



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

Registration Form

Student Name:

Select School:

SCHOOL MOST RECENTLY ATTENDED:

ADDRESS:

HAS THIS STUDENT EVER ATTENDED AN SKSD SCHOOL? Y N

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

PREVIOUS SCHOOL PHONE:

PREVIOUS SCHOOL FAX:

IF YES, NAME OF SCHOOL & YEAR ATTENDED

STUDENT INFORMATION

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

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

PRIMARY HOUSEHOLD (WHERE STUDENT RESIDES)

(1) LAST NAME, FIRST NAME

MOTHER FATHER OTHER

(2) LAST NAME, FIRST NAME

MOTHER FATHER OTHER

RESIDENCE ADDRESS:

(STREET, CITY, STATE, ZIP)

MAILING ADDRESS:

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

GUARDIAN 1 EMAIL:

HOME PHONE:

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

CELL/SMS:

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

CELL/SMS:

SECOND HOUSEHOLD (WHERE STUDENT RESIDES)

(1) LAST NAME, FIRST NAME

MOTHER FATHER OTHER

(2) LAST NAME, FIRST NAME

MOTHER FATHER OTHER

RESIDENCE ADDRESS:

(STREET, CITY, STATE, ZIP)

MAILING ADDRESS:

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

GUARDIAN 1 EMAIL:

HOME PHONE:

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

CELL/SMS:

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

CELL/SMS:

DOES THIS STUDENT ATTEND DAYCARE?

BEFORE SCHOOL: M T W TH F

AFTER SCHOOL: M T W TH F

BEFORE & AFTER: M T W TH F

DAYCARE PROVIDER:

ADDRESS:

WILL STUDENT RIDE A BUS TO DAYCARE?

Y N | M T W TH F

PHONE:

SIBLINGS

NAME	RELATIONSHIP	GRADE LEVEL	SCHOOL
1			
2			
3			
4			

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE	SECOND PHONE
1			
2			
3			
4			

EDUCATION INFORMATION

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

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

REMEDIAL OCCUPATIONAL THERAPY SPECIAL DAY CLASS SERVICES GIFTED

ENGLISH AS A SECOND LANGUAGE OTHER:

DOES THIS STUDENT CURRENTLY HAVE AN IEP? Y N

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

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

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

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

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

ADDITIONAL INFORMATION

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

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

RESTRAINING ORDER IS AGAINST: MOTHER FATHER OTHER:

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

Y N IF YES, PLEASE DESCRIBE:

VERIFICATION OF INFORMATION

THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE AS OF THIS DATE. I UNDERSTAND THAT FALSIFICATION OF INFORMATION TO ACHIEVE ENROLLMENT OR ASSIGNMENT MAY BE CAUSE FOR REVOCATION OF THE STUDENT'S ENROLLMENT OR ASSIGNMENT TO A SCHOOL IN THE SOUTH KITSAP SCHOOL DISTRICT.

PARENT/GUARDIAN SIGNATURE:

DATE:

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

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

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



Washington State Ethnicity and Race Data Collection Form

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Please select both ethnicity and race.

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

RACE- NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	NATIVE HAWAIIAN/ OTHER	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)		
	PACIFIC ISLANDER	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17) <input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) <input type="checkbox"/> _____ Pac. Islander Write In (P21)

RACE- BLACK/AFRICAN AMERICAN	BLACK/AFRICAN	<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)
	CARIBBEAN	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07)	<input type="checkbox"/> British Virgin Islander (B08) <input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11)	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12) <input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupian (B14) <input type="checkbox"/> Haitian (B15) <input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/ Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <input type="checkbox"/> _____ Caribbean Write In (B20)
	CENTRAL AFRICAN	<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 (Republic of the Congo) (B25) <input type="checkbox"/> Equatorial Guinean (B27)	<input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Gabonese (B28) <input type="checkbox"/> São Tomé (B29) <input type="checkbox"/> Principe (B30) <input type="checkbox"/> _____ Central African Write In (B31)
	EAST AFRICAN	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<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)
	LATIN AMERICAN	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Ecuadorean (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> South Georgia and the South Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74) <input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> _____ Latin American Write In (B77)

RACE- BLACK/AFRICAN AMER	SOUTH AFRICAN	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)		<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)		<input type="checkbox"/> Swazi (B82) <input type="checkbox"/> South African Write In (B83) _____	
	WEST AFRICAN	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87)		<input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88) <input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)		<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96) <input type="checkbox"/> Senegalese (B97)	
RACE- AMERICAN INDIAN/ALASKA NATIVE	AMER IND/ AK NATIVE	<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	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Res. (N03) <input type="checkbox"/> Confederated Tribes of the Colville Res. (N04) <input type="checkbox"/> Cowlitz Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community of the Kalispel Res. (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Res. (N12) <input type="checkbox"/> Makah Tribe of the Makah Res. (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Tribe (N15) <input type="checkbox"/> Nisqually Tribe (N16) <input type="checkbox"/> Nooksack Tribe of WA (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)				<input type="checkbox"/> Puyallup Tribe of Puyallup Res. (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Res. (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Tribe of WA (N23) <input type="checkbox"/> Shoalwater Bay Tribe of the Shoalwater Bay Res. (N24) <input type="checkbox"/> Skokomish Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Res. (N29) <input type="checkbox"/> Squaxin Tribe of the Squaxin Island Res. (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of WA (N32) <input type="checkbox"/> Suquamish Tribe of the Port Madison Res. (N33) <input type="checkbox"/> Swinomish Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of WA (N35) <input type="checkbox"/> Upper Skagit Tribe (N38)	
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)	
RACE- WHITE	WHITE	<input type="checkbox"/> White (W00) <input type="checkbox"/> _____ White Write In (W35)					
	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)	
	MID EASTERN & 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"/> Jordanian (W21) <input type="checkbox"/> Kurdish (W22) <input type="checkbox"/> Kuwaiti (W23)		<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29)	
						<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> _____ Asian Write In (A27)	
						<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> _____ Mid. Eastern Write In (W34)	
						<input type="checkbox"/> _____ N. African Write In (W35)	

STUDENT NAME: _____ GRADE: _____ SCHOOL: _____



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

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? _____ Yes _____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? _____ Yes _____ 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 _____ No _____ Don't Know _____</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) _____ Yes _____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>		

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





Military Family Affiliation

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

Dear Parent or Guardian,

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

(<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>)

Reasons for collection of the data include:

1. The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
2. The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policy makers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitions students to a new school and enable school districts to discover and implement best practices. [2015 c 210§ 1.]

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

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

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

- A- Parent or guardian is a current member of the US Armed Forces, active duty
- R- Parent or guardian is a current member of the US Armed Forces, reserves
- G- Parent or guardian is a current member of the National Guard
- M- More than one parent or guardian qualifies for A, R, or G
- N- No parent or guardian is currently serving the US Armed Forces or National Guard
- Z- Prefer not to answer

STUDENT NAME: _____ GRADE: _____ BIRTHDATE: _____

SCHOOL: _____

Parent/Guardian Signature

Today's Date

South Kitsap School District

2023-24 HEALTH HISTORY AND CONDITIONS FORM

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

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

MEDICAL HISTORY (CHECK ALL THAT APPLY TO YOUR CHILD)

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

Is medication needed for any condition? ☐ Y ☐ N

Is medication needed at school? ☐ Y ☐ N

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

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

What condition is being treated by this medication? _____

List major operations, injuries, or hospitalizations including dates: _____

☐ I give permission to my child's school nurse to add immunization information into the Washington State Immunization Information System to help the school maintain my child's immunization records.

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

In an emergency, transport to _____ hospital.

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

AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parent(s)/guardian(s) and health care provider named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility of the payment of any services rendered.

Date _____ Parent/Guardian Signature _____ / _____ / _____
Home Phone
Cell Phone
Work Phone



Certificate of Immunization Status (CIS)

Reviewed by:	Date:
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib (<i>Haemophilus influenzae type b</i>)							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ OPV (Polio)							
●▲ MMR (Measles, Mumps, Rubella)							
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---	---

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

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

To fill out the form by hand:

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

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

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

Conditional Status

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

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

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

Reference guide for vaccine trade names in alphabetical order

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

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



Request for Student Records

DATE: _____

STUDENT NAME: _____ GRADE: _____ BIRTHDATE: _____

PREVIOUS SCHOOL INFORMATION

SCHOOL NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____

PLEASE SEND ALL SCHOOL RECORDS TO:

Burley Glenwood Elementary

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

East Port Orchard Elementary

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

Hidden Creek Elementary

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

Manchester Elementary

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

Mullenix Ridge Elementary

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

Olalla Elementary

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

Orchard Heights Elementary

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

Sidney Glen Elementary

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

South Colby Elementary

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

Sunnyslope Elementary

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

Cedar Heights Middle School

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

John Sedgwick Middle School

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

Marcus Whitman Middle School

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

South Kitsap High School

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

Discovery Alternative High School

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

Explorer Academy/Hope Academy

1723 Wolves Rd
Port Orchard, WA 98366
(P) 360.443.3605 (F) 360.443.3624

Office of Special Services

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

Madrona Heights Preschool

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

Please fax ASAP: Birth Certificate and immunization records

All remaining records can be mailed.

Please send all student records including:

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

ENTRY DATE AT SOUTH KITSAP SCHOOL: _____

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

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

1st Request _____ 2nd Request _____

SOUTH KITSAP SCHOOL DISTRICT

Nurturing Growth • Inspiring Achievement • Building Community

ANNUAL ACKNOWLEDGEMENT

2023-2024

Dear Parent/Guardian,

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

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

OPT-IN

1. Lightspeed Browsing Activity - Parents can opt-in via Skyward to receive reports of their child's internet usage over the last 7 days on SK devices.

OPT-IN INSTRUCTIONS

To opt in to receive Lightspeed reports, please complete the following steps for **each student**:

- Log in to **Skyward Family Access** - <http://skyward.skschools.org>
- Select **Online Forms** from the menu
- Click **Fill Out Form** (next to Lightspeed Weekly Report Email)
- Click **Next** on the right side of the screen
- Check the **Reports box** to opt a guardian in
- Click **Complete Step 1 and move to Step 2** at the bottom of the screen
- Click **Submit Lightspeed Weekly Report Email**

OPT-OUT

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

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

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

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

Your initials indicate awareness only. Initial: _____

2. South Kitsap School District Rights and Responsibilities

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

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

Your initials indicate awareness only. Initial: _____

Student Name: _____ Date: _____

3. Internet Access Privileges – See Policy & Procedure #2022

All students have (filtered) internet access privileges under the guidelines of the District's acceptable use policy. See Rights and Responsibilities Information Handbook, Section 14.

4. Release of Information to Military Recruiters (Grades 11-12 Only)

The District/School will assume permission to release student demographic information to Armed Forces and Military Recruiters, or Military School UNLESS a parent or guardian sets the Skyward Family Access **Military** flag to NO to opt out the student.

5. Release of Information to Higher Education (Grades 11-12 Only)

The District/School will assume permission to release student demographic information to institutions of higher education UNLESS a parent or guardian sets the Skyward Family Access **Higher Ed** flag to NO to opt out the student.

6. FERPA: Public Release of Directory Information – See Policy & Procedures 3231 & 3235 & Handbook Section 12.

Under Federal Law (FERPA), the District may release directory information on a student without obtaining parent consent UNLESS a parent or guardian sets the Skyward Family Access **Public Info** flag to NO to opt out the student. The common use of directory information includes athletic contest and musical concert programs, and college recruiters. Such information shall not be release for commercial reasons.

7. Public Release of Student's Photo or Video

The District/School will assume permission to use a student's image (photo or video), including comments in public/community newspapers, magazines, or other media UNLESS a parent or guardian sets the **Public Photo** flag to NO to opt out the student.

8. Internal Use of Student's Photo or Video

The District/School will assume permission to use a student's image (photo or video) or class work in District and school publications such as yearbooks, and on District sponsored websites, UNLESS a parent or guardian sets the **District Photo** flag to NO to opt out the student.

9. Online Use of Student's Photo

The District/School will assume permission to use a student's photo image in conjunction with District and school online services (Google, Microsoft Office 365, Zoom) UNLESS a parent or guardian sets the **Profile Photo** flag to NO to opt out the student.

10. Kitsap Regional Library

The District will provide student name, school, grade level and ID number to the Kitsap Regional Library for the creation of a library account to check out resources and access online services UNLESS a parent or guardian sets the Kitsap Regional Library flag to NO to opt out the student.

OPT-OUT INSTRUCTIONS

To opt out of student handbook options, please complete the following steps for **each student**:

- Log in to **Skyward Family Access** - <http://skyward.skschools.org>
- Select **Student Info** from the menu
- Click **Request Changes for Student** (upper right corner)
- Select **Student Information** from the dropdown menu
- Scroll to **Allow Publication of Student's Name for** at the bottom of the screen
- Make desired changes and click **Save**

I have read, understand, and received a copy of each document or instructions on where to obtain a copy.

My signature implies full understanding, legal validity, and affirmation to each document.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____ Date: _____



Annual Attendance Letter 2023-2024

Dear Parent/Guardian

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

DID YOU KNOW?

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

WHAT WE NEED FROM YOU

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

OUR PROMISE TO YOU

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

SCHOOL POLICIES AND STATE LAWS

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

UNEXCUSED ABSENCES

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

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

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

EXCUSED ABSENCES

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

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

www.skschools.org.

WHAT YOU CAN DO

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

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

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

GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT NAME: _____ GRADE: _____ BIRTHDATE: _____

SCHOOL: _____



Annual Student Housing Questionnaire

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

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

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

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

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

School: _____ Grade: _____

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

Address of Current Residence: _____

Phone or Contact Number: _____ Contact Name: _____

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

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

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

Please return completed form to your building McKinney-Vento Liaison, or to SKSD's McKinney-Vento Liaison, Annette Stewart, 360.874.7054, stewart@skschools.org

FOR SCHOOL PERSONNEL ONLY

For data collection purposes and student information system coding

- ☐ (N) NOT HOMELESS ☐ (A) SHELTERS ☐ (B) DOUBLED UP ☐ (C) UNSHELTERED ☐ (D) HOTELS/MOTELS

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Additional Resources

Parent information and resources can be found at the following:

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

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

[SchoolHouse Connection](#)

FOR SCHOOL PERSONNEL ONLY

Checklist for Mc-Kinney Vento Liaisons

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