

**Students that do  
not live in  
Okanogan School  
District must fill out  
a Choice Transfer  
Request Form.**

**Thank you**

**ENROLLMENT FORM**  
**OKANOGAN ALTERNATIVE SCHOOL**

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

**OFFICE USE ONLY**

Enrollment Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

Age Verification on File \_\_\_\_\_

Up to Date Immunization Form \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_

Student Phone Number \_\_\_\_\_

Preferred pronoun \_\_\_ She/Her/Hers \_\_\_ He/Him/His \_\_\_ They/Them/Theirs

ETHNIC ORIGIN \_\_\_\_\_ (Asian, Hispanic, Native American, Black, White)

Primary language spoken at home \_\_\_\_\_

Place of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Student is living with: (circle one)

1. Both Parents 2. Mother only 3. Father only 4. Self 5. Father/Stepmother 6. Mother/Stepfather

7. Grandparents 8. Foster Parents 9. Other (Specify) \_\_\_\_\_

First & Last Name of Parent/Guardian (student resides with) Parent #1 \_\_\_\_\_

Parent #2 \_\_\_\_\_

Home Number \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street (Physical) Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ -Cell \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ -Cell \_\_\_\_\_

Name and address of other parents who are to receive official school information:

Name	Address	Phone
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Person (other than parent/guardian) to contact in case of emergency	Phone
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Health Alert (Allergy, Asthma, Chronic Conditions)	Doctor's Name	Phone
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School Last Attended \_\_\_\_\_ (name) \_\_\_\_\_ (address and phone number)

Last Date in School \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Please check services your student has received: \_\_\_ Special Ed \_\_\_ Migrant Ed \_\_\_ Bilingual Ed \_\_\_ Chapter I/LAP \_\_\_ Gifted Ed \_\_\_ Other.

I certify that the above information is true and correct. \_\_\_\_\_  
I also agree to notify the school immediately of any changes. (Signature of Parent or Guardian)

Non-resident students (whose physical residence is outside of Okanogan School District) must go to their home district and do a Choice Transfer each year from the superintendent of your resident district and be accepted by the Okanogan School District.

OKANOGAN OUTREACH SCHOOL  
P.O. Box 592  
Okanogan, WA 98840  
Phone: (509) 826-7612  
Fax: (509) 826-9003  
jheindselman@oksd.wednet.edu  
Attn: Jen Heindselman

**REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS**

Releasing School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please release the following educational records:

- (1) Academic Records
- (2) All Psychology Reports
- Please e-mail---**(3) Immunization Records
- (4) Other Health Information
- Please e-mail---**(5) Transcript
- Please e-mail---**(6) Grades at the time of withdrawal (if at mid term)
- (7) Discipline Records
- (8) Special Education Records
- Please e-mail---**(9) Test Scores
- (10) High School and Beyond Plan

Please mail cumulative file.

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

Student: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Receiving School: Okanogan Outreach School  
P.O. Box 592  
Okanogan, WA 98840

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

\_\_\_\_\_  
School Official

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

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Hispanic		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	Honduran
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	Mexican
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Mestizo
<input type="checkbox"/>	Chicano	<input type="checkbox"/>	Native
<input type="checkbox"/>	(Mexican American)	<input type="checkbox"/>	Nicaraguan
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	Panamanian
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	Paraguayan
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	Peruvian
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Salvadoran
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	So. Georgia
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	Sandwich Islands
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	Spaniard
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	Venezuelan
Hispanic (Write In)			

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

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

Black/ African-American	
African American	
African Canadian	
Caribbean	
<input type="checkbox"/>	Anguillian
<input type="checkbox"/>	Antiguan
<input type="checkbox"/>	Bahamian
<input type="checkbox"/>	Barbadian
<input type="checkbox"/>	Barthélemois/Barthélemoises (Saint)
<input type="checkbox"/>	British Virgin Islander
<input type="checkbox"/>	Caymanian (Cayman Island)
<input type="checkbox"/>	Cuba Dominican
Caribbean (Write In)	
Central African	
<input type="checkbox"/>	Angolan
<input type="checkbox"/>	Cameroonian
<input type="checkbox"/>	Central African (Cen. African RC)
<input type="checkbox"/>	Chadian
<input type="checkbox"/>	Congolese (RC of the Congo)
Central African (Write In)	
East African	
<input type="checkbox"/>	Burundian
<input type="checkbox"/>	Comoran
<input type="checkbox"/>	Djiboutian
<input type="checkbox"/>	Eritrean
<input type="checkbox"/>	Ethiopian
<input type="checkbox"/>	Kenyan
<input type="checkbox"/>	Malagasy (Madagascar)
<input type="checkbox"/>	Malawian
<input type="checkbox"/>	Mauritian (Mauritius)
<input type="checkbox"/>	Mahoran (Mayotte)
<input type="checkbox"/>	Mozambican
East African (Write In)	
West African	
<input type="checkbox"/>	Beninese
<input type="checkbox"/>	Bissau-Guinean
<input type="checkbox"/>	Burkinabé (Burkina Faso)
<input type="checkbox"/>	Cabo Verdean
<input type="checkbox"/>	Ivorian (Cote d'Ivoire)
<input type="checkbox"/>	Gambian
<input type="checkbox"/>	Ghanaian
West African (Write In)	
<input type="checkbox"/>	Liberian
<input type="checkbox"/>	Malian
<input type="checkbox"/>	Mauritanian
<input type="checkbox"/>	Nigerien (Niger)
<input type="checkbox"/>	Nigerian (Nigeria)
<input type="checkbox"/>	Saint Helenian
<input type="checkbox"/>	Senegalese
<input type="checkbox"/>	Sierra Leonean
<input type="checkbox"/>	Togolese

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

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

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

**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



**Distrito Escolar de Okanogan**  
**HS 422-3770 MS 422-2680 VG 422-3580 ALT & OUT 826-7612**

**INFORMACION SOBRE LA SALUD DEL ESTUDIANTE 2022/23**

La siguiente información es para ayudar al personal escolar a conocer los problemas de salud que podrían afectar a la seguridad de su hijo o el aprendizaje.

**Nombre del Estudiante:** \_\_\_\_\_  
Primero Segundo Apellido

**Fecha de Nacimiento** \_\_\_\_\_ **Sexo:** \_\_\_\_\_ **Grado:** \_\_\_\_\_

**Nombre(s) del Padre/Tutor:** \_\_\_\_\_

**Teléfono de día: #1** \_\_\_\_\_ **#2** \_\_\_\_\_ **#3** \_\_\_\_\_

**HISTORIA MEDICA** *Por favor marque si su niño tiene alguna de las siguientes condiciones de salud:*  
**CONDICION MEDICA QUE AMENAZA CONTRA SU VIDA:**

¿Su hijo tiene un problema de salud que amenaza la vida?  No  Sí \*Cuál de las siguientes condiciones?

\_\_\_ **Asma**  Necesita un inhalador en la Escuela  Visto en el hospital/sala de emergencia para el asma? Cuándo?

\_\_\_ **Alergias severas que requieran Epi-pen?** Alergias a:  Comida  Abejas/insectos  Plantas  Animales  Medicinas

\_\_\_ **Diabetes**  requiere inyecciones de insulina

\_\_\_ **Convulsiones**

\* En caso afirmativo, una reunión con la enfermera de la escuela es requerida. La Ley Estatal de Washington requiere que las órdenes de medicación o tratamiento y un plan de cuidados de la salud estén establecidas antes de comenzar la escuela.

- Problemas del corazón  
\_\_\_ Frecuentes o severos dolor de cabeza  
\_\_\_ Preocupaciones sobre el comportamiento o emocionales  
\_\_\_ ADD/TDHA  
\_\_\_ Otros \_\_\_\_\_

\_\_\_\_\_ por favor explique cualquier problema de salud que usted crea que debe saber la escuela sobre su hijo:

¿Usa su hijo audífonos?  Sí  No ¿Usa su hijo anteojos o lentes de contacto?  Sí  No

¿Alguna de la condición(es) anterior (es) limita / afecta a su hijo en la escuela?  No  Sí, explique:

**Mi hijo(a) NO TIENE PROBLEMAS DE SALUD**

**MEDICAMENTOS**

¿Toma su hijo algún medicamento?  No  Sí, nombre de la medicina:

Razón porque toma este medicamento:

¿Los medicamentos se necesitan en la escuela?  No  Sí\*

- Si su niño necesita medicamento en la escuela, por favor póngase en contacto con la escuela para la forma de "Autorización de Medicamentos". Este formulario debe ser completado todos los años antes de que cualquier medicamento puede ser administrado en la escuela. Su médico o proveedor de atención médica también deberá firmar este formulario

**Atención Médica** ¿Tiene su hijo un proveedor de cuidado de la salud?  Sí  No  
Nombre del proveedor de atención médica del niño \_\_\_\_\_ Número de Teléfono \_\_\_\_\_

**Cuidado Dental** ¿Tiene su hijo un Dentista?  Sí  No  
Nombre del Dentista \_\_\_\_\_ Número de Teléfono \_\_\_\_\_

**Seguro para el Cuidado de la Salud**

¿Su hijo tiene cobertura de seguro médico?  Sí  No  No lo sé

¿Su hijo tiene cobertura de seguro dental?  Sí  No  No lo sé

¿Le gustaría encontrar asistencia sobre un seguro médico para su hijo?  Sí

**AUTORIACION PARA COMPARTIR INFORMACION SOBRE LA SALUD** Entiendo que la información aquí proporcionada puede ser compartida con algunos miembros del personal escolar para velar por la salud y la seguridad de mi hijo.

EN CASO DE EMERGENCIA, DOY PERMISO PARA QUE PERSONAL DE LA ESCUELA LLAME AL 911 O TRANSPORTAR A MI HIJO AL MÉDICO U HOSPITAL.

Padre/Tutor imprima su firma \_\_\_\_\_ Fecha \_\_\_\_\_



**Okanogan Alternative School**

**STATEMENT OF UNDERSTANDING**

In accordance with the Alternative Learning Experience Implementation Standards, *reference WAC 392-121-182 (3)(e)*, prior to enrollment parent(s) or guardian shall be provided with, and sign, documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience (ALE).

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

*Summary Description*

**Home-Based Instruction**

- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A.225.010.
- Students are not enrolled in public education.
- Students are not subject to the rules and regulations governing public schools, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student's education.

**Alternative Learning Experience**

*(Name of ALE program inserted here)*

- Is authorized under WAC 392-121-182.
- Students are enrolled in public education either full-time or part-time.
- Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.
- Learning experiences are:
  - > Supervised, monitored, assessed, and evaluated by certificated staff.
  - > Provided via a written student learning plan.
  - > Provided in whole, or part outside the regular classroom.

**Part-time Enrollment of Home-Based Instruction Students**

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

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of Student(s) \_\_\_\_\_

*Narrative Description of the Differences Between Home-Based Instruction and Public School  
Alternative Learning Experiences*

Home-based instruction is authorized under Revised Code of Washington (RCW) 28A.225.010 and RCW 28A.200. When a parent or guardian has filed a 'declaration of intent to provide home-based instruction' with the district and is meeting the requirements for home-based instruction stated in RCW 28A.225, the student is eligible to receive home-based instruction. Students receiving only home-based instruction are not enrolled in public education, and they do not have to comply with the rules and regulations regarding public schools. Since the student is not registered or enrolled in the public school system, the school district is under no obligation to provide instruction or instructional materials for these students. Home-based instruction students are not required to participate in any district or state testing and/or assessments. Additionally, home-based instruction students are not eligible for graduation through a public high school unless they meet all of the graduation requirements established by the state, district, and the local high school. This includes earning the Certificate of Academic Achievement.

**Part-time enrollment**

Home-based instruction students may have access to ancillary services and may enroll in a public school course, such as an alternative learning experience program, on a part-time basis where space is available. Part-time enrollment is defined as being less than full-time enrollment. In these cases, the student is responsible for maintaining acceptable attendance and meeting all course and school requirements. For an alternative learning experience, this will mean meeting the requirements of the written student learning plan. The student continues to be considered a home-based instruction student when enrolled **part-time** in a public school setting. Therefore, except for the individual class requirements, school and district attendance rules, and school behavior policies, the limitations and restrictions noted in the paragraph above are in force.

**Full-time enrollment**

A student enrolling **full-time** in a public school alternative learning experience program is not receiving home-based instruction, even if the parent or guardian has filed a 'declaration of intent to provide home-based instruction' with the school district. The student is considered a public school student and is subject to all the rules and regulations governing the actions of all public school students. This includes, but is not limited to, attendance, meeting course requirements, graduation requirements, and assessment requirements. Full-time students are eligible for graduation from a public high school upon meeting all of the school, district, and state requirements.

# OKANOGAN SCHOOL DISTRICT STUDENT/FAMILY HOUSING ARRANGEMENT QUESTIONNAIRE

The *Student/Family Housing Questionnaire* is voluntary.

## 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)

\*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:**

\_\_\_\_\_  
District Liaison Phone Number Location

**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

**OKANOGAN SCHOOL DISTRICT**  
**STUDENT/FAMILY HOUSING ARRANGEMENT QUESTIONNAIRE**  
*The Student/Family Housing Questionnaire is voluntary*

**Cuestionario sobre la vivienda del estudiante**

Las respuestas a las siguientes preguntas pueden ayuda a determinar los servicios que este estudiante puede ser elegible para recibir en los términos de la Ley McKinney-Vento 42 U.S.C. 11435. La Ley McKinney-Vento proporciona servicios y apoyos a niños y jóvenes que están en situación de falta de vivienda. (Vea el reverso para obtener más información)

**Si usted es dueño de su vivienda o si la renta, no necesita contestar este formulario.**

Si usted no es dueño de su vivienda ni la renta, marque todas las casillas que apliquen. (Entregar al enlace del distrito para personas sin vivienda. Puede encontrar la información de contacto al final de la página).

- |  |   |
|--|---|
| <input type="checkbox"/> En un motel   | <input type="checkbox"/> Un automóvil, parque, campamento o lugar similar |
| <input type="checkbox"/> En un refugio   | <input type="checkbox"/> Vivienda de transición                           |
| <input type="checkbox"/> Mudándose de un lugar a otro, en sofás de amigos  | <input type="checkbox"/> Otro _____                                       |
| <input type="checkbox"/> En la casa o departamento de alguien más, con otra familia                              |   |
| <input type="checkbox"/> En una residencia con servicios inadecuados (sin agua, calefacción, electricidad, etc.) |   |

Nombre del estudiante: \_\_\_\_\_  
Primer nombre \_\_\_\_\_ Segundo nombre \_\_\_\_\_ Apellido \_\_\_\_\_

Nombre de la escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Fecha de nacimiento (Mes/Día/Año): \_\_\_\_\_ Edad: \_\_\_\_\_

Género: \_\_\_\_\_  El estudiante no tiene supervisión (no vive con un padre o tutor legal)  
 El estudiante vive con un padre o tutor legal

DIRECCIÓN DE LA RESIDENCIA ACTUAL: \_\_\_\_\_

NÚMETO DE TELÉFONO O NÚMERO DE CONTACTO: \_\_\_\_\_ NOMBRE DEL CONTACTO \_\_\_\_\_

Nombre de los padres o tutores legales en letra de molde: \_\_\_\_\_  
(O menor sin supervisión)

\*Firma del padre o tutor legal: \_\_\_\_\_ Fecha: \_\_\_\_\_  
(O menor sin supervisión)

\*Declaro, bajo pena de perjurio, de conformidad con las leyes del estado de Washington, que la información aquí proporcionada es verdadera y correcta.

**Devuelva este formulario contestado a:**

\_\_\_\_\_  
Enlace del Distrito \_\_\_\_\_ Número de teléfono \_\_\_\_\_ Ubicación \_\_\_\_\_

**Para uso exclusivo del personal de la escuela** Para efectos de recolección de datos y codificación en el sistema de información de estudiantes

- (N) No en situación de falta de vivienda  (A) Refugios  (B) Con otra familia  (C) Sin refugio  (D) Hoteles/Moteles





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? <input type="checkbox"/> Yes <input type="checkbox"/> No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></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) <input type="checkbox"/> Yes <input type="checkbox"/> 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 style="padding-left: 40px;">_____</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.





**La Encuesta de idiomas en el Hogar se entrega a todos los alumnos que se inscriben en una escuela de Washington.**

<b>Nombre del alumno:</b> _____		<b>Grado:</b> _____	<b>Fecha:</b> _____
Nombre del padre, madre o tutor legal _____			
Firma del padre, madre o tutor legal _____			
<p><b>Derecho a los servicios de traducción o interpretación</b></p> <p>Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan. Indique el idioma de su preferencia para que podamos brindarle un intérprete o documentos traducidos, sin cargo alguno, cuando los necesite.</p>	<p>1. a) ¿En qué idioma(s) preferiría su familia recibir las comunicaciones por escrito de la escuela? _____</p> <p>b) ¿Necesita un intérprete para las reuniones y llamadas telefónicas (incluso de ASL)?</p> <p>Nombre del padre/madre/tutor 1: _____</p> <p>¿Necesita intérprete? <input type="checkbox"/> Sí <input type="checkbox"/> No   Idioma _____</p> <p>Nombre del padre/madre/tutor 2: _____</p> <p>¿Necesita intérprete? <input type="checkbox"/> Sí <input type="checkbox"/> No   Idioma _____</p>		
<p><b>Requisitos para recibir apoyo en capacitación de idiomas</b></p> <p>La información sobre el idioma del alumno nos ayuda a identificar a los alumnos que reúnen los requisitos para recibir apoyo para formar las habilidades de idioma necesarias para tener éxito en la escuela. Es posible que sea necesario hacer una evaluación para determinar si se requiere ayuda con el idioma.</p>	<p>2. ¿Qué idioma(s) habló o entendió primero su hijo(a)? _____</p> <p>3. ¿Qué idioma utiliza más su hijo en casa? _____</p> <p>4. ¿Cuál es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____</p> <p>5. ¿Ha recibido su hijo apoyo en capacitación del idioma inglés en una escuela anterior? Sí <input type="checkbox"/> No <input type="checkbox"/> No sé <input type="checkbox"/></p>		
<p><b>Educación previa</b></p> <p>Sus respuestas sobre el país de nacimiento de su hijo y su educación previa:</p> <ul style="list-style-type: none"> <li>• Bríndenos información sobre el conocimiento y las aptitudes que su hijo trae a la escuela.</li> <li>• Esto puede ayudar a que el distrito escolar reciba fondos federales adicionales para brindarle apoyo a su hijo.</li> </ul> <p><b><i>Este formulario no se utiliza para identificar la situación migratoria de los alumnos.</i></b></p>	<p>6. ¿En qué país nació su hijo? _____</p> <p>7. ¿Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten – 12.º grado) <input type="checkbox"/> Sí <input type="checkbox"/> No</p> <p>Si la respuesta es Sí: Número de meses: _____</p> <p>Idioma de formación: _____</p> <p>8. ¿Cuándo asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten – 12.º grado)</p> <p>_____</p> <p>Mes                      Día                      Año</p>		

Gracias por brindarnos la información necesaria en la Encuesta de Idiomas en el Hogar. Póngase en contacto con su distrito escolar si tiene más preguntas sobre este formulario o sobre los servicios que ofrece la escuela de su hijo.



Okanogan Alternative Schools

P. O. Box 592 / 417 Spruce St.

Okanogan, WA 98840

Phone (509)826-7612 fax (509)826-9003

**Military Information**

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

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

Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

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

Campus: \_\_\_\_\_

Please check one box below to indicate if your child is a dependent of a member of:

- Active Duty U.S. Armed Forces
- Reserves of the U.S. Armed Forces Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
- The National Guard of Washington State OR other State (please list the state) \_\_\_\_\_
- None Apply

Parent/Guardian Print then sign \_\_\_\_\_ date \_\_\_\_\_



## Attendance Contract Okanogan Outreach

This contract establishes that on this day, \_\_\_\_\_ 2022,

\_\_\_\_\_, hereafter referred to as "Student," and

\_\_\_\_\_, hereafter known as "Guardians," have met with an Outreach teacher and discussed the Outreach attendance Policies

### **Students**

In order to maintain a place at Okanogan Outreach, Student agrees to:

- Attend all classes.
- Arrive punctually to all classes.
- Bring a doctor's note in the case of a necessary absence, or have a guardian phone the school office.
- Make up any work missed during absences.

If the Student fails to follow these requirements, the school may terminate the student's position at the institute's discretion.

### **Guardians**

The Guardians understand that they are responsible for ensuring that the Student arrives at school in a timely manner and for stressing the importance of the Student's continued education. The Guardians agree to:

- Provide the school with proof of a doctor's note in the case of illness.
- To call the school office at 509-826-7612 the day of an absence, provide a reason for the absence and when the appointment can be made up.
- To get the Student to school on time.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Guardian 1's Signature)

\_\_\_\_\_  
(Guardian 2's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**I understand that I need to complete 28 hours per week of school work.** \_\_\_\_\_  
(Student initial)

# ACKNOWLEDGEMENT OF UNDERSTANDING

## Okanogan Alternative Schools are Separate Entities from Okanogan High/Middle Schools

We are excited that you are interested in enrolling with the Okanogan Alternative Schools. This notification is to ensure you, and your guardian, understand that the Okanogan Alternative Schools (Okanogan Alternative High School and Okanogan Outreach) are different entities from Okanogan High School and Okanogan Middle School. Although some crossover activities are allowed, such as participating in sports and being eligible for one (1) CTE class: If Pathway has been fulfilled then no additional CTE class can be taken AND/OR if an open roster spot exists. Some activities are exclusive to the specific school. Those activities are listed below.

1. **Graduation:** Each school has specific graduation requirements. Therefore, graduates may only participate in the graduation ceremony at their school of enrollment.
2. **Diplomas:** Okanogan High School students receive an Okanogan High School Diploma while Okanogan Alternative Schools receive an Okanogan Alternative High School Diploma.
3. **School Sponsored Senior Activities:** Only students enrolled at Okanogan High School may participate in Okanogan High School sponsored activities such as the senior trip.
4. **Clubs:** Only Alternative School students who are enrolled in CTE classes may participate in the corresponding Okanogan High School Clubs (e. g. FFA, FBLA).
5. **Dances:** Guest passes are required for all non-Okanogan High School students to attend dances. Guests must have an Okanogan High School student as a sponsor. Paperwork must be filled out and returned to the Okanogan High School office one week prior to the dance. Students over the age of 20 are not allowed to attend Okanogan High School dances.
6. **School Property:** During school hours, Okanogan Alternative School students must check in at the High School or Middle School office to gain authorization to be on campus- even during lunch. Students in CTE classes must check in with the high-school office when they arrive on campus. The only exception is for sports and the school property exception only applies to the period of the practices/games for the specific activity in which the student is participating.
7. **Sports:** Upon enrollment at an Okanogan Alternative School, the student/athlete will either be *Eligible* or *Ineligible* due to grades at transfer. If ineligible, the student will be on a 2-week probation during which the student will demonstrate the ability to complete weekly work expectations before coming eligible.

If you have any questions, or require further clarification about these or other activities please ask us before signing below.

**I understand that Okanogan Alternative Schools are separate entities from Okanogan Middle School and Okanogan High School.**

---

Student

Date

---

Guardian

Date

## Okanogan School District #105

### Board Procedure 2314P

2024-2025

#### Student Acceptable Use Policy for School Computer, Internet and E-Mail

Okanogan School District 105 offers students access to a computer network for Internet access, electronic mail (e-mail) and other software programs. To gain access to the computers, Internet and e-mail, all users must obtain parent/guardian permission as verified by the signatures on this form. Should a parent/guardian prefer that a student not have Internet access and/or e-mail, use of the computers is still possible for purposes such as word processing. We support and respect each family's right to decide whether or not to apply for access.

#### WHAT IS POSSIBLE?

Access to the Internet and e-mail enables users to explore thousands of libraries, databases, museums, and other sources of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the intention of Internet access at school is to use those resources for constructive educational goals, users may find ways to access other materials. The Okanogan School District has integrated filtering software to minimize that occurrence. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children follow when using media and information sources.

#### WHAT IS EXPECTED?

Users are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are public. General school rules for behavior and communications apply. It is expected that users comply with district standards, rules and guidelines below. The use of the network is a ***privilege***, not a right, and may be revoked if abused. The user must also understand that use of the school computer network is for educational purposes only. Personal e-mail accounts will not be accessed nor personal business conducted on the school network. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The users are advised never to access, keep, or send anything that they would not want their parents or teachers to see. Violators of any of the rules or guidelines will be subject to discipline as outlined in the Okanogan School District Computer Use Discipline Plan. Only the Building Principal can make exception or change the discipline of a student who chooses not to follow the rules.

#### WHAT ARE THE RULES?

**Privacy** – Network storage areas may be treated like school lockers. Network administrators will review communications to maintain system integrity and insure that users are using the system responsibly. All users are expected to keep their **passwords confidential and not allow any others to log onto the network using their user IDs.**

**Inappropriate materials or language** – No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. Should users encounter such material by accident, they should report it to their teacher ***immediately.***

**Internet access** – Accessing the Internet, whether in the classroom, library or lab setting, is permitted ***only*** if a teacher or an adult aide is present and is aware of the user's Internet access. The Internet may only be accessed for school related research or activities. Chat room access is not allowed.

**E-Mail access** – Access to free Internet e-mail accounts i.e., Gmail, Hotmail, etc., is ***not*** permitted. Students will be given a school e-mail account that is to be used for educational purposes only.

**SPECIFIC GUIDELINES:**

These are guidelines to follow to prevent loss of network privileges in the Okanogan School District.

1. The user agrees not to use any part of the District System to harm or disrupt other people, their work, any network, hardware, software, or data.
2. The user will not send, install, or create a computer virus or use the District System in a way that violates District Policy.
3. The user will keep their password confidential and will not reveal others' addresses, phone numbers, or passwords.
4. The user understands and agrees that their electronic mail (e-mail) and/or data on any district computer or media is **not** private and that the District has access to all mail and other data, including internet logs, and these may be reviewed by the District at any time.
5. The user may not use the District System for financial gain or to support or oppose political candidates, groups, or ballot measures.
6. The user will not access, submit, publish, display, and/or install on or through the District System any defamatory, harassing, obscene, sexually explicit, threatening, or illegal material or other material that is disruptive to the educational environment.
7. Users are prohibited from accessing any free mail systems.
8. The user is aware that some sites accessible through the District System may contain defamatory, inaccurate, abusive, obscene, sexually oriented, threatening, offensive, or illegal material and the user understands that the Okanogan School District does not condone the use of such materials. Users should be aware that the filtering software used by the district is not infallible and that users may be able to access inappropriate materials.
9. The user will not use the District System to encourage use of alcohol/controlled substances or violence against others or access sites that do so.
10. The user will treat the files of others as private and will not access anyone's folders, work, or files without permission of the Superintendent or designee.
11. The user will not attempt to use another person's login or password.
12. The user understands and consents to the fact that actions taken on or through the network may be recorded and replayed, including, but not limited to, audio and video recordings through teleconferencing, videoconferencing, and/or creation of multimedia projects.
13. The user agrees not to install any software on school district computers without prior written approval from Information Systems.
14. The user will not install or transmit copyrighted material through the District System illegally.
15. The user will not attempt to bypass any district filtering or security software including the use of proxy sites. If users are caught bypassing the district filtering software their user account will be

immediately suspended and the user will lose **all** computer privileges. When accessing other networks or systems through the District System the user will abide by all rules of that network or system.

16. The user understands that the District has the right to reformat any system's drives and/or remove/relocate any given data or computer at any time. Though every attempt will be made to save data from being lost, the District is not responsible for any loss of data.
17. The user understands and agrees that use of the District System is at his/her own risk and the Okanogan School District is not liable for harm suffered by any party as a result of using the District System. Opinions, advice, services and all other information expressed or displayed by others on, through, or about the District System are not those of the Okanogan School District.
18. The user agrees to be accountable for their actions. If the user intentionally or recklessly inflicts any damage or harm on any portion of the District System or to any party through the District System, any computers, laptops, hardware, etc the user will be subject to discipline and restitution. If the user observes other users violating these terms and conditions, violators should be reported to their supervisor.
19. The user may not use the District System to participate in any activities that violate state or federal law, school district policy, or these Terms and Conditions.
20. The user understands that USB flash drives can be used at school if certain regulations are met. The user understands that **all** contents of the USB flash drive are not private and can be viewed by Okanogan School District staff members. The user agrees to transfer only documents pertaining to school work or projects, and will not transfer any software programs, music files or inappropriate material to the district network.
21. Students are prohibited from downloading anything off of the Internet on to District computers.
22. Students are prohibited from making any system changes.
23. Students are not allowed to connect personal devices such as laptops, smart phones or Chromebooks to the OKSD network.
24. **BE PREPARED** to be held accountable for your actions (which may include financial obligations) and for the loss of privileges if the above rules are violated!

.....

**Parent/Guardian**

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Teacher (elem only) \_\_\_\_\_

Please return this form to the appropriate office **only** if you have checked one or more of the questions listed below.

As a parent or guardian of a student in Okanogan School District 105, I have read the information on the appropriate use of computers at the school. (Questions should be directed to the principal for clarification.) By **not** turning in this form you and your child understand and agree to abide by the Acceptable Use Policy and recognize violation of this policy may result in disciplinary action including, but not limited to expulsion, revocation of network access and related privileges, and prosecution according to the RCWs and that your student will be held accountable for their actions.

**School Computer Use**

\_\_\_\_\_ As the parent or legal guardian of a student in Okanogan School District 105, I **do not** grant permission for my son or daughter to access networked computer services.

**Internet Use**

\_\_\_\_\_ My child may **not** use the Internet and e-mail while at school according to the rules outlined.

\_\_\_\_\_ I will **not** allow my child's work to be published on the Internet.

**Publication Policy**

Throughout the year, there are various events in which your child may be photographed (classroom activities, school events, etc.) We would like your permission to use these pictures or video and the child's name in newsletters, on the district's website, social media, area newspapers or displays. \_\_\_\_\_ **No, I do not give permission.**

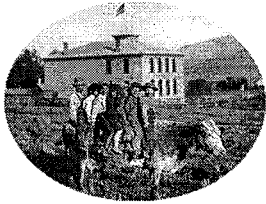
**Notification Policy**

The district uses SchoolMessenger to contact parents/guardians regarding emergencies. We also send automated notices in the case of unexcused absences to the primary number given. We would also like to send general announcements (event reminders, etc.) to your primary number \_\_\_\_\_ **No, I do not give permission.**

*Note: If at any time you wish to change the number used for these announcements, contact (509) 422-3629.*

**Parent/Guardian Name (Print):** \_\_\_\_\_

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



# OKANOGAN SCHOOL DISTRICT #105

*Where the Past and the Present Create the Future*



Washington State OSPI requires school districts to collect access to technology data for our students. Please answer the following questions and return this form to school. You will need to do one form for each of your children.

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_

Question 1: Does your child have access to a device such as a laptop or computer at home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Question 2: Does your child have access to the Internet at home?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Klancy Allen,  
Business Manager

Brandy Wilson,  
Secretary to the Superintendent

Mr. Steve Quick, Superintendent

P.O. Box 592  
115 Rose St., Okanogan, WA 98840  
509-422-3629 FAX: 509-422-1525  
www.oksd.wednet.edu

Brenda Stevens,  
HR/Personnel Manager

Eve Roberts,  
Accounts Payable Manager

**CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION  
FOR OTHER SCHOOL PROGRAMS  
2024-245 School Year**

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>	Okanogan High School ASB Cards	Waiver of Fee
<input type="checkbox"/>	HS Sports/Athletic Event Gates	Waiver of Fee
<input type="checkbox"/>	HS Club Membership Fee	Waiver of Fee
<input type="checkbox"/>	HS Social School Events (Plays, Dances)	Waiver of Fee
<input type="checkbox"/>	HS Multi-Day Trip/Overnight Travel (Bus Fee)	Waiver of Fee
<input type="checkbox"/>		

Print Student Name(s) here:


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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_



**CONSENTIMIENTO PARA COMPARTIR INFORMACION DE ELEGIBILIDAD  
AL PROGRAMA CON OTROS PROGRAMAS ESCOLARES  
Año Escolar 2024-25**

Si usted califica para recibir comidas gratis o a precio reducido basado en el tamaño o ingreso de su grupo familiar, o si usted recibe beneficios de Comidas Básicas (Basic Food), Asistencia Temporal para Familias Necesitadas (TANF, por sus siglas en inglés), Programa de Distribución de Alimentos en Reservas Indígenas (FDPIR, por sus siglas en inglés), o ha sido Directamente Certificado (Directly Certified) como elegible para recibir alimentos gratis, usted podría ser elegible para recibir un rebajo en los cargos para participar en otros programas escolares. La presentación o falta de presentación de este formulario no afectará la elegibilidad para comidas gratis o a precio reducido de su hijo/a.

Usted debe marcar la casilla para cada programa en el cual desea participar y firme el formulario para permitir que su estado de elegibilidad sea compartido para obtener beneficios en los otros programas.

Marque para participar	Nombre del programa escolar	Cómo la información compartida será utilizada
<input type="checkbox"/>	Okanogan High School ASB Cards	Waiver of Fee
<input type="checkbox"/>	HS Sports/Athletic Event Gates	Waiver of Fee
<input type="checkbox"/>	HS Club Membership Fee	Waiver of Fee
<input type="checkbox"/>	HS Social School Events (Plays, Dances)	Waiver of Fee
<input type="checkbox"/>	HS Multi-Day Trip/Overnight Travel(Bus Fee)	Waiver of Fee
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Imprima el nombre del (los) estudiante(s) aquí:


Firma del Padre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_ Tel.: \_\_\_\_\_

Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación: De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles. La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA

**CONSENTIMIENTO PARA COMPARTIR INFORMACION DE ELEGIBILIDAD  
AL PROGRAMA CON OTROS PROGRAMAS ESCOLARES  
Año Escolar 2024-25**

al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339. Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

**(1) correo:**

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 o (202) 690-7442; o

**(3) correo electrónico:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta entidad es un proveedor que brinda igualdad de oportunidades.

**2024-25 Child Nutrition Eligibility & Education Benefit Application –  
OKANOGAN SCHOOL DISTRICT**

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: Okanogan School District PO Box 592, Okanogan, WA 98840**

Check here if you received meal benefits last year:

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.  Homeless  Migrant

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-Weekly	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)	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
	<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  Check if no SSN:

(total listed must equal number of household members listed above)

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
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

- Asian
- Black, or African American
- 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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**Okanogan School District's Non-Discrimination Statement:**

Okanogan School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination:

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  Monthly  Annual  
 Income Household  \$  2x per Month  Monthly  Annual

APPLICATION APPROVED  FOR: Free Eligible  APPLICATION DENIED BECAUSE:  Other: \_\_\_\_\_  
 Reduced-Price Eligible  Incomplete/Missing Information  Income Over Allowed Amount

Date Notice Sent \_\_\_\_\_

Signature of Approving Official \_\_\_\_\_

Date \_\_\_\_\_

April 2024

**2024-25 APLICACIÓN DE ELEGIBILIDAD PARA NUTRICIÓN INFANTIL Y BENEFICIOS EDUCATIVOS**  
**OKANOGAN SCHOOL DISTRICT**

Esta aplicación puede calificarlo para: beneficios de comidas, beneficios de EBT de verano (si está inscrito en una escuela NSLP/SBP), tarifas reducidas para otros programas y actividades, y/o ayuda para asegurar fondos para su distrito escolar. Si su(s) hijo(s) están inscritos en una escuela de Elegibilidad Comunitaria (CEP) o de Disposición 2, completar esta aplicación no afectará su elegibilidad para recibir comidas sin costo.

**Complete, firme y envíe esta solicitud a: Okanogan School District PO Box 592, Okanogan, WA 98840**

**Marque aquí si recibió beneficios de comidas el año pasado:**

1. Enumere todos los estudiantes que viven con usted y asisten a la escuela. Si el niño está en cuidado de crianza temporal, sin hogar, o recibiendo servicios abajo el programa de educación migrante, indíquelo colocando una "x" en la casilla correspondiente. Incluya todos los ingresos personales recibidos por el estudiante y marque con una "x" el casillero correcto para indicar la frecuencia con que se recibe dicho ingreso.  Sin hogar  Migrante

Apellido del estudiante	Primer nombre del estudiante	Segundo nombre	Niño de crianza	Fecha de nacimiento	Escuela	Grado	Ingreso del estudiante	Semanal	Cada 2 semanas	Dos veces por mes	Mensual
			<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. Si algún miembro del grupo familiar (incluido usted) participa actualmente en uno o más de los siguientes programas de Asistencia, escriba el número de caso. Si no tiene, vaya al paso 3.

Basic Food  TANF  Programa de distribución de alimentos en las Reservaciones Indígenas (FDPIR) Número de caso: \_\_\_\_\_

3. Enumere los nombres de todos los miembros del grupo familiar. Declare el ingreso y MARQUE la frecuencia con que se recibe. Si algún miembro del grupo familiar no recibe ingresos, escriba 0. Si usted ingresa 0 o deja la sección en blanco, usted promete que no hay ningún ingreso que reportar.

Nombres de TODOS los demás miembros del grupo familiar (no incluya los nombres de los estudiantes enumerados más arriba)	Niño de crianza		Ingreso proveniente del trabajo (antes de cualquier deducción)		Asistencia pública/Manutención de menores/Pensión alimentaria		Pensiones/Jubilaciones/Seguridad Social (SSI)		Cualquier otro ingreso no enumerado en este formulario		Mensual		Dos veces por mes		Cada 2 semanas		Semanal	
	Mensual	Dos veces por mes	Mensual	Dos veces por mes	Mensual	Dos veces por mes	Mensual	Dos veces por mes	Mensual	Dos veces por mes	Mensual	Dos veces por mes	Mensual	Dos veces por mes	Mensual	Dos veces por mes	Mensual	Dos veces por mes
	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total de miembros del grupo familiar (incluya todas las personas que viven en su hogar):  Últimos cuatro dígitos del Número de seguro social (SSN)  Marcar si no tiene SSN:   
 (el total especificado debe ser equivalente al número de miembros del grupo familiar antes indicado) del principal proveedor de sustento o de otro miembro del grupo familiar (opcional si solo está aplicando para EBT de Verano)

5. Información de contacto y firma – Complete, firme y envíe esta solicitud a: Okanogan School District PO Box 592, Okanogan, WA 98840  
 Certificado (prometo) que toda la información en esta solicitud es verdadera, que todo el ingreso ha sido reportado, y que mi hogar ha sido reportado, y que los beneficiarios de EBT de verano a través de un estado diferente o de una organización Tribal Indígena (si corresponde). Entiendo que esta información se proporciona para recibir fondos del gobierno federal y que los funcionarios de la escuela pueden verificar (comprobar) la información. Soy consciente de que, si falsifico información de manera intencional, mis hijos pueden perder los beneficios de comidas y yo puedo ser procesado conforme a las leyes estatales y federales vigentes.

Dirección postal \_\_\_\_\_ Ciudad, Estado, & Código postal \_\_\_\_\_ Teléfono durante el día \_\_\_\_\_ Fecha \_\_\_\_\_

6. **Identidades raciales y étnicas de los niños (Opcional).** Estamos obligados a pedir información sobre su hijo(a)'s de la raza y la etnicidad. Esta información es importante y ayuda a asegurarse de que estamos plenamente sirviendo a nuestra comunidad. Respondiendo a esta sección es opcional y no afecta la elegibilidad de su hijo(a)'s a recibir comidas gratis o a precio reducido

Marque una o más identidades raciales:  Indio americano o Nativo de Alaska  Asiático  Nativo de Hawái o isleño del pacifico

Negro o Afroamericano  Hispano o Latino

Blanco  No Hispano o Latino

**Elegibilidad para Nutrición Infantil:** La ley nacional de comidas escolares Richard B. Russell requiere esta información en esta solicitud. No está obligado a dar esta información, pero si no lo hace, no podemos autorizar que sus niños reciban comidas gratis o a precio reducido. Debe incluir los últimos cuatro dígitos del número de la Seguridad Social del miembro adulto de la vivienda que fi a la solicitud. No son obligatorios los últimos cuatro dígitos del número de la Seguridad Social cuando realiza la solicitud en nombre de un niño en régimen de acogida o si proporciona un número de expediente de Basic Food (Programa Suplementario de Asistencia Nutricional), Temporary Assistance for Needy Families (TANF - Asistencia temporal para familias necesitadas) Program or Food Distribution Program on Indian Reservations (FDPIR - Programa de distribución de alimentos en reservas indias) u otro identificador FDPPIR de su niño, o cuando indica que el miembro adulto de la vivienda que fi a la solicitud no tiene un número de la Seguridad Social. Usaremos su información para determinar si su niño tiene derecho a recibir comidas gratis o a precio reducido, y la administración y ejecución de los programas de comida y desayuno. PODEMOS compartir esta información con los programas de educación, salud y nutrición para ayudarlos a evaluar, fi o determinar las prestaciones de sus programas, auditores para revisar los programas, y agentes del orden público para ayudarlos a investigar violaciones de las normas del programa.

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

**(1) correo:** 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 o (202) 690-7442; o

**(3) correo electrónico:** program.intake@usda.gov

Esta entidad es un proveedor que brinda igualdad de oportunidades.

**El Distrito Escolar de Okanogan no discrimina en ningún programa ni actividad por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano o militar, orientación sexual, expresión o identidad de género, discapacidad o el uso de un perro guía adiestrado o un animal de servicio, y brinda igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. Los siguientes empleados han sido designados para atender las preguntas y quejas sobre presunta discriminación:**

**PARA USO EXCLUSIVO DEL COLEGIO – NO RELLENAR**

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  Income Household  Total Household Size  Total Household Income \$ \_\_\_\_\_

**APPLICATION APPROVED FOR:**  Free Meals  Income Over Allowed Amount  Other: \_\_\_\_\_

Reduced-Price Meals  Incomplete/Missing Information

Weekly  Bi-Weekly  2x per Month  Monthly  Annual

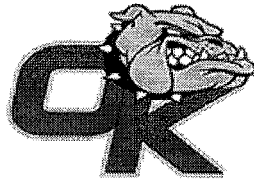
Date Notice Sent

Signature of Approving Official

Date



# 2024-2025 Okanogan School District Calendar



## 2024-25

July 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024						
S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2024						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024						
S	M	T	W	T	F	S
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024						
S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2025						
S	M	T	W	T	F	S
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2025						
S	M	T	W	T	F	S
						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2025						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2025						
S	M	T	W	T	F	S
						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

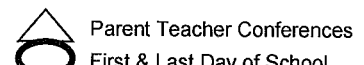
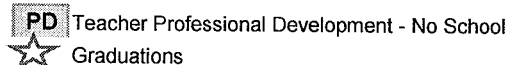
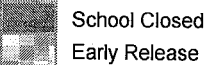
- Aug 20-22 & 26 Professional Development Days
- Aug 27 First Day of School for Students
- Sep 2 Labor Day - No School
- Sep 6 Fair Day - No School
- Sep 27 Professional Develop for teachers
- Sep 27 Native American Day - No School
- Oct 25 Professional Develop for teachers
- Nov 1 Quarter Ends-Early Release-Grading Day
- Nov 7-8 PT Conferences - No School
- Nov 11 Veterans Day - No School
- Nov 27-29 Thanksgiving Vacation
- Dec 23-Jan 3 Winter Break
- Jan 20 Martin Luther King, Jr. Day - No School
- Jan 24 Semester End-Early Release-Grading Day
- Jan 31 Professional Develop for teachers\*
- Feb 14 No School (Possible Snow Day Makeup)
- Feb 17 Presidents' Day - No School
- Feb 28 Professional Develop for teachers
- Mar 28 Quarter Ends-Early Release-Grading Day
- Mar 31 - Apr 4 Spring Break
- Apr 10-11 PT Conferences - No School
- May 26 Memorial Day - No School
- Jun 7 High School Graduation
- Jun 9 Outreach Graduation
- Jun 10 Last Day of School - Early Release

Increment weather to be made up Feb 14.  
 If no days are off because of weather, Feb 14 will become a vacation day from school.  
 Make up days beyond one will be added to end of year.

- Other Events to Consider**
- Aug 19 HS Football Begins
  - Aug 26 HS VB, Soccer, CC Begin
  - Aug 26 MS Football Begins
  - Aug 26 MS VB Begins
  - Aug 26 MS CC Begins

- Other Events to Consider**
- Oct 28 MS BB and MS Girls WR Begin
  - Nov 18 HS Winter Sports Begin
  - Jan 6 MS GB and MS Boys WR Begin
  - Feb 21-22 State Wrestling Championships
  - Mar 5-8 State Basketball Championships

- Other Events to Consider**
- Mar 2 HS Spring Sports Begin
  - Mar 24 MS Track Begins
  - May 31 Final HS Spring Sports Championship





## ATHLETICS

Dear Parents/Guardians,

If your child plans on participating a fall sport you will need to register online at [familyid.com](http://familyid.com)

We are excited to announce that we are moving our athletic registration process to a convenient online registration program offered by FamilyID. FamilyID is a secure registration platform that provides users with an easy, user-friendly way to register for athletics, and helps us to be more administratively efficient and environmentally responsible.

When a parent/guardian registers through FamilyID, the system keeps track of their information in the FamilyID profile so that they can enter their information only once for multiple seasons and multiple family members. We feel that this online registration system will not only benefit our school athletic office, but will be a welcome change for parents/guardians as well.

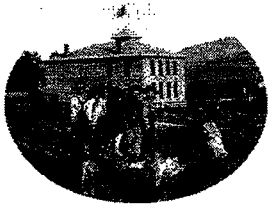
Step-by-Step Athletic Registration Instructions:

1. Go to [www.familyid.com/okanogan-middle-high-school-athletics](http://www.familyid.com/okanogan-middle-high-school-athletics) (there is a direct link located on the Athletics page of the OKSD website).
2. To create a new account click "Programs"
3. Click High School Athletics for a High School Student or Middle School Athletics for a Middle School Student.
4. Click "Register Now"
5. Click "Create Account." Enter parent's name and email. Then click "Create Account."
6. You will receive an email confirming your account. If an email from FamilyID does arrive quickly check your junk or clutter folder. Click on the link to activate your account.
7. Select the sport your child wants to play.
8. Complete the FamilyID online registration and click the "Save & Continue" button.
9. Review the registration details and click "Submit Registration".
10. Once your registration is confirmed you will receive email confirmation.
- 11. In order to be eligible to practice physicals must be either uploaded to website or turned into the High or Middle School office. In order to be eligible for the first contest ASB cards need to be purchased at the High or Middle School office.**

Game schedules can be found at:

[ctlathletics.com](http://ctlathletics.com)

Questions? Please email. [kdaling@oksd.wednet.edu](mailto:kdaling@oksd.wednet.edu)



# OKANOGAN SCHOOL DISTRICT #105

*Where the Past and the Present Create the Future*



Dear Parents & Guardians,

Our district now uses the SchoolMessenger notification service to send important information to families through phone calls, emails, and text messages. We have also implemented an Okanogan School District App that can be installed on your mobile device. You can download it free from the Google Play Store or iTunes.

SchoolMessenger is a parent notification system that will deliver personalized phone, text messages and/or e-mail messages to parents, staff, or other groups via home, office, and or cell phones. It is a great way for the Okanogan School District to communicate effectively with parents, staff, and the community.

SchoolMessenger will also allow a school administrator to record a short message to be delivered to an extensive or selective list of parents, teachers, or students. Principals and teachers can use SchoolMessenger to send messages home to all parents in a building, all parents in a classroom, or special groups of parents.

- SchoolMessenger will deliver calls for school closings, emergencies, and weather delays.
- School Administration can use this system to send out general announcements and notifications as needed.

With the Okanogan School District App users will be able to access news, learn about upcoming events and see school photos all from within our application. You can also connect directly with our District Facebook, Twitter and Instagram accounts. For more information and instructions on how to download the Okanogan School District App please visit: [www.oksd.wednet.edu](http://www.oksd.wednet.edu).

The InfoCenter feature of SchoolMessenger will allow you to better control how you receive automated communications from our SchoolMessenger system. InfoCenter is available now and is accessible from any internet-enabled device. For more information about InfoCenter, please go to <https://schoolmessenger.com/start>

***Please note: If there is a change to your child's information: phone number, address, emergency contact person(s), you must notify the main office of the building they attend.***

If you have any questions or if you would like to opt out of the program, please call the Outreach Office at (509) 826-7612

Thank you,

Roy Johnson  
Principal

Okanogan Alternative Schools