



STUDENT REGISTRATION FORM

Today's Date: _____

Students Legal Last Name	Legal First Name	Legal Middle Name	Nickname	Entering Grade	Male <input type="checkbox"/>
					Female <input type="checkbox"/>
Birth Date:	Birth City	Birth State		Birth Country	
If birth country is not US, what was this student's initial enrollment date in a US school (excluding private school and preschool)?					

PRIMARY GUARDIAN INFORMATION: Name(s) of person(s) with whom student is living.

Guardian Last Name	Guardian First Name	Relationship to Student:	Email Address:		
Home and/or Cell Phone		Work Phone			
Guardian Last Name	Guardian First Name	Relationship to Student:	Email Address:		
Home and/or Cell Phone		Work Phone			
Home Resident Address (street)	Apt#	City		Zip Code	
Mailing Address (if different than above)	Apt#	City		Zip Code	

SECOND HOUSEHOLD INFORMATION: Non-primary custodial parent

Last Name	First Name	Relationship to Student:	Email Address:		
Home and/or Cell Phone		Work Phone			
Last Name	First Name	Relationship to Student:	Email Address:		
Home and/or Cell Phone		Work Phone			
Home Resident Address (street)	Apt#	City		Zip Code	
Mailing Address (if different than above)	Apt#	City		Zip Code	

SIBLINGS: Please list all other siblings attending school in the Garfield-Palouse Districts.

Last Name	First Name	School	Entering Grade

EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name of contact person	Relation to Student	Day Phone	Cell Phone
Name of contact person	Relation to Student	Day Phone	Cell Phone
Name of contact person	Relation to Student	Day Phone	Cell Phone

I authorize the school to release my students to the person(s) listed above.

Legal Parent/Guardian Signature: _____

Legal Information (if applicable)

Is there a joint-custody or parenting plan in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, plan must be on file with the school for enforcement.
Is there a restraining order in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, court order must be on file with the school.
Restraining order is against:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other: _____

MILITARY FAMILY: Verify Military Family (required)

A	Does a Parent or Guardian currently serve as a member of the active duty U.S. Armed Forces?	Y or N
R	Does a Parent or Guardian currently serve as a member of the reserves of the U.S. Armed Forces?	Y or N
G	Does a Parent or Guardian currently a member of the Washington National Guardians?	Y or N
M	Does more than one Parent or Guardian qualify for A, R, or G?	Y or N
N	No Parent or Guardian is currently serving the US Armed Forces or National Guard	Y
Z	I prefer not to answer	Y

OTHER PERTINENT INFORMATION:

Has your student ever qualified for or been enrolled in a Special ED program?	Y or N
Has your student ever qualified for or had a 504 plan?	Y or N

.....

Verification:

I verify that the above information on the Student Registration Form is true and accurate as of this date.

Legal Parent/Guardian Signature: _____ Date: _____

Garfield-Palouse Schools

-A Cooperative Effort-

600 East Alder Street

Palouse, WA 99161

Phone: 509-878-1921

Fax: 509-878-1675

810 N. 3rd Street or PO Box 398

Garfield, WA 99130

Phone: 509-635-1331

Fax: 509-635-1332

Internet: www.garpal.net

PARENT (GUARDIAN) PERMISSION FOR RELEASE OF STUDENT RECORDS

STUDENT'S NAME

GRADE

DATE OF BIRTH

The above student has enrolled in our school. Please send the following records:

- permanent
- attendance
- health
- discipline
- special education

HIGH SCHOOL STUDENTS also include:

- * test scores
- * transcript
- * grades at time of withdrawal
(letter grade and percentage grade)

TO: ATT: Registrar

Garfield or Palouse School (addresses above)

Name and Address of Former School: _____

Phone: _____

Fax: _____

I acknowledge notification of this transfer of records as required by the Family Education Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Date: _____

Parent's or adult student's signature

Relationship to student

Street Address

City, State, Zip

NEW STUDENTS

- **A birth certificate or other official verification of age** (such as a passport or visa) is requested for students who have not previously enrolled in school. If you do not have any of the above forms of documentation see the office for more information and enrollment support.
- Kindergarten students must be 5 on or before Aug. 31; first graders must be 6.
- If you are homeless, your child will not be denied enrollment. Please fill out the Student Housing Questionnaire or call the school to talk to the school liaison.

Don't have a birth certificate?

Born in Washington: Colfax Health Department
509-397-6280

Born in Idaho: Bureau of Vital Statistics
208-334-5988

Born in Montana: Bureau of Records and Statistics
406-444-2614

Born in Oregon: Vital Statistics
503-229-5710

If you need help obtaining documentation for enrollment please contact the office. **Garfield 509-635-1331 Palouse 509-878-1921**

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

ETHNICITY	<input type="checkbox"/>	Not Hispanic/Latino	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	Salvadoran
	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Mestizo	<input type="checkbox"/>	Spaniard
	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Native	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Nicaraguan	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Panamanian	<input type="checkbox"/>	Venezuelan
	<input type="checkbox"/>	Chicano (Mexican American)	<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Paraguayan	Hispanic/Latino (Write In)	
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Honduran	<input type="checkbox"/>	Peruvian	<input type="checkbox"/>	
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Jamaican	<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	

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

White/Black/African American

RACE	<input type="checkbox"/>	White	<input type="checkbox"/>	African-Canadian
	<input type="checkbox"/>	Black/African-American		
	<input type="checkbox"/>	African-American		

Asian

RACE	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Lao
	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Malaysian
	<input type="checkbox"/>	Bhutanese	<input type="checkbox"/>	Mien
	<input type="checkbox"/>	Burmese/Myanmar	<input type="checkbox"/>	Mongolian
	<input type="checkbox"/>	Cambodian/Khmer	<input type="checkbox"/>	Nepali
	<input type="checkbox"/>	Cham	<input type="checkbox"/>	Okinawan
	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Punjabi
	<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Singaporean
	<input type="checkbox"/>	Indonesian	<input type="checkbox"/>	Sri Lankan
	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Taiwanese
	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Thai
	<input type="checkbox"/>	Asian (Write In)	<input type="checkbox"/>	Tibetan
	<input type="checkbox"/>		<input type="checkbox"/>	Vietnamese

Middle Eastern/North African

RACE	<input type="checkbox"/>	Algerian	<input type="checkbox"/>	Israeli
	<input type="checkbox"/>	Amazigh or Berber	<input type="checkbox"/>	Jordanian
	<input type="checkbox"/>	Arab or Arabic	<input type="checkbox"/>	Kurdish Kuwaiti
	<input type="checkbox"/>	Assyrian	<input type="checkbox"/>	Lebanese
	<input type="checkbox"/>	Bahraini	<input type="checkbox"/>	Libyan
	<input type="checkbox"/>	Bedouin	<input type="checkbox"/>	Moroccan
	<input type="checkbox"/>	Chaldean	<input type="checkbox"/>	Omani
	<input type="checkbox"/>	Copt	<input type="checkbox"/>	Palestinian
	<input type="checkbox"/>	Druze	<input type="checkbox"/>	Qatari
	<input type="checkbox"/>	Egyptian	<input type="checkbox"/>	Saudi Arabian
	<input type="checkbox"/>	Emirati	<input type="checkbox"/>	Syrian
	<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Tunisian
	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Yemeni
	<input type="checkbox"/>	Middle Eastern (Write In)	<input type="checkbox"/>	North African (Write In)

Washington State Tribes/Alaskan Native

RACE	<input type="checkbox"/>	American Indian/Alaskan Native
	<input type="checkbox"/>	Chinook Tribe
	<input type="checkbox"/>	Confederated Tribes and Bands of the Yakama Nation
	<input type="checkbox"/>	Confederated Tribes of the Chehalis Reservation
	<input type="checkbox"/>	Confederated Tribes of the Colville Reservation
	<input type="checkbox"/>	Cowlitz Indian Tribe
	<input type="checkbox"/>	Duwamish Tribe
	<input type="checkbox"/>	Hoh Indian Tribe
	<input type="checkbox"/>	Jamestown S'Klallam Tribe
	<input type="checkbox"/>	Kalispel Indian Community of the Kalispel Reservation
	<input type="checkbox"/>	Kikiallus Indian Nation
	<input type="checkbox"/>	Lower Elwha Tribal Community
	<input type="checkbox"/>	Lummi Tribe of the Lummi Reservation
	<input type="checkbox"/>	Makah Indian Tribe of the Makah Indian Reservation
	<input type="checkbox"/>	Marietta Band of Nooksack Tribe
	<input type="checkbox"/>	Muckleshoot Indian Tribe
	<input type="checkbox"/>	Nisqually Indian Tribe
	<input type="checkbox"/>	Nooksack Indian Tribe of Washington
	<input type="checkbox"/>	Port Gamble S'Klallam Tribe
	<input type="checkbox"/>	Puyallup Tribe of Puyallup Reservation
	<input type="checkbox"/>	Quileute Tribe of the Quileute Reservation
	<input type="checkbox"/>	Quinault Indian Nation
	<input type="checkbox"/>	Samish Indian Nation
	<input type="checkbox"/>	Sauk-Suiattle Indian Tribe of Washington
	<input type="checkbox"/>	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
	<input type="checkbox"/>	Skokomish Indian Tribe
	<input type="checkbox"/>	Snohomish Tribe
	<input type="checkbox"/>	Snoqualmie Indian Tribe
	<input type="checkbox"/>	Snoqualmoo Tribe
	<input type="checkbox"/>	Spokane Tribe of the Spokane Reservation
	<input type="checkbox"/>	Squaxin Island Tribe of the Squaxin Island Reservation
	<input type="checkbox"/>	Steilacoom Tribe
	<input type="checkbox"/>	Stillaguamish Tribe of Indians of Washington
	<input type="checkbox"/>	Suquamish Indian Tribe of the Port Madison Reservation
	<input type="checkbox"/>	Swinomish Indian Tribal Community
	<input type="checkbox"/>	Tulalip Tribes of Washington
	<input type="checkbox"/>	Alaskan Native (Write In)
	<input type="checkbox"/>	American Indian (Write In)

Caribbean

RACE	<input type="checkbox"/>	Anguillian	<input type="checkbox"/>	Dominican (Dominican Republic)
	<input type="checkbox"/>	Antiguan	<input type="checkbox"/>	Dutch Antillean (Netherlands Antilles)
	<input type="checkbox"/>	Bahamian	<input type="checkbox"/>	Grenadian
	<input type="checkbox"/>	Barbadian	<input type="checkbox"/>	Guadeloupian
	<input type="checkbox"/>	Barthélemois/Barthélemois	<input type="checkbox"/>	Haitian
	<input type="checkbox"/>	British Virgin Islander (Cayman Island)	<input type="checkbox"/>	Jamaican
	<input type="checkbox"/>	Caymanian	<input type="checkbox"/>	Martiniquais/Martiniquaise
	<input type="checkbox"/>	Cuba Dominican	<input type="checkbox"/>	Montserratian
	<input type="checkbox"/>	Caribbean (Write In)	<input type="checkbox"/>	Puerto Rican

East African

RACE	<input type="checkbox"/>	Burundian	<input type="checkbox"/>	Reunionesse
	<input type="checkbox"/>	Comoran	<input type="checkbox"/>	Rwandan
	<input type="checkbox"/>	Djiboutian	<input type="checkbox"/>	Seychellois Seychelloise
	<input type="checkbox"/>	Eritrean	<input type="checkbox"/>	Somali
	<input type="checkbox"/>	Ethiopian	<input type="checkbox"/>	South Sudanese
	<input type="checkbox"/>	Kenyan	<input type="checkbox"/>	Sudanese
	<input type="checkbox"/>	Malagasy (Madagascar)	<input type="checkbox"/>	Ugandan
	<input type="checkbox"/>	Malawian	<input type="checkbox"/>	Tanzanian (United RC of Tanzania)
	<input type="checkbox"/>	Mauritian (Mauritius)	<input type="checkbox"/>	Zambian
	<input type="checkbox"/>	Mahoran (Mayotte)	<input type="checkbox"/>	Zimbabwean
	<input type="checkbox"/>	Mozambican	<input type="checkbox"/>	East African (Write In)

Latin American

RACE	<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Guatemalan
	<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Guyanese
	<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Honduran
	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mexican
	<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Nicaraguan
	<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Panamanian
	<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Paraguayan
	<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	Peruvian
	<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	So. Georgia/So. Sandwich Islands
	<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	Surinamese
	<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Uruguayan
	<input type="checkbox"/>	Latin American (Write In)	<input type="checkbox"/>	Venezuelan

West African

RACE	<input type="checkbox"/>	Beninese	<input type="checkbox"/>	Liberian
	<input type="checkbox"/>	Bissau-Guinean	<input type="checkbox"/>	Malian
	<input type="checkbox"/>	Burkinabé (Burkina Faso)	<input type="checkbox"/>	Mauritanian
	<input type="checkbox"/>	Cabo Verdean	<input type="checkbox"/>	Nigerien (Niger)
	<input type="checkbox"/>	Ivorian (Cote d'Ivoire)	<input type="checkbox"/>	Nigerian (Nigeria)
	<input type="checkbox"/>	Gambian	<input type="checkbox"/>	Saint Helenian
	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>	Senegalese
	<input type="checkbox"/>	West African (Write In)	<input type="checkbox"/>	Sierra Leonean
	<input type="checkbox"/>		<input type="checkbox"/>	Togolese

Pacific Islander/Native Hawaiian

RACE	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Palauan
	<input type="checkbox"/>	Carolinian	<input type="checkbox"/>	Papuan
	<input type="checkbox"/>	Chamorro	<input type="checkbox"/>	Pohpeian
	<input type="checkbox"/>	Chuukese	<input type="checkbox"/>	Samoan
	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Solomon Islander
	<input type="checkbox"/>	i-Kiribati/Gilbertese	<input type="checkbox"/>	Tahitian
	<input type="checkbox"/>	Kosraean	<input type="checkbox"/>	Tokelauan
	<input type="checkbox"/>	Maori	<input type="checkbox"/>	Tongan
	<input type="checkbox"/>	Marshallese	<input type="checkbox"/>	Tuvaluan
	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Yapese
	<input type="checkbox"/>	Ni-Vanuatu	<input type="checkbox"/>	Pacific Islander (Write In)
	<input type="checkbox"/>	Native Hawaiian (Write In)	<input type="checkbox"/>	Other Pac. Islander (Write In)

Central African

RACE	<input type="checkbox"/>	Angolan	<input type="checkbox"/>	Congolese (Dem. RC of the Congo)
	<input type="checkbox"/>	Cameroonian	<input type="checkbox"/>	Equatorial Guinean
	<input type="checkbox"/>	Central African (Cen. African RC)	<input type="checkbox"/>	Gabonese
	<input type="checkbox"/>	Chadian	<input type="checkbox"/>	São Toméan
	<input type="checkbox"/>	Congolese (RC of the Congo)	<input type="checkbox"/>	Principe
	<input type="checkbox"/>	Central African (Write In)		

Eastern European

RACE	<input type="checkbox"/>	Bosnian	<input type="checkbox"/>	Romanian
	<input type="checkbox"/>	Herzegovinian	<input type="checkbox"/>	Russian
	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Ukrainian
	<input type="checkbox"/>	Eastern European (Write In)		

South African

RACE	<input type="checkbox"/>	Botswanan	<input type="checkbox"/>	South African
	<input type="checkbox"/>	Mosotho (Lesotho)	<input type="checkbox"/>	Swazi
	<input type="checkbox"/>	Namibian		
<input type="checkbox"/>	South African (Write In)			



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

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 Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>		
<p>Eligibility for Language Development Support 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 did your child learn first? _____</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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>		
<p>Prior Education 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? (Kindergarten - 12th grade) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 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.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Permission for Publication, Emergency Treatment, General Field Trips, Handbook Acknowledgement

Publications:

Students name, pictures, and/or copies of laudable schoolwork will be published in the yearbook, school papers, and perhaps in the regional media when appropriate.

Permission for Emergency Treatment:

If I cannot be personally contacted, I hereby authorize permission for medical treatment from a licensed physician, or licensed emergency personnel to administer emergency treatment to my child.

Permission for General Field Trips:

I give permission to attend all ASB and school sponsored, non-overnight activities and/or field trips that use school district transportation. If you have any questions, please do not hesitate to contact either the Garfield School District at 509-635-1331, or the Palouse School District at 509-878-1921.

My son/daughter agrees to follow school rules and represent Garfield and Palouse School Districts in a positive manner.

Handbook Acknowledgement:

I acknowledge that I have read the Garfield-Palouse Student Handbook that is on our website at www.garpal.net. I understand the contents, and will follow the guidelines and rules as set forth in said handbook.

By signing this form you are allowing/agreeing with all of the above unless you contact the school district regarding any of these issues.

Parent/Guardian Signature: _____ Date: _____

GARFIELD-PALOUSE SCHOOL DISTRICTS
Internet User Release Form

As a condition of my right to use the K-20 Network to access public networks such as the Internet, I understand and certify that I will abide by the conditions set forth in this document and in the K-20 Network Acceptable Use Guidelines document:

1. That the network administrator in my building has the right to review any material stored in K-20 files and to edit or remove any material which they, in their sole discretion, believe may be unlawful, obscene, abusive, or otherwise objectionable and I hereby waive any right of privacy which I may otherwise have to such material.
2. That the Garfield-Palouse School Districts/K-20 will not be liable for any direct or indirect, incidental, or consequential damages due to information gained and/or obtained via use of the K-20 Network, including without limitation, access to public networks.
3. The Garfield-Palouse School Districts/K-20 does not warrant that the functions of K-20 or any of the networks accessible through K-20 will meet any specific requirements you may have or that K-20 will be error free or uninterrupted.
4. That the Garfield-Palouse School Districts/K-20 will not be liable for any direct or indirect, incidental, or consequential damages (including lost data or information) sustained or incurred in connection with the use, operation, or inability to use K-20.
5. That the use of the K-20 Network, including use to access public networks, is a privilege which may be revoked by the building network administrator at any time for violation of the K-20 Network Acceptable Use Guidelines. Network administrators will be the sole arbiter(s) of what constitutes a violation.

In consideration for the privilege of using K-20 and in consideration for having access to the public networks, I hereby release the Garfield-Palouse School Districts, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use, the K-20 Network.

Printed Name of User

Date

Signature of User

Student's Parent's signature

**Garfield-Palouse Schools
Health Registration Form**

GRADE: _____

Student's Name: _____ Birthdate: _____

Doctor's Name: _____ Phone Number: _____

Does your child have any of the following health conditions?

____ No ____ Yes Allergy to food What food? _____

____ No ____ Yes Allergy to bees

____ No ____ Yes Allergy to medications Specify _____

____ No ____ Yes Diabetes

____ No ____ Yes Seizure disorder/convulsions

Type and date of last seizure _____

____ No ____ Yes Asthma, regularly takes medication for asthma or has been hospitalized within the last five (5) years for asthma

____ No ____ Yes Heart condition _____

____ No ____ Yes Behavioral/emotional concern _____

____ No ____ Yes Orthopedic (bone) condition _____

____ No ____ Yes Other health conditions _____

Medications at school: State law requires written permission from both health care provider and parent before any medication (prescription or over the counter) can be given at school.

____ No ____ Yes Daily medicine at school? _____

____ No ____ Yes "As Needed" medicine at school, i.e. EPI Pen, Benadryl, Albuterol Inhaler, Tylenol, etc.

Name of medicine: _____

Does your child have any other conditions that would affect his/her classroom performance or P. E. activities?

____ No ____ Yes Describe _____

____ No ____ Yes Glasses/contacts _____

____ No ____ Yes Hearing aids _____

The above information is considered confidential. It will be shared with school staff as needed during the time your child is enrolled in the school district in order to insure the health and safety of your child, unless otherwise requested by you in writing. In case of emergency, I give permission for the school personnel to call 911 or transport my child to the doctor or hospital.

Parent/Guardian signature _____ Date _____

**GARFIELD-PALOUSE SCHOOLS
EMERGENCY TREATMENT RELEASE**

Student's Name _____ Birth Date _____

Parent/Guardian _____ Home Phone _____

Mother's Employer and Phone Number _____

Father's Employer and Phone Number _____

If parents cannot be contacted call:

Name: _____ Relation: _____ Phone #: _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Insurance Company _____

Policy Numbers: _____

CIRCLE YOUR HOSPITAL PREFERENCE: PULLMAN MOSCOW COLFAX

If I cannot be personally contacted, I hereby authorize any hospital, licensed physician and/or any licensed emergency personnel to administer emergency treatment to my child in case of accidental injury or sudden illness.

Parent or Legal Guardian

Date

Garfield-Palouse Schools

-A Cooperative Effort-

600 East Alder Street Palouse, WA 99161

Phone: 509-878-1921 Fax: 509-878-1675

810 N. 3rd Street or PO Box 398 Garfield, WA 99130

Phone: 509-635-1331 Fax: 509-635-1332

Internet: www.garpal.net

Re: Student Injuries and Insurance

Dear Parent/Legal Guardian:

The safety of our students is one of our most important concerns. Even so, accidents do happen and resulting medical treatment (ambulance transport surgery, hospitalization, etc.) can be very expensive.

Please know that the District **does not** assume responsibility for these costs. However, as a service to you and your child, your school has joined with thousands of others by offering you access to a low cost, voluntary purchase student accident/health insurance program. The program is arranged and administered by Myers-Stevens & Toohey & Co. Inc., a firm that has specialized in such coverage for 40 years. **If you are interested in this please contact the school for a brochure.**

Several plans are offered and rates for the entire school year (*Dental Accident Plan*). You can limit coverage to school related injuries only (including sports), or opt for a 24/7 protection. Also offered is a *Student Health Care Plan* (recommended if your child has no other health insurance), and a *pharmacy discount program* for you entire family. Whether your child currently has no other coverage or you want to "fill in the gaps" in other insurance, you will probably find an option to fit your needs.

To enroll, contact the school for the brochure and enrollment form, complete the enrollment form in full, select the plan(s) you want for your child, enclose the proper premium using a check, money order, or credits card, seal and return as directed on the form. While your child is eligible to enroll at any time, you are encouraged to consider early enrollment to get maximum value from the plan(s) selected.

Note: Once processing is completed, an ID card verifying coverage will be mailed home to you. Because many parents have expressed interest in much higher limits of coverage for their children, at that time you'll also be sent information regarding a newly available *Supplemental Catastrophic Injury Plan* that can cover up to \$500,000/injury for up to five years.

In order to document your having been notified of this matter, please sign and complete the bottom of this form and immediately send it back to the school with your child.

Sincerely,
Palouse Administration
Garfield Administration

As parent/guardian of _____, I understand that the Garfield and Palouse Schools do not assume responsibility for student injuries but does make voluntary purchase, student accident insurance available. I have received the information on this program.

I will enroll my child in the program I choose not to enroll my child in the program

Signed: _____ Date: _____



Garfield-Palouse Schools

600 East Alder Street
810 North 3rd Street (PO Box 398)

Palouse, WA 99161
Garfield, WA 99130

Student Housing Questionnaire

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

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

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

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

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)

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

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

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](#)

GARFIELD-PALOUSE TRANSPORTATION

All 1st thru 12th grade students that reside within the city limits of Garfield, Palouse and Farmington are offered transportation to and from school at designated stops. Only Pre-School and Kindergarten in-town students are offered door-to-door pick-up and drop-off as a safety precaution. The following are the designated stops for our buses; all listed pick-up and/or drop-off times are approximate, and may be subject to alteration depending on efficiency. Please allow 5 minutes before and/or after the posted times.

All students residing outside the city limits will be offered door-to-door transportation

Designated stops in Garfield:

1. Base of South Hill - 3rd and Wesley St. - 7:27 am pick-up, 3:42 pm drop-off
2. Corner of 5th and Spokane St. - 7:42 am pick-up, 3:30 pm drop-off
3. 706 W. Main St. - 7:30 am pick-up, 3:33 pm drop-off
4. 207 4th St. - 7:38 am pick-up, 3:27 pm drop-off
5. 309 Idaho St./Ed-Ka Manufacturing - 7:35 am pick-up, 3:18 pm drop-off

Designated stops in Farmington:

1. Residence Garfield Farmington Hwy and Whitman St. - 7:18 am pick-up, 3:44 pm drop-off
2. Residence Corner of Adams and 4th - 7:21 am pick-up, 3:47 pm drop-off
3. Intersection of 5th and Chestnut - 7:23 am pick-up, 3:50 pm drop off

Designated stops in Palouse:

1. SR 272 & Tamarak - 7:35 am pick-up, 3:33 pm drop-off
2. 203 N. Bridge St. (Kramers Funeral Home) - 7:42 am pick-up, 3:22 pm drop-off
3. Intersection of Harvest Loop Rd and Park St. 7:25 am pick-up, 3:35 pm.
4. Intersection of Park and Culton. - 7:28 am pick-up, 3:20 pm drop-off
5. Intersection of S Wall St. and Union St. - 7:40 am pick-up, 3:15 pm drop-off
6. Intersection of Main St. and Mary St. - 7:45 am pick-up, 3:30 pm drop-off
7. Intersection of Ellis Rd. & N. River Rd. - 7:18 am pick-up, 3:15 pm drop-off

Middle School Shuttle:

The Shuttle Bus picks up middle school students in the morning in the front of the High School in Palouse to transport to Garfield-Palouse Middle School in Garfield. The shuttle returns students to the front of the high school where they either walk home or get on their route bus to go home. Bus departs at 7:55 am and returns at 3:15 pm.

High School Shuttle:

The High School shuttle bus will leave the Palouse Highschool and travel to Farmington via Ladow Butte Rd., after pick -up of High school students and elementary students destined for Palouse it will travel to Garfield, it will pick-up High School students and elementary destined for Palouse. There will be 2 or 3 Designated stops in Garfield to facilitate this. This same bus returns students to the corner of California and 2nd, the Garfield School, or becomes the route bus for out-of-town HS students. Bus departs at 6:45 am from the Palouse School and returns at 3:15 pm.

PLEASE FILL OUT THE FORM BELOW IF YOUR CHILD WILL BE RIDING THE BUS

GARFIELD-PALOUSE TRANSPORTATION FORM

Parents:

If your student will be using school transportation to and/or from school, please fill out the following information:

Student Name: _____

Current Grade in School: _____

What is the home address of student or students that will be riding the bus? This is to help determine if they are close enough to a group stop, or if they are in a grade that requires a home stop

Or, what is the home address where your Pre/Kindergarten or out of town student will be picked up before school? Does your Pre/Kindergarten student have an older sibling they can walk with, to a group stop?

Will your student be dropped-off at the same stop after school, is there a possibility of alternate drop off locations, if so what stops could they be

Or, what is the home address where your Pre/Kindergarten or out of town student will be dropped-off at after school?

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2024-2025



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on September 1st	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 11th	5 doses DTaP* Plus Tdap at age ≥ 10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
12th	5 doses DTaP* Plus Tdap at age ≥ 7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable.

Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions.

Find information on other important vaccines not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov

DOH 348-295 Dec. 2023





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):
<p>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.</p>			
X	X	<p>Parent/Guardian Signature Required if Starting in Conditional Status Date</p>	

Required Vaccines for School or Child Care Entry	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<ul style="list-style-type: none"> •▲ 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)									
<p>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.</p> <p>I certify that the child named on this CIS has:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Diphtheria</td> <td style="width: 33%;"><input type="checkbox"/> Hepatitis A</td> <td style="width: 33%;"><input type="checkbox"/> Hepatitis B</td> </tr> <tr> <td><input type="checkbox"/> Hib</td> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Rubella</td> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Varicella</td> </tr> </table> <p><input type="checkbox"/> Polio (all 3 serotypes must show immunity)</p>	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> 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							
▲									
Licensed Health Care Provider Signature Date									
▲									
Printed Name									

I certify that the information provided on this form is correct and verifiable.	Signature: _____ Date: _____
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.	

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

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: 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
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib + IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prenar	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		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

National School Lunch Program/School Breakfast Program 2024–25 Letter to Households – Garfield-Palouse School

Dear Parent/Guardian:

Completing the Child Nutrition Eligibility & Education Benefit Application may qualify you for: free or reduced-price meals, Summer EBT benefits, reduced fees for other programs and activities, and help secure funding for your school district. The cost of school meals is shown below.

Breakfast and lunch will be served at no cost to those children who qualify for free and reduced-price meals in grades K-12. All other students will be charged the rates shown below.

REGULAR			
Grade Level	Breakfast	Lunch	Snack
K-3	\$2.25	\$3.30	\$
4-5	\$2.25	\$3.30	\$
06-08	\$2.75	\$3.50	\$
09-12	\$2.75	\$3.80	\$

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to the Garfield or Palouse School

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at [509-635-1331](tel:509-635-1331) or [509-878-1921](tel:509-878-1921).

USDA Child Nutrition Program Income Guidelines Effective July 1, 2024–June 30, 2025					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each add'l family member, add:	\$9,953	\$830	\$415	\$383	\$192

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5; Part 6* is optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1 and 5; Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

**National School Lunch Program/School Breakfast Program
2024–25 Letter to Households – Garfield-Palouse School**

What must be on the application? *continued*

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
 - Enter a case number
 - Adult household member's signature
- Complete *Parts 1, 2, 4, and 5. Part 6 is optional.*
Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for “**A. For households not getting any assistance:**” and include the foster child’s personal use income.

What if I’m not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child’s school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child’s school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student’s school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state’s food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

My child’s application was approved last year. Do I need to fill out a new one?

Yes. Your child’s application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

What if some household members have no income to report?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Brett Agenbroad in Garfield or Mike Jones the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 509-635-1331 – Garfield or 509-878-1921 – Palouse.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

**National School Lunch Program/School Breakfast Program
2024–25 Letter to Households – Garfield-Palouse School**

USDA Non-Discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

2024–25 Child Nutrition Eligibility & Education Benefit Application – School/District Name

Apply online: **GARFIELD-PALOUSE SCHOOLS** <https://www.garpal.net/Page/3115>

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to:

PALOUSE SCHOOL DISTRICT 600 E Alder St, Palouse, WA 99161 or **GARFIELD SCHOOL DISTRICT** 810 3rd St, Garfield, WA 99130

Check here if you received meal benefits last year: Homeless Migrant

1. List all students living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an “x” in the appropriate box. Include any personal income received by the student and make an “x” in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-Weekly	2 X Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food TANF Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-Weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-Weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-Weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-Weekly	2 X Month	Monthly	
																						Check if no SSN:
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member (Optional if only applying for Summer EBT)

5. Contact Information & Signature – Complete, sign, and return this application to: I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member _____ Adult Household Member Signature _____ E-mail Address _____
 Mailing Address _____ City, State & Zip Code _____ Daytime Phone _____ Date _____

6. **Children's Racial and Ethnic Identities (Optional)** – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities: American Indian or Alaska Native Asian Hispanic or Latino
 Black, or African American Native Hawaiian or Other Pacific Islander Not Hispanic or Latino
 White

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

INSERT DISTRICT NAME School District's Non-Discrimination Statement

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Income Household Total Household Income \$ _____

APPLICATION APPROVED FOR: Free Eligible Income Over Allowed Amount Other: _____
 Reduced-Price Eligible Incomplete/Missing Information

Date Notice Sent _____ Signature of Approving Official _____ Date _____