



# Explorer Academy & Hope Academy



1723 Wolves Rd

Port Orchard, WA 98366

Phone: 360-443-3605 Fax: 360-443-3624

Email: [ExplorerAcademyRegistrars@skschools.org](mailto:ExplorerAcademyRegistrars@skschools.org)

## *Application Package*

Dear Applicant,

Explorer Academy is a choice school within South Kitsap School District, this means that automatic enrollment is not offered. Please see the following steps depending on your student's grade level:

### **Grades K - 5**

- 1) Submit fully completed application (including immunization records)
- 2) Conduct an interview with consulting teacher
- 3) Consulting teacher will determine eligibility for enrollment

### **Grades 6 - 12**

- 1) Submit fully completed application (including immunization records)
- 2) Complete the orientation assessment with a score of 80% or better
- 3) Conduct an interview with consulting teacher
- 4) Consulting teacher will determine eligibility for enrollment

Applications can be emailed to [\*\*ExplorerAcademyRegistrars@skschools.org\*\*](mailto:ExplorerAcademyRegistrars@skschools.org), dropped in our mailbox, or mailed to:

**Explorer Academy**  
1723 Wolves Rd  
Port Orchard, WA 98366

Explorer Academy is an alternative school within the South Kitsap School District that provides families with students from kindergarten through 12th grade the opportunity to take a variety of classes from a fully accredited public school. The majority of classes are offered online and most work is completed at home using district provided curriculum.

Students are required to meet weekly with their Consulting Teacher to discuss and monitor academic progress. The Consulting Teacher is also available to assist the student with study skills and may provide workspace, if warranted. Parents are also required to attend monthly meetings with their student and teacher to monitor academic progress.

Explorer Academy K-5 students utilize an online curriculum that includes textbooks and workbooks. Elementary students participate in a variety of on-campus learning opportunities. These meetings fulfill state requirements for contact.

Middle school students (6-8) enroll in a combination of online curriculum and on-campus courses. Many also enroll in a course or two at their neighborhood middle school.

High school students can choose online curriculum, on-campus Math and Senior English, or a combination. Explorer Academy students also have the option to enroll in a class or two at SKHS. Others earn elective credit through West Sound Tech in Bremerton (11-12). If you are interested in earning college credit through Running Start, please speak with your Consulting Teacher.

Explorer Academy is accredited by AdvancED. We are one of three high schools in the South Kitsap School District family and as such issue official district diplomas and hold a commencement ceremony.



1723 Wolves Rd  
Port Orchard, WA 98366  
(360) 443-3605  
FAX (360) 443--3624

# Registration Form

**Student Name:**

**Application Received Date:**

SCHOOL MOST RECENTLY ATTENDED:

PREVIOUS SCHOOL PHONE:

ADDRESS:

PREVIOUS SCHOOL FAX:

HAS THIS STUDENT EVER ATTENDED AN SKSD SCHOOL?      Y      N

IF YES, NAME OF SCHOOL & YEAR ATTENDED

HAS STUDENT PREVIOUSLY ATTENDED EXPLORER ACADEMY?      Y      N

## STUDENT INFORMATION

STUDENT CELL PHONE:

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

BIRTHDATE (MM/DD/YYYY)      GENDER      GRADE      STUDENT E-MAIL (NON-DISTRICT)

## PRIMARY HOUSEHOLD (WHERE STUDENT RESIDES)

HOME PHONE:

(1) LAST NAME, FIRST NAME

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

MOTHER      FATHER      OTHER

CELL/SMS:

(2) LAST NAME, FIRST NAME

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

MOTHER      FATHER      OTHER

CELL/SMS:

RESIDENCE ADDRESS:

(STREET, CITY, STATE, ZIP)

MAILING ADDRESS:

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

GUARDIAN 1 EMAIL:

GUARDIAN 2 EMAIL:

## SECOND HOUSEHOLD (WHERE STUDENT RESIDES)

HOME PHONE:

(1) LAST NAME, FIRST NAME

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

MOTHER      FATHER      OTHER

CELL/SMS:

(2) LAST NAME, FIRST NAME

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

MOTHER      FATHER      OTHER

CELL/SMS:

RESIDENCE ADDRESS:

(STREET, CITY, STATE, ZIP)

MAILING ADDRESS:

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

GUARDIAN 1 EMAIL:

GUARDIAN 2 EMAIL:

REASON FOR LEAVING PREVIOUS SCHOOL:

PREVIOUS COUNSELOR:

**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 HISTORY 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 _____	

# Explorer/Hope Roles and Responsibilities

*Please initial each item after reading.*

- \_\_\_\_\_ SK Online Academy is funded by the state and SKSD as an *Alternative Learning Experience*. While much of the instruction occurs at home, SK Online Academy is NOT a home-school program. There are specific requirements set forth by the state and school district that must be met.
- \_\_\_\_\_ SK Online students are required to meet with their certificated teacher every single week to discuss academic progress. (Weekly Progress Check)
- \_\_\_\_\_ SK Online students are expected to participate in state and district assessments.

## **Parent/Guardian Responsibilities**

- \_\_\_\_\_ Meet with student every school day to discuss progress. Daily accountability and encouragement are critical to success.
- \_\_\_\_\_ Conference with certificated teacher and student at regularly scheduled on-campus meetings.
- \_\_\_\_\_ Check and respond to e-mail and voice mail consistently.
- \_\_\_\_\_ Provide transportation to and from scheduled on-campus time (within a 30 minute window).
- \_\_\_\_\_ Provide student transportation home, if student is not actively engaged in school work (within a 30 minute window).
- \_\_\_\_\_ Correct daily work and tests in a timely manner (elementary).

*I agree to fulfill the responsibilities listed above.*

**SIGN HERE**

\_\_\_\_\_  
*Parent/Guardian signature*

## **Student Responsibilities**

- \_\_\_\_\_ Engage in coursework/school activities for a MINIMUM of 6 hours per day.
- \_\_\_\_\_ Meet every day with parent/guardian to discuss schoolwork/progress.
- \_\_\_\_\_ Meet with certificated teacher every week for Weekly Progress Check.
- \_\_\_\_\_ Attend Monthly Progress Checks with certificated teacher and parent.
- \_\_\_\_\_ Actively engaged in schoolwork while on campus.
- \_\_\_\_\_ Study for understanding and skill improvement.

*I agree to fulfill the responsibilities listed above.*

**SIGN HERE**

\_\_\_\_\_  
*Student signature*

## **Certificated Teacher Responsibilities**

- Determine the appropriate placement of students.
- Provide appropriate instructional materials and assistance in how to use them.
- Ensure that work reflects SKSD and Washington State Standards.
- Provide guidance regarding graduation requirements.
- Provide district required report cards.
- Maintain records and documentation to support student attendance and progress.
- Redirect student when he/she is not progressing satisfactorily or fulfilling SK Online Academy and state ALE requirements.



South Kitsap School District  
Explorer Academy

## STATEMENT OF UNDERSTANDING

In accordance with the Alternative Learning Experience Implementation Standards, WAC 392-121-182 (6)0), prior to enrollment, parent (s) or guardian shall be provided with, and sign documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience (ALE).

Provided on this form are summary and narrative descriptions of the difference between home-based instruction and an ALE. Please read these descriptions and sign below.

### Summary Description

#### Home Based Instruction

- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A.225.01 0.
- Students are not enrolled in public education
- Students are not subject to the rules and regulations governing public schools, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student's education.

#### Part-Time Enrollment of Home-Based Instruction Students

Home-based instruction students may enroll in public school programs, including ALE programs, on a part-time basis and retain their home-based instruction status. In the case of part-time enrollment in ALE, the student will need to comply with the requirements of the ALE written student learning plan, but not be required to participate in state assessments or meet state graduation requirements.

#### Alternative Learning Experience

*South Kitsap School District's Explorer Academy*

- *Is authorized under WAC 392-121-782.*
- *Student's are enrolled in public education either full-time or part-time*
- *Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.*
- *Learning experiences are:*
  - Supervised, monitored, assessed, and evaluated by certificated staff.
  - Provided via a written student learning plan.
  - Provided in whole, or part outside the regular classroom.

I have read the summary and detailed descriptions of home-based instruction and alternative learning experience provided and I understand the difference between home-based instruction and the alternative learning experience program in which my child is enrolling.

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

Name(s) of student(s)

_____	<input type="checkbox"/>	Copy placed in student file
_____	<input type="checkbox"/>	Copy placed in student file
_____	<input type="checkbox"/>	Copy placed in student file
_____	<input type="checkbox"/>	Copy placed in student file



## 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.**

<b>ETHNICITY</b>	<b>Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)</b> <i>If yes, please select one or more below.</i>			
	<b>HISPANIC</b>	<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"/> 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)

  

<b>RACE- NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER</b>	<b>NATIVE HAWAIIAN/ OTHER</b>	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)		
	<b>PACIFIC ISLANDER</b>	<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)

  

<b>RACE- BLACK/AFRICAN AMERICAN</b>	<b>BLACK/ AFRICAN</b>	<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)
	<b>CARIBBEAN</b>	<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)
	<b>CENTRAL AFRICAN</b>	<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)
	<b>EAST AFRICAN</b>	<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)
	<b>LATIN AMERICAN</b>	<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"/> South Georgia and the South Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74) <input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> _____ Latin American Write In (B77)

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

<b>Student Name:</b> _____	<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name: _____ Parent/Guardian Signature: _____		
<p><b>Right to Translation and Interpretation Services</b></p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? _____ Yes _____ No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? _____ Yes _____ No   Language _____</p>	
<p><b>Eligibility for Language Development Support</b></p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes _____ No _____ Don't Know _____</p>	
<p><b>Prior Education</b></p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><b><i>This form is not used to identify students' immigration status.</i></b></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12<sup>th</sup> Grade) _____ Yes _____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12<sup>th</sup> Grade)</p> <p>_____</p> <p>Month      Day      Year</p>	

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







## Rights and Responsibilities Handbook

### Annual Distribution Notice and Acknowledgement of Receipt

*Please return this document to your student's school*

**PLEASE NOTE:** *this form must be signed each year- it is good for the current school year only.*

School Year:

With the signatures below, we acknowledge that we have received and reviewed the contents of the current school year's South Kitsap School District Rights and Responsibilities booklet. This document has given me and my student notice of the types of misconduct for which discipline, suspension, or expulsion may be imposed and the procedures for administering such corrective action. It has also provided us with important information regarding district pesticide use and asbestos management practices.

I also acknowledge that due to budget constraints, this handbook will not be printed each year but will be available on the district website at [www.skitsap.wednet.edu](http://www.skitsap.wednet.edu). I understand that if i do not have access to a computer a hardcopy handbook will be provided to me upon request.

Student Signature:

School:

Grade:

Parent/Guardian Signature:

## **OPT OUT INFORMATION- PLEASE READ**

All students will have *internet access privileges* under the guidelines of the District's acceptable use policy **UNLESS a parent or guardian submits a written request for his or her student to opt out.** Such exclusion does not preclude the supervised use of the internet in an instructional activity. See Board Policy 2022 (Section VI of the Handbook).

Under federal law (FERPA), the district may release directory information about a student without obtaining parent consent **UNLESS a parent or guardian submits a written request for his or her student to opt out.** The common uses of directory information include athletic contest programs and college recruiters. Such information shall not be released for commercial reasons. See Administrative Procedure 3231 (Section VII of the Handbook).

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

I request that this student's name, address, and telephone number **not be** released to Armed Forces and Military Recruiters or Military School

I request that this student's name, address, and telephone number **not be** released to colleges, universities or companies seeking employees.



## **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

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

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

**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 STUDENT)

**ALLERGIES**

Insect Sting  
Drug/Medication  
Environmental  
Food  
Latex  
Other: name allergen and reaction  
\_\_\_\_\_

Epi Pen Required

**CARDIOVASCULAR**

Congenital heart defect  
Enlarged heart  
Heart murmur  
Rheumatic heart disease  
Hemophilia  
Sickle cell disorder  
Hypercholesterolemia  
High blood pressure  
Other: \_\_\_\_\_  
\_\_\_\_\_

**ENDOCRINE**

Diabetes: Type I Type II  
Thyroid  
Other: \_\_\_\_\_

**EARS**

Hearing loss: Right Left  
Hearing aid: Right Left

**EYES**

Glasses Contact lenses  
Color deficiency  
Other: \_\_\_\_\_

**NEUROLOGIC**

ADHD  
Autism  
Cerebral palsy  
Concussion: Date \_\_\_\_\_  
Frequent headaches  
Migraine  
Spina bifida  
Sleep disorder  
Seizure -  
Date of last seizure: \_\_\_\_\_  
Type of seizure: \_\_\_\_\_  
Seizure medications: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

**SKIN/Dermatology**

Acne  
Eczema  
Ingrown toenail  
Other: \_\_\_\_\_

**RESPIRATORY**

Asthma  
Exerise Induced  
Mild  
Moderate  
Severe  
Cystic fibrosis  
Other: \_\_\_\_\_  
\_\_\_\_\_

**MUSCULOSKELETAL**

Muscular dystrophy  
Scoliosis  
Other: \_\_\_\_\_

**GASTROINTESTINAL**

Frequent constipation  
Irritable bowel syndrome (IBS)  
Hernia  
Lactose intolerance  
Other: \_\_\_\_\_

**GENITOURINARY**

Bladder Control problem  
Intermittent catheterization  
Self Cath. Needs help.

Other: \_\_\_\_\_

**RENAL**

Kidney  
Other: \_\_\_\_\_

**P.E. Consideration/Limitations**

Description: \_\_\_\_\_  
\_\_\_\_\_

**PSYCHOSOCIAL**

Anxiety  
Depression  
Eating disorder  
ODD  
Self-harm/cutting  
Suicidal thoughts/attempt  
Other: \_\_\_\_\_  
\_\_\_\_\_

**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, injures, or hospitalizations including dates:

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

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

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**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 judgment 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 for the payment of any services rendered.*

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# SOUTH KITSAP SCHOOL DISTRICT

## Permission to Add Immunization Information to the Washington Immunization Information System (WAIIS)

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

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

---

Students enrolling in the South Kitsap School District must be up to date on their immunizations or have a valid Washington State exemption to begin attending school. SKSD uses School Module (WAIIS), an online system provided by the Washington State Department of Health, to manage student immunization records. The School Module allows school nurses to quickly and efficiently check if students have the vaccines required by the state for attending school.

Most students born and/or vaccinated in Washington already have their information in the system. If your student is missing vaccines in the system, we will ask for a copy of their immunization record and with your permission we will update their vaccines in the WAIIS.

Students who will be attending school in this state for the first time are added to the WAIIS and with your permission our school nurse may enter your student's medically verified immunizations.

Medically verified immunization records are required for enrollment and attendance in SKSD, regardless of permission being given to add information to the WAIIS.

- ☐ **I give permission to the South Kitsap School District to add immunization information into the Washington State Department of Health School Module Immunization Information System to help maintain my student's record.**

---

Parent/Guardian Signature

Today's Date



# 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.

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

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

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

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

## Annual Student Housing Questionnaire 2024-2025

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).

**Does the student live in a home with adequate facilities (water, heat, electricity, etc.) that is owned or rented by the parent or guardian?** ☐ Yes ☐ No

If the student does not live in a home owned or rented by the parent or guardian and/or if the home does not have adequate facilities (water, heat, electricity, etc.), 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: \_\_\_\_\_  
First Middle Last

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

☐ 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: \_\_\_\_\_ 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 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, Joanne Warren ([warrenj@skschools.org](mailto:warrenj@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





## 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.

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