



**SECONDARY HOUSEHOLD INFORMATION (ONLY IF THE STUDENT SPLITS TIME WITH ANOTHER HOUSEHOLD)**

Student's Physical Residence Address:	Mailing Address (if different):
Street: _____ Apt. # _____	Street/PO Box: _____ Apt. # _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

**SECONDARY HOUSEHOLD – GUARDIAN 1**

Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student?  Do you need an interpreter for school meetings? Y N <i>Circle One</i>  Do you need official school materials to be translated? Y N <i>Circle One</i>
Primary Phone:	Additional Phone:	Email Address:		
Confidential? <input type="checkbox"/>	Employer:		Military Affiliation: <i>Please circle Y or N for each</i>	
Work Phone:	Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N Currently in the Washington National Guard: Y N			

**SECONDARY HOUSEHOLD – GUARDIAN 2**

Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student?  Do you need an interpreter for school meetings? Y N <i>Circle One</i>  Do you need official school materials to be translated? Y N <i>Circle One</i>
Primary Phone:	Work or 2 <sup>nd</sup> Phone:	Email Address:		
Confidential? <input type="checkbox"/>	Employer:		Military Affiliation: <i>Please circle Y or N for each</i>	
Work Phone:	Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N Currently in the Washington National Guard: Y N			

**CUSTODY INFORMATION (IF APPLICABLE)**

Release student to non-custodial parent? Y N <i>Circle One</i>	Are there any restraining orders in effect? Y N <i>Circle One</i> If yes, legal papers must be on file with the school for enforcement
Is there a joint custody agreement or parenting plan in effect? Y N <i>Circle One</i> If yes, the paperwork must be on file with the school for enforcement.	Restraining order is against: Name: _____ Relationship to Student: _____

**EMERGENCY INFORMATION**

<b>PERSONS TO CONTACT IF ABOVE CANNOT BE REACHED, AND WHO ARE AUTHORIZED TO PICK UP STUDENT</b>	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
<b>MEDICAL EMERGENCY INFORMATION</b>	Physician:	Phone:	City:

Please describe any health condition or allergies the school should be aware of:

**SIBLING INFORMATION – PLEASE LIST THE STUDENT’S BROTHERS AND/OR SISTERS**

Last Name	First Name	DOB <i>MM/DD/YYYY</i>	Gender	Live in Same Home?	School Currently Attending
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	

**PREVIOUS SCHOOL INFORMATION – PLEASE LIST PREVIOUS SCHOOLS STARTING WITH THE MOST RECENT**

Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)
Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)
Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)
Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)

**Previous Preschool Services - Please circle all early learning programs this student was enrolled in:**

PASD Preschool	Other Preschool	Childcare	Playgroup	Early Headstart	Headstart	Friends/Neighbors
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**SCHOOL EXPERIENCE DATA – Has this student...? (Please circle Yes or No for each question)**

Previously attended Port Angeles School District?	Yes	No	If yes, school:	Year:
Been enrolled in any special education program (IEP)	Yes	No	If yes, school:	Year:
Had a 504 Plan?	Yes	No	If yes, school:	Year:
Had an Individual Health Care Plan?	Yes	No	If yes, school:	Year:
Been enrolled in ESL programs?	Yes	No	If yes, school:	Year:
Been in Gifted/Talented/Highly Capable programs?	Yes	No	If yes, school:	Year:
Been identified as Gifted, Talented or Highly Capable through testing?	Yes	No	If yes, school:	Year:
Ever been retained?	Yes	No		
Ever been suspended or expelled for disciplinary reasons?	Yes	No		
Had a history of criminal behavior?	Yes	No		
Had any history of weapons possession?	Yes	No		
Been convicted of a felony?	Yes	No	If yes, type:	

**BUSING INFORMATION**

**Will student ride the bus?** Circle One Y N AM Route # \_\_\_\_\_ PM Route # \_\_\_\_\_ Comments: \_\_\_\_\_

Only students who physically reside within the boundaries of the Port Angeles School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Port Angeles School District may legally attend school within the Port Angeles School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Port Angeles School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Port Angeles School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student.

Parent/Guardian Name (Please Print)	Parent Guardian Signature	Date
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PORT ANGELES SCHOOL DISTRICT

**RACE AND ETHNICITY DATA COLLECTION FORM**

All K-12 schools in Washington and across the country are required to collect and report the race and ethnicity of every student to the school district annually. Accurately identifying groups of students currently underserved by the education system is the first step in creating positive changes at the local, state, and national level. In Washington, school districts report these data to the Office of Superintendent of Public Instruction (OSPI). OSPI summarizes this and uses it to understand trends and to improve teaching and learning. The data will not be reported in a way that identifies individual students. For more on family privacy rights in education, see: A Parent Guide to the Family Educational Rights and Privacy Act (FERPA).

When completing this collection, you may be as detailed as you would like. You may select more than one option. If you do not see your identity on the list, you may select "write in". By law, you are not required to identify the race or ethnicity of your child on school forms. However, if you choose not to provide us with this information, the school will fill it out. When school staff fills out the race and ethnicity questions, it is called 'observer identification'. This is done as a last resort and does not permit any representative of the school or district to tell someone how they should classify himself or herself. We prefer that parents/guardians fill this form out, as this ensures that the data is accurate. If you choose not to fill this out, the school will take steps to complete 'observer identification'.

To do this, we will collect background information about your student by:

- Reviewing student records, documenting the race and ethnicity of the student in previous years.
- If the student has siblings: reviewing their student records and documenting previous race and ethnicity data.
- Talking with counselors and teachers of the student.
- Using responses to the home language survey to identify the student's home language.

As a parent/guardian, you always have the option of changing the race and ethnicity records kept at the school. To do this, you can contact your school office and ask to update your information.

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

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Question 1: Is your child of Hispanic or Latino origin? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please check all that apply.**

H00	Hispanic	H15	Jamaican
H01	Not Hispanic/Latino	H16	Mexican
H02	Argentine	H17	Mestizo
H03	Bolivian	H18	Native
H04	Brazilian	H19	Nicaraguan
H05	Chicano (Mexican American)	H20	Panamanian
H06	Chilean	H21	Paraguayan
H07	Colombian	H22	Peruvian
H08	Costa Rican	H23	Puerto Rican
H09	Cuban	H24	Salvadoran
H10	Dominican	H25	Spaniard
H11	Ecuadorian	H26	Surinamese
H12	Guatemalan	H27	Uruguayan
H13	Guyanese	H28	Venezuelan
H14	Honduran	H29	Hispanic/Latino Write in:

*Please continue to Question 2 on next page.*

## Question 2: What race(s) do you consider your child?

If yes, please check all that apply.

A00	<b>Asian</b>	B34	Djiboutian
A01	Asian Indian	B35	Eritrean
A02	Bangladeshi	B36	Ethiopian
A03	Bhutanese	B37	Kenyan
A04	Burmese/Myanmar	B38	Malagasy (Madagascar)
A05	Cambodian/Khmer	B39	Malawian
A06	Cham	B40	Mauritian (Mauritius)
A07	Chinese	B41	Mahoran (Mayotte)
A08	Filipino	B42	Mozambican
A09	Hmong	B43	Reunionese
A10	Indonesian	B44	Rwandan
A11	Japanese	B45	Seychellois/Seychelloise
A12	Korean	B46	Somali
A13	Lao	B47	South Sudanese
A14	Malaysian	B48	Sudanese
A15	Mien	B49	Ugandan
A16	Mongolian	B50	Tanzanian (United Republic of Tanzania)
A17	Nepali	B51	Zambian
A18	Okinawan	B52	Zimbabwean
A19	Pakistani	B53	<i>East African Write in:</i>
A20	Punjabi	B54	Argentine
A21	Singaporean	B55	Belizean
A22	Sri Lankan	B56	Bolivian
A23	Taiwanese	B57	Brazilian
A24	Thai	B58	Chilean
A25	Tibetan	B59	Colombian
A26	Vietnamese	B60	Costa Rican
A27	<i>Asian Write in:</i>	B61	Ecuadorian
B00	<b>Black/ African-American</b>	B62	El Salvadoran
B01	African American	B63	Falkland Islander
B02	African Canadian	B64	French Guianese
B03	Anguillan	B65	Guatemalan
B04	Antiguan	B66	Guyanese
B05	Bahamian	B67	Honduran
B06	Barbadian	B68	Mexican
B07	Barthélemois/Barthélemoises (Saint Barthélemy)	B69	Nicaraguan
B08	British Virgin Islander	B70	Panamanian
B09	Caymanian (Cayman Island)	B71	Paraguayan
B10	Cuba Dominican	B72	Peruvian
B11	Dominican (Dominican Republic)	B73	South Georgia and the South Sandwich Islands
B12	Dutch Antillean (Netherlands Antilles)	B74	Surinamese
B13	Grenadian	B75	Uruguayan
B14	Guadeloupean	B76	Venezuelan
B15	Haitian	B77	<i>Latin American Write in:</i>
B16	Jamaican	B78	Botswanan
B17	Martiniquais/Martiniquaise	B79	Mosotho (Lesotho)
B18	Montserratian	B80	Namibian
B19	Puerto Rican	B81	South African
B20	<i>Caribbean Write in:</i>	B82	Swazi
B21	Angolan	B83	<i>South African Write in:</i>
B22	Cameroonian	B84	Beninese
B23	Central African (Central African Republic)	B85	Bissau-Guinean
B24	Chadian	B86	Burkinabé (Burkina Faso)
B25	Congolese (Republic of the Congo)	B87	Cabo Verdean
B26	Congolese (Democratic Republic of the Congo)	B88	Ivorian (Cote d'Ivoire)
B27	Equatorial Guinean	B89	Gambian
B28	Gabonese	B90	Ghanaian
B29	São Toméan	B91	Liberian
B30	Principe	B92	Malian
B31	<i>Central African Write in:</i>	B93	Mauritanian
B32	Burundian	B94	Nigerien (Niger)
B33	Comoran	B95	Nigerian (Nigeria)

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

B96	Saint Helenian	P18	Tongan
B97	Senegalese	P19	Tuvaluan
B98	Sierra Leonean	P20	Yapese
B99	Togolese	P21	<i>Pacific Islander Write in:</i>
C01	<i>West African Write in:</i>	W00	<b>White</b>
C02	<i>Black Write in:</i>	W01	Bosnian
N00	<b>American Indian/Alaskan Native</b>	W02	Herzegovinian
N01	Chinook Tribe	W03	Polish
N02	Confederated Tribes/ Bands of the Yakama Nation	W04	Romanian
N03	Confederated Tribes of the Chehalis Reservation	W05	Russian
N04	Confederated Tribes of the Colville Reservation	W06	Ukrainian
N05	Cowlitz Indian Tribe	W07	<i>Eastern European Write in:</i>
N06	Duwamish Tribe	W08	Algerian
N07	Hoh Indian Tribe	W09	Amazigh or Berber
N08	Jamestown S'Klallam Tribe	W10	Arab or Arabic
N09	Kalispel Indian Community/Kalispel Reservation	W11	Assyrian
N10	Kikiallus Indian Nation	W12	Bahraini
N11	Lower Elwha Tribal Community	W13	Bedouin
N12	Lummi Tribe of the Lummi Reservation	W14	Chaldean
N13	Makah Indian Tribe of the Makah Indian Reservation	W15	Copt
N14	Marietta Band of Nooksack Tribe	W16	Druze
N15	Muckleshoot Indian Tribe	W17	Egyptian
N16	Nisqually Indian Tribe	W18	Emirati
N17	Nooksack Indian Tribe of Washington	W19	Iranian
N18	Port Gamble S'Klallam Tribe	W20	Iraqi
N19	Puyallup Tribe of Puyallup Reservation	W21	Israeli
N20	Quileute Tribe of the Quileute Reservation	W22	Jordanian
N21	Quinault Indian Nation	W23	Kurdish Kuwaiti
N22	Samish Indian Nation	W24	Lebanese
N23	Sauk-Suiattle Indian Tribe of Washington	W25	Libyan
N24	Shoalwater Bay Indian Tribe/Shoalwater Bay Reservation	W26	Moroccan
N25	Skokomish Indian Tribe	W27	Omani
N26	Snohomish Tribe	W28	Palestinian
N27	Snoqualmie Indian Tribe	W29	Qatari
N28	Snoqualmoo Tribe	W30	Saudi Arabian
N29	Spokane Tribe of the Spokane Reservation	W31	Syrian
N30	Squaxin Island Tribe/ Squaxin Island Reservation	W32	Tunisian
N31	Steilacoom Tribe	W33	Yemeni
N32	Stillaguamish Tribe of Indians of Washington	W34	<i>Middle Eastern Write in:</i>
N33	Suquamish Indian Tribe/Port Madison Reservation	W35	<i>North African Write in:</i>
N34	Swinomish Indian Tribal Community	W36	<i>White Write In:</i>
N35	Tulalip Tribes of Washington		
N36	<i>Alaska Native Write in:</i>		
N37	<i>American Indian Write in:</i>		
P00	<b>Native Hawaiian/Other Pacific Islander</b>		
P01	Carolinian		
P02	Chamorro	X	
P03	Chuukese		
P04	Fijian		
P05	i-Kiribati/Gilbertese		
P06	Kosraean	X	
P07	Maori		
P08	Marshallese		
P09	Native Hawaiian		
P10	Ni-Vanuatu		
P11	Palauan		
P12	Papuan		
P13	Pohpeian		
P14	Samoan		
P15	Solomon Islander		
P16	Tahitian		
P17	Tokelauan		

  

	Print Parent/Guardian Name
	Parent/Guardian Signature
	Date



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.



**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one): \_\_\_child \_\_\_child's parent \_\_\_child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

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

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



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**STUDENT HEALTH INVENTORY FORM**

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

Name (Last, First and Middle): \_\_\_\_\_ DOB: \_\_\_\_\_ M/F \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Last Physical Date: \_\_\_\_\_

Daily medications at home? Yes/No Name of medication(s): \_\_\_\_\_

Reason for medication(s): \_\_\_\_\_ *(If student requires medication at school, please obtain the appropriate form in the school office)*

Immunization Status (please circle): Up to date Exemption **OR** In progress

**(Please submit a copy of immunization records verified by medical provider. MMR can only be medical or religious exemption)**

List any serious illnesses or injuries: \_\_\_\_\_

Wears Any Medical Device? \_\_\_\_\_

Special Education or Services? \_\_\_\_\_ Does your child see a Behavioral Specialist? Yes/No

Name of Behavioral Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY:**

*(Please check if your child has any of the followings and provide details below)*

<b>ALLERGIES</b>	<b>LIFE THREATNING MEDICAL CONDITIONS</b>	<b>MENTAL/ BEHAVIORAL ISSUES</b>	<b>CHRONIC CONDITIONS</b>
<input type="checkbox"/> Peanut/Nuts <input type="checkbox"/> Bee Stings <input type="checkbox"/> Dairy <input type="checkbox"/> Dust <input type="checkbox"/> Seasonal <input type="checkbox"/> Food <input type="checkbox"/> Other (List)	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Issues <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (List)	<input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Depression <input type="checkbox"/> Autism <input type="checkbox"/> Anxiety <input type="checkbox"/> Other (List)	<input type="checkbox"/> Headaches <input type="checkbox"/> Vision Issues <input type="checkbox"/> Hearing Issues <input type="checkbox"/> Bladder Issues <input type="checkbox"/> Bowel Issue <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Other (List)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you selected any of the above please provide details below:

\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT** *I understand that the information given about my child will be shared with appropriate school staff to provide for the health and safety of my child. If either I, or an authorized emergency contact person, cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.*

**This form to remain valid for successive years-unless there is an update/change in condition and it is provided to the school in written format.**

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



905 West 9th Street  
Port Angeles, Washington 98363  
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www.portangelesschools.org

## Student Housing Questionnaire

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

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)

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

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

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

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_

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

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

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

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

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

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

**Please return completed form to:**

Alicia Scofield  
District Liaison

360 565-3706  
Phone Number

Lincoln Center, 905 W. 9th Street  
Location

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**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](#)

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

[SchoolHouse Connection](#)

PORT ANGELES SCHOOL DISTRICT  
Special Services Questionnaire

Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Previous school \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Please describe the special services that your child was receiving at his/her previous school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agencies or individuals that have information relevant to your child's special education program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check any of the following that may apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Individualized Education Plan (IEP) | <input type="checkbox"/> Gifted/Talented program       |
| <input type="checkbox"/> Behavior Disorder (BD)              | <input type="checkbox"/> Emotional Disorders (ED)      |
| <input type="checkbox"/> Counseling                          | <input type="checkbox"/> Speech therapy                |
| <input type="checkbox"/> English as a second language (ESL)  | <input type="checkbox"/> 504 Plan accommodations       |
| <input type="checkbox"/> Hearing impaired                    | <input type="checkbox"/> Self-contained/resource room  |
| <input type="checkbox"/> Learning disabled (LD)              | <input type="checkbox"/> Physical/Occupational therapy |

When a student with special education history transfers into PASD from out of district the school psychologist will be notified immediately. The school psychologist will coordinate with the principal, counselor, teacher and parents a proper program for the student. The school psychologist becomes case manager for the special education portion of their educational program until this responsibility is transferred to the IEP case manager, which is normally the special education teacher.

Reviewing special education records are very important with a new transfer student and the school psychologist can also be of assistance in obtaining special education records. If records are available at the time, the school psychologist can review them and provide the school staff with pertinent information in regard to placement and program decisions. If no records are available, a release of confidential information and/or a documented phone call to the previous school district can be made. Temporary program placement can usually be made by obtaining verbal information for parents following a phone call to the previous district. Ideally, a signed temporary IEP should be put in place during this evaluative placement.

A documented current assessment review needs to be in place before the IEP committee meets and signs a current IEP.

# Port Angeles School District

## RELEASE OF DIRECTORY INFORMATION

Under the federal Family Educational Rights and Privacy Act (FERPA), individuals and organizations may request directory information about students. Directory information could include a student's name, photograph, address, telephone number (unless unlisted), dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, diplomas and awards received, and the most recent previous school attended. Families have the right to restrict the release of this directory information. If you **DO NOT** want directory information regarding your student released, please check the appropriate box(es) below and return the form to your student's school by October 1st of the current school year. Check and return this form only if you **DO NOT** want directory information released. If no documentation is on file, it will be assumed that the parent/legal guardian has granted permission for release of directory information. This information is also available to update on Skyward Family Access.

### HIGH SCHOOL STUDENTS ONLY:

Under federal law, the military may request contact information for high school juniors and seniors. If you **DO NOT** want your student's information released to the military, check the box below and return the form by October 1st of the current school year to ensure your preferences are registered before the military files its request for information.

*Note: Checking the box below does not prohibit the military from gathering student information from other non-school district sources or from having military recruiters speak with your student while on campus.*

**MILITARY USE:** Please **DO NOT** release my student's directory information to the U.S. Military.

### FOR ALL FAMILIES:

If you **DO NOT** want directory information regarding your child released, please check the appropriate box(es) below and return it to your school office by October 1st of the current school year.

**HIGHER EDUCATION:** Please **DO NOT** release my student's directory information to institutions of higher learning.

**DISTRICT/SCHOOL LOCAL USE:** Please **DO NOT** release my child's visual image or other directory information for PASD use (i.e. yearbooks, publications, websites, school- or district-related social media).

**PUBLIC OUTSIDE MEDIA USE:** Please **DO NOT** release my child's visual image or other directory information to outside print, broadcast or online news media (i.e. newspapers, radio, television, etc.).

Student's Legal Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian or Student (if 18 years of age or older) Date: \_\_\_\_\_

**Please use one form per student**

If you require additional forms, please make copies, contact your school or download on the district website. Return to your child's school by October 1st of the current school year if you **DO NOT** want your child's directory information released. Directory Information is also available to update through Skyward Family Access/Release of Directory Information