

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY

STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	GRADUATION YEAR	HOMEROOM NAME	HOMEROOM #	BUS ROUTE AM PM	STUDENT ACCESS LOG IN:	STUDENT ACCESS PASSWORD:
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NEW STUDENT REGISTRATION FORM

Date: _____

Grades TK-5
 ALE Applicant
 Grades 6-12

STUDENT NAME: Legal Last Name	Legal First Name	Legal Middle Name	Also known as:
BIRTHPLACE (City, State, County)	GENDER (M/F/X)	BIRTHDATE	GRADE LEVEL

PARENT/GUARDIAN INFORMATION:

PRIMARY HOUSEHOLD where all school mail will be sent. Robo Calls/texts/emails will be sent as noted.

PRIMARY HOUSEHOLD (parent/guardian ONE) Last Name First Name RELATIONSHIP TO STUDENT: Place of Work	ROBO & ATTENDANCE CALLS - PRIMARY # (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> <input type="checkbox"/> Please check if unlisted	ROBO TEXT & ATTENDANCE CALL (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/>	ROBO TEXT (include area code) <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> <input type="radio"/> Work
(parent/guardian TWO) Last Name First Name RELATIONSHIP TO STUDENT: Place of Work	ROBO CALL (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/>	ROBO TEXT (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/>	ROBO TEXT (include area code) <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> <input type="radio"/> Work
Family 1, Guardian 1 EMAIL ADDRESS (Robo & Attendance notifications) Family 1, Guardian 2 EMAIL ADDRESS (Robo & Attendance notifications)	STUDENT LIVES WITH: <input type="radio"/> Both parents <input type="radio"/> Father only <input type="radio"/> Mother only <input type="radio"/> Father/Stepmother <input type="radio"/> Mother/Stepfather <input type="radio"/> Grandparents <input type="radio"/> Stepfather/StepmotherGuardian <input type="radio"/> Agency <input type="radio"/> Self <input type="radio"/> Other		

STREET ADDRESS

Street	Apt #	City	State	Zip Code
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MAILING ADDRESS (If different from above)

Street	Apt #	City	State	Zip Code
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SECOND HOUSEHOLD where all school mail will be sent. Robo Calls/texts/emails will be sent as noted

SECOND HOUSEHOLD (parent/guardian ONE) Last Name First Name RELATIONSHIP TO STUDENT: Place of Work	ROBO & ATTENDANCE CALLS AND TEXTS (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> <input type="checkbox"/> Please check if unlisted	ROBO TEXTS (inc. area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/>	PHONE 3 (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/>
(parent/guardian TWO) Last Name First Name RELATIONSHIP TO STUDENT: Place of Work	PHONE 1 (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/>	PHONE 2 (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/>	PHONE 3 (include area code) Home <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/>
Family 2, Guardian 1 EMAIL ADDRESS (Robo & Attendance notifications) Family 2, Guardian 2 EMAIL ADDRESS (Robo & Attendance notifications)	SECOND HOUSEHOLD STREET ADDRESS (Street/PO Box, City, State, ZIP)		ADDITIONAL MAILINGS REQUESTED <input type="radio"/> Yes <input type="radio"/> No
		SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP)	

Student Last Name: _____ First Name: _____ Grade: _____

Student History:

School Previously Attended: _____ School District Previously Attended: _____ Previous School Location (City & State): _____

Has student ever attended South Whidbey Public Schools? Yes No

If Yes, Name of school attended: _____ Date Attended (Month/Year): _____

If Out of State, has student ever attended school in WA State? Yes No If Yes, What District? _____

Is there a joint-custody or parenting plan in effect? Yes No

If Yes, plan must be on file with the school Copy Attached

Is there a restraining order in effect? Yes No

If Yes, legal papers must be on file with the school Copy Attached

Restraining order is against: Mother Father Other: _____

Has the student ever been suspended for a weapons violation? Yes No Date: _____

Has your child ever qualified for or been enrolled in a special education program? Yes No

Has your child ever qualified for or had a 504 plan? Yes No

Has your child ever been retained? Yes No

If Yes, at what grade level(s)? _____

Has your child ever participated in: Title Speech Gifted ELL Other: _____

Does student attend child care? Before school After school Before & after school No

Child Care Provider

Name

Address

Phone Number

Additional child care arrangements (Please provide information to school in writing)

Please list other siblings attending public school within South Whidbey School

District:

Last Name

First Name

School

Grade

Special instructions regarding religious beliefs (Please provide information to school in writing)

Military Status: The state legislature has passed a law requiring Washington State public schools to collect information, yearly on military affiliation beginning with the 2016-17 school year. The legislature requires this data collection to accurately monitor critical elements of academic progress and proficiency for students from military families. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices to meet the needs of our military family students.

- No (please sign and date below) **(N)**
- Yes (Please check the appropriate option below that indicates the type of service, and then sign and date below)
 - U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. **(A)**
 - National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. **(G)**
 - More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. **(M)**
 - U.S. Armed Forces Reserves – Student/family has a parent/guardian who is a current member of the U.S. Armed Forces reserves. **(R)**

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 assignment may be cause for revocation of the student's enrollment or assignment to a school in the South Whidbey Public Schools.

Legal Parent/Guardian Signature _____ Date _____

Student Last Name: _____ First Name: _____ Grade: _____

STUDENT INFO: IMMUNIZATION RECORDS & VERIFICATION OF AGE REQUIRED:

Proof of Verification of Age includes: birth certificate, passport, hospital or physician's certificate showing date of birth, adoption record, an entry in a family bible; an affidavit from a parent; a birth certificate; previously verified school records; or any other documents permitted by law.

The South Whidbey School District #206 (SWSD) 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 employees have been designated to handle questions and complaints of alleged discrimination: **Civil Rights Compliance and Title IX Coordinator - Principal John Patton**, 360-221-4300, jpatton@sw.wednet.edu. **Section 504/ADA Coordinator - Superintendent Jo Moccia**, 360-221-6100, jmoccia@sw.wednet.edu, 5675 Maxwellton Road, Langley, WA 98260. *Title IX inquiries may also be directed toward the U.S. Department of Education, Office for Civil Rights (OCR): <https://www2.ed.gov/about/offices/list/ocr/index.html>* Information about the nondiscrimination and sex-based discrimination policies and grievance procedures, and how to report a concern or complaint: <https://www.sw.wednet.edu/resources/title-ix> **SWSD Title IX training is available to all employees and is linked on our website here.**



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

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

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

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

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



Name of Student: _____

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

Hispanic Yes No

ETHNICITY

- Hispanic
- Argentine
- Bolivian
- Brazilian
- Chicano (Mexican American)
- Chilean
- Colombian
- Costa Rican
- Cuban
- Dominican
- Ecuadorian
- Guatemalan
- Guyanese
- Honduran
- Jamaican

- Mexican
- Mestizo
- Native
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- Puerto Rican
- Salvadoran
- Spaniard
- Surinamese
- Uruguayan
- Venezuelan
- Hispanic/Latino Write in _____

Black/ African-American (continued on next page)

RACE

- Black/ African-American
- African American
- African Canadian
- Caribbean**
- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)

- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupien
- Haitian
- Jamaican
- Martiniquais/Martiniquaise
- Montserratian
- Puerto Rican
- Caribbean Write in _____

Central African

- Angolan
- Cameroonian
- Central African (Central African Republic)
- Chadian
- Congolese (Republic of the Congo)
- Congolese (Democratic Republic of the Congo)

- Equatorial Guinean
- Gabonese
- São Toméan
- Principe
- Central African Write in _____

Black/ African-American (continued)

East African

- Burundian
 Comoran
 Djiboutian
 Eritrean
 Ethiopian
 Kenyan
 Malagasy (Madagascar)
 Malawian
 Mauritian (Mauritius)
 Mahoran (Mayotte)
 Mozambican

- Reunionese
 Rwandan
 Seychellois/Seychelloise
 Somali
 South Sudanese
 Sudanese
 Ugandan
 Tanzanian (United Republic of Tanzania)
 Zambian
 Zimbabwean
 East African Write in
-

Latin American

- Argentine
 Belizean
 Bolivian
 Brazilian
 Chilean
 Colombian
 Costa Rican
 Ecuadorian
 El Salvadoran
 Falkland Islander
 French Guianese
 Guatemalan

- Guyanese
 Honduran
 Mexican
 Nicaraguan
 Panamanian
 Paraguayan
 Peruvian
 South Georgia/South Sandwich Islands
 Surinamese
 Uruguayan
 Venezuelan
 Latin American Write in
-

South African

- Botswanan
 Mosotho (Lesotho)
 Namibian

- South African
 Swazi
 South African Write in
-

West African

- Beninese
 Bissau-Guinean
 Burkinabé (Burkina Faso)
 Cabo Verdean
 Ivorian (Cote d'Ivoire)
 Gambian
 Ghanaian
 Liberian
 Malian

- Mauritanian
 Nigerien (Niger)
 Nigerian (Nigeria)
 Saint Helenian
 Senegalese
 Sierra Leonean
 Togolese
 West African Write in
-

- Black Write in
-

RACE

American Indian/Alaskan Native

RACE

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

 American Indian

 American Indian Write in
Asian (continued on next page)

- Asian
- Asian Indian
- Malaysian
- Mien

Asian (continued)

Bangladeshi
 Bhutanese
 Burmese/Myanmar
 Cambodian/Khmer
 Cham
 Chinese
 Filipino
 Hmong
 Indonesian
 Japanese
 Korean
 Lao

Mongolian
 Nepali
 Okinawan
 Pakistani
 Punjabi
 Singaporean
 Sri Lankan
 Taiwanese
 Thai
 Tibetan
 Vietnamese
 Asian Write in

Native Hawaiian/Other Pacific Islander

Native Hawaiian/Other Pacific Islander
 Pacific Islander
 Carolinian
 Chamorro
 Chuukese
 Fijian
 i-Kiribati/Gilbertese
 Kosraean
 Maori
 Marshallese
 Native Hawaiian
 Ni-Vanuatu

Palauan
 Papuan
 Pohpeian
 Samoan
 Solomon Islander
 Tahitian
 Tokelauan
 Tongan
 Tuvaluan
 Yapese
 Pacific Islander Write in

White

White
 Eastern European
 Bosnian
 Herzegovinian
 Polish
 Romanian

Russian
 Ukrainian
 Eastern European Write in

Middle Eastern and North African

Algerian
 Amazigh or Berber
 Arab or Arabic
 Assyrian
 Bahraini
 Bedouin
 Chaldean
 Copt
 Druze
 Egyptian
 Emirati
 Iranian
 Iraqi
 Israeli

Jordanian
 Kurdish Kuwaiti
 Lebanese
 Libyan
 Moroccan
 Omani
 Palestinian
 Qatari
 Saudi Arabian
 Syrian
 Tunisian
 Yemeni
 Middle Eastern Write in
 North African Write in

RACE

SOUTH WHIDBEY SCHOOL DISTRICT

REQUEST & AUTHORIZATION FOR TRANSFER OF EDUCATION RECORDS BETWEEN SCHOOLS

I authorize the release and transfer of education records and confidential information for:

Student: _____

Date of Birth _____ Grade: _____

Former School: _____

Address of Former School: _____

City: _____ State: _____ Zip Code: _____

Phone number of Former School: _____ Fax Number: _____

It is my understanding the information and records transferred will be treated confidentially and will not be transmitted to any third party without my consent following the guidelines of the Federal Education Rights and Privacy Act.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Home Address: _____

Phone: _____

Please send the following records to the address checked off below:

_____ Cumulative Records _____ Psychological Testing/Confidential Records

_____ Health Records _____ Communication Disorders Specialist Records

PLEASE FAX BIRTH CERTIFICATE AND IMMUNIZATION RECORDS AS SOON AS POSSIBLE

_____ South Whidbey Grades TK-5 5380 Maxwellton Rd Langley, WA 98260 Tel: (360) 221-4600 FAX: (360) 221-6929	___ South Whidbey ALE 5476 Maxwellton Rd Langley, WA 98260 Tel: (360) 221-6808 ext 4632	___ South Whidbey Grades 6-12 5675 Maxwellton Rd Langley, WA 98260 Tel: (360) 221-4300 Fax: (360) 221-5797
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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; or are awaiting foster care placement;
 - (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:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>



STUDENT HEALTH HISTORY FORM

Updated 05/11/2020

Parent/Guardian, please complete:

SCHOOL YEAR: _____

Name of Student: _____

School: _____ Grade: _____ Date of Birth: _____

NAME OF CHILD'S DOCTOR/ NURSE PRACTITIONER _____ phone _____

LIFE THREATENING MEDICAL CONDITIONS: WA state law requires a medication/treatment order from a Health Care Provider if your child's health condition will *put your child in danger of death during the school day*. Written orders /information must be received by the School Nurse before your child can attend school. If appropriate, a care plan will be developed with the school nurse and parent/guardian.

DOES YOUR CHILD HAVE A LIFE THREATENING HEALTH CONDITION? YES NO

If Yes, Please describe: _____

YES NO **Severe Allergic Reaction (Bee Stings, Nuts, Shellfish, etc.):** Anaphylaxis YES NO

DESCRIBE: _____

YES NO **OTHER Allergic Reactions** Describe: _____

YES NO **Asthma** Will your child require asthma medication during school hours? YES NO

Last Asthma episode requiring medical attention: _____

YES NO **Diabetes** TYPE: _____ SELF MANAGE: YES NO PUMP: YES NO

YES NO **Heart Condition** Describe: _____

YES NO **Nosebleeds** Frequency: _____

YES NO **Orthopedic Condition** Describe: _____

YES NO **Seizure/Neurological Disorder** Describe: _____

Last episode requiring medical attention: _____

YES NO **Migraines** Describe: _____

YES NO **Bowel/Bladder Condition** Describe: _____

YES NO **GI/Feeding Condition** Describe: _____

YES NO **Behavioral/Emotional Concerns** Describe: _____

YES NO **Vision Issues/Concerns** Describe: _____ Glasses: YES NO Contacts: YES NO

Approximate date of last eye exam _____

YES NO **Hearing Issues/Concerns** Describe: _____ Hearing Aids: YES NO

NOApproximate date of last hearing exam _____

YES NO **Speech/Language Issues/Concerns** Describe: _____

YES NO **Other Health Concerns** Describe: _____

YES NO **Does your child have any other conditions that would affect classroom performance or P.E. activities?**
If yes, please explain: _____

DAILY MEDICATION:

State law requires **written authorization from a Health Care Provider and parent** before **any** medication can be given at school.

Medication forms are available at school or online.

YES NO **Medication needed at school** (Specify): _____ (Authorization Needed)

YES NO **Medication taken at home** (Specify): _____

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff on a need to know basis. You agree to bring to the attention of the school any MAJOR CHANGES in the health of your student. You further give permission for South Whidbey School District staff to seek emergency medical services if necessary and to contact your child's healthcare provider and / or health department to exchange Immunization records.

Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____ Date: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____



WASHINGTON *INTERSCHOLASTIC*
ACTIVITIES ASSOCIATION

Before you enroll - Protect your Eligibility

WIM Eligibility Information
October 2019

Parents and Students,

Prior to enrolling your student in a new school, please review the following eligibility questions. Depending on the answer to any of the below statements, it may be recommended that you meet with the Athletic Director prior to enrolling. Once enrolled, your eligibility for extracurricular activities can be impacted.

Yes No

1. The student has competed in interscholastic athletics and/or club, community sports in the past calendar year.

Yes No

2. The student intends to compete in interscholastic athletics at this school.

If the answer is yes to both questions, move on to the next question.

If the answer is no to question 2. No need to continue.

Yes No

3. The students entire family unit has had a change of residence (physical relocation) into the boundaries of this school and has vacated occupancy of their previous residence.

- Residence is defined as the place where the family has established its home and/or the place where the student is habitually present and to which, when departing, the student intends to return.
- Family unit is defined as the adult(s) who the student has resided with, and acted in a parental capacity of the student and siblings for a period of at least 1 year.

If the answer is yes to question 3 student is most likely eligible with residency. Please connect family with Athletic Director.

If the answer is NO to question 3, STUDENT ELIGIBILITY MAY BE AT RISK. Check with Athletic Director prior to taking the next step.

New Students will have to provide the following items to the Athletic Director:

- Proof of Residency
- Previous semester grades
- Proof that student has earned enough credits during previous semester

Previous school will need to provide:

- Transcript
- WIAA Eligibility Form 6 - verifying years of participation and ensuring there are no conditions of ineligibility.



BelQ e you withdraw - Protect your Eligibility

WIM Eligibility Information
October 2019

Parents and Students,

Prior to withdrawing your student from this school, please review the following eligibility questions. Depending on the answer to any of the below statements, it may be recommended that you meet with the Athletic Director prior to withdrawing. Once withdrawn, your eligibility can be impacted.

Yes No

1. The student competed in interscholastic athletics and/or club, community sports in the past calendar year while attending this school.

Yes No

2. The student intends to compete in interscholastic athletics at their new school.

If the answer is yes to both questions, move on to the next question.

If the answer is no to question 2. No need to continue.

Yes No

3. The students entire family unit is having a change of residence (physical relocation) into the boundaries of the new school and has vacated occupancy of their previous residence.

- Residence is defined as the place where the family has established its home and/or the place where the student is habitually present and to which, when departing, the student intends to return.
- Family unit is defined as the adult(s) who the student has resided with, and acted in a parental capacity of the student and siblings for a period of at least 1 year.

If the answer is yes to question 3 student is most likely OK with residency.

Current Athletic Director will have to complete a WIAA Form 6 to verify athletic participation / eligibility.

- **Family will be required to provide proof of residency at the new school with the new Athletic Director.**

If the answer is NO to question 3, STUDENT ELIGIBILITY MAY BE AT RISK. Check with AD prior to taking the next step.

South Whidbey School District

Student Technology Consent Form



Student Name: _____

The South Whidbey School District (the "District") is pleased to be able to provide access to the Internet to students. It is the District's belief that the Internet offers vast, diverse, and unique resources for education and research. Our goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

Internet access is coordinated through a complex association of government and private agencies, and regional and state networks. The smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to assume. **By signing this document, you are indicating that you have carefully read [the terms and conditions linked here](#) (see www.sw.wednet.edu -Programs – Student Technology; printed upon request) and understand their significance.**

Student understands and will abide by the District's Internet Use Terms and Conditions (including the Responsible Use Procedures and Guidelines [Board Policy 2022P], as they may be revised from time to time) and the Damaged Laptop and Equipment Policy. Further, they understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should the student commit any violation, their access privileges may be revoked and appropriate school disciplinary and/or legal action may be taken.

Parent/Guardian signature for students under the age of 18.

Student/Parent/Guardian Signature _____ Date _____

Dear Families,

South Whidbey School District is not responsible for issues related to internet use once devices leave school grounds. Student internet use is not protected by school internet filters once the device leaves our campuses. Lost, stolen or damaged device policy and responsible use policy details are included on the following pages.

I agree to be responsible for my student's use of the above school equipment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____