

COLUMBIA SCHOOL DISTRICT NO. 206

4961B Hunters Shop Rd ~ P.O. Box 7 ~ Hunters, WA 99137 ~ (509) 722-3311 ~ Fax: 722-3310

STUDENT REGISTRATION FORM

(Please Print)

STUDENT INFORMATION

Name: (first, middle, last)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Grade _____
Mailing Address:		City:	Zip:
Street Address (If different):		City:	

STUDENT BIRTH INFORMATION

Birth Date:	Age:	Birth City:	Birth State:	Birth County:
_____	_____	_____	_____	_____

PARENT/GUARDIAN INFORMATION

Father or Guardian:	Mother or Guardian
Address (if different):	Address (if different):
Student Lives With:	
Father/Guardian Home Phone: _____ Father/Guardian Cell Phone: _____ Father/Guardian Work Phone: _____ Father/Guardian email: _____	Mother/Guardian Home Phone: _____ Mother/Guardian Cell Phone: _____ Mother/Guardian Work Phone: _____ Mother/Guardian email: _____

RACIAL/ETHNIC INFORMATION & MILITARY INFORMATION

See form attached – Check all that apply

EMERGENCY INFORMATION

Emergency Contacts:	Relationship to family:	Home Phone:	Work Phone:	Cell Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Person(s) authorized to pick child up from school (other than parent/guardian):	Relationship to family:
_____	_____

Person(s) not authorized to pick up child (please provide a restraining order, if one)	Relationship to family:
_____	_____

Family Doctor Name:	Address or Location:	Phone:
_____	_____	_____

Allergies, asthma, handicaps, special needs: _____

FAMILY INFORMATION (Please list all brothers & sisters to above student, include their current age)

_____	_____
_____	_____

EDUCATIONAL INFORMATION

Was your child previously enrolled in Special Ed and/or Chapter I? Yes ____ Date _____ No ____

Did your child have an IEP (Individualized Education Plan) at the previous school? Yes ____ No ____

Was your child previously enrolled in Title I? Yes ____ Date _____ No ____

Did your child have a 504 (Emergency Care) Plan at the previous school? Yes ____ No ____

What is the Health concern: _____

Is child homeless? (loss of housing, economic hardship, living in car, public spaces (bus station, parks, etc), motel, campground, emergency or transitional housing, awaiting foster care or not in physical custody of a parent or guardian) Yes ____ No ____

Name of the school child is transferring from:

Address: _____ City/State: _____ Zip: _____

Phone: () _____

BUS INFORMATION

Will your child(ren) require bus service?
____ YES ____ NO

If yes, what **physical** address will they be picked up from and dropped off at?

***NOTE TO PARENTS: If you require your child/children to take a different route or if they need to be dropped off at a different stop than their regular route, you will need to send a signed note with them to school, so we have a written record of your request.**

For office use only:

ROUTE DRIVER PICK UP TIME DROP OFF TIME

BREAKFAST AND LUNCH INFORMATION

Breakfast:
Elementary: \$1.25 (Reduced: .40 / P-6 No Pay)
Secondary: \$1.75 (Reduced: .40 / 7-12 No Pay)

Lunch:
Elementary: \$2.50 (Reduced: .40 / K-3 No pay)
Secondary: \$2.75 (Reduced: .40) Extra Milk \$.25

Columbia does not allow students to charge meals. All meals must be paid for in advance, or at the lunch line. Applications for free and reduced meals are available to all upon request.

In the operation of the child Feeding Program, no child will be discriminated against because of race, sex, color, national origin, age, or disability.

ATTENDANCE INFORMATION

Following your child's absence, a note is required within 24 hours of the absence, to admit the child back into school, stating the date the child was absent, the reason for the absence, and your original signature.

If you plan to have a child out of school, please send a note to school notifying the school of the planned absence, prior to the absence, and his/her teachers will prepare homework for that child.

For more information regarding attendance and truancy policy, refer to the student handbook, or contact the school office.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

Date of Signature _____

Additional Parent/Guardian Comments or Concerns:

Ethnicity Data Collection and Military Parent or Guardian form

(as required by RCW 28A.300.505)

Question 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

NOT HISPANIC/LATINO

- CUBAN
- DOMINICAN
- SPANIARD
- PUERTO RICAN

- MEXICAN/MEXICAN AMERICAN/CHICANO
- CENTRAL AMERICAN
- SOUTH AMERICAN
- LATIN AMERICAN
- OTHER HISPANIC/LATINO

QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

AFRICAN AMERICAN/BLACK ALASKA

NATIVE

WHITE

WASHINGTON NATIVE AMERICAN

ASIAN INDIAN

CHEHALIS

SAMISH

CAMBODIAN

COLVILLE

SAUK-SUIATTLE

CHINESE

COWLITZ

SHOALWATER

FILIPNO

HOH

SKOKOMISH

HMONG

JAMESTOWN

SNOQUALMIE

INDONESIAN

KALISPEL

SPOKANE

JAPANESE

LOWER ELWHA

SQUAXIN ISLAND

KOREAN

LUMMI

STILLAGUAMISH

LAOTIAN

MAKAH

SUQUAMISH

MALAYSIAN

MUCKLESHOOT

SWINOMISH

PAKISTANI

NISQUALLY

TULALIP

SINGAPOREAN

NOOKSACK

YAKAMA

TAIWANESE

PUYALLUP

OTHER WA. INDIAN

THAI

PORT GAMBLE KLALLAM

OTHER AMERICAN INDIAN

VIETNAMESE

QUILEUTE

OTHER ASIAN

QUINAULT

NATIVE HAWAIIAN

FIJIAN

GUAMANIAN or CHAMORRO

MARIANA ISLANDER

MELANESIAN

MICRONESIAN

SAMOAN

TONGAN

OTHER PACIFIC ISLANDER

MILITARY PARENT OR GUARDIAN (as required by RCW 28a.300.505)

QUESTION: Is student's parent or guardian currently in the military? (Check only one)

Student/Family reports no parent or guardian is currently serving as an active member of the US Armed Forces.

Student/Family reports having a parent/guardian who is a current active duty member of the US Armed Forces.

Student/Family reports having a parent/guardian who is a current member of the Reserves of the US Armed Forces.

Student/Family reports having a parent/guardian who is a current member serving in the Washington National Guard.

Student/Family reports having more than one parent or guardian who is currently either a member of the active US Armed Forces, Reserves of the US Armed Forces, or Washing National Guard.

Student Housing Questionnaire

Columbia School District

4961 B Hunters Shop Rd PO Box 7 Hunters, WA 99137

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

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

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

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

Name of student: _____
First Middle Last

Name of school: _____ Grade: _____ Birthdate (Month/Day/Year): _____ Age: _____

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

Address of current residence: _____

Phone number or contact phone number: _____ Name of contact: _____

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

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

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

Please return completed form to:

Chuck Wyborney
District McKinney-Vento Liaison

509-722-3311
Phone Number

District Office
Location



Washington Office of Superintendent of
PUBLIC INSTRUCTION



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

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

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





Your Rights Under Section 504

You have the right to be informed by the school district of your rights under Section 504. This is a notice of you and your child's rights under Section 504 and the rights you have if you disagree with the school district's decisions.

What is Section 504?

Section 504 of the Rehabilitation Act of 1973, commonly called "Section 504," is a federal law that protects students from discrimination based on disability. Section 504 assures that students with disabilities have educational opportunities and benefits equal to those provided to students without disabilities. To be eligible, a student must have a physical or mental impairment that substantially limits one or more major life activity.

Your Child's Education

Your child has the right to:

- ✓ Receive a free and appropriate public education.
- ✓ Participate in and benefit from the district's educational programs without discrimination.
- ✓ Be provided an equal opportunity to participate in the district's nonacademic and extracurricular activities.
- ✓ Be educated with students who do not have disabilities to the maximum extent appropriate.
- ✓ Be educated in facilities and receive services that are comparable to those provided to students without disabilities.
- ✓ Receive accommodations and/or related aids and services to allow you child an equal opportunity to participate in school activities.
- ✓ Receive educational and related aids and services without cost, except for those fees imposed on the parents of children without disabilities.
- ✓ Receive special education services, if needed.

Your Child's Educational Records

You have the right to:

- Review your child's educational records and to receive copies at a reasonable cost. You will not be charged if the cost would keep you from reviewing the records.
- Ask the district to change your child's education records if you believe that they are wrong, misleading, or are otherwise in violation of your child's privacy rights. If the district refuses this request, you have the right to challenge the refusal by requesting an impartial hearing.
- A response to your reasonable requests for explanations and interpretations of your child's educational records.



COLUMBIA SCHOOL DISTRICT No 206

The Section 504 Process

Your child has the right to an evaluation before the school determines if he/she is eligible under Section 504. You have the right to:

- Receive notice before the district takes any action regarding the identification, evaluation, and placement of your child.
- Have evaluation and placement decisions made by a group of persons, often called a "504 team," including persons who know your child, the meaning of the evaluation information, and the placement options available.
- Have evaluation decisions based on a variety of sources, such as aptitude and achievement tests, teacher recommendations, physical conditions, medical records, and parental observations.
- Refuse consent for the initial evaluation and initial placement of your child.
- If your child is eligible under Section 504, your child has a right to periodic re-evaluations, including re-evaluations before any significant change is made in your child's placement.

If You Disagree with the District's Decision

If you disagree with the district's decisions regarding your child's identification, evaluation, educational program, or placement under Section 504, you may request mediation or an impartial due process hearing. You and your child have the right to take part in the hearing and have an attorney represent you. Hearing request and other concerns can be made to your district's' Section 504 Coordinator:

Mr. Greg Price, Superintendent

PO Box 7, Hunters, WA 99137

Phone: 509.722.3311

email: gprice@columbia206.net

You have the right to file a complaint of discrimination with the U.S. Department of Education's Office for Civil Rights (OCR), or to file a complaint in federal court. Generally, an OCR complaint may be filed within 180 calendar days of the act that you believe was discriminatory. The regional office is located at 915 Second Ave, Room, 3310, Seattle, WA 98174-1099; Phone 206.607.1600/TDD-206.607.1647
Website: www.ed.gov/OCR



COLUMBIA SCHOOL DISTRICT No 206

Telephone Calling/Texting Consent Form

Dear Parent/Guardian:

By providing telephone numbers on this consent form, you are expressly authorizing and consenting to receive calls and messages, including automated messages from Columbia School District No. 206.

The preferred contact phone number can be a wireless (cellular) or fixed line (home or work) number, at your discretion.

_____ Name on Account
_____ Preferred Contact Phone Number landline cell
_____ Alternate Contact Phone Number landline cell

Submission of this form serves as your authorization for Columbia School District No. 206 to use the designated phone numbers listed above to provide you with school information such as upcoming events, school closures, cancellations or changes in events and activities. This includes the use of automated phone calls and text messages.

You may revoke your consent and “opt out” of receiving messages by simply contacting the school office at 722.3311 during regular business hours of 8 am to 4 pm, Monday through Friday.

No automated phone calls or text messages will be sent to a landline and/or cellular phone number until this consent form is received by Columbia School District No. 206 due to a ruling by the FCC’s Telephone Consumer Protection Act.

Please complete this form and either mail, fax or email to our district office:

Mail to Columbia School District No. 206, PO Box 7, Hunters WA 99137
Fax to 509.722.3310
Email to pmoss@columbia206.net or mzehetmir@columbia206.net



CONSENT TO RELEASE PHOTO/IMAGE

Dear Parent/Guardian:

During the current school year, your child's image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as a demonstration project/activity in education workshops/classes/conferences
- Used as a sample project/activity on CD's created by Columbia School District No. 206 for use in education workshops and student classrooms
- Posted on the school or NHCS web pages on the Internet
- Submitted as samples to program publishers or as contest entries to sponsors
- Appear on videotape/digital recording made during a student presentation of their project, or in broadcasts or videotapes/digital recording demonstrating computer multimedia in general
- Videotaped/digital recording to appear in a school related program to be used by a local television station or school/county project
- Used in a printed publication such as a newspaper or magazine

A child's name may accompany a photo; no last names will be published on the web.

There is no monetary compensation for the use of work, but it will help many teachers get more use out of their computers, and show other student a good example of what can be. Please sign the release form below and return this sheet to the school office. Your permission grants us approval to publicize without prior notification and remains in effect until revoked. Thanks!

Release Form *(check one)*

_____ I/We **DO** give permission for (list all student name/names below):

_____ I/We **DO NOT** give permission for (list all student name/names below)

image/photograph or work to be used as described above.

Image/photograph or work to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Date: _____

Please return this form to the school office.

COLUMBIA SCHOOL DISTRICT 206 2024/2025 School year
HEALTH INFORMATION AND EMERGENCY MEDICAL CONTACT

Office updated: _____ date: ____
Nurse updated: _____ date: ____

Name _____ Birthdate _____ Grade _____
Last First MI Legal name (if different)

Address _____ Home Phone _____
Street City State Zip code

Is this a new address and/or phone number? Yes No Gender: Male Female other _____

Student lives with: Both parents Mother only Father only Mother & stepfather Father & stepmother
 Agency Self Legal guardian Other _____

Parent/Guardian 1 name _____ Parent/Guardian 2 name _____

Parent/Guardian 1 phone _____ Parent/Guardian 2 phone _____

Parent/Guardian 1 phone _____ Parent/Guardian 2 cell phone _____

Parent/Guardian email _____ Parent/Guardian email _____

Emergency contact _____ Phone _____
Name Relationship to child

Emergency contact _____ Phone _____
Name Relationship to child

Licensed Healthcare Provider (LHP) _____ Phone _____

Dentist _____ Phone _____

Dear Parent/Guardian: Please describe your child's current health status in detail below. Keep the school updated regarding any changes in health or medication status which impacts your child. If your child needs to take medication at school, please notify the school nurse, this can include overnight field trips or sporting events after school hours.

No health problems to my knowledge.

Current Health History:

Please answer by checking

	No	Yes	Mild	Moderate	Severe		
Does your child have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contacts	<input type="checkbox"/> Glasses
Does your child have hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing aid(s)	
Check if your child has any of the following:	No	Yes	Mild	Moderate	Severe		
Allergy – food (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Allergy – insect (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Diabetes (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac Condition (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bleeding Disorder (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Seizures (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Explain if other issues exist (including learning disabilities) _____

IF ANY OF THE ABOVE HEALTH CONDITIONS ARE LIFE-THREATENING, RCW 28A.210.320 requires that licensed healthcare provider (LHP) orders, medications, and/or treatments and a nursing care plan must be in place before a student attends school.

Does your child need medication while at school or after-school functions? Yes* No If yes, explain _____

Does your child take medications of any kind, anywhere? Yes* No If yes, explain _____

Has your child had any serious injuries that impact school? Yes* No If yes, explain _____

The school nurse must sometimes share health information with school staff. If you have concerns about sharing this information, please contact the school nurse.

Students requiring medication (prescription or non-prescription) at school MUST have a written order by a LHP and written parent consent. These forms are available at every building from the secretaries and the school nurse.
 I authorize Columbia School District staff to contact a LHP/dentist or 911 if necessary, and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital. I understand that Columbia School District, its employees, and Board of Directors assume no liability of any nature in relationship transporting or treatment of said minor.
 I permit the school to add information to the Washington State Immunization Information System to help maintain my child's record.
 I agree to inform the school nurse of any changes in your child's health that may occur throughout the school year.

Parent/Guardian Signature _____ Date _____