RESIDENT ADDRESS Street		Apt #	City	State	ZIP	

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons below you trust who are available during the day to provide care for your child. In the event that the school is unable to contact the parent/guardian, your child may be released to the person(s) you have listed.

FILL IN EMERGENCY CONTACT INFORMATION FOR AT LEAST TWO CONTACTS

PRIMARY CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Address		City	Zip Code
SECOND CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Address		City	Zip Code
THIRD CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Address		City	Zip Code
TRANSPORTATION RESTRICTIONS: (office use)			

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school for enforcement)

Restraining order is against: Mother Father Other

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 may be cause for revocation of the student's enrollment in the South Bend School District. I also understand that by providing Emergency contact information, the person(s) listed are authorized to pick up my child if parent/guardian is unreachable.

Legal Parent/Guardian Signature _____ Date _____

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION 2021-2022

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.

Question 1: Is your child of Hispanic or Latino origin? No (Please check all that apply)

ETHNICITY	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	Salvadoran
	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	Spaniard
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Native	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	Venezuelan
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Paraguayan	Hispanic/Latino (Write In)	
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Honduran	<input type="checkbox"/>	Peruvian		
				Jamaican	<input type="checkbox"/>	Puerto Rican		

Question 2: What race(s) do you consider your child? (Please check ALL that apply)

White/Black/African American

RACE	<input type="checkbox"/>	White
	<input type="checkbox"/>	Black/African-American
	<input type="checkbox"/>	African-American

Washington State Tribes/Alaskan Native

RACE	<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 Jamestown
	<input type="checkbox"/>	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"/>	Stellacoom 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	
<input type="checkbox"/>	Alaskan Native (Write In)	
<input type="checkbox"/>	American Indian (Write In)	

Asian

RACE	<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
	<input type="checkbox"/>	Asian (Write In)	<input type="checkbox"/>	Tibetan
			<input type="checkbox"/>	Vietnamese

Caribbean

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

Latin American

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

Pacific Islander/Native Hawaiian

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

Middle Eastern/North African

RACE	<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
	<input type="checkbox"/>	Middle Eastern (Write In)	<input type="checkbox"/>	North African (Write In)

East African

RACE	<input type="checkbox"/>	Burundian	<input type="checkbox"/>	Reunionese
	<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 (United RC of Tanzania)
	<input type="checkbox"/>	Mahoran (Mayotte)	<input type="checkbox"/>	Zambian
	<input type="checkbox"/>	Mozambican	<input type="checkbox"/>	Zimbabwean
	<input type="checkbox"/>	East African (Write In)		

West African

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

Central African

RACE	<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"/>	Príncipe
	<input type="checkbox"/>	Central African (Write In)		

South African

RACE	<input type="checkbox"/>	Botswanan	<input type="checkbox"/>	South African
	<input type="checkbox"/>	Mosotho (Lesotho)	<input type="checkbox"/>	Swazi
	<input type="checkbox"/>	Namibian		
<input type="checkbox"/>	South African (Write In)			

Eastern European

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

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

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

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

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 1875-0240. 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., FOB-6/Room 5C152, Washington, D.C. 20202-6335.

SUPPLEMENTAL INFORMATION

Is there anything in your child's academic past that the school should be aware of to allow us to better serve your child?

Has your child ever had any behavioral problems that the school district should be aware of?
_____ Yes _____ No

If yes, please explain.

What is your child's dismissal plan? This plan is what they will do every day UNLESS we get a phone call by 2:30 pm or a note to change it. (Bus, Walk, or Get Picked-Up?)

Bus to where? _____

Walk? _____ If K-2, walk with who? _____

Get picked up by? _____

Parent/Guardian Signature

Date



South Bend School District
400 East 1st
South Bend WA. 98586

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 you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other _____

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____ Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

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

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to:

_____ District Liaison Phone Number Location

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; or are awaiting foster care placement;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>

SOUTH BEND PUBLIC SCHOOLS

400 E. First, Post Office Box 437
South Bend, Washington 98586

Superintendent

Jon Tienhaara (360) 875-6041 Ext 4
Fax 875-6062

Principals

Jason Nelson, High School (360) 875-5707 Ext 3
Kresta Byington, Elementary School (360) 875-5615 Ext 2

Administrative Assistant

Robyn Rose, District (360) 875-6041 Ext 4

Directors

Charles Spoor, Chairman
Todd Stroyk
Andrew Seaman
Wendy Manlow
Jim Rose

EMERGENCY INFORMATION / FIELD TRIP PERMISSION FORM

Student Legal Name _____ Birthdate _____

PRIMARY CONTACT <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
SECOND CONTACT <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
THIRD CONTACT (other than parent/guardian) <i>Last Name First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

Family physician _____ Telephone _____

Insurance Company _____ Policy # _____

Food & Drug allergies _____

Medicines taken at school _____

I give my child permission to attend field trips during the 2023-24 school year.

Medical Emergency Authorization

As the parent or guardian, in the absence of our family physician, I authorize a qualified physician to examine the above-named student, and in the event of any injury or illness, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, deemed necessary to insure proper care. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem and treatment prior to the administration of treatment. I agree to pay all costs incurred as a result of the foregoing.

Legal Parent/Guardian Signature _____ Date _____

The South Bend 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 the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: District's Title IX/RCW 28A.640 Officer Robyn Rose, and/or Jon Tienhaara Section 504/ADA Coordinator, 405 E. 1st Street, PO Box 437, South Bend, WA. 98586 (360) 875 6041 Option 4.

South Bend School District
PLEASE CHECK THE FOLLOWING IF THEY PERTAIN TO YOUR CHILD

CHECK HERE IF THERE ARE NO KNOW HEALTH PROBLEMS

EYES

Wears glasses To be worn at all times
 Wears contacts To be worn at all times
 Requires preferential seating Date of last eye exam: _____
 Under care of Dr. _____
 Phone: _____
 Comments: _____

EARS

Has a hearing problem Has tubes in ears Uses hearing aid
 Requires preferential seating
 Under care of Dr. _____
 Phone: _____
 Comments: _____

BROTHERS & SISTERS

NAME	SCHOOL ATTENDING	GRADE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

GENERAL HEALTH

Has the following condition (s):

EPILEPSY Fainting Spells Diabetes

ADD/ADHD Heart Condition Migraines

Asthma

Are any of the above life threatening? YES NO

If yes, please explain: _____

ALLERGIES (please describe): _____

ALLERGIC REACTION TO BEE STINGS (please describe): _____

OTHER: _____

MEDICATIONS?

Name: _____ Dosage: _____ For (diagnosis): _____
 Name: _____ Dosage: _____ For (diagnosis): _____
 Name: _____ Dosage: _____ For (diagnosis): _____

Does this medication need to be taken during school hours? YES NO
 Prescribed by DR. _____ Phone: _____

Has a physical condition which limits participation in:
 Classroom activities: PE:

Please explain: _____

Under the care of DR: _____ Phone: _____

South Bend School District

Students with Life-Threatening Health Conditions

Date: _____

Dear Parent or Guardian:

Washington State law requires that parents of children who have a life-threatening health condition obtain a medication or treatment plan signed by a licensed health care provider and provide it to the school each year, on or before the first day of school. The law requires the school district to exclude any child with a life-threatening health condition from attending school until a medication or treatment plan is provided.

Your child's safety is our priority and we do not want your child to miss any school. Please make plans to schedule an appointment with your child's physician or health care provider as soon as possible to obtain a signed medication or treatment plan. Provide a copy of the plan to the following person. Please call if you have any questions.

Leah Heintz, School Nurse
South Bend School District
PO Box 437
South Bend, WA 98586
360-875-5615 #2
lheintz@southbendschools.org

Parent/Guardian: Please complete the section below and return the form immediately.

Name of Student: _____ Date: _____

Name of Parent/Guardian: _____ School: _____

Please complete and return this form for each child who has a serious or life-threatening condition that may put him/her in danger that may require medical services to be performed at school if a medication or treatment plan is not in place.

_____ Severe Asthma
_____ Food Allergy: _____
_____ Bee Sting Allergy
_____ Unstable Diabetes
_____ Seizures
_____ Other _____

_____ I have attached a medication or treatment plan.

_____ I will provide a medication or treatment plan by _____ (date).

Signature of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email address: _____ Phone number: _____



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

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</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? <input type="checkbox"/> Yes <input type="checkbox"/> No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language _____</p>	
<p>Eligibility for Language Development Support</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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Number of months: _____</p> <p style="padding-left: 40px;">Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">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.



South Bend School District 118
Mike Morris Elementary
Student Image Permission Form

Dear Parent/Guardian:

Please read over the following and make a decision as to whether you grant permission for Mike Morris Elementary School to post, print, or release your child's image/photograph or student work.

Examples of how your child's image/photograph or student work may be used:

- Appear in a printed publication such as a class picture, newspaper, magazine, or yearbook
- Submitted as samples to programs (examples: sports programs or play programs) or as contest entries to sponsors
- Utilized as a demonstration or sample in educational workshops, classrooms, and/or conferences
- Appear on video/electronic image, which may or may not be used for a school/county project or the school website
- Other educational activity as Mike Morris Elementary School deems necessary

Your child's name or address **WILL NOT** be included with your child's image/photograph or student work when published on the Web.

RELEASE AUTHORIZATION

Your permission grants Mike Morris Elementary School approval to publicize without prior notification and remains in effect until MMES receives written notice that you would like this revoked.

____ I/We **DO** give permission for _____'s image/photograph or school work to be used as described above. We are willing to release this into the public domain.

____ I/We **DO NOT** give permission for _____'s image/photograph or work to be used as described above.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Address _____

City, State, Zip Code _____

Phone Number _____ Date _____



SOUTH
BEND
PUBLIC
SCHOOLS

A great place for kids.

PARENT NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **MUST HAVE A COPY OF THE RECORDED COURT ORDER** on file, otherwise either parent may check the child out of school with proper identification.

If a parent comes in with a court order stating the current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read and understand the above statement of the law.

Students Name: _____

Signature of Parent/Guardian: _____ Date: _____

NOTIFICACIÓN PARA PADRE

Por ley, si los padres están separados legalmente o divorciados, cada padre tiene derechos iguales de custodia de el hijo(a)/hijo **A MENOS QUE** uno de los padres tenga una orden de la corte que indique cual padres es el que tiene custodia del hijo(a)/hijos.

La escuela **DEBE TENER UNA COPIA DE LA CORTE** en sus archivos estudiantiles, de lo contrario, cualquiera de los padres puede sacar el estudiante de la escuela con la identificación apropiada.

Si uno de los padres viene con una orden de la corte que indique la custodia actual sobre el estudiante registrado, entonces se pueden llevar al niño (a)/hijos después de que los documentos hayan sido verificados, conforme sea necesario, y después de haber hecho todo intento de comunicarnos por teléfono con el otro padre registrado.

He leído la declaración de la ley arriba.

Nombre del Estudiante: _____

Firma del Padre/Tutor: _____ Fecha: _____

South Bend School District

Electronic Information System (K-20 Network) Individual User Access Informed Consent Form

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release the South Bend School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the South Bend School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that the South Bend School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the Internet through the school district's system is waived.

 Signature of User

 Signature of Parent/Guardian
(required if user is under age 18)

 Printed Name of User

 Printed Name of Parent/Guardian

 Address

 Address

 City/State/Zip

 City/State/Zip

 Phone

 Phone

 Date Signed

 Date Signed

- Students over eighteen do not need a parent's signature
School Principal retains white copy and sends copy to: Technology Coordinator

Building Administrator Signature _____

Date _____

SOUTH BEND SCHOOL DISTRICT

Dear Parents:

Your child has the opportunity to receive an electronic network account. Among other advantages, your child will be able to communicate with other schools, colleges, organizations and individuals around the world through the Internet and other electronic information systems and networks.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed informed consent form and school district Policy 2022 and discuss it together. When your child is given an account to use on the network, it is extremely important that the rules are followed. Inappropriate use will result in the loss of the privilege to use this educational tool, and will receive other disciplinary action if appropriate. Parents, please remember that you are legally responsible for your child's actions. Parents should closely monitor student use of social media and the Internet. Both parents and students should have a clear understanding of the consequences of poor decision-making.

OPT-OUTS remain in effect for the current school year. If no documentation is on file, it will be assumed that permission for Internet and e-mail usage has been granted.

Please stress to your child the importance of using only his or her account password, and in keeping it secret from other students. Your child should never share his/her password with others. Your child is responsible for any activity that happens with his/her account. We reserve the right to review e-mail and other communications sent or received on the district network to improve student safety and system integrity.

If you have any questions, please contact me at 875-6041. If you want your child to have the opportunity to receive an Electronic Network account or access, please return signed informed consent forms to us as soon as possible.

Sincerely,



Jon Tienhaara
Superintendent



A great place for kids.

Dear Parent/Guardian,

South Bend School District is working to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school—and themselves. Your student can start building this habit in preschool so they learn right away that going to school on time, every day is important. Consistent attendance will help children do well in high school, college, and at work.

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 child's school office at (360) 875-5707.

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 people in our buildings who are 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. We are required to take daily attendance and notify you when your student has an unexcused absence.

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 a district-approved home school 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. If your student has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the Juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws.

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

Student Name: _____

Parent Signature: _____ Date: _____

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 (only one form is needed per family):

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

Student Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

(Note: If at any time during the school year the military status changes please contact office personnel at your child's school.)

School Year 2023-24 Family Income Survey

Return this form to:
 Mike Morris Elementary School – Tammy McDougall, Secretary
 South Bend Jr/Sr High School – Susie Williams, Secretary
 Melissa Kudasik, Secretary

Complete one application per household

Questions?

Bailey Johnson – Food Service Director; 360-875-6041

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

Step 1: List all students living with you that are attending school.

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	School	Grade

Step 2: Are any of the listed students: In Foster Care Experiencing Homelessness Receiving Migrant Education Services

Step 3: Do any household members participate in: Basic Food TANF Food Distribution on Indian Reservation (FDPIR)

Step 4: Household Income: List all household members even if they do not receive income. For each household member listed, report total gross income (before taxes and deductions)

Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Public Assistance/ Child Support/ Alimony	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Pensions/ Retirement/ Social Security (SSI)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Any Other Income Not Already Listed	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 5: Contact Information & Signature

I promise that the information on this application is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agencies to support my child's education as allowed by law.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address _____ City, State, & Zip Code _____ Daytime Phone _____ Date _____

South Bend School District is and equal opportunities employer
 South Bend 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 the Boy Scouts and other designated youth groups. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX Officer, and/or Section 504/ADA Coordinator, and/or Civil Rights Compliance Coordinator, 304 Adams Street South, PO Box 437, South Bend, WA 98586 (360) 875-6041.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Income Household Total Household Income \$ _____

Application qualifies for household at or below the income eligibility guidelines listed below: Yes No

Date Notice Sent _____ Signature of Approving Official _____ Date _____

Income Eligibility Guidelines
 Effective from July 1, 2023, through June 30, 2024

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183



Washington State Governor's Office of the Education Ombuds (OEO)

The Washington State Governor's Office of the Education Ombuds (OEO) is an independent state agency that helps to reduce educational opportunity gaps by supporting families, students, educators, and other stakeholders in communities across WA in understanding the K-12 school system and resolving concerns collaboratively. OEO services are free and confidential. Anyone can contact OEO with a question or concern about school.

OEO listens, shares information and referrals, and works informally with families, communities, and schools to address concerns so that every student can fully participate and thrive in our state's public schools. OEO provides support in multiple languages and has telephone interpretation available. To get help or learn more about what OEO does, please visit our website: <https://www.oeo.wa.gov/en>; email oeoinfo@gov.wa.gov, or call: [1-866-297-2597](tel:1-866-297-2597) (interpretation available). (English)

La Oficina de Educación y Resolución de Quejas (OEO, por sus siglas en inglés) es una agencia estatal independiente que ayuda a reducir las brechas de oportunidades educativas al apoyar a familias, estudiantes, educadores y otras partes interesadas en las comunidades de WA para comprender el sistema escolar K-12 y resolver inquietudes colaborativamente. Los servicios de OEO son gratuitos y confidenciales. Cualquiera puede comunicarse con la OEO si tiene alguna pregunta o inquietud acerca de la escuela.

La OEO escucha, comparte información y referencias, y trabaja de manera informal con las familias, las comunidades y las escuelas para abordar las inquietudes para que todos los estudiantes puedan participar plenamente y prosperar en las escuelas públicas de nuestro estado. OEO brinda apoyo en varios idiomas y tiene interpretación telefónica disponible. Para obtener ayuda u obtener más información sobre lo que hace la OEO, visite nuestro sitio web: <https://www.oeo.wa.gov/es>; envíe un correo electrónico a oeoinfo@gov.wa.gov, o llame al: [1-866-297-2597](tel:1-866-297-2597) (interpretación disponible). (Spanish)