



Date received: _____
Interested in:
___ Day Program
___ Distance Learning
___ Both

Discovery High School

2150 Fircrest Dr. SE
Port Orchard, WA 98366
360.443.3680
Discovery.skschools.org
Pat Oster, Principal

Applicant:

We are excited that you are considering attending our school. Please fully complete the application for potential enrollment in Discovery High School. We are an accredited high school in compliance with Washington State Alternative Learning Standards.

Discovery accepts applications from sophomores, juniors, seniors, super seniors and teen parents. When there are openings in our program an interview will be scheduled for enrollment. Priority will be given to the older, motivated students who can potentially complete graduation requirements within a reasonable period. However, there are some circumstances, as determined by administration, where a younger student will be given priority for enrollment.

In accordance with the Alternative Learning Experience Requirements (WAC 392-121-182 (6) (j) (i), prior to enrollment parent 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) program. (See Statement of Understanding in this application.)

Applicant Legal Name _____

Parent Enrollment Permission:

I have read the application materials and support my student's enrollment at Discovery High School if enrolled.

Parent/Guardian Signature

Date



**South Kitsap School District
Discovery High School**

Statement of Understanding

In accordance with the Alternative Learning Experience Implementation Standards, WAC 392-121-182 (6)(j), 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.

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.

Alternative Learning Experience

South Kitsap School District's Discovery High School

- 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 of the regular classroom.

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.

Name of Student _____

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 RCW28A.225, the student is eligible to receive home-based instruction.

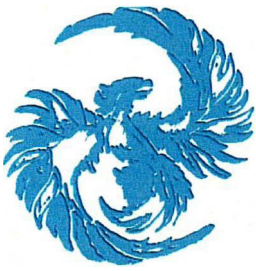
Students receiving only home-based instruction are not enrolled in public education, and they do not have to comply with the rules and regulations regarding public schools. Since the student is not registered or enrolled in the public school system the school district is under no obligation to provide 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.



Discovery High School

Discovery's Mission is to provide a supportive, flexible Alternative Learning Environment that ensures student achievement and develops individuals who become successful, productive citizens.

Below are student responsibilities in addition to the South Kitsap School District's Rights and Responsibilities. The student handbook can be provided upon request.

Please indicate, by your initials, that you have read and agree with the below terms of this school.

Alternative Program:

Discovery is an Alternative Learning Experience Program as defined in WAC 392-121-182.

- Every student enrolled in an alternative learning experience program must have an individual Written Student Learning Plan (WSLP) and schedule.
 - Students will attend classes as described within their schedule and will be evaluated in a Monthly Progress Review. Students must meet with their Advisor and sign monthly progress reviews. If the student falls below an acceptable range in school course work and attendance the student will be placed on a Progress Review Intervention Plan until progress in course work improves.
 - Student initiated weekly contact related to course work is required.
 - Students of parents requiring legal paperwork to be completed by Discovery High School will be required to have two consecutive weeks of successful attendance before the paperwork will be signed.
-

Student Responsibilities:

The Madrona Campus is shared with several community organizations. The campus is open from 7:30 am to 4:00 pm

- All students are to respect others' needs and use of the campus. Students should refrain from spitting on sidewalks and not using skateboards on sidewalks.
-

Lunch

- During the lunch period, students may eat lunch on campus. Leaving campus during lunch is a privilege and students are expected to return to class on time and ready to learn.
-

Visitor Policy

- Visitors are not allowed during school hours. This includes during all-school activities, unless an arrangement has been made prior to the event.
-

Bus Riders

- Students who ride the bus will ride the bus to SKHS and catch a shuttle to Discovery. No school for Discovery on Wednesday's
-

Testing

- Throughout the school year Discovery will schedule state-mandated and school district testing for various grades. I understand that I am expected to participate as determined by staff.
-

Displays of Affection

- Kissing and explicit physical contact are not allowed on campus. This does include parked cars on our campus.
-

Limited access to South Kitsap High School

- Students riding the bus need to wait for the Discovery shuttle bus outside the high school building. Discovery students are **not** SKHS students and would be treated as visitors through the main office.
-

Childcare

- Teen parents in need of help locating childcare should contact the Discovery office. Discovery has limited childcare resources in the on-site Early Headstart Family Center. Access to this program is based on space and meeting certain qualifications. In the event space is not available in the on-site childcare facility, assistance for locating childcare is available to you through the Discovery office.

The Department of Social and Health Services (DSHS) may pay for the care of a child of a student who attends classes and works toward obtaining a high school diploma. The criterion for approval of this program is mainly based on financial need. The Discovery office has applications for daycare funding. If a child of a teen parent is in a licensed or approved in-home daycare and DSHS is paying for the child's care, certain rules apply and must be abided by. A signed childcare contract between the student and Discovery is also required.

Driving/parking

- Students that wish to park on campus will provide proof of license, registration and insurance and obtain an Phoenix card to access the parking privilege. Students will drive cautiously and maintain a safe speed of 5 MPH while on school grounds. Students that choose to use their own car for transportation do so at their own risk and liability. The parking privilege may be revoked. The parking space is school district property, and all cars are subject to school district policy. Students meeting the above standards may park in the front of the building. Drop off and pickups should occur in the front of the building.
-

Use, Sale or Possession of Substances

- Chewing tobacco, smoking and vaping substances are not allowed on school district property. Students are not to display or use such products on school property; this includes while in parked cars, waiting for the bus, or anywhere within 1,000 feet of any school district property.
 - Students will not possess, use, or be under the influence of alcohol, drugs, narcotics, or intoxicants of any kind (including related paraphernalia) while on campus, off campus at school sponsored activities, or enroute to and from school. Behaviors listed above are against the law and will involve law enforcement and students will be subject to school discipline.
 - I understand that if staff suspects I am under the influence of such chemicals, the principal or representative may administer a drug/alcohol screening and/or search of personal property.
 - I understand the principal or representative may contact the police and/or my parents/guardians.
 - Based upon the findings, I understand I will have to follow the recommendations of administration and failure to do so may impact my enrollment at Discovery.
 - Recommendations may include, but are not limited to, support groups, substance abuse treatment program or referrals to private agencies.
 - If a student and family are not in agreement with the results and recommendations of the drug and alcohol counselor, the student and family need to understand that for continued enrollment in Discovery participation in the recommended treatment process/programs will be mandatory. Upon completion of the recommended treatment, students are expected to maintain an on-going recovery plan. Any deviations will result in reassessment or termination.
-

Non-Discrimination Statement:

The South Kitsap School District provides equal educational and employment opportunity without regard to race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sex, sexual orientation-including gender expression or identity, marital status, or the presence of any sensory, mental, or physical disability, the use of a trained dog guide or service animal by a person with a disability. Equal access to activities, facilities and program is provided to the Boy Scouts of America and other designated youth groups. District procedure complies with all applicable state and federal laws.

Discovery Student/Staff Dress Code

Student dress codes should support equitable educational access and should not reinforce gender stereotypes (e.g., cleavage should not have coverage requirements). Student dress codes and administrative enforcement should not reinforce or increase marginalization or oppression of any group based on race, gender, ethnicity, religion, sexual orientation, household income, gender identity or cultural observance.

I. OUR SHARED VALUES

- All students should be able to dress comfortably for school without fear of unnecessary discipline or body shaming.
- **All students and staff should understand that they are responsible for managing their own personal "distractions" without regulating individual students' clothing/self-expression.**
- Teachers can focus on teaching without the additional and often uncomfortable burden of dress code enforcement.
- Students should not face unnecessary barriers to school attendance.
- Reasons for conflict and inconsistent discipline should be minimized whenever possible.

II. GOALS OF STUDENT DRESS CODE

- A. Maintain a safe learning environment on campus where protective or supportive clothing is needed, such as Science and CTE STEM classes (eye or body protection) or PE (athletic attire/shoes).
- B. Allow students to wear clothing of their choice that is comfortable.
- C. Allow students to wear clothing that expresses their self-identified gender.
- D. Allow students to wear religious attire without fear of discipline or discrimination.
- E. Prevent students from wearing clothing with offensive images or language, including profanity, hate speech, and pornography.
- F. Prevent students from wearing clothing with images or language depicting or advocating violence or the use of alcohol or drugs.
- G. Ensure that all students are treated equitably regardless of gender/gender identification, sexual orientation, race, ethnicity, body type/size, religion, and personal style.

III. DRESS CODE POLICY

The primary responsibility for a student's attire resides with the student and parents or guardians. The school district and individual schools are responsible for seeing that student attire does not interfere with the health or safety of any student, and that student attire does not contribute to a hostile or intimidating atmosphere for any student.

Students should be given the best choice possible in how they dress for school. Any restrictions must be necessary to support the overall educational goals of the school and must be explained within the dress code.

1. Basic Principle: Certain body parts must be covered for *all* students

Clothes must be worn in a way such that genitals, buttocks, and nipples are covered with solid material. **All items listed in the "must wear" categories below must comply with this basic principle.**

2. Students **MUST** Wear:

- Shirt
- Bottom: pants/sweatpants/shorts/skirt/dress/leggings
- Shoes: activity-specific shoes requirements are permitted (for example for sports)
- *Clothing that covers undergarments and private body parts (visible straps of undergarments worn under clothing are permitted).*

Discovery Student/Staff Dress Code

3. Students CANNOT Wear:

- Violent language or images.
- Images or language depicting drugs, alcohol, and/or gang-related (or any illegal item or activity).
- Hate speech, profanity, pornography.
- Images or language that creates a hostile or intimidating environment based on any protected class.
- Bathing suits.
- Masks/face paint (unless it is an approved health mask)
- Masks or headgear that obscures the face (except as a religious observance).
- Accessories that are deemed unsafe.

IV. DRESS CODE ENFORCEMENT

Steps to addressing the school dress code.

Step 1: When a staff member notices a violation, a private one-on-one conversation will ensue, with a request to cover or put on a replacement of the inappropriate clothing or a turned inside-out shirt.

Step 2: If the student is wearing something that cannot be reversed and/or doesn't have replacement clothing, an alternative shirt may be offered to the student, but it cannot be a requirement.

Step 3: If the student chooses not to comply with alternative solutions, the student will be referred to the office staff/administrator.

Step 4: If the student chooses not to comply with the previous solution(s) to solve the dress code violation(s), the student will be reassigned to an alternate location that allows the student to do schoolwork independently.

Revised: 2023/24 school year

Student Signature

Date

Personal Information to Help Us Better Serve You

What motivated you to consider Discovery?

Please list the best number to contact you. _____

Is this your number or someone else's? _____.

If someone else's, whose number is this? _____

What are your preferred pronouns? _____

Do you want to participate in a West Sound Technical Skills Center program? Yes or No

○ Which Program: _____

Are you a Bus rider: Yes or No or Sometimes

Do you buy school lunch? Daily or Sometimes

Are you or have you been involved in a recovery program? No or Yes

Were you involved in any past, current or pending disciplinary action at a previous school? Please describe:

Have you been involved with the legal system or convicted of an offense? No or Yes

If yes, please describe:

Are you on probation? No or Yes If yes, who is your probation officer? _____

Do you have an active restraining order in place? No or Yes If yes, **(Please provide a copy.)**

Who do you know that has attended or is attending Discovery? _____

Are you employed? No or Yes If yes, Where: _____

Do you have a child/children? No or Yes If yes, Age of child _____

Turn Over

If you have a child/children: Do you want to discuss your options within the Teen Parent Program? Yes or No?

Do you deal with anything that impacts your ability to attend school? No or Yes If yes, Please provide some details:

What are your hobbies and interests? _____

Do you have a computer and computer access at home? _____

SOUTH KITSAP

SCHOOL DISTRICT

2689 Hoover Ave SE | Port Orchard, WA 98366
(360) 874-7000 | FAX (360) 874-7068

Registration Form

Student Name: _____

School: _____

SCHOOL MOST RECENTLY ATTENDED: _____ PREVIOUS SCHOOL PHONE: _____

ADDRESS: _____ PREVIOUS SCHOOL FAX: _____

HAS THIS STUDENT EVER ATTENDED AN SKSD SCHOOL? Y N IF YES, NAME OF SCHOOL & YEAR ATTENDED _____

DID STUDENT ATTEND PRE-SCHOOL AT AN SKSD SCHOOL? Y N _____

STUDENT INFORMATION

LEGAL LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME/INITIAL _____ ALSO KNOWN AS (FIRST & LAST) _____

BIRTHDATE (MM/DD/YYYY) _____ GENDER _____ GRADE _____ BIRTHPLACE (CITY/STATE) _____ BIRTH COUNTRY _____

PRIMARY HOUSEHOLD (WHERE STUDENT RESIDES)

(1) GUARDIAN LAST NAME, FIRST NAME _____ HOME PHONE: _____

_____ WORK PHONE: _____

MOTHER FATHER OTHER: _____ CELL/SMS: _____

(2) GUARDIAN LAST NAME, FIRST NAME _____

_____ WORK PHONE: _____

MOTHER FATHER OTHER: _____ CELL/SMS: _____

RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP): _____

MAILING ADDRESS (STREET/PO BOX, CITY, STATE, ZIP): _____

GUARDIAN 1 EMAIL: _____ GUARDIAN 2 EMAIL: _____

SECOND HOUSEHOLD

(1) GUARDIAN LAST NAME, FIRST NAME _____ HOME PHONE: _____

_____ WORK PHONE: _____

MOTHER FATHER OTHER: _____ CELL/SMS: _____

(2) GUARDIAN LAST NAME, FIRST NAME _____

_____ WORK PHONE: _____

MOTHER FATHER OTHER: _____ CELL/SMS: _____

RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP): _____

MAILING ADDRESS (STREET/PO BOX, CITY, STATE, ZIP): _____

GUARDIAN 1 EMAIL: _____ GUARDIAN 2 EMAIL: _____

DOES THIS STUDENT ATTEND DAYCARE? Y N DAYCARE PROVIDER: _____

BEFORE SCHOOL: M T W TH F DAYCARE PHONE: _____

AFTER SCHOOL: M T W TH F WILL STUDENT RIDE A BUS TO DAYCARE? Y N

BEFORE & AFTER SCHOOL: M T W TH F IF RIDING BUS, WHAT DAYS? M T W TH F

SIBLINGS

NAME _____ RELATIONSHIP _____ GRADE _____ SCHOOL _____

1. _____

2. _____

3. _____

4. _____

Student Name: _____ Date of Birth: _____

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE 1	PHONE 2
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

EDUCATION INFORMATION

HAS THIS STUDENT EVER RECEIVED ANY SPECIAL EDUCATION SERVICES? Y N IF YES, WHAT GRADE? _____

IF YES, PLEASE SELECT SERVICE(S) RECEIVED: SPEECH SERVICES RESOURCE ROOM CHAPTER/LAP

REMEDIAL OCCUPATIONAL THERAPY SPECIAL DAY CLASS SERVICES GIFTED

ENGLISH AS A SECOND LANGUAGE OTHER: _____

DOES THIS STUDENT CURRENTLY HAVE AN IEP? Y N

DOES THIS STUDENT HAVE ANY PAST, CURRENT, OR PENDING DISCIPLINARY PROBLEMS? Y N

DOES THIS STUDENT HAVE ANY HISTORY OF VIOLENT BEHAVIOR? Y N

HAS THIS STUDENT EVER BEEN RETAINED (HELD BACK A GRADE) ? Y N

IS THIS STUDENT CURRENTLY PARTICIPATING IN: TITLE LAP GIFTED MLL OTHER: _____

HAS THIS STUDENT COMPLETED A WASHINGTON STATE HISTORY COURSE? Y N DATE/LOCATION: _____

ADDITIONAL INFORMATION

IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT? Y N IF YES, PLEASE FILE PLAN WITH SCHOOL

IS THERE A RESTRAINING ORDER IN EFFECT? Y N IF YES, LEGAL PAPERS MUST BE ON FILE WITH THE SCHOOL

RESTRAINING ORDER IS AGAINST: MOTHER FATHER OTHER: _____

DOES THIS STUDENT HAVE A MEDICAL CONDITION(S) SEVERE ENOUGH TO IMPACT THEIR SCHOOL PROGRAM OR PERFORMANCE? Y N IF YES, PLEASE DESCRIBE: _____

VERIFICATION OF INFORMATION

THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE AS OF THIS DATE. I UNDERSTAND THAT FALSIFICATION OF INFORMATION TO ACHIEVE ENROLLMENT OR OTHER ASSIGNMENT MAY BE CAUSE FOR REVOCATION OF THE STUDENT'S ENROLLMENT OR ASSIGNMENT TO A SCHOOL IN THE SOUTH KITSAP SCHOOL DISTRICT.

PARENT/GUARDIAN SIGNATURE

DATE

SOUTH KITSAP 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 SCHOOL FACILITIES TO THE BOY SCOUTS AND OTHER DESIGNATED YOUTH PROGRAMS.

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

SCHOOL: _____ ENTRY DATE: _____ ADVISOR: _____

BIRTH CERTIFICATE: _____ CIS FORM: _____ OTHER ALERT: _____

MLL HOME LANG SURVEY: _____ AM BUS: _____ PM BUS: _____

MONTHS OF FORMAL EDUCATION IN NATIVE LANGUAGE (EQUIV TO GR K-12) BEFORE ENROLLING IN SKSD: _____ MONTHS OF ATTENDANCE IN US K-12 EDUCATION PRIOR TO ENROLLMENT IN SKSD: _____

SOUTH KITSAP SCHOOL DISTRICT

Washington State Ethnicity and Race Data Collection Form

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Please select both ethnicity and race.

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01) <i>If yes, please select one or more below.</i>				
	HISPANIC	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07)	<input type="checkbox"/> Costa Rican (H08) <input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorian (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15)	<input type="checkbox"/> Mexican (H16) <input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23)	<input type="checkbox"/> Salvadorian (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) <input type="checkbox"/> _____ Hispanic/Latino Write In (H29)
RACE - NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	NATIVE HAWAIIAN/ OTHER	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)			
	PACIFIC ISLANDER	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12)	<input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17)	<input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) <input type="checkbox"/> _____ Pac. Islander Write In (P21)
RACE - BLACK/AFRICAN AMERICAN	BLACK/AFRICAN	<input type="checkbox"/> Black/African American (B00)	<input type="checkbox"/> African American (B01)	<input type="checkbox"/> African Canadian (B02)	<input type="checkbox"/> _____ Black Write In (C02)
	CARIBBEAN	<input type="checkbox"/> Anguillan (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07)	<input type="checkbox"/> British Virgin Islander (B08) <input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11)	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12) <input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupien (B14) <input type="checkbox"/> Haitian (B15) <input type="checkbox"/> Jamaican (B16)	<input type="checkbox"/> Martiniquais/ Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <input type="checkbox"/> _____ Caribbean Write In (B20)
	CENTRAL AFRICAN	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep) (B23)	<input type="checkbox"/> Chadian (B24) <input type="checkbox"/> Congolese (Republic of the Congo) (B25) <input type="checkbox"/> Equatorial Guinean (B27)	<input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Gabonese (B28) <input type="checkbox"/> São Tomé (B29)	<input type="checkbox"/> Principe (B30) <input type="checkbox"/> _____ Central African Write In (B31)
	EAST AFRICAN	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/ Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48)	<input type="checkbox"/> Ugandan (B49) <input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) <input type="checkbox"/> _____ East African Write In (B53)
	LATIN AMERICAN	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Ecuadorian (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> South Georgia and the South Sandwich Islands (B73)	<input type="checkbox"/> Surinamese (B74) <input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> _____ Latin American Write In (B77)

RACE- BLACK/AFRICAN AMER	SOUTH AFRICAN	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)	<input type="checkbox"/> Swazi (B82) <input type="checkbox"/> South African Write In (B83) _____	
	WEST AFRICAN	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87)	<input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88) <input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96) <input type="checkbox"/> Senegalese (B97)	<input type="checkbox"/> Sierra Leonean (B98) <input type="checkbox"/> Togolese (B99) <input type="checkbox"/> _____ West African Write In (C01)
RACE- AMERICAN INDIAN/ALASKA NATIVE	AMER IND/ AK NATIVE	<input type="checkbox"/> American Indian/Alaskan Native (N00)	<input type="checkbox"/> _____ Alaska Native Write In (N36)	<input type="checkbox"/> _____ American Indian Write In (N37)	
	WASHINGTON STATE TRIBES	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Res. (N03) <input type="checkbox"/> Confederated Tribes of the Colville Res. (N04) <input type="checkbox"/> Cowlitz Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community of the Kalispel Res. (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Res. (N12) <input type="checkbox"/> Makah Tribe of the Makah Res. (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Tribe (N15) <input type="checkbox"/> Nisqually Tribe (N16) <input type="checkbox"/> Nooksack Tribe of WA (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)	<input type="checkbox"/> Puyallup Tribe of Puyallup Res. (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Res. (N20) <input type="checkbox"/> Quinalt Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Tribe of WA (N23) <input type="checkbox"/> Shoalwater Bay Tribe of the Shoalwater Bay Res. (N24) <input type="checkbox"/> Skokomish Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Res. (N29) <input type="checkbox"/> Squaxin Tribe of the Squaxin Island Res. (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of WA (N32) <input type="checkbox"/> Suquamish Tribe of the Port Madison Res. (N33) <input type="checkbox"/> Swinomish Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of WA (N35) <input type="checkbox"/> Upper Skagit Tribe (N38)		
RACE- ASIAN	ASIAN	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)	<input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)	<input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)	<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> _____ Asian Write In (A27)
		WHITE	<input type="checkbox"/> White (W00) <input type="checkbox"/> _____ White Write In (W35)	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)	<input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)
RACE- WHITE	EASTERN EUROPEAN	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)	<input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Jordanian (W21) <input type="checkbox"/> Kurdish (W22) <input type="checkbox"/> Kuwaiti (W23)	<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29)	<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> _____ Mid. Eastern Write In (W34) <input type="checkbox"/> _____ N. African Write In (W35)

STUDENT NAME: _____ GRADE: _____ SCHOOL: _____



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

STUDENT NAME: _____		GRADE: _____	DATE: _____
PARENT/GUARDIAN NAME: _____		PARENT/GUARDIAN SIGNATURE: _____	
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their student'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)? #1 Parent/Guardian Name: _____ Interpreter Needed? <input type="checkbox"/> Y <input type="checkbox"/> N Language: _____</p> <p>#2 Parent/Guardian Name: _____ Interpreter Needed? <input type="checkbox"/> Y <input type="checkbox"/> N Language: _____</p>		
<p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your student first speak or understand? _____</p> <p>3. What language does your student use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your student? _____</p> <p>5. Has your student received English language development support in a previous school? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Don't Know</p>		
<p>Prior Education</p> <p>Your responses about your student's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your student is bringing to school. • May enable the school district to receive additional federal funding to provide support to your student. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your student born? _____</p> <p>7. Has your student ever received formal education outside of the United States? (K-12th Grade) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, number of months: _____ Language of Instruction: _____</p> <p>8. When did your student first attend a school in the United States? (K-12th Grade) _____ 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 student's school.



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

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

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

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

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

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

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

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

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

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

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

Attestation Statement

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

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

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

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

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

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

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

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

SOUTH KITSAP SCHOOL DISTRICT

Military Family Affiliation 2024-2025

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

Dear Parent or Guardian,

Beginning with the 2016-2017 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation. (<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>)

Reasons for collection of the data include:

1. The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
2. The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policy makers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitions students to a new school and enable school districts to discover and implement best practices. [2015 c 210§ 1.]

For the purposes of this data collection, "students from military families" includes:

- Students with a parent or guardian who is a member of the active-duty United States armed forces; and
- Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard.

Choose one that best describes your family's military status:

- A- Parent or guardian is a current member of the US Armed Forces, active duty
- R- Parent or guardian is a current member of the US Armed Forces, reserves
- G- Parent or guardian is a current member of the National Guard
- M- More than one parent or guardian qualifies for A, R, or G
- N- No parent or guardian is currently serving the US Armed Forces or National Guard
- Z- Prefer not to answer

Parent/Guardian Signature: _____ Date: _____

SOUTH KITSAP SCHOOL DISTRICT

Permission to Add Immunization Information to the Washington Immunization Information System (WAIIS)

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

Students enrolling in the South Kitsap School District must be up to date on their immunizations or have a valid Washington State exemption to begin attending school. SKSD uses School Module (WAIIS), an online system provided by the Washington State Department of Health, to manage student immunization records. The School Module allows school nurses to quickly and efficiently check if students have the vaccines required by the state for attending school.

Most students born and/or vaccinated in Washington already have their information in the system. If your student is missing vaccines in the system, we will ask for a copy of their immunization record and with your permission we will update their vaccines in the WAIIS.

Students who will be attending school in this state for the first time are added to the WAIIS and with your permission our school nurse may enter your student's medically verified immunizations.

Medically verified immunization records are required for enrollment and attendance in SKSD, regardless of permission being given to add information to the WAIIS.

- I give permission to the South Kitsap School District to add immunization information into the Washington State Department of Health School Module Immunization Information System to help maintain my student's record.**

Parent/Guardian Signature

Today's Date

School: _____ Grade: _____ Date: _____

Student Name: _____ DOB: _____ Gender: _____

Indicate below the medical conditions which are SEVERE ENOUGH TO AFFECT THE STUDENT'S SCHOOL PROGRAM OR SCHOOL PERFORMANCE. (Note: this information may be shared with school staff who need to know.)

MEDICAL HISTORY (CHECK ALL THAT APPLY TO YOUR STUDENT)

NB	<input type="checkbox"/> ADHD/ADD	P	<input type="checkbox"/> PE Considerations/Limitations	BD	<input type="checkbox"/> Blood Condition
	Asthma		Description:		Description:
RA	<input type="checkbox"/> Exercise Induced	UH	<input type="checkbox"/> Renal: Kidney/Urinary Condition	NU	<input type="checkbox"/> Head Injury/Concussion
RB	<input type="checkbox"/> Mild		Description:		Description:
RC	<input type="checkbox"/> Moderate	GI	<input type="checkbox"/> Gastrointestinal Condition		Allergies
RD	<input type="checkbox"/> Severe		Description:	EC	<input type="checkbox"/> Environmental
	Diabetes		Visually Impaired	ED	<input type="checkbox"/> Food
EK	<input type="checkbox"/> Type I	YD	<input type="checkbox"/> Wears Glasses	EE	<input type="checkbox"/> Insect
EL	<input type="checkbox"/> Type II	NP	<input type="checkbox"/> Seizure Disorder	EF	<input type="checkbox"/> Latex
NH	<input type="checkbox"/> Headaches, Migraine		Date of last seizure:	EG	<input type="checkbox"/> Anaphylactic Condition
	Hearing Impaired		Type of seizure:	EG	<input type="checkbox"/> Epi-Pen required
YB	<input type="checkbox"/> Hearing Problem		Seizure medications:	EB	<input type="checkbox"/> Other Allergy:
YB	<input type="checkbox"/> Hearing Aids				Reacts to:
	Description:	ME	<input type="checkbox"/> Muscle or Bone Condition		Describe allergic reaction:
CG	<input type="checkbox"/> Cardiovascular Condition		Description:		
	Description:				

Is medication needed for any condition? Y N

Is medication needed at school? Y N

Medication at school (over the counter or prescription) requires Form #157, "Medication at School".

If **YES**, please list name(s) of medication, dose, and schedule: _____

What condition is being treated by this medication? _____

List major operations, injures, or hospitalizations including dates: _____

	Medical Exam	Eye Exam	Dental Exam
Last Exam Date/Doctor			
Insurance Company			

In an emergency, transport to _____ hospital.

Are there any health-related information or concerns that you can tell us about your student that you feel will help the school staff to better understand and work with them? _____

AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parent(s)/guardian(s) and health care provider named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

Parent/Guardian Signature

Today's Date

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SOUTH KITSAP SCHOOL DISTRICT

Eligibility Status Release of Information 2024 - 2025

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

Dear Parent/Guardian,

Free and Reduced-Price Meals are available to qualifying families who complete a School Benefits Application. The application can be found on the South Kitsap School District's Food and Nutrition Services website at sksdfoodandnutrition.com or by requesting a copy from your student's school.

You may grant permission to share your student's current school year eligibility status with school officials to receive additional school benefits or reduced program fees in our district.

Until this application is completed, your student may not have the option for a reduction of fees. This is an annual process.

Yes – Please share my student's eligibility status for South Kitsap School District's InTouch Reduced Program Fees (such as: ASB related fees, Athletic Fees, District-sponsored event fees including dances and sports). *InTouch is SKSD's online fee payment system.*

No – Please **do not** share my student's eligibility status

By signing below, you are allowing the information contained on this application to be shared with school officials.

Parent/Guardian Signature

Today's Date

If you have any questions, please contact Food and Nutrition Services at (360) 443-3663.

SOUTH KITSAP SCHOOL DISTRICT

Annual Student Housing Questionnaire 2024-2025

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

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).

Does the student live in a home with adequate facilities (water, heat, electricity, etc.) that is owned or rented by the parent or guardian? Yes No

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

- In a Motel
- In a Shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another person/family
- In a residence with inadequate facilities (no water, heat, electricity, etc.) _____
- A car, park, campsite, or similar location
- Transitional housing
- Other: _____

Student Name: _____
First Middle Last

School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

- 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 or Contact Number: _____ Contact Name: _____

Name of parent/legal guardian: _____
(or unaccompanied youth)

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

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

Please return completed form to your building McKinney-Vento Liaison, or to SKSD's McKinney-Vento Liaison, Joanne Warren (warrenj@skschools.org)

FOR SCHOOL PERSONNEL ONLY

For data collection purposes and student information system coding

- (N) NOT HOMELESS
- (A) SHELTERS
- (B) DOUBLED UP
- (C) UNSHELTERED
- (D) HOTELS/MOTELS

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

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

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education \(NCHE\)](#)

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

[SchoolHouse Connection](#)

FOR SCHOOL PERSONNEL ONLY

Checklist for Mc-Kinney Vento Liaisons

SKYWARD GOOGLE SHEET FNS TRANSPORTATION UNACCOMPANIED YOUTH SENT COPY TO DO



Annual Attendance Letter

2024-2025

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

Dear Parent/Guardian

The South Kitsap School District is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Students who attend regularly feel better about school and themselves by not falling behind. You and your student can start building the habit of good attendance beginning in preschool. Learning right from the start that going to school on time, each and every day is not only important and beneficial, but builds good habits of participation, learning, and accountability for future success while in high school, college, and career opportunities.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your student learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with schoolwork, dealing with a bully, or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

WHAT WE NEED FROM YOU

We miss your student when they are gone, and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please **contact your school's attendance office**.

OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school regularly or on time. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your student is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or Homeschool program. Children that are 6 or 7 years-old are not required to be enrolled in school. However, if parents/guardians enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements. We are required to take daily attendance and notify you when your student has an unexcused absence.

UNEXCUSED ABSENCES

State law (RCW 28A.225.020) requires we contact you in writing or by phone if your student has one unexcused absence within any month of the school year. Three unexcused absences within any month requires we schedule a conference with you and your student to identify barriers and help with supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

Student Name: _____ Student DOB: _____

Students with seven unexcused absences in any given month or fifteen unexcused absences or more within a school year, we are required by law to take a range of actions including filing a truancy petition with the juvenile court, alleging a violation of RCW 28A.225.010 the mandatory attendance laws.

The petition may be automatically stayed, and your student and family may be referred to a Community Engagement Board, or you and your student may need to appear in juvenile court. If your student continues to be truant, you may need to go to court.

ELEMENTARY EXCUSED ABSENCES

In elementary school, after five excused absences in any month, or ten or more excused absences in the school year, the school will contact you to schedule a conference. The school principal or designated employee will attend the conference to help identify barriers and provide supports available to you and your student. A conference will not be required if a doctor's note has been provided or the absence has been pre-arranged in writing, and the parent, student, and school have a plan in place to ensure your student does not fall behind academically. If your student has an Individualized Education Plan (IEP) or a 504 Plan, the team that created the plan will need to reconvene. RCW 28A.225.018

ALL EXCUSED ABSENCES

The principal or a designated staff member decides if an absence is excused based on specific criteria. However, if a student misses more than 4 days in the first 45 school days, more than 8 in the first 90, more than 12 in the first 135, or more than 16 in the first 150), parents/guardians must provide a note from a school or community health professional to excuse further absences. Procedure (Policy) 3122.

The South Kitsap School District has established rules on attendance that will help you ensure your student is attending regularly. Please refer to the [Rights and Responsibilities Handbook](#) located on our website. www.skschools.org.

WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your student has the required immunizations.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomachache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your student's teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

The South Kitsap School District requires annually this signed attendance agreement stating that you agree with the importance of daily attendance.

Your signature below indicates that you have read and understand the attendance policies and procedures in South Kitsap School District.

Parent/Guardian Signature

Today's Date

SOUTH KITSAP SCHOOL DISTRICT

Nurturing Growth • Inspiring Achievement • Building Community

Annual Acknowledgement 2024 – 2025

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

Dear Parent/Guardian,

Please read the documents referenced in this letter. After you have read the documents, please sign and date each area to indicate that you have read, understand, and received a copy of each document or instructions on where to obtain a copy. **Your signature implies full understanding, legal validity, and affirmation to each document.**

This form will remain part of your student's cumulative file and **MUST BE COMPLETED ANNUALLY**. Additional copies of the documents referenced in this form can be found on the South Kitsap School District website at www.skschools.org or by requesting a copy from your student's school. If there are any portions of this form, or the documents referenced, that you do not understand, please make an appointment with your school administrator to discuss your questions.

OPT-IN

1. Lightspeed Browsing Activity – Parents can opt-in via Skyward Family Access to receive reports of their student's internet usage over the last 7 days on SK devices.

OPT-IN INSTRUCTIONS

To opt in to receive Lightspeed reports, please complete the following steps for **each student**:

- Log into **Skyward Family Access** – <http://skyward.skschools.org>
- Select **Online Forms** from the menu
- Click **Fill Out Form** (next to Lightspeed Weekly Report Email)
- Click **Next** on the right side of the screen
- Check the **Reports box** to opt a guardian in
- Click **Complete Step 1 and move to Step 2** at the bottom of the screen
- Click **Submit Lightspeed Weekly Report Email**

OPT-OUT

Parents/guardians and adult or emancipated minor students may opt their student or themselves out of participating in any protected information survey. Please see Board Policy #3232.

1. Attendance Policy and Procedure – See Policy and Procedure #3122

State law for mandatory attendance requires children from age 8 to 17 to attend public school, private school, or a district-approved home school program. If your student has seven (7) or more unexcused absences in any given month or fifteen (15) unexcused absences or more within a school year, we are required by law to take a range of actions including filing a truancy petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance law.

Initial: _____ **Your initials indicate awareness only.**

2. South Kitsap School District Rights and Responsibilities

I acknowledge that my student and I have been given notice of the types of misconduct for which discipline, suspension, or expulsion may be imposed and procedures for administering such corrective action. It has also provided me with important information regarding the Family Educational Rights and Privacy Act (FERPA), student use of technology, district pesticide uses and asbestos management practices. **Initial:** _____ **Your initials indicate awareness only.**

3. Internet Access Privileges – See Policy & Procedure #2022

All students have (filtered) internet access privileges under the guidelines of the District's acceptable use policy. See Rights and Responsibilities Information Handbook, Section 14.

4. Release of Information to Military Recruiters (Grades 11-12 Only)

The District/School will assume permission to release student demographic information to Armed Forces and Military Recruiters, or Military School UNLESS a parent or guardian sets the Skyward Family Access **Military** flag to NO to opt out the student.

5. Release of Information to Higher Education (Grades 11-12 Only)

The District/School will assume permission to release student demographic information to institutions of higher education UNLESS a parent or guardian sets the Skyward Family Access **Higher Ed** flag to NO to opt out the student.

6. FERPA: Public Release of Directory Information – See Policy & Procedures 3231 & 3235 & Handbook Section 12

Under Federal Law (FERPA), the District may release directory information on a student without obtaining parent consent UNLESS a parent or guardian sets the Skyward Family Access **Public Info** flag to NO to opt out the student. The common use of directory information includes athletic contest and musical concert programs, and college recruiters. Such information shall not be release for commercial reasons.

7. Public Release of Student's Photo or Video

The District/School will assume permission to use a student's image (photo or video), including comments in public/community newspapers, magazines, or other media UNLESS a parent or guardian sets the **Public Photo** flag to NO to opt out the student.

8. Internal Use of Student's Photo or Video

The District/School will assume permission to use a student's image (photo or video) or class work in District and school publications such as yearbooks, and on District sponsored websites, UNLESS a parent or guardian sets the **District Photo** flag to NO to opt out the student.

9. Online Use of Student's Photo

The District/School will assume permission to use a student's photo image in conjunction with District and school online services (Google, Microsoft Office 365, Zoom) UNLESS a parent or guardian sets the **Profile Photo** flag to NO to opt out the student.

10. Kitsap Regional Library

The District will provide student name, school, grade level and ID number to the Kitsap Regional Library for the creation of a library account to check out resources and access online services UNLESS a parent or guardian sets the **Kitsap Regional Library** flag to NO to opt out the student.

OPT-OUT INSTRUCTIONS

To opt out of student handbook options, please complete the following steps for **each student**:

- Log in to **Skyward Family Access** - <http://skyward.skschools.org>
- Select **Student Info** from the menu
- Click **Request Changes for Student** (upper right corner)
- Select **Student Information** from the dropdown menu
- Scroll to **Allow Publication of Student's Name for** at the bottom of the screen
- Make desired changes and click **Save**

I have read, understand, and received a copy of each document or instructions on where to obtain a copy.

Parent/Guardian Signature

Today's Date

SOUTH KITSAP SCHOOL DISTRICT

Nurturing Growth • Inspiring Achievement • Building Community

Request for Student Records

DATE: _____ STUDENT NAME: _____ GRADE: _____ BIRTHDATE: _____

PREVIOUS SCHOOL INFORMATION

SCHOOL NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____

PLEASE SEND ALL SCHOOL RECORDS TO:

Burley Glenwood Elementary 100 SW Lakeway Blvd Port Orchard, WA 98367 (P) 360.443.3110 (F) 360.443.3169	Sidney Glen Elementary 500 SW Birch Road Port Orchard, WA 98367 (P) 360.443.3400 (F) 360.443.3469	South Kitsap High School 425 Mitchell Ave Port Orchard, WA 98366 (P) 360.874.5600 (F) 360.874.5892
East Port Orchard Elementary 2649 Hoover Ave SE Port Orchard, WA 98366 (P) 360.443.3170 (F) 360.443.3229	South Colby Elementary 3281 Banner Road SE Port Orchard, WA 98366 (P) 360.443.3000 (F) 360.443.3049	
Hidden Creek Elementary 5455 Converse Road SE Port Orchard, WA 98367 (P) 360.443.3050 (F) 360.443.3109	Sunnyslope Elementary 4183 Sunnyslope Road SW Port Orchard, WA 98367 (P) 360.443.3470 (F) 360.443.3529	Discovery Alternative High School 2150 Fircrest Drive SE Port Orchard, WA 98366 (P) 360.443.3680 (F) 360.443.3704
Manchester Elementary 1901 California Ave E Port Orchard, WA 98366 (P) 360.443.3230 (F) 360.443.3289		Explorer Academy/Hope Academy 1723 Wolves Rd Port Orchard, WA 98366 (P) 360.443.3605 (F) 360.443.3624
Mullenix Ridge Elementary 3900 SE Mullenix Road Port Orchard, WA 98367 (P) 360.443.3290 (F) 360.443.3349	Cedar Heights Middle School 2220 Pottery Ave Port Orchard, WA 98366 (P) 360.874.6020 (F) 360.874.6429	
Olalla Elementary 6100 SE Denny Bond Blvd Olalla, WA 98359 (P) 360.443.3350 (F) 360.443.3399	John Sedgwick Middle School 8995 Sedgwick Road SE Port Orchard, WA 98366 (P) 360.874.6090 (F) 360.874.6430	Office of Special Services 2689 Hoover Ave SE Port Orchard, WA 98366 (P) 360.443.3625 (F) 360.443.3662
Orchard Heights Elementary 2288 Fircrest Drive SE Port Orchard, WA 98366 (P) 360.443.3530 (F) 360.443.3604	Marcus Whitman Middle School 1887 Madrona Drive SE Port Orchard, WA 98366 (P) 360.874.6160 (F) 360.874.6440	Madrona Heights Preschool 2150 Fircrest Drive SE Port Orchard, WA 98366 (P) 360.443.3625 (F) 360.443.3659

SKSD Entry Date: _____

Please fax ASAP: Birth Certificate and immunization records; all remaining records can be mailed.

Please send all student records including:

- | | | |
|----------------------|-----------------------------------|---------------------|
| ▪ Attendance | ▪ Immunizations | ▪ Test Scores |
| ▪ Discipline | ▪ Report Cards | ▪ Transcript |
| ▪ Health Information | ▪ Special Education (include IEP) | ▪ Withdrawal Grades |

Per RCW 28A.225.330 subsection (2), also include the above-named student's confidential discipline records that include history of disciplinary actions, history of violent behavior, or behavior listed in RCW 13.04.155.

According to the Family Educational Rights and Privacy Act (US Code: Title 20, Section 123g.a(6)1B, it is not necessary to obtain written consent to release records. School official in school systems in which the student intends to enroll may receive student's record without written consent for such release.