



# Sky Valley Education Center

Phone: 360-804-2700 Fax: 360-804-2759

Address: 351 Short Columbia Street Monroe, WA 98272

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Dear Prospective Family:

Thank you for your interest in SVEC. Sky Valley Education Center is a part of the Monroe Public School District; it is a public school. We are a resource for families with a background or interest in "homeschooling." We realize and appreciate the uniqueness of our families and potential families. Please contact us anytime with questions you have about any of our programs. Our office hours are Monday through Friday, 8:30 am until 3:30 pm. We can be reached by telephone at 360-804-2700. We have so many options at SVEC... sometimes the hardest thing to do is choose!

If after looking through this information, you believe Sky Valley is the place for you, please complete the remaining forms for registration. Turning in the registration packet places you on our list but does not guarantee enrollment. **Priority enrollment will be given to families on the waitlist with a history of homeschooling or involvement in another Parent Partnership Program.** Returning families will be allowed to re-enroll without a waiting period, provided their children were successful in our program, their children had no behavior issues, and parents kept current with ALE documentation requirements and off-site instruction responsibilities. **Sky Valley is a K-12 open campus with limited school supervision, relying on parents to provide supervision. We do not enroll students with a history of discipline, behavior, or attendance concerns in our on campus programs or Excursion.** Families are welcome to enroll part time, however, the minimum part time enrollment is 40%. It is still possible to enroll in 1 class and be 40% enrolled. For more information about part time enrollment, call 360-804-2700.

We look forward to meeting you.

*Sky Valley Education Center*



# Sky Valley Education Center

## Registration Check-off List

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

School Year: \_\_\_\_\_

Sibling: YES \_\_\_\_\_ NO \_\_\_\_\_

Homeschool Experience? No \_\_\_\_\_ Yes \_\_\_\_\_

If YES, what type/where and for how long? \_\_\_\_\_

- ☐ Registration Form completed
- ☐ Original Birth Certificate (we will copy & return immediately)
- ☐ Ethnicity survey
- ☐ Language survey
- ☐ Immunization Record - Office will pull these records
- ☐ State test scores from previous years (grades 3-12)  
(obtain from former school if you can not locate your copy)
- ☐ Official Transcript if a high school student
- ☐ Read and Sign School of Choice Statement of Understanding
- ☐ Request for Transfer of Records Between Schools
- ☐ If you are offered enrollment and you live outside the Monroe School District,  
submit the Choice Transfer Request paperwork online through -  
**Washington State Choice Transfer Request Portal - EDS - OSPI**

**Please indicate program(s) of interest here:**  
\_\_\_\_\_

Thank you for your interest in Sky Valley Education Center!  
Please contact Tracy VanHee if you have any questions at 360-804-2700.

**Deadlines for Enrollment**Program priority (Stem, ESS, Montessori) May 1stPriority Enrollment-June 1st2nd round-July 1st3rd round-August 1st**AFTER August 1st, enrollment will be determined on a 1st come 1st serve basis**





## K-8

Program & Grade Levels	Short Description	Weight	Short Description
Parent Partnership Program (K-12th)	200+ a-la-carte core and elective classes *site-based	Typically weighs 1-each	*some provide curriculum, some are supplemental *most are taught by certificated teachers, some are taught by highly qualified adults *2-4 classes = part time enrollment *5-7 classes = full time enrollment (must have 2 cores subjects as part of the 5-7)
Family Co-op (K-6th)	Program: 1 day/wk *site-based (Mondays only)	Weights 4 of 7	Provides classical curriculum for core subjects. Nurtures kindness, understanding, and wonder in a whole-family learning environment.
Fundergarten (K)	PPP Block class: 2 half days/wk *site-based	Weights 3 of 7	Provides materials for core subjects. Focuses on being a safe, loving, and fun learning environment (taught by our very own Mrs. Frizzle)
Family Field Science Co-op (K-2nd) & (3rd-5th)	Program: 1 day/wk *off-site at rotating outdoor locations	Weights 3 of 7	Standards based, student-led, unschooling experience in the outdoors (rain or shine).
Montessori (K-6)	Program: 3 days/wk *site-based	Weights 5 of 7	Provides hands-on Montessori lessons and materials.
Integrat Academy (1st-6th)	PPP Block class: 2 half days/wk *site-based	Weights 3 of 7	Provides some curriculum (not math) and all the materials for themed unit studies
School To Go (K-8th)	Program: 1 hr/wk *distance plus the option to take site-based classes	Weights 4 of 7	Provides consumable grade-by-grade level curriculum, literature, teacher guides, and pacing guides for the 4-core subjects
BookShark (K-8th)	Program: 1 hr/wk *distance plus the option to take site-based classes	Weights 4 of 7	Is a literature based multi-grade-range leveled curriculum. Provides teacher guides, consumable worksheets, all the reading books, and pacing guides for the 4-core subjects

## 6-12

Environmental Studies School (6th-10th)	Program: 3 days/wk *site-based	Weights 5 of 7	Uses outdoor experiences and projects for skills development.
Academy of Critical Thinking (6th-12th)	Program: 2 days/wk & optional lab *site-based	Weights 4 of 7	Focuses on logic and problem solving. LMS: 9am-12pm, HS: 9am-1:30pm
STEM (6th-10th)	Program: 3 days/wk *site-based	Weights 5 of 7	Focus is on science, technology, engineering, math supported with language arts instruction
Adolescent Montessori (7th-10th)	Program: 3 days/wk *site-based	Weights 5 of 7	Provides hands-on Montessori lessons and materials.
Personalized Learning (8th-12th)	Program: student schedules weekly appointment(s) with consultant *contract based	Weights 5 of 7	Provides a pathway to graduation for credit deficient students or students with unique challenges preventing them from attending school
Study.com (9th-12th)	Program: 1 hr/wk *distance	Typically weighs 1-each	Online learning platform providing 9-12 curriculum through videos, reading, projects, and quizzes



## Thank you for your interest in Sky Valley Education Center!

Sky Valley Education Center (SVEC) is a part of the Monroe School District. It is designed to serve families with a background in homeschooling. We realize and appreciate the uniqueness of our families and potential families.

Click on the link below to see a list of our programs

<https://www.monroe.wednet.edu/svec/about/programs>

Click on the link below to see a list of our current classes

<https://www.monroe.wednet.edu/svec/resources/classes-list>

Click on the link below for our registration packet

<https://www.monroe.wednet.edu/svec/about/registration>

### How is Sky Valley Different?

- Parents play a vital role in their child's education
- All of our classes are multi-grade level. If a child is excelling in a subject, the parent can choose to put them into a higher level class. This is personalized education.
- We are a non-graded school. There are no letter grades at Sky Valley. We are focused on success and excellence for all students.
- We offer many parent workshops every year to support parents in education their children.

Typically, once students reach 11<sup>th</sup> and 12<sup>th</sup> grade, over 70% choose to enroll in the [Running Start](#) or [Sno-Isle Tech Skill Center](#) programs. In [Running Start](#), they attend local colleges and earn dual credits toward both high school and college graduation. [Sno-Isle](#) is a technical high school program that offers over 23 career/technical programs.

Please contact

Tracy VanHee @ [vanheet@monroe.wednet.edu](mailto:vanheet@monroe.wednet.edu) – 360-804-2704

Or

Amber Ortiz @ [ortiza@monroe.wednet.edu](mailto:ortiza@monroe.wednet.edu) – 360-804-2700





## Welcome To Monroe School District!

Help us serve you better by using the Admission Checklist below as you collect the information and documents necessary to enroll your child in Monroe School District.

### Admission Checklist

#### Forms (complete and return)

##### **New Student Registration**

Complete all information below and on the following three pages and sign the form.

##### **Certificate of Immunization Status (CIS)**

Washington State requires that you use the official CIS form, which must be signed by the parent/guardian.

*All immunization dates **MUST** appear on the CIS form! Sign and date.*

##### **Request for Transfer of Records between Schools**

#### Documents/Forms (if applicable)

Birth Certificate for Pre-K, Kindergarten, 1st Grade and new to Washington only (original for school to copy)

Court Documents (if applicable) relating to guardianship or a parenting plan (original for school to copy)

Choice Transfer Request Form - students residing in another school district must have

Choice Transfer form approved before registering

### New Student Registration

#### **DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY**

Student School Number	School Entry Date	Homeroom Number	Food Service Number	Bus Route <input type="checkbox"/> AM <input type="checkbox"/> PM
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Has any member of your family ever been enrolled in or employed by the Monroe School District? ☐ Yes ☐ No

STUDENT: Legal Last Name		Legal First Name	Legal Middle Name	Also Known As:
Birth Date (Month/Day/Year)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Place: City	State	Country
				Grade Level

**RESIDENT DISTRICT:** Is student attending Monroe School District via a Choice Transfer

☐ Yes ☐ No

If Yes, what is your resident district? \_\_\_\_\_

#### **HEALTH INFORMATION**

Health Care Provider/Clinic \_\_\_\_\_

☐ Yes ☐ No Does your child have a condition which causes the daily possibility of a life-threatening emergency? This includes life-threatening allergies, diabetes, and some seizures.

If Yes, please describe \_\_\_\_\_

☐ Yes ☐ No During school hours, does your child need help with a medical procedure? (Ex. Blood sugar, tube feeding, catheterization)

✶ If your child has a life threatening health condition, an emergency care plan and medical treatment order must be in place prior to your child's school attendance. Please contact your child's school or Health Services at 360 804-2600 for assistance.



**HOME LANGUAGE SURVEY (State Law requirement):**

Indicate your language preference so we can provide an interpreter or translated documents (free of charge when you need them): ➤ \_\_\_\_\_

Indique el idioma de su preferencia para que podamos brindarle un intérprete o documentos traducidos, sin cargo alguno, cuando los necesite.

أشارتنا، محلياً، عندما تكون في حاجة إلى ذلك، نوضح اللغة المفضلة لديك حتى تتمكن من توفير مترجم، أو وثائق.

Укажите предпочитаемый язык, чтобы при необходимости мы могли бесплатно предоставить вам устного переводчика или переведенные документы.

Вкажіть, який мови ви віддаєте перевагу, щоб у разі потреби ми мали змогу безкоштовно організувати вам послуги усного перекладача або письмовий переклад документів.

Please complete a separate Home Language Survey form. (Available in 37 languages)

Por favor complete separadamente un formulario de la Encuesta de Lenguaje en el Hogar

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

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

الاستطلاع الخاص باللغة الرئيسية متاح لجميع الطلاب المسجلين في مدارس واشنطن.

Анкета о языке домашнего общения выдается *всем* поступающим в школы штата Вашингтон.

Опитування з рідної мови проводиться серед *усіх* учнів, які зараховуються до шкіл штату Вашингтон.

**STUDENT RESIDENCY:**

The answers to the following questions can help determine the services this student may be eligible to receive under McKinney Vento Act 42 U.S. C. 11435.

Is this student's home address a temporary living arrangement due to the loss of housing or economic hardship? ☐ Yes ☐ No

➡ If you answered "Yes" to the above question:

Please contact your school's office to request a *Student Residency Questionnaire*

**PRIMARY HOUSEHOLD: (parent/guardian #1 where student resides)**

Last Name _____ First Name _____		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	
		<input type="checkbox"/> Please check if unlisted		<input type="checkbox"/> Please check if unlisted	
(parent/guardian #2 where student resides) Last Name _____ First Name _____		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	
		<input type="checkbox"/> Please check if unlisted		<input type="checkbox"/> Please check if unlisted	
Parent/Guardian #1 Relationship To Student <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Self <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Guardian <input type="checkbox"/> Agency		Parent/Guardian #2 Relationship To Student <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Self <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Guardian <input type="checkbox"/> Agency		Email Address	
Resident Address	Street _____	Apt # _____	City _____	State _____	ZIP _____
Mailing Address (If different from above)	Street _____	Apt # _____ P O Box _____	City _____	State _____	ZIP _____

**SECOND HOUSEHOLD: (non-custodial parent/guardian not residing with student)**

Last Name _____ First Name _____		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	
		<input type="checkbox"/> Please check if unlisted		<input type="checkbox"/> Please check if unlisted	
(non-custodial parent/guardian not residing with student) Last Name _____ First Name _____		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	
		<input type="checkbox"/> Please check if unlisted		<input type="checkbox"/> Please check if unlisted	
NC Parent/Guardian #1 Relationship To Student <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Self <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Guardian <input type="checkbox"/> Agency		NC Parent/Guardian #2 Relationship To Student <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Self <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Other <input type="checkbox"/> Guardian <input type="checkbox"/> Agency		Email Address	
Second Household Mailing Address Street _____ City _____ State _____ Zip _____				Additional Mailings Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	



**MILITARY FAMILY STATUS (State Law requirement):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> US Armed Forces active duty                         | <input type="checkbox"/> US Armed Forces reserves | <input type="checkbox"/> No affiliation               |
| <input type="checkbox"/> More than one member of Armed Forces/National Guard | <input type="checkbox"/> National Guard Member    | <input type="checkbox"/> No response/refused to state |

**STUDENT ETHNICITY AND RACE:**

Instructions: This form is to be filled out by the student's parents or guardians and both questions must be answered.

Part A asks about the student's ethnicity and Part B asks about the student's race

A. Is your student of Hispanic or Latino origin? ☐ Not Hispanic/Latino

If Yes, check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Central American                    | <input type="checkbox"/> Puerto Rican          |
| <input type="checkbox"/> Cuban                               | <input type="checkbox"/> South American        |
| <input type="checkbox"/> Dominican                           | <input type="checkbox"/> Spaniard              |
| <input type="checkbox"/> Latin American                      | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Mexican / Mexican American/ Chicano |  |

B. What race(s) do you consider your child? Check all that apply. Please circle O your primary choice.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> Native Hawaiian        | <input type="checkbox"/> Makah                               |
| <input type="checkbox"/> White                   | <input type="checkbox"/> Fijian                 | <input type="checkbox"/> Muckleshoot                         |
| <input type="checkbox"/> Asian Indian            | <input type="checkbox"/> Guamanian Or Chamorro  | <input type="checkbox"/> Nisqually                           |
| <input type="checkbox"/> Chinese                 | <input type="checkbox"/> Mariana Islander       | <input type="checkbox"/> Nooksack                            |
| <input type="checkbox"/> Filipino                | <input type="checkbox"/> Melanesian             | <input type="checkbox"/> Port Gamble Klallam                 |
| <input type="checkbox"/> Hmong                   | <input type="checkbox"/> Micronesian            | <input type="checkbox"/> Puyallup                            |
| <input type="checkbox"/> Indonesian              | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Quileute                            |
| <input type="checkbox"/> Japanese                | <input type="checkbox"/> Tongan                 | <input type="checkbox"/> Quinault                            |
| <input type="checkbox"/> Korean                  | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samish                              |
| <input type="checkbox"/> Laotian                 | <input type="checkbox"/> Alaska Native          | <input type="checkbox"/> Sank-Suiattle                       |
| <input type="checkbox"/> Malaysian               | <input type="checkbox"/> Chehalis               | <input type="checkbox"/> Shoalwater                          |
| <input type="checkbox"/> Pakistani               | <input type="checkbox"/> Colville               | <input type="checkbox"/> Skokomish                           |
| <input type="checkbox"/> Singaporean             | <input type="checkbox"/> Cowlitz                | <input type="checkbox"/> Snoqualmie                          |
| <input type="checkbox"/> Taiwanese               | <input type="checkbox"/> Hoh                    | <input type="checkbox"/> Spokane                             |
| <input type="checkbox"/> Thai                    | <input type="checkbox"/> Jamestown              | <input type="checkbox"/> Squaxin Island                      |
| <input type="checkbox"/> Vietnamese              | <input type="checkbox"/> Kalispel               | <input type="checkbox"/> Stillaguamish                       |
| <input type="checkbox"/> Other Asian             | <input type="checkbox"/> Lower Elwha            | <input type="checkbox"/> Suquamish                           |
|  | <input type="checkbox"/> Lummi                  | <input type="checkbox"/> Swinomish                           |
|  |   | <input type="checkbox"/> Tulalip                             |
|  |   | <input type="checkbox"/> Yakama                              |
|  |   | <input type="checkbox"/> Other Washington Indian             |
|  |   | <input type="checkbox"/> Other American Indian/Alaska Native |

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed under Emergency Contact Information.

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

**VERIFICATION OF INFORMATION:** The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Monroe School District.

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

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Notice of Non-Discrimination**

The Monroe School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. A list of employees designated to handle questions and complaints of alleged discrimination are on our district website [www.monroe.wednet.edu](http://www.monroe.wednet.edu).

The Monroe School District will also take steps to assure that national origin persons who lack English language skills can participate in all education programs, services and activities.



<b>SPECIAL SERVICES:</b> Has your child ever qualified for or been enrolled in a special education program? <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 Has your child ever participated in: <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> Other _____	Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level(s) _____
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<b>SCHOOL:</b> School Previously Attended _____	School District Previously Attended _____	Previous School Location (City and State) _____
Has student ever attended Monroe School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of school attended _____		Date Attended (Month/Year) _____

<b>OTHER INFORMATION:</b> Is there a joint-custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, plan must be on file with the school <input type="checkbox"/> Original provided to school to copy and return	
Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, legal papers must be on file with the school <input type="checkbox"/> Original provided to school to copy and return	
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	

<b>DISCIPLINE:</b> Has the student ever been suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes date: _____
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<b>CHILD CARE:</b> Does student attend child care? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check below and fill in child care information to right → <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before & after school	Child Care Provider Name: _____ Address _____ Phone Number _____
If you have additional child care arrangements, please provide information to school in writing.	

<b>OTHER SIBLINGS:</b> Please list other siblings attending Monroe School District			
Last Name	First Name	School	Grade

<b>RELIGIOUS BELIEFS:</b> If you have special instructions regarding religious beliefs, please provide information to school in writing.
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<b>EMERGENCY CONTACT INFORMATION:</b> 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 you trust who are available during the day to provide care for your child.			
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
Primary Contact Address Street City State Zip			
Secondary 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
Secondary Contact Address Street City State Zip			

# Student Ethnicity and Race

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Send Copy to EL Coordinator if Applicable

## Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)			
	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07) <input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorian (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	<input type="checkbox"/> Salvadoran (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) <input type="checkbox"/> Hispanic/Latino Write In (H29)
RACE-NATIVE HAWAIIAN/OTHER PACIFIC	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> I-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohnpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) <input type="checkbox"/> Pacific Islander Write In (P21)
RACE-BLACK/AFRICAN-AMERICAN	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> Black Write In (C02)			
	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)			
	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)			
	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupean (B14) <input type="checkbox"/> Haitian (B15)			
	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <input type="checkbox"/> Caribbean Write In (B20)			
	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep.) (B23) <input type="checkbox"/> Chadian (B24)			
	<input type="checkbox"/> Congolese (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)			
	<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> Príncipe (B30) <input type="checkbox"/> Central African Write In (B31)			
<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)				
<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)				
<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49)				
<input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) <input type="checkbox"/> East African Write In (B53)				
<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)				
<input type="checkbox"/> Ecuadorian (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)				
<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74)				
<input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> Latin American Write In (B77)				
<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)				
<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81) <input type="checkbox"/> South African Write In (B83)				
<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burklnabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87) <input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)				
<input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)				
<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96)				
<input type="checkbox"/> Senegalese (B97) <input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) <input type="checkbox"/> West African Write In (C01)				





# Student Ethnicity and Race

## Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> Alaska Native Write In (N36) <input type="checkbox"/> American Indian Write In (N37)			
	Washington State Tribes	<div> <input type="checkbox"/> Chinook Tribe (N01)  <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02)  <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03)  <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04)  <input type="checkbox"/> Cowlitz Indian Tribe (N05)  <input type="checkbox"/> Duwamish Tribe (N06)  <input type="checkbox"/> Hoh Indian Tribe (N07)  <input type="checkbox"/> Jamestown S'Klallam Tribe (N08)  <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09)  <input type="checkbox"/> Kikiallus Indian Nation (N10)  <input type="checkbox"/> Lower Elwha Tribal Community (N11)  <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12)  <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13)  <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14)  <input type="checkbox"/> Muckleshoot Indian Tribe (N15)  <input type="checkbox"/> Nisqually Indian Tribe (N16)  <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17)  <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)         </div> <div> <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19)  <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20)  <input type="checkbox"/> Quinault Indian Nation (N21)  <input type="checkbox"/> Samish Indian Nation (N22)  <input type="checkbox"/> Sauk-Sulattle Indian Tribe of Washington (N23)  <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24)  <input type="checkbox"/> Skokomish Indian Tribe (N25)  <input type="checkbox"/> Snohomish Tribe (N26)  <input type="checkbox"/> Snoqualmie Indian Tribe (N27)  <input type="checkbox"/> Snoqualmoo Tribe (N28)  <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29)  <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30)  <input type="checkbox"/> Steilacoom Tribe (N31)  <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32)  <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33)  <input type="checkbox"/> Swinomish Indian Tribal Community (N34)  <input type="checkbox"/> Tulalip Tribes of Washington (N35)         </div>			
RACE-ASIAN	Asian	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)	<input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)	<input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)	<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> Asian Write In (A27)
	White	<input type="checkbox"/> White (W00) <input type="checkbox"/> White Write In (W36)			
RACE-WHITE	Eastern European	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)	<input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)	<input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)	<input type="checkbox"/> Eastern European Write In (W07)
	Middle Eastern and North African	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)	<input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Kurdish Kuwaiti (W23)	<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Syrian (W31)	<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> Middle Eastern Write In (W34) <input type="checkbox"/> North African Write In (W35)

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

FOR OFFICE USE ONLY: Received By \_\_\_\_\_ Date \_\_\_\_\_







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

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

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>Date:</b> _____
<b>Parent/Guardian Name</b> _____		<b>Parent/Guardian Signature</b> _____	
<b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.		All parents have the right to information about their child's education in a language they understand.  1. In what language(s) would your family prefer to communicate with the school? _____	
<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.		2. What language did your child learn first? _____  3. What language does your child use the most at home? _____  4. What is the primary language used in the home, regardless of the language spoken by your child?   5. Has your child received English language development support in a previous school? Yes No Don't Know	
<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> <p><i>This form is not used to identify students' immigration status.</i></p>		6. In what country was your child born? _____  7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 <sup>th</sup> grade) ____ Yes ____ No  If yes: Number of months: _____ Language of instruction: _____  8. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade)  Month      Day      Year	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

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



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## School of Choice Statement of Understanding /Sky Valley Education Center, Monroe WA

*I understand that Sky Valley Education Center (SVEC) is a school of choice. As a school of choice, and not my student's traditional neighborhood school, I understand that...*

*\* SVEC does not have a food services program for any students.*

*\*SVEC has high expectations of behavior. All students are expected to be respectful, responsible, and conduct themselves at all times with the knowledge that this is a family environment. I understand failure to do so could result in my student being asked to leave and/or a parent being required to be with my student, regardless of age.*

*\* SVEC relies on parents to provide supervision for their students.*

*\* SVEC does not provide transportation to or from school for any students.*

*\* SVEC does not provide a school nurse or health room attendant on campus.*

*\*Our family must be willing and able to teach at home.*

*\*SVEC does not guarantee enrollment in any particular class, program, or subject area, rather it provides resources to support parents, including on site classes, curriculum to support home based learning, online resources, and teachers to support our partnership with you.*

*\* Students under the age of 12 must be accompanied by a parent while on campus. However, regardless of the student's age, parents may need to attend with students who require additional support, whether for academic, social, emotional, or health needs, regardless of which classes or program they are in. Parents, essentially, are the student's aide in the classroom and on campus.*

*\* Because it is an open campus without formal supervision, SVEC does not enroll students with attendance issues or behavioral concerns.*

*\* Students who require and qualify for special support services (special education, English language learners, Title I/LAP, etc.) and are granted enrollment at SVEC will receive those services at one of the traditional neighborhood schools. Enrollment might then be shared between the two schools, which may limit how many classes the student can take at SVEC.*

*\* SVEC does not give letter grades or report cards. Student progress is measured on a monthly basis, and high school students earn credits with designations of "P" for Pass, "NC" or "N" for no credit earned. An "H" for Honors under credit designation is an option for most onsite classes. We do not convert our transcripts into letter grades, but do enter letter grades granted from other institutions if a student transfers to SVEC or attends Running Start or Sno-Isle.*

*\*Failure to make satisfactory progress, whether overall or in individual classes, could result in my student being unable to return to Sky Valley at the semester or the following school year.*

*\*I understand it is my responsibility to log into CANVAS, ALE and the SVEC website frequently to check on my student's progress, read important news, consult the school calendar for scheduling changes, check on teacher absences and class cancellations, and check for teacher communications.*





If I would like to access any of the above services not available at SVEC, I may seek enrollment in my child's traditional neighborhood school, or request an inter-district or choice transfer to one of the traditional neighborhood schools.

I understand the school calendar also serves as the school handbook, and contains a great deal of important information I need to be familiar with, and am responsible for.

I understand turning in this registration packet places my student(s) on a waiting list and does not constitute enrollment.

I understand there is a legal difference between home-based instruction (home-schooling) and full time enrollment in an alternative learning program.

I have read and understood the above school of choice options.

Parent Name (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





## Sky Valley Education Center Digital Resources Permission

Dear Parents/Guardians of SVEC Students:

At SVEC, we have a number of innovative, creative classes that depend on digital resources that are unique to the needs of Sky Valley. Having parents as the primary educator in their student's life provides the opportunity to use resources that may not have the ability to be approved for use in a traditional school setting.

Essentially, SVEC has approved additional digital resources for parent and student use, some of which require a user name and password, and some of which collect some personally identifiable information about their users. We review these resources for compliance with all federal and state laws regarding student privacy and internet security. We also maintain a regularly updated list of approved digital resources on our school web page, in addition to the district approved digital resources. Both our SVEC list as well as the District Vetted Resource List are updated annually to ensure continued compliance as required by state law. To see these lists, go to: <https://www.monroe.wednet.edu/svec>

Click on Families, then Resources, and then you will see the Resources Index.

Since parents are the primary educators of their students at Sky Valley, under the direction of certificated teachers, and since many of the resources will be used at home for the home-based component of your child's learning, we would like you to be aware of the following:

For these additional approved resources, parents or non-school staff would initiate any requests for data on their child directly from the vendor if that request was made after SVEC had ceased to contract with the vendor.

If your child has special needs requiring ADA accessibility of content, we will work with you to provide that content to your child. You would be responsible for communicating with us regarding accessibility of content.

As your child's primary educator, in partnership with you, we will continually update our approved content list and make that available to you for reference. Since parents may freely add and drop courses, it is not practical to inform parents of new content individually. However, as your child's primary educator we pledge to keep our list up-to-date so you may access it at any time.

If at any time you wish to deny access to your child for any or all of this digital content, please communicate with us in the office and we will work with you to restrict your child's access.

Our goal with this addendum is to continue to provide unique, cutting-edge program options to your children, while also honoring you as your child's primary educator and decision maker. As with many things at SVEC, we will support you with resources and empower you to make decisions for your student(s).

Thank you for partnering with us to provide your children with access to so many exciting opportunities!

*Karen Rosenkrantz*

—Director

Please sign below to give consent for your child to have access:

**Parent Signature:** \_\_\_\_\_

**Student name:** \_\_\_\_\_







## Request for Transfer of Records Between Schools

### Transferring Student

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

### Records to Transfer (Please check ✓ records requested)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Cumulative Record File    | <input checked="" type="checkbox"/> WA State History  |
| <input checked="" type="checkbox"/> CIS (Immunization record) | <input checked="" type="checkbox"/> State Testing Scores (i.e. WASL, HSPE, MSP)   |
| <input type="checkbox"/> Other (i.e. Excel, AP) _____         | <input checked="" type="checkbox"/> Official signed transcript with exit date<br>or unofficial transcript with fine owed report |

If applicable, please send

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 504 Plan | <input checked="" type="checkbox"/> Becca/Attendance Issues |
| <input checked="" type="checkbox"/> IEP      | <input checked="" type="checkbox"/> Discipline              |

### School Student is Transferring from

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Fax \_\_\_\_\_ Phone \_\_\_\_\_

### Parent/Guardian Consent and Information

I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Name Printed \_\_\_\_\_

Street Address \_\_\_\_\_

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

Date Signed \_\_\_\_\_

### Please Send Records to

School Name Sky Valley Education Ctr Attention Tracy Vanhee

Street Address 351 Shot + Columbia St.

City Monroe State LA Zip 70472

Phone 360-804-2704 Fax 360-804-2759

Comments \_\_\_\_\_





## Sky Valley Education Center Request to Attend Unsupervised (Students ages 12 and older only)

My child 12 years of age or older has my permission to be at SVEC without my direct supervision (you may include all students 12 years and older in your family on this form). I understand that without my direct supervision, it is difficult to guarantee my student will not be able to leave campus undetected.

### Guidelines:

The ability of any student to be on campus without a parent is a **PRIVILEGE, not a right**.

Students are responsible for safe and respectful behavior during the school day. Students are responsible for attending their scheduled classes and utilizing their limited free time in constructive ways.

Parents are responsible for limiting their children's unsupervised time on campus. It is appropriate for students to have short periods of free time before, after, and between classes. Please note: older siblings are not a substitute for parent supervision. If a parent cannot be with their child(ren), they need to make arrangements with another adult to be responsible for their child(ren).

Sky Valley Education Center hours of operation are 8:30 a.m. to 3:30 p.m. Please do not drop your child off prior to 8:30 and please pick them up prior to 3:30. Students on campus who have no scheduled classes or activities will be asked to call home and make arrangements to leave campus, at the discretion of the director or designated staff member. **Failure to follow these guidelines may result in loss of privileges.**

Student Name

---

Student Name

---

Student Name

---

Parent Name (Print)

---

SVEC Director Approval

Date

Parent Signature

Date

Conditions







# Student Housing Questionnaire

Sky Valley Education Center

351 Short Columbia St.

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness (Please see reverse side for more information).

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

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

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

Name of student: \_\_\_\_\_  
First Middle Last  
Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_

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 phone number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

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

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

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

**Please return completed form to:**

\_\_\_\_\_  
District McKinney-Vento Liaison

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Location



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**



For School Personnel Only : For data collection purposes and student information system coding  
☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

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

### SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

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

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

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

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

## Additional Resources

Parent information and resources can be found at the following:

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

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

[SchoolHouse Connection](#)



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**





**At Sky Valley We Are...**

**All Welcome**

**All Colors**

**All Cultures**

**All Genders**

**All Orientations**

**All Beliefs**

**All Religions**

**All Ages**

**All People**

**All Belong**

**Be Kind, You Matter**





