

Eatonville School District  
**ENROLLMENT FORM**

3120-F

School:		This box for office use only				
		Date Received _____ Start Date _____ Lunch Code _____				
		Medical Alert <input type="checkbox"/> Yes <input type="checkbox"/> No Current IEP <input type="checkbox"/> Yes <input type="checkbox"/> No Advisor _____				
STUDENT INFO	STUDENT NAME: <u>Legal</u> LAST Name		<u>Legal</u> FIRST Name	<u>Legal</u> MIDDLE Name	Suffix (Jr, II, III)	Nickname
	BIRTHDATE (Month/Day/Year) ____/____/____	GENDER Male Female	Birth Place (City, State, Country, County)		Grade Level	Birth Certificate Yes No
	Has student's name been legally changed? Yes No			Primary Phone: _____ Check if Confidential <input type="checkbox"/>		
	If yes, what was previous name(s)? Student Cell Phone: _____					

PRIMARY HOUSEHOLD Household where student lives	1st Parent/Guardian <u>Legal</u> Last Name		First Name	MI	Relationship to Student Mother Stepparent Legal Guardian Father Grandparent Other _____	
	Second Phone: cell work other		Third Phone: cell work other		1st Parent/Guardian email address:	
	Home Street Address		Apt #	City	State	ZIP
	Mailing Address (If different)		PO Box	City	State	ZIP
	2nd Parent/Guardian <u>Legal</u> Last Name		First Name	MI	Relationship to Student Mother Stepparent Legal Guardian Father Grandparent Other _____	
	Second Phone: cell work other		Third Phone: cell work other		2nd Parent/Guardian email address:	

SECONDARY HOUSEHOLD Parent not residing with student	1st Parent/Guardian <u>Legal</u> Last Name		First Name	MI	Relationship to Student Mother Stepparent Legal Guardian Father Grandparent Other _____	
	<u>Second Household Parent/Guardian may pick up at any time?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Primary Phone: _____ Check if confidential		Second Phone: cell work other		Third Phone: cell work other	
	1st Parent/Guardian Email Address:					
	Home Street Address		Apt #	City	State	ZIP
	Mailing Address (If different)		PO Box	City	State	ZIP
	2nd Parent/Guardian <u>Legal</u> Last Name		First Name	MI	Relationship to Student Mother Stepparent Legal Guardian Father Grandparent Other _____	
	Add Second Household Parent/Guardian as Emergency Contact?					
Second Phone: cell work other		Third Phone: cell work other		2nd Parent/Guardian Email Address:		

EMERGENCY	<b>EMERGENCY CONTACTS (persons the school is authorized to contact to pick student up at school if residential parent cannot be reached)</b>			
	Contact #1 (legal last, first, middle name)	Relationship to student	Phone #1:	Phone #2:
	Contact #2 (legal last, first, middle name)	Relationship to student	Phone #1:	Phone #2:
	Contact #3 (legal last, first, middle name)	Relationship to student	Phone #1:	Phone #2:

**CUSTODY INFORMATION**

Yes No Is there a **legal document** in effect that will impact the release of student records? (If yes, legal paper should be on file with the school.)  
 Yes No Is the child protected by a **restraining order** currently in effect? (If yes, legal paper should be on file with the school.)  
 Restraining order is against Mother Father Other \_\_\_\_\_

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

<b>Previous Schools</b>	Name of School		Previous School Address (Street, City, State, and Zip)						
	Has student ever attended a school in the Eatonville School District? (birth to current grade)      Yes      No				Has student ever attended a school in Washington? (birth to current grade)      Yes      No				
	If Yes, name of last Eatonville school attended.				If Yes, name of last WA school attended.				
<b>Daycare Information</b>	Before School	After School	Before AND After School	Days of the Week:	Mon	Tues	Wed	Thur	Fri
	Day Care Business Name		Day Care Contact Person			Day Care Phone Number			
	Day Care Address					Day Care Pick Up? Yes      No			
<b>Siblings Attending in District</b>	Last Name		First Name		Grade	School			

My high school aged child's name, address and phone number may be released to military service/recruiters.

☐ Yes

☐ No

- The information on the registration 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 Eatonville School District.
- I understand that my child's classroom assignment may be on a temporary basis, and the school staff may reassign my child if special services are necessary.

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

Date \_\_\_\_\_

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

**RACE - ETHNICITY DATA COLLECTION**

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

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

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

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

**Question 2: What race(s) do you consider your child? (Please check ALL that apply)****White/Black/African American**

R A C E	<input type="checkbox"/>	White	<input type="checkbox"/>	African-Canadian
	<input type="checkbox"/>	Black/African-American		
	<input type="checkbox"/>	African-American		

**Washington State Tribes/Alaskan Native**

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

**Eastern European**

R A C E	<input type="checkbox"/>	Bosnian	<input type="checkbox"/>	Romanian
	<input type="checkbox"/>	Herzegovinian	<input type="checkbox"/>	Russian
	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Ukrainian
		<b>Eastern European (Write In)</b>		

**Asian**

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

**Caribbean**

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

**Latin American**

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

**Pacific Islander/Native Hawaiian**

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

**Middle Eastern/North African**

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

**East African**

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

**West African**

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

**Central African**

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

**South African**

R A C E	<input type="checkbox"/>	Botswanan	<input type="checkbox"/>	South African
	<input type="checkbox"/>	Mosotho (Lesotho)	<input type="checkbox"/>	Swazi
	<input type="checkbox"/>	Namibian		
		<b>South African (Write In)</b>		

Student Name:

HAS YOUR CHILD EVER QUALIFIED FOR, OR BEEN ENROLLED IN, A SPECIAL ED PROGRAM? If yes, does your student have a current IEP?	Yes Yes	No No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR, OR HAD, A 504 PLAN? If yes, does your student have a current 504 plan?	Yes Yes	No No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN REFERRED TO A SCHOOL PSYCHOLOGIST?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER PARTICIPATED IN: Title LAP ELL Gifted Other _____	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR SPEECH THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR OCCUPATIONAL THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER QUALIFIED FOR PHYSICAL THERAPY?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER RECEIVED HELP FROM A SOCIAL WORKER OR COUNSELOR?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN RETAINED?	Yes	No	If yes, at what grade?
HAS A BECCA PETITION EVER BEEN FILED ON YOUR CHILD?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN SUSPENDED?	Yes	No	If yes, at what grade?
HAS YOUR CHILD EVER BEEN EXPELLED?	Yes	No	If yes, at what grade?



## **The Purpose of the Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

### **What is the purpose of the Home Language Survey?**

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

### **Why do you ask about the student's first language and language(s) used in the home?**

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

### **Why do you ask where the student was born?**

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

### **Why do you ask about my student's previous education?**

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.



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

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

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





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

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

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





## Eatonville School District #404

Together, We Commit to Inspiring Lifelong Learners, To Create a Better Future

**If you do not wish photos or directory information released about your student, return the completed form (below) to your child's school office.**

**Directory information can be made public without the consent of parents.**

Directory information means the student's name, parent/guardian name(s), address, telephone listing, email address, enrollment status, birth date, post-high school career plans, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, type of awards received, and the most recent school attended by the student. The names, addresses, and telephone numbers of students in grades 9-12 will be released upon request to military recruiters and institutions of higher education unless parents have advised the school in writing that they do not want their student's information disclosed without their prior written consent. In addition, the district will release the student's current school, address and telephone number to appropriate law enforcement personnel including Child Protective Services.

School Offices have forms (or see below) which parent(s)/guardian(s) may use if they want to restrict the release of directory information. (Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

**Return the completed form to your school's principal by September 30, each school year.**

The request for restriction is recorded into the student information system and the form is kept on file in the school's office for one school year. For more information, phone (360) 879-1000.

**If no documentation is on file, it will be assumed that permission for release of directory information and/or photos has been granted.**

PLEASE DO NOT RELEASE DIRECTORY INFORMATION <input type="checkbox"/>	PLEASE DO NOT ALLOW PHOTOGRAPHS / VIDEO (Includes yearbook and class photos) <input type="checkbox"/>
---	---

STUDENT INFORMATION	
STUDENT NAME:	
ADDRESS	
SCHOOL:	
PARENT/GUARDIAN SIGNATURE*:	DATE:

*\*Students who are 18 years of age may sign their own request.*

**PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL OFFICE  
NO LATER THAN SEPTEMBER 30 EACH SCHOOL YEAR.**



EATONVILLE SCHOOL DISTRICT #404  
PO Box 698, Eatonville WA 98328  
(360) 879-1000 FAX (360) 879-1086

## MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW 28A.300.507.

**For the purpose of collecting the data please mark all that apply:**

- ☐ Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- ☐ Yes a parent/guardian is a current member of the **Washington National Guard**.
- ☐ Yes more than one parent or guardian is **currently either a member on active duty in the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard**.
- ☐ No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- ☐ Yes a parent/guardian is a current member of the **reserves** of the U.S. Armed Forces.
- ☐ Data Not Available
- ☐ No Response/Refused to state.

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

Siblings: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: If at any time though out the school year the military status changes please contact the Eatonville School District office or your student's school to report the change.)

# EATONVILLE SCHOOL DISTRICT #404

## PARENT/GUARDIAN AUTHORIZATION FOR THE RELEASE OF RECORDS

Student Name: \_\_\_\_\_ Student \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

As a parent/guardian or student, you have the right to give permission or not give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless the release of records is allowed under one of the exceptions under the rules implementing the Family Education Right and Privacy Act (FERPA). An example of an exception would be the transfer of records of one school to another.

<b>Previous School:</b>  School/Agency or Person  Street Address  City, State, Zip  Phone/FAX	<b>Information Requested:</b> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Academic <input type="checkbox"/> Attendance <input type="checkbox"/> Standardized Test Scores <input type="checkbox"/> Discipline <input type="checkbox"/> Threat Assessment Records <input type="checkbox"/> Immunization/Health Records</div><div style="width: 50%;"><input type="checkbox"/> 7<sup>th</sup> &amp; 8<sup>th</sup> Grade Student Learning Plan <input type="checkbox"/> High School &amp; Beyond Plan <input type="checkbox"/> Psychological Reports/Records <input type="checkbox"/> Special Education Records <input type="checkbox"/> 504 Plan/Records <input type="checkbox"/> ELL Records <input type="checkbox"/> Highly Capable <input type="checkbox"/> Other:</div></div>
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Please Send Records Attention:</div><div style="width: 30%;"><input type="checkbox"/> Eatonville Middle School <input type="checkbox"/> Eatonville Elementary <input type="checkbox"/> Columbia Crest</div><div style="width: 30%;"><input type="checkbox"/> Eatonville High School <input type="checkbox"/> Weyerhaeuser Elementary <input type="checkbox"/> MRPP</div><div style="width: 30%;"><input type="checkbox"/> Eatonville Online Academy <input type="checkbox"/> Student Services</div></div>	
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Please Send Records to: <b>Eatonville School District PO Box 698 Eatonville, WA 98328</b></div><div style="width: 30%;">or Fax to: <b>(360) 879-1086</b></div><div style="width: 30%;">or e-Mail to: _____</div></div>	

I understand the requested information will be treated in a confidential manner by the Eatonville School District under the provisions of the Family Education and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards and the Health Insurance Portability and Accountability Act (HIPAA).

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under prior consent release.

I hereby authorize the release of records:

Consent Valid Until: \_\_\_\_\_

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

EATONVILLE SCHOOL DISTRICT  
HEALTH HISTORY

				Male Female
_____ Last name	_____ First name	_____ Middle name	_____ Birthdate	_____ Gender
_____ Physician	_____ Date of last exam	_____ Dentist	_____ Date of last exam	

Does the student have a life threatening condition? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

What medications have been prescribed for this condition? \_\_\_\_\_

ARE ANY OF THE FOLLOWING A PROBLEM FOR YOUR CHILD? (Please check and describe)

<input type="checkbox"/> Health problems at birth:
<input type="checkbox"/> Allergies: <input type="checkbox"/> food, <input type="checkbox"/> insect, <input type="checkbox"/> pollen, <input type="checkbox"/> drugs, <input type="checkbox"/> other:
<input type="checkbox"/> Blood: <input type="checkbox"/> anemia, <input type="checkbox"/> sickle cell disease, <input type="checkbox"/> hemophilia
<input type="checkbox"/> Cancer:
<input type="checkbox"/> Ears: <input type="checkbox"/> hearing aids, <input type="checkbox"/> infections, tubes, <input type="checkbox"/> hearing loss
<input type="checkbox"/> Eyes: <input type="checkbox"/> glasses, <input type="checkbox"/> contacts, <input type="checkbox"/> color blindness, <input type="checkbox"/> other:
<input type="checkbox"/> Gastrointestinal: <input type="checkbox"/> ulcers, <input type="checkbox"/> colitis, <input type="checkbox"/> hepatitis, <input type="checkbox"/> needs special bathroom privileges
<input type="checkbox"/> Genetic: <input type="checkbox"/> Down Syndrome, <input type="checkbox"/> cystic fibrosis, <input type="checkbox"/> other:
<input type="checkbox"/> Genitourinary: <input type="checkbox"/> kidney infection, <input type="checkbox"/> bladder infection, <input type="checkbox"/> needs special bathroom privileges
<input type="checkbox"/> Heart: <input type="checkbox"/> congenital, <input type="checkbox"/> rheumatic, <input type="checkbox"/> pacemaker, <input type="checkbox"/> high blood pressure, <input type="checkbox"/> restrictions
<input type="checkbox"/> Hospitalizations/operations:
<input type="checkbox"/> Mental: <input type="checkbox"/> ADHD, <input type="checkbox"/> depression, <input type="checkbox"/> bi-polar, <input type="checkbox"/> other:
<input type="checkbox"/> Metabolic: <input type="checkbox"/> diabetes, <input type="checkbox"/> thyroid, <input type="checkbox"/> other:
<input type="checkbox"/> Mouth: <input type="checkbox"/> dental decay, <input type="checkbox"/> orthodontia
<input type="checkbox"/> Neurological: <input type="checkbox"/> seizures, <input type="checkbox"/> meningitis, <input type="checkbox"/> cerebral palsy
<input type="checkbox"/> Nose: <input type="checkbox"/> fracture, <input type="checkbox"/> nose bleeds
<input type="checkbox"/> Orthopedic: <input type="checkbox"/> fracture, <input type="checkbox"/> scoliosis, <input type="checkbox"/> kyphosis
<input type="checkbox"/> Respiratory: <input type="checkbox"/> asthma, <input type="checkbox"/> bronchitis
<input type="checkbox"/> Serious injury:
<input type="checkbox"/> Skin: <input type="checkbox"/> acne, <input type="checkbox"/> eczema
<input type="checkbox"/> Other (please explain):
<input type="checkbox"/> Disabilities: <input type="checkbox"/> physical, <input type="checkbox"/> mental, <input type="checkbox"/> behavioral, <input type="checkbox"/> learning, <input type="checkbox"/> speech

**MEDICATION**

Does your child take any medications routinely or for specific purposes such as allergies, ADHD, diabetes, epilepsy, etc? ☐ Yes ☐ No

If yes, where is the medication taken? ☐ At school ☐ At home

What is the name of the medication? \_\_\_\_\_

In the event my child is injured or becomes ill and no responsible person from the home can be reached, I hereby designate the principal or the school's appointed agent to do whatever is in the best interest of my child.

In the event my child is seriously injured, becomes seriously ill, or has a medical emergency, I hereby designate the principal or the school's appointed agent to call 911 as the first emergency procedure.

Please indicate hospital preference(s): \_\_\_\_\_

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

\_\_\_\_\_  
Date



## Eatonville School District #404

PO Box 698, 200 Lynch St. W. Eatonville, WA 98328 Phone: 360-879-1000 Fax 360-879-1086

*Together, We Commit to Inspiring Life Long Learners, To Create a Better Future*

### **Immunization Record Requirements**

July 1, 2020

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact [Insert contact name and information].



# Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_

**NOTICE:** A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

## Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

### PERSONAL/PHILOSOPHICAL EXEMPTION\*

- |                                     |   |                                  |   |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B                | <input type="checkbox"/> Hib     | <input type="checkbox"/> Pneumococcal           |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

*\*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law*

### RELIGIOUS EXEMPTION

- |                                     |   |                                  |   |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B                | <input type="checkbox"/> Hib     | <input type="checkbox"/> Pneumococcal           |
| <input type="checkbox"/> Polio      | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles    | <input type="checkbox"/> Mumps                      | <input type="checkbox"/> Rubella |   |

## Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date

## Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X

\_\_\_\_\_  
Licensed Health Care Practitioner Name (print)

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # \_\_\_\_\_

## RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

## Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date

# Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_

**NOTICE:** This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

## Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X

\_\_\_\_\_  
Licensed Health Care Practitioner Name (print)

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Washington License # \_\_\_\_\_

## Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date



## Acceptable Documentation for Proof of Residency

Student Information System

A parent must provide one of the following documents before enrollment to verify residency within Eatonville Schools. The document must show the **parent/guardian's name and service address**. Documentation must also be dated within the past 30 days. Post office boxes are not acceptable as residence addresses.

### PROOF OF RESIDENCY DOCUMENT CRITERIA:

- **Types of documents accepted**
  - Utility bill (Gas, Electric, Water, Landline Phone, TV or Garbage)
  - Renters or Homeowners insurance statement
  - Rental agreement (verification may be required)
  - Escrow papers, mortgage statements, property tax forms, or homeowner's association fee statements
- **The Proof of Residency document must show the following**
  - Parent/guardian name
  - Service address: This indicates the address where the utility service is connected or the physical address on a renter or homeowner agreement.
  - Dated within 30 days
  - *All other information can be blackened out but we need to see a full statement.*
  - *Copies or images of an envelope are not acceptable.*

The district will not inquire into a student's citizenship or immigration status or that of his/her parents or guardians.

If you are able to provide an acceptable form of documentation as listed above, please complete the [Verification of Residency](#) form.

If you and your student **live with another family**, please complete the [Statement of Residency](#) form.

**Students residing with someone other than a legal parent/guardian** must complete the [Affidavit of Residency](#).

***Falsification of Proof of Residency documentation or use of any address where students do not reside may result in revocation of student enrollment.***

# Verification of Residency Statement

PO Box 698 • Eatonville, WA 98328 • (360) 879 - 1000

One of the documents listed below must be provided in order to verify residency within the Eatonville School District. The document must show the parent/guardian name and service address and must be dated within the past 30 days. Post office boxes are not acceptable as residence addresses.

<input type="checkbox"/>	Renters or Homeowners insurance statement	<input type="checkbox"/>	Gas or Electric Bill
<input type="checkbox"/>	Lease agreement/Rental Contract and current rent receipt	<input type="checkbox"/>	Cable TV Bill
<input type="checkbox"/>	Escrow papers, mortgage statement, property tax form, or homeowner's association fee statement	<input type="checkbox"/>	Garbage Bill
<input type="checkbox"/>	Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian lives there	<input type="checkbox"/>	Water Bill
<input type="checkbox"/>	For military, a copy of housing assignment	<input type="checkbox"/>	Phone Bill

Parent/Guardian Name: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

I declare that the above-named student(s) reside(s) at the address shown above and, on the document provided. I will notify the school within two weeks if residency changes and agree to provide new residency documentation and an updated signed statement at that time. If I move outside the district, I understand that a nonresident request must be submitted in order for the student(s) to be considered for continued attendance.

**I understand that falsification of any information or documentation required for residency verification or the use of any address where students do not reside may result in revocation of student enrollment.**

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

\_\_\_\_\_  
Date

**FOR SCHOOL USE ONLY:**

The attached document(s) show(s) the name and address of the person(s) enrolling the above-named student(s).

\_\_\_\_\_  
Principal or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

☐ Documentation Complete

☐ Documentation due within five (5) school business days.



# Statement of Residency

PO Box 698 • Eatonville, WA 98328 • (360) 879 -1000

## For Families Living with Another Family

Families with students in more than one building will meet with an administrator at one school. Both families will need to have a meeting scheduled:

\_\_\_\_\_  
Name of Administrator

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

### Information to be Completed by Parent/Guardian:

Parent/Guardian Last name		Parent/Guardian First Name		Phone Number	
Reason for Arrangement					
Student Last Name	Student First Name	Birthdate	Grade	School	
Student Last Name	Student First Name	Birthdate	Grade	School	
Student Last Name	Student First Name	Birthdate	Grade	School	
Student Last Name	Student First Name	Birthdate	Grade	School	

### Information to be completed by adult with whom family resides:

Last Name	First Name	Phone Number
Address		City/Zip
Relationship to Student/Family		Length of time family has lived with you

The adult with whom the family resides will complete the Statement of Residency form, with required documentation. I understand that falsification of any information or documentation required for residency verification or the use of any address where the student does not reside may result in revocation of student enrollment.

### Sign below, in the presence of an authorized Notary

(The Notary is not verifying the accuracy of the information provided above, **only** the validity of the signatures below):

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of adult with whom family resides

I certify that on \_\_\_\_\_, 20\_\_\_\_, the  
above, whose identities I proved on the basis of  
\_\_\_\_\_, signed this document  
willingly and freely in my presence and the signatures are  
genuinely theirs. Notary Public in and for the State of  
Washington residing at \_\_\_\_\_.

### For School Use Only:

- ☐ Approved  
☐ Denied

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

# Affidavit of Residence

PO Box 698 • Eatonville, WA 98328 • (360) 879-1000

## Students residing with someone other than a legal parent/guardian

Student's Name:	<i>Last</i>	<i>First</i>	<i>Middle</i>	Birthdate:
School Requested:				Grade Level:
School Last Attended	City/State			

Information to be completed by Legal Parent:				
Legal Parent:	<i>Last</i>	<i>First</i>	<i>Middle</i>	Phone: ( )
Address	City/State/Zip			

Information to be completed by Residential Guardian:				
Guardian:	<i>Last</i>	<i>First</i>	<i>Middle</i>	Phone: ( )
Address	City/State/Zip			
Relationship to Student (e.g., aunt, grandparent, family friend, etc.)			Length of time student has lived with you	

### Reason for Arrangement:

---



---

The legal parent/guardian agrees to give temporary guardianship of the student to the residential guardian and the residential guardian agrees to accept guardianship. As the residential guardian, I agree to notify the Eatonville School District if the student moves out and is no longer living in my home. **Residential Guardian initials are required below.**

\_\_\_\_\_ As the primary respondent, the residential guardian agrees to ensure that the student attends school daily and complies with the school's policies and procedures.

### Sign below, in the presence of an authorized Notary

(The Notary is not verifying the accuracy of the information provided above, only the validity of the signatures below):

 \_\_\_\_\_  
 Residential Guardian

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

I certify that on \_\_\_\_\_, 20\_\_\_\_, the above,  
 whose identities I proved on the basis of \_\_\_\_\_,  
 signed this document willingly  
 and freely in my presence and the signatures are genuinely theirs.  
 Notary Public in and for the State of Washington residing at  
 \_\_\_\_\_.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied   for the _____ school year. _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied   for the _____ school year. _____	Requested School Principal's Signature  Superintendent / Date
--	---

# EATONVILLE SCHOOL DISTRICT

## Student Housing Questionnaire

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

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

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

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

Name of student: \_\_\_\_\_  
First Middle Last

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

Gender: \_\_\_\_\_ ☐ Student is unaccompanied (not living with a parent or legal guardian)  
☐ Student is living with a parent or legal guardian

Address of current residence: \_\_\_\_\_

Phone number or contact phone number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

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

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

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

**Please return completed form to:**

Dracy McCoy (360) 641-1809  
District McKinney-Vento Liaison Phone Number

**For School Personnel Only:** For data collection purposes and student information system coding



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

☐ (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](#)



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**



**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

Dear Parents/Guardians:

In an effort to provide better service to families, Eatonville School District has a program called Skyward Family Access for accessing your child's information.

The program provides the following benefits:

- 24 hour access to your child's attendance.
- Grades online for middle and high school students.
- One login per parent (even if you have children in more than one ESD school).
- Parent logins will remain the same even if a child moves to a different school in the district.

Family Access is a convenient home-to-school collaboration tool that allows parents/guardians to view general student information as well as your student's attendance and lunch accounts.

**Areas of information included are:**

- Student Information
- Attendance
- Emergency Information
- Parents/Guardian
- Food Service
- Email notifications
- Message Center
- Health Information

Progress reports and grades are available for middle school and high school students.

Family Access is located at [www.eatonville.wednet.edu](http://www.eatonville.wednet.edu) under the POPULAR tab and look for the Skyward Access tab.

# Eatonville School District Technology Student Use Agreement

Eatonville School District believes that technology allows for unique opportunities for students to learn, innovate, create, communicate, collaborate, and more. Along with these remarkable advantages, the use of technology also provides an opportunity for students to demonstrate being a thoughtful, responsible digital citizen.

This document outlines expectations for the responsible use of the District's technology resources. We ask that guardians please read through this document and consider your role in supporting the responsible use of technology and review and discuss this document with your student(s).

Digital User Handbook: [Digital Handbook 2023-24 Final](#)

## **Responsibilities of the District:**

- The District will provide a Device that is in satisfactory working order.
- The District will be responsible for the repair of devices with nonfunctioning internal parts.
- School staff will monitor student use of District technology.

## **Responsibilities of the Student and Guardian:**

- Guardians are responsible for monitoring student use of technology when accessing away from school.
- Students are responsible for their own behavior at all times.
- There will be no fee for the first accidental damage to district equipment if assurance has been paid. Repeated accidental damage to a device will result in fees for the cost of repairs and parts.
- The Device should only be used by the student to whom it has been assigned.
- The Device must be returned to the District when requested by the District to do so.

## **Google Workspace for Education:**

Eatonville School District provides Google Workspace for Education accounts for students which include education productivity tools that facilitate collaboration and communication among students and staff when creating, sharing and storing documents, assignments, websites, etc. online. Each of the tools can be accessed from any Internet connection at school, home, phone, etc. Eatonville School District's Google apps include Google Docs, Calendar, Slides, Sheets, Drawings, Forms, Sites, Gmail and Classroom.

**Keeping your student safe:** Student safety is our highest priority. In addition to Google's Terms of Service, the Eatonville School District Student Acceptable Use Policy below applies.

## **Student Technology Use Policy**

- The user must use Eatonville School District technology for its intended purpose - to support and enhance learning.
- The user will follow all laws and Eatonville School District policies in the use of District hardware and software, including copyright laws.
- Eatonville School District accounts are assigned to individuals and may not be shared. This means that the user will not let others use their account to access Eatonville School District technology or the Internet.
- The user will protect their safety by never revealing their personal address and phone number or those of other students or colleagues.
- The user shall have no expectation of privacy when using District technology and the District reserves the right to monitor all usage.

- District technology may not be used for unlawful purposes or to download, order for print, or otherwise transmit or communicate any material that is obscene, offensive, pornographic, sexually suggestive, deceptive, harassing, threatening, menacing, abusive, harmful, an invasion of privacy, defamatory, libelous, violent or hatred against another person or group of persons with regard to race, color, sex, sexual orientation, gender identity, religion, national origin, age, marital status, disability, or other protected classes.
- District technology may not be used for commercial purposes, advertising, personal financial gain, or political campaigning.
- The user will not modify technology equipment (hardware or software) without permission.
- The user is aware that any deliberate attempt to degrade or disrupt technology performance by spreading computer viruses is considered criminal activity by state and federal law.
- The user understands that Eatonville School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages a user suffers including loss of data resulting from delays, nondeliveries, mis-deliveries, or service interruptions caused by the district's own errors or omissions. Use of any information obtained via the Internet is at the user's own risk. Eatonville School District specifically denies any responsibility for the accuracy or quality of information obtained through its services. Access to Eatonville School District technology is considered a privilege accorded at the discretion of the Eatonville School District. The district maintains the right to immediately withdraw access when there is reason to believe that violations of law or district policies have occurred. In such cases, the alleged violation will be referred to the principal for further investigation and account restoration, suspension, or termination.
- Eatonville School District will support students with a one to one device for learning. **More than two damaged devices turned in for repair will result in the student receiving only a "loaner" device to be checked out and checked in at the end of each day for the remainder of the school year.**

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

Student Signature\_\_\_\_\_ Date\_\_\_\_\_



## Eatonville School District Digital Device Coverage Program Enrollment Information For District Issued Device

The Digital Device Coverage Program is optional and provides an inexpensive solution for parents to lessen the financial burden if an accident or theft occurs. Parents/guardians may opt out of the Digital Device Coverage Program but will be fully responsible for any associated cost for loss, damage, or theft. The Digital Device Coverage Program will cover one school year and is non-refundable. **PK-1st GRADE STUDENTS: DO NOT NEED TO PURCHASE COVERAGE**

Please Note: Digital Device Coverage must be purchased within 30 days of the start of the school year. *Device coverage must be purchased within two weeks for students enrolling mid-year.*

- One incident is covered per student, per year, per device.
- If the lost or stolen Digital Device is recovered in working condition, the deductible will be refunded within one year of the date of the fine.
- If a student leaves the District but does not return an issued device, a fine for the full replacement cost will be placed on the student record, and standard rules for the restriction of records and transcripts would apply.
- **If you choose not to enroll in the Digital Device Coverage Program, you will be financially responsible for the full cost for repair or replacement of the Device.**

<u>Annual Cost Per Student</u>	<u>Covered Incidents</u>	<u>Not Covered Incidents</u>
<b>Standard Cost</b> \$30.00  <b>Free / Reduced Lunch</b> 0\$ <i>(If Consent to Share Survey and free and reduced form is filled out and submitted)</i>	Damage, Stolen (requires police report), Fire, Flood, or Natural Disaster Accidental damage Accidental damage by a third party	Lost/Damaged Cords Lost/Damaged Charger Lost/stolen without Copy of Police report Negligent damage

### Coverage Limits

<b>Damage</b>	<b>Stolen</b>
First Incident: \$0 Second Incident: \$75	First Incident: \$75 or <b>Covered with police report</b> Second Incident: Full Cost

**Police Report is required to be filed within 24 hours of being stolen and a copy provided**

### Non-Protection Plan or Additional Incident Costs

#### Lost/Stolen

Digital Devices - Market Rate (Student Chromebook: \$380 - \$400/Staff Chromebook: \$1,100)

#### Repair

Chromebook Touch Screen Replacement	\$190
Any External Repair / Case Damage	\$50
Keyboard Replacement	\$100
Any Internal Repair	\$150
Individual key(s) (Unless board needs replacing)	\$5
Power Cord	Market Rate
Chromebook	Market Rate

## THIS FORM IS TO BE KEPT AT HOME

Eatonville SD Transportation: (360) 879-1900

Transportation Manager:	Clay Jamerson
Transportation Specialist:	Bonnie McNicol
Transportation Secretary:	Tonie Walton

Please visit our [Traversa Ride 360™](https://idsrv.traversaride360.com/core/login?signin=9635e207f7b37d1a2f2fef6d5ba9efdf) page to sign up for transportation and bus routes!

(<https://idsrv.traversaride360.com/core/login?signin=9635e207f7b37d1a2f2fef6d5ba9efdf>)

If unable to complete transportation registration through Taversa, please call our office with the following information:

*Please have the following information ready when you call:*

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

School Attending: CC / EES / WES / EMS / EHS

Physical (street) address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*When you call us, we will provide:*

Bus Number: \_\_\_\_\_ Route Number: \_\_\_\_\_

Bus Stop Location: \_\_\_\_\_

AM pick up time: \_\_\_\_\_ PM drop off time: \_\_\_\_\_

**Please keep this information page handy so if you need to contact the transportation, you have the information available.**

