

Dear Kindergarten Families,

It is with great joy and excitement that I welcome you and your child as you embark on this wonderful journey with us in our school district!

At Ferndale School District, we believe that every child deserves to feel a sense of belonging, acceptance, and support from the moment they step through our doors. As your child begins their educational adventure with us, know that we are committed to fostering an inclusive and nurturing environment where every student is given the resources they need to thrive.

We understand that starting kindergarten is a significant milestone for both you and your child, and we are here to support you every step of the way. Our dedicated team of educators are passionate about providing a high-quality education that not only focuses on academic growth but also promotes social-emotional development and a sense of community.

Together, we will work hand in hand to create memorable learning experiences, celebrate achievements, and overcome challenges. As partners in your child's education, we encourage open communication and collaboration to ensure that each child reaches their full potential.

Registration is available online and can be found on our website at our Kindergarten [Registration page](#). If you are unable to use the online link or need a registration packet in another language, there are packets available on the website to fill out as well as at each of our elementary schools.

If you have questions as you complete the registration packet, please know you can get information from any of our elementary schools, or by calling our district office at (360) 383-9200.

Once again, welcome to the Ferndale School District! We are thrilled to have you with us and look forward to building a strong foundation for your child's future success.

Fondly,

A handwritten signature in black ink, appearing to read "Kristi Dominguez".

Kristi Dominguez  
Superintendent

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# Ferndale School District Student Registration Form

TODAY'S DATE: \_\_\_\_\_

(Please print)

Has your child ever attended Ferndale Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of school(s) attended:		Dates attended:	
Student LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	Also Known As:
Birth date: (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Birthplace: City	State	Country
<b>Ethnicity and Race Information</b> <b>PLEASE SEE ADDITIONAL PAGE</b>		<i>If your child was born outside the United States:</i> Date of Initial Enrollment in US Public School: _____ Number of Months of K-12 Schooling Outside US: _____		Primary Language at Home <input type="checkbox"/> English <input type="checkbox"/> Other _____	
<b>Military Survey</b> <input type="checkbox"/> U.S. Armed Forces active duty <input type="checkbox"/> U.S. Armed Forces reserves <input type="checkbox"/> More than one member of Armed Forces/NatlGd <input type="checkbox"/> National Guard member <input type="checkbox"/> No affiliation					

<b>#1 Primary Household</b> <b>STUDENT LIVES WITH:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Other _____								
<b>HOME PHONE (WHERE STUDENT RESIDES)</b> ( ) _____ Unlisted								
Primary Household (where student resides) Last Name First Name Email: Wkplace: Cell Ph: Wk Ph:			<b>EMERGENCY CONTACTS:</b> If I cannot be reached or am unavailable to pick up my child FOR ANY REASON, I give permission to release my child to: #1 Name _____ Phone ( ) _____ Relationship _____ #2 Name _____ Phone ( ) _____ Relationship _____ #3 Name _____ Phone ( ) _____ Relationship _____					
Primary Household (where student resides) Last Name First Name Email: Wkplace: Cell Ph: Wk Ph:								
STREET ADDRESS WHERE STUDENT RESIDES	STREET ADDRESS (INCLUDE APT #)							
CITY	ST	ZIP						
MAILING ADDRESS IF DIFFERENT FROM ABOVE	STREET/PO BOX #							
CITY	ST	ZIP						

<b>#2 SECOND HOUSEHOLD RELATIONSHIP</b> <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Other					
Second Household - NOT student's residence LAST NAME FIRST NAME Email: Wkplace: Cell Ph: Wk Ph:			Second Household Home Phone ( ) _____ Unlisted Second Household STREET Address (Street address City, State, Zip)		
Second Household - NOT student's residence LAST NAME FIRST NAME Email: Wkplace: Cell Ph: Wk Ph:			Second Household MAILING Address (Street/Po Box, City, State, Zip)		
Second Household School Mailings Requested <input type="checkbox"/> Yes <input type="checkbox"/> No					



Name of School Last Attended	Name of School District	Previous School Address (Street/PO Box, City, State, Zip)
Previous School Phone:	Fax:	
Are there any unpaid fines or fees at your child's previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever attended Ferndale School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school attended	Date attended (month/year)

**HEALTH INSURANCE**  
 Does your child have health insurance?  Yes  No Provider: \_\_\_\_\_  
 Primary Physician: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child ever been under disciplinary action (suspension/expulsion/etc.) at another school?  Yes  No When? \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Does your child have a history of violent behavior?  Yes  No Explain: \_\_\_\_\_

Is there ANY court order(s) currently in effect pertaining to your child? (i.e., custody/parenting plans, school attendance orders, restraining orders, etc.)  Yes  No (If yes, legal papers must be on file with the school for enforcement)  
 Please Explain: \_\_\_\_\_

Has your child ever qualified for or received **SPECIAL EDUCATION** services? Yes  - Last year services received: \_\_\_\_\_ No   
 Has your child ever qualified for or had a 504 plan?  Yes  No  
 Has your child ever received Title/LAP services?  Yes  No If yes,  Math  Reading  
 Has your child ever participated in:  Gifted/Talented  Title1  LEP/ELL  Other \_\_\_\_\_  
 Has your child ever been retained?  Yes  No If yes, at what grade level(s) \_\_\_\_\_  
 Has your child ever received migrant services?  Yes  No

Does student attend childcare?  Before school  After school  Before and after school

Child care provider	NAME	ADDRESS	PHONE NUMBER
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Additional child care arrangements (Please provide information to school in writing)

Please list other siblings attending Ferndale school district

LAST NAME	FIRST NAME	SCHOOL	GRADE

Consent for student's picture/video to be taken for news releases:  Yes  No  
 I wish to become a parent volunteer:  Yes  No  
 Permission for my phone number to be given to parent support group for projects: Yes No

**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 Ferndale School District.

LEGAL PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>Do Not Write in Shaded Area - For Office Use Only</b>				Walker: Y N	Rides Bus # _____		
Student ID#	Entry Date	Sch Entry Code	Waiver/Overflow	Court Order	Medical Alert	Locker #	Records Requested

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Send Copy to EL Coordinator if Applicable

**Washington State Ethnicity and Race Data Collection Form**

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

<b>ETHNICITY</b>	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)				
	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"/> Ecuadorian (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15) <input type="checkbox"/> Mexican (H16)	<input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	<input type="checkbox"/> Salvadoran (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) <input type="checkbox"/> Hispanic/Latino Write In (H29)
<b>RACE-NATIVE HAWAIIAN/OTHER PACIFIC</b>	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"/> Pacific Islander Write In (P21)
<b>RACE-BLACK/AFRICAN-AMERICAN</b>	Black/African American	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/> Black Write In (C02)			
	Caribbean	<input type="checkbox"/> Anguillan (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08)	<input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)	<input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupean (B14) <input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <input type="checkbox"/> Caribbean Write In (B20)
	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 (Rep. of the Congo) (B25) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Gabonese (B28)	<input type="checkbox"/> São Toméan (B29) <input type="checkbox"/> 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"/> Ecuadorian (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74)	<input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> Latin American Write In (B77)
	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) <input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) <input type="checkbox"/> West African Write In (C01)

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

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

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

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



# STUDENT HEALTH INFORMATION

Information on this form is to be updated each new school year. Please complete this form and return to your school as soon as possible.

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### HEALTH CONDITIONS

Check if these apply to your child:

- ADD/ADHD (N<sub>1</sub>): Diagnosed by \_\_\_\_\_
- Non-Life Threatening Allergies (E<sub>1</sub>):  
List: \_\_\_\_\_
- Asthma (R<sub>1</sub>): Medication at school? Yes/No
- Autism Spectrum Disorder (NC):  
Diagnosed by: \_\_\_\_\_
- Developmental Condition (NF): List \_\_\_\_\_
- Heart Condition (C<sub>1</sub>): List \_\_\_\_\_
- Mental Health Condition (P<sub>1</sub>): List \_\_\_\_\_
- Neuro/Brain injury (N<sub>2</sub>): List \_\_\_\_\_
- Muscle/Bone (M<sub>1</sub>): List \_\_\_\_\_
- Hearing or Vision Impairment (Y<sub>1</sub>): List \_\_\_\_\_
- Other: Describe concerns \_\_\_\_\_

### SPECIAL HEALTH CARE PLANNING

- Diabetes** (EK) **Date of diagnosis:** \_\_\_\_\_ **My child has:**  insulin pump  insulin pen  insulin vial/syringe
- Seizure Disorder** (NP) My child needs **emergency** medication for seizures. \*Name of medication: \_\_\_\_\_
- Special Health Care Planning** – My child has special health care needs such as – tube feedings, breathing tube, catheter, intravenous tubes or other. Treatment order **required**.  
Please describe your child’s condition(s): \_\_\_\_\_
- Mobility Aids** – My child requires special mobility aids such as a wheelchair, walker. \_\_\_\_\_

### LIFE THREATENING CONDITIONS

- Life threatening** (OB) condition  Anaphylactic Allergy (epipen required)  Critical Asthma (epipen required)  
Allergen(s): \_\_\_\_\_
- Other** Life Threatening condition: \_\_\_\_\_

\*Medication requires Authorization for Medications at School form and medication prior to attending school.

**ALERT TO PARENTS/GUARDIANS:** If your child has a **Life Threatening** health condition (for example, severe allergy with anaphylaxis, diabetes, severe asthma) you must meet/speak with the School Nurse **prior** to your child starting school. These conditions require an Individualized Health Plan (per RCW 28A.210.320). Contact your school to begin the process for a student health care plan and/or medications at school.

I understand that the information I provided will be shared with the appropriate school staff who need to know in order to provide for the health and safety of my child. If the parents/guardians and authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child to the hospital or Health Care Provider most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please Print

I understand that Washington law requires that my student’s immunizations are complete or conditional before starting school. I give permission to my child’s school to add verified immunization information to the Washington State Immunization Information System (WAIS) to help the school maintain my child’s school record.

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



## Immunization Record Requirements

School Year 2024-25

Dear Parent or Guardian,

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

Here are some examples of medically verified immunization records:

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Kellie Larrabee".

Kellie Larrabee  
Executive Director of Teaching & Learning





# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File?  Yes  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.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

Parent/Guardian Signature Required if Starting in Conditional Status

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
<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							

**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:  
 A verified history of varicella (chickenpox) disease.  
 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

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: \_\_\_\_\_  
If verified by school or child care staff the medical immunization records must be attached to this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for completing the Certificate of Immunization Status (CIS): Print the form 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: [waitrecords@doh.wa.gov](mailto:waitrecords@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
AectHB	Hib	Fluarix	Flu	Havrix	Hep A	Menvéo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeg	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	PSPV	Twinnix	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		




**FERNDALE SCHOOL DISTRICT**  
**PO BOX 698, Ferndale WA 98248**

**Student Housing Questionnaire**


Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

*The answers to the following questions can help determine the services the 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.*

1-Do you rent/own your home/apartment/etc?  Yes  (Do NOT complete form)  No, please answer #2

2-If you do NOT rent/own your home/apartment/etc, is it due to a loss of housing or economic hardship?

No (  Do NOT complete remainder of form)

Yes (Please complete remainder of form)

Where is the student currently living? *Complete this section ONLY if your answer to Question #2 was Yes:*

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- With another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other \_\_\_\_\_

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Unaccompanied (not living with parent or legal guardian)  Living with parent or legal guardian

PRINT NAME of parent(s)/legal guardian(s)/unaccompanied youth: \_\_\_\_\_

\* Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

- OR - \* Signature of unaccompanied youth: \_\_\_\_\_ Date: \_\_\_\_\_

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

District Liaison: Nancy Schubeck, 564-209-1986, nancy.schubeck@ferndalesd.org

For School Personnel Only: Forward completed questionnaire to Kim Bunch at the Family Resource Center.

(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)

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

**Additional Resources**

Parent information and resources can be found in the following:

- <https://nche.ed.gov/resources/>
- <http://www.schoolhouseconnection.org/>



**Ferndale School District**  
 6041 Vista Dr • Ferndale, WA 98248  
 (360) 383-9200 • <http://ferndalesd.org>

**Becca Notification and Attendance Requirements Agreement**  
**Ferndale School District**

**Student Information 2024-2025 School Year**

<b>Student Name</b>		<b>Grade</b>	Student's Grade	<b>Birth Date</b>	
<b>School</b>		<b>Gender</b>	Student	<b>Gender Other</b>	

Under state law (RCW 28A.225), students are required to attend school full-time, without unexcused absences, skips or tardies. When a student accumulates seven (7) days of unexcused absences in any month (one day consists of more than half a school day) or ten (10) days of unexcused absences in a school year may possibly result in a Becca Petition being filed with juvenile court where sanctions can be imposed. These sanctions may include essays, study club, community service, detention alternatives and detention. Parent fines may also be imposed of up to \$25.00 for each day of unexcused absence from school.

**Communication**

- I understand that for each day I have been absent from school, my parent/guardian will submit a written note, email or call the school within two (2) days of returning to school to have the absence excused.
- They must provide the reason for the absence.
- If no reason is provided or the reason does not meet the excused absence criteria which is defined in school Policy No. 3122P, the absence will be considered unexcused.

**Unexcused:**

- I understand that when I accumulate seven (7) days of unexcused absences in any month (one day consists of more than half a school day) or ten (10) unexcused absences in a school year, this will result in a Becca Petition being filed with juvenile court.
- I understand that if I miss twenty (20) consecutive days of school, I will be withdrawn from my school of attendance.

**Excused:**

- I understand that when I accumulate fifteen (15) days of excused absences in a year, a doctor's note may be required for every two days in a week of excused absences in order for them to be considered excused. Without a doctor's note, the absences may be considered unexcused.
- When twenty (20) consecutive absences have occurred, I will be withdrawn from school and a Becca Petition will be filed with juvenile court.

**Withdrawal:**

- I understand that if the School Secretary or Registrar does not receive a request for records within ten (10) days of my withdrawal, a Becca Petition will be filed with juvenile court.

I, Student's Name, **will attend all scheduled classes every day, on time, without any unexcused absences, skips or tardies.**

<b>Student Electronic Signature Verification</b>		<b>Electronic Signature Date</b>	
--	--	----------------------------------	--

With our electronic signature/acceptance below as the Guardian(s) of , we agree to send him/her/they to school every day, on time without any unexcused absences, skips or tardies.

<b>Parent/Guardian Name</b>		<b>Parent/Guardian's Electronic Signature</b>		<b>Date:</b>	
<b>Parent/Guardian Name</b>		<b>Parent/Guardian's Electronic Signature</b>		<b>Date:</b>	

**Excused absence criteria (Please refer to Policy No. 3122P for more detail):**

- |  |   |
|--|---|
| A. Participation in school-approved activity   | B. Excused absence for chronic health condition                           |
| C. Absences due to illness, health condition, family emergency or religious purposes | D. Extended illness or health condition                                   |
| E. Absence for parental-approved activities - REG Becca.2 Rev 6/2016                 | F. Absence resulting from disciplinary actions – or short-term suspension |

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 style="padding-left: 40px;">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 style="padding-left: 40px;">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.





## AFFIDAVIT OF STUDENT RESIDENCY

For the purpose of determining a student's legal residence relative to school attendance areas in Ferndale Public Schools, the legal definition of residence is as follows:

*WAC 392-137-115 Student Residence-Definition. As used in this chapter, the term "student residence" means the physical location of a student's principal abode—i.e., the home, house, apartment, facility, structure, or location, etc.—where the student lives the majority of the time.*

*The following shall be considered in applying this section:*

- 1. The mailing address of the student—e.g., parent's address or post office box—may be different than the student's principal abode.*
- 2. The student's principal abode may be different than the principal abode of the student's parent(s).*
- 3. The lack of a mailing address for a student does not preclude residency under this section.*
- 4. If students are expected to reside at address for twenty consecutive days or more.*

**A copy of a current electric or gas bill (sewer and/or water bills are not accepted as proof of address) with your name and current address must be attached in order to complete the registration process and have a scheduling packet available for your student.**

I hereby certify, pursuant to the Washington Administrative Code (WAC 392-137-155 Definitions) that:

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

**Legally resides at:** \_\_\_\_\_

**I understand that if it should be determined that the student does not reside at the above-listed address, he/she will be withdrawn from Ferndale School District.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Legal Guardian Name

## Ferndale School District Early Learning Survey Spring 2024 Early Learning and Pre-school Activities and Interests

We believe that families are the child's 1<sup>st</sup> teacher and children come to school with a variety of strengths and experiences. Your child's learning experiences prior to kindergarten can give our school district insight into how we can support your child and family best as they enter school. This information will also help us learn about how our greater Ferndale community is supporting early learning and families and what we can do to continuously improve early learning experiences for children.

1. Is your child entering kindergarten in Fall of 2024?  
 Yes     No    If yes, which Ferndale Elementary School? \_\_\_\_\_

2. Does/did your child attend preschool?  
 Yes     No    **If yes, please indicate where and when:**

Preschool Name	Hours per week	Year (s) attended

3. Does your child attend child care or spend regular time with family / neighbors / friends?  
 Yes     No    **If yes, please indicate where and when:**

	Hours per week	Year (s) attended
In licensed <b>child care</b> center or home Name:		
With a friend or neighbor child care arrangement		
With a family member providing child care  Please circle family member providing care: grandparent, aunt, uncle, brother, sister		

4. Does your child participate in other learning experiences?  Yes     No    **Please check all that apply:**  
 Library story time     Library ELL Talk Time     MOP –Mothers of Preschoolers     Church / Sunday School  
 Local parks programs     Art classes     Music classes     Gymnastics classes     Play Group  
 Ferndale Toddler Time     Other (please list): \_\_\_\_\_

5. Are there learning experiences your child is unable to participate in?     Yes     No  
 If yes, what are those experiences and why are they unable to participate? (cost, transportation, limited language ability, work schedule, other.....)  
 \_\_\_\_\_

6. Are you interested in more information about these preschool activities: (check all that apply)  
 Library story time     Library ELL Talk Time     Ferndale Toddler Time     Visiting your play group/or home  
 Spring K Readiness Meeting for Parents     Friday afternoon K Readiness Class     Other \_\_\_\_\_

Would you like to be contacted about these activities?     YES     No thanks

Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Preschool Siblings \_\_\_\_\_



# Family Income Survey and Free/Reduced Price Meal Applications

Family Income Surveys and Applications for the 2024/2025 school year will be available beginning August 2024.

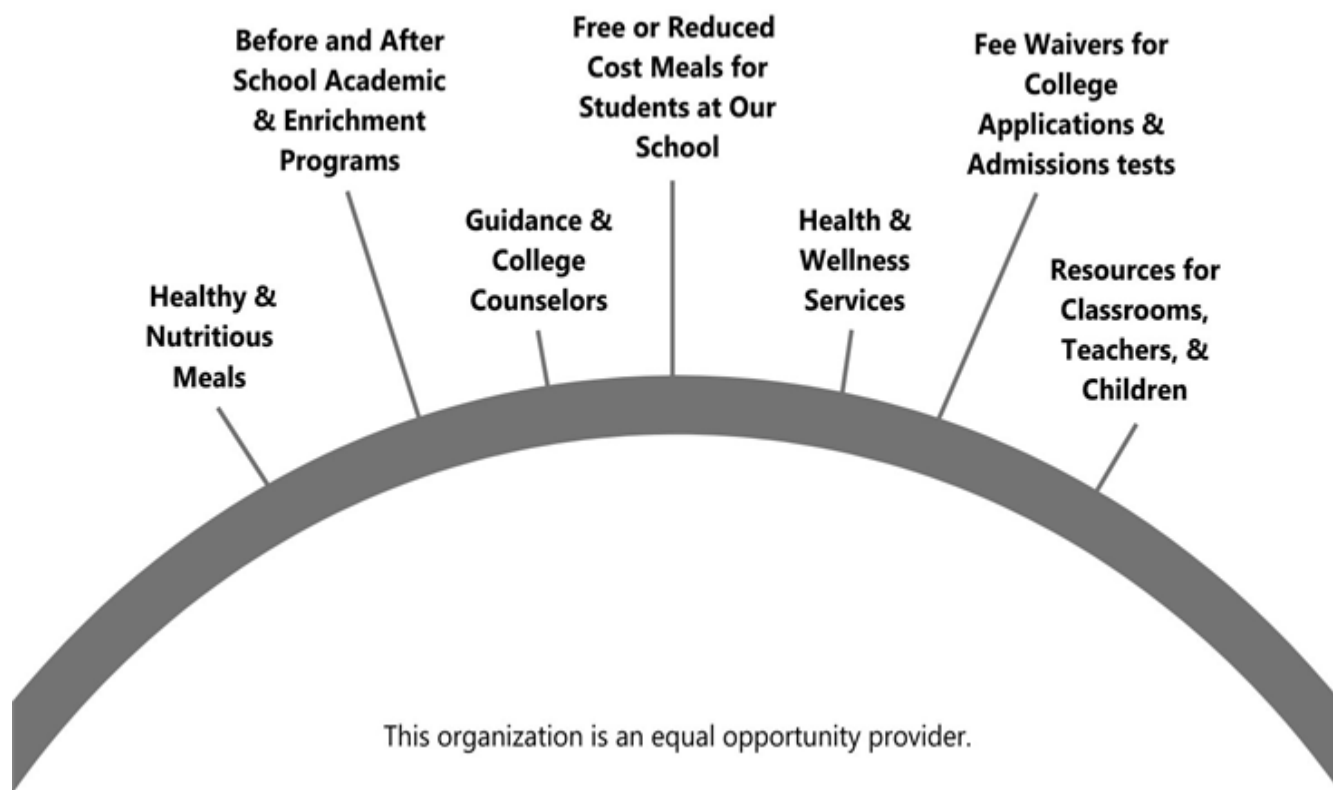
We strongly encourage all parents/guardians to submit a Family Income Survey or a Meal Application.

Completing a survey or application takes less than 10 minutes.

Meal Applications and Family Income Surveys may be downloaded from our website ([www.ferndalesd.org](http://www.ferndalesd.org)) after August 1, 2024 for the 2024/2025 school year.

## It's more than a meal application.

Filling out the School Meal Application or a Family Income Survey also may help provide:



**FERNDALE SCHOOL DISTRICT NO. 502 ADMINISTRATIVE PROCEDURES**  
**TECHNOLOGY RESOURCES USE AGREEMENT**  
**No. 2314 P-1 Attachment 1**

<b>Student Name:</b> (Student Full Name)	<b>Grade:</b> (Student's Grade)	<b>Student #:</b> (Skyward Other ID)
---	------------------------------------	---

**Parent or Guardian:**

The students in Ferndale School District (FSD) have direct access to the Internet and the FSD network. With this privilege comes responsibility. All students must be informed of the rules regarding Internet and network use and agree to abide by these rules. The District utilizes software and content filtering to prevent students from accessing inappropriate online materials when they are connected to the district's network. When students take advantage of the opportunity to take their school issued devices home with them, parents/guardians are responsible for monitoring network access at home, and at other locations outside of school. At the request of a parent/guardian, the District will install a 24/7 filter on a student's device. To request such a filter, please contact the school office.

Users of the district's technology devices and network are required to sign a "Technology Resources Use Agreement". Please read and discuss this information with your student and sign electronically or on a paper copy. Parents and students will be required to complete the "Technology Resources Use Agreement" upon first technology usage (usually at elementary school level), at the beginning of each of the middle and high schools (grades six and nine), or when there is a change in the Technology Resources Use Agreement policy. Beginning in the 2021-2022 school year, students will use and keep the same device throughout their middle and high school.

**Student Expectations:**

The use of the district's devices and network is a privilege and inappropriate use may result in a cancellation of those privileges. Security on any computer system is a high priority, especially when the system involves many users. If the user identifies a security problem on the system, the user must notify staff and must not demonstrate the problem to other users. **Students are responsible for good behavior on school computers at all times, both in and out of school.**

Students shall return their device to school when he/she leaves the Ferndale School District. Every student is financially responsible for any damage to the device that may have occurred throughout the school year that had not been previously reported. Each family has the option to purchase technology device insurance at the beginning of a school year at \$25 per year (for a student who qualifies for reduced lunch, the cost is \$10 per year). The insurance will cover device damages and any repair costs.

The following information was extracted/adapted from the "Ferndale School District Board Procedure #2314 P-1 Technology Resources." Copies of the complete Board Policy No 2314 and accompanying Procedures are available on the FSD Website.

**Personal Internet Safety:**

1. **Do Not** reveal personal contact information about yourself (address, phone number, etc.) while online.
2. **Do Not** agree to meet people that you have been in contact with over the Internet without parent permission.
3. **Do Not** give out private or confidential information about yourself or others.
4. **Tell** your teacher or other school employee about any message you receive that is inappropriate or makes you uncomfortable.

**Acceptable Use:**

The primary use of the student account and equipment should be in support of education and educational research.

**Unacceptable Use:**

Examples of activities which are **NOT PERMITTED** include (but are not limited to):

1. Displaying sexually explicit, pornographic, obscene, lewd or other inappropriate messages or pictures.
2. Using obscene language or material.
3. Participating in offensive and/or threatening attacks via "Cyber Bullying" against individuals or groups.
4. Damaging computers, computer system or computer networks.
5. Violating copyright laws.
6. Using other users' passwords.
7. Trespassing on other users' work: systems, folders, work or files.
8. Excessive use of limited resources (beyond time authorized by administrators).
9. Engaging in personal email or free "web surfing" during school hours.
10. Employing the network for commercial, personal or political purposes.
11. Modifying software on district equipment or installing personal technology.
12. Accessing any computer not explicitly authorized for use.

**Student Email:**

Ferndale School District has created email accounts for all students, which includes email access if needed. FSD is providing this service because it is obligated, through e-rate and federal regulations; "To ensure that all students use computers, networks and communications (including e-mail) in schools for school related purposes in an appropriate manner." The mastery of effective and proper email communications is expected of FSD students and is embedded in the Washington State K-12 Essential Academic Learning Requirements and Grade Level Expectations in Educational Technology such as EALR2: Digital Citizenship, Component 2.3, which states that students should be able to "communicate with peers and teachers using email." Consequently, FSD students will be expected to utilize their FSD email account for district and school communication.

This account will be assigned to students as they enter the district and will be available for school/educational usage throughout their career in Ferndale School District. However, this account will only become "active" for student use beginning at 6th grade (earlier in the case of specific teacher request to be used in his/her classroom). In addition to email, this account will provide access to collaboration tools (word processor, calendar, spreadsheets), as well as other educational related tools.

Students should be cautious of emails received from unknown senders. With Email Phishing and Spyware on the rise, students should exercise caution on opening any attachment and/or links if you do not trust or know the sender. Don't reply to emails that ask for personal or financial information. Report any suspicious email to Tech Help Desk.

**Student Signature (required)**

I understand and will abide by the Technology Resources Use Agreement Policy and agree to use the network responsibly. I further understand that any violation of the regulations contained therein may result in disciplinary action and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action or appropriate legal action may be taken.

Student Full Name (please print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent or Guardian Permission** (If student is under the age of 18, a parent or guardian must also read and sign this agreement)

As a parent or guardian of Student's Name, I have read the Technology Resources Use Agreement Policy. I understand that this access is designed primarily for educational purposes. I recognize that it is impossible for Ferndale School District to completely restrict access to offensive, inappropriate or other controversial information and materials available through Internet or other sources from the network, and I will not hold the school district responsible for information and materials obtained by this student from the network. I understand this agreement will be kept on file at the school.

I also understand that from time to time the teacher or school may wish to publish examples of student projects, unidentified photographs of student weather identified or unidentified may be posted on an Internet accessible server via staff, school or district website.

**Acknowledgement**

Signing this form electronically or by paper copy indicates that parents/guardians and students have read and agree to abide by the conditions described in this document and assume responsibility for the appropriate and safe use and care of FSD district-issued technology. Failure to comply with the terms of this agreement may result in access to the laptop, the internet and other digital content or services being limited or removed. Students may also be subject to disciplinary actions as outlined in the FSD Student Code of Conduct.

**Please circle your responses**

I have read and reviewed the Student/Parent Technology Handbook with my child and understand my responsibilities with respect to technology use in the Ferndale Schools.

(This document can be reviewed online at the FSD Website and each student will be reviewing this at the start of each school year)

Yes                      No

My child may use the Internet and email (with teacher supervision) at school according to the rules outlined.

Yes                      No

My child's photography may be published on the Internet for classroom/school purposes.

Yes                      No

My child's work may be published on the Internet for classroom/school purposes.

Yes                      No

Parent/Guardian Name (Please print) \_\_\_\_\_

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

Date \_\_\_\_\_

\*\*For additional information, please contact your student's principal or FSD Technology Department\*\*  
Implemented 10-12-1995 Revised 08-19-2021