DATE _____

LONGVIEW SCHOOL DISTRICT No. 122

SCHOOL _____

STUDENT REGISTRATION FORM

DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY STUDENT ALPHAKEY	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE AM PM

STUDENT NAME: Legal Last Name	Legal First Name	Legal Middle Name	Also known as:

BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE City	State	Country	County	GRADE LEVEL

ETHNICITY and RACE ***Attached* DATA COLLECTION FORM *must be completed.*** Must answer both questions 1 and 2.	LANGUAGE SPOKEN BY STUDENT ☐ English ☐ Spanish ☐ Ukrainian ☐ Other _____

STUDENT LIVES WITH ☐ Both parents ☐ Grandparent(s) ☐ Father only ☐ Mother only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Stepparent(s) ☐ Guardian ☐ Foster Care ☐ Self ☐Other _____	PRIMARY GUARDIAN Household 1 (parent/guardian where student resides) *Last Name* *First Name*	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell
PRIMARY PHONE (include area code) Please check if unlisted ☐ Please check if cell phone ☐	SECONDARY GUARDIAN Household 1 (parent/guardian where student resides) *Last Name* *First Name*	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell

RESIDENT ADDRESS	*Street*	*Apt #*	*City* *State*	*ZIP*
MAILING ADDRESS (If different from above)	*Street*	*Apt #* / *P O Box*	*City* *State*	*ZIP*
GUARDIAN 1 EMPLOYER		Guardian Work Phone	GUARDIAN EMAIL ADDRESS	
GUARDIAN 2 EMPLOYER		Guardian Work Phone	GUARDIAN EMAIL ADDRESS (if different from above)	
MOTHER'S DATE OF BIRTH (Month/Day/Year)		FATHER'S DATE OF BIRTH (Month/Day/Year)		

SECOND HOUSEHOLD INFORMATION ☐ Both parents ☐ Grandparent(s) ☐ Father only ☐ Mother only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Stepparent(s) ☐ Guardian ☐ Agency ☐ Self ☐ Other _____	SECOND HOUSEHOLD (Non-custodial parent not residing with student) *Last Name* *First Name*	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell
PRIMARY PHONE (include area code) Please check if unlisted ☐ Please check if cell phone ☐	(Non-custodial parent not residing with student) *Last Name* *First Name*	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #3 (include area code) ☐ Home ☐ Work ☐ Cell
SECOND HOUSEHOLD ADDRESS *(Street/PO Box, City, State, ZIP)*		ADDITIONAL MAILINGS REQUESTED ☐ Yes ☐ No	

SCHOOLS & DISTRICTS PREVIOUSLY ATTENDED	PREVIOUS SCHOOLS LOCATION (City and State)	SCHOOL PHONE	DATES ATTENDED (Month/Year)
HAS YOUR CHILD EVER ATTENDED ANOTHER SCHOOL IN WASHINGTON STATE? ☐ Yes ☐ No If yes, schools & districts _____			
PRESCHOOL ATTENDED (for Students entering Kindergarten or 1st grade only)	PRESCHOOL LOCATION (City and State)	PRESCHOOL TYPE ☐ Headstart ☐ Early Start ☐ Pre-Kindergarten	DATES ATTENDED (Month/Year)

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? ☐ Yes ☐ No (If yes, plan must be on file with the school for enforcement.)

IS THERE A RESTRAINING ORDER IN EFFECT? ☐ Yes ☐ No (If yes, legal papers must be on file with the school for enforcement.)

Restraining order is against: ☐ Mother ☐ Father ☐ Other _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM (HAVE AN IEP)? ☐ Yes* ☐ No

HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? ☐ Yes ☐ No

If this question has been answered "yes" please fill out the Special Education Packet here.

HAS YOUR CHILD EVER PARTICPATED IN: ☐ Title ☐ LAP ☐ Gifted ☐ ESL ☐ Other _____

HAS YOUR CHILD EVER BEEN RETAINED? ☐ Yes ☐ No

If yes, at what grade level(s) _____

Revised 10/2015

HAS YOUR CHILD EVER BEEN ENROLLED IN AN ENGLISH LANGUAGE LEARNER PROGRAM? ☐ Yes ☐ No HAS YOUR CHILD BEEN ENROLLED IN THE MIGRANT EDUCATION PROGRAM? ☐ Yes ☐ No	I authorize this student's information to be distributed for the purposes of: Military usage ☐ Yes ☐ No Publicity usage ☐ Yes ☐ No

DOES STUDENT ATTEND CHILD CARE? ☐ Before school ☐ After school ☐ Before and after school ☐ My child participated in Dolly Parton's Imagination Library	CHILD CARE PROVIDER *Name* *Address* *Phone Number*
ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing.)	

PLEASE LIST OTHER SIBLINGS			Grade Level	
Last Name	First Name	Age	if Applies	Preschool Program / School

STUDENT'S MEDICAL HISTORY (*Check appropriate boxes and describe nature of problem.)*	
DOCTOR or CLINIC NAME:	DOCTOR or CLINIC PHONE NUMBER: ( )
☐ ALLERGIES:	☐ HEARING LOSS:
☐ ASTHMA:	☐ SKELETAL LIMITATIONS:
☐ CARDIOVASCULAR:	☐ DIGESTION/URINARY/KIDNEY:
☐ DIABETES:	☐ ATTENTION DEFICIT:
☐ VISION PROBLEMS:	☐ PHYSICAL EDUCATION CONSIDERATIONS:
☐ SEIZURE DISORDERS:	☐ DEVELOPMENTAL DISABILITY:
☐ CURRENT MEDICATIONS:	☐ OTHER:

When injury, illness, or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list first and last names of persons you trust who are available during the day to provide care for your child (local area only please).

PRIMARY CONTACT (other than parent/guardian) *Last Name* *First Name*	RELATIONSHIP TO CHILD	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell
PRIMARY CONTACT ADDRESS *Street*	*City*	*State*	*ZIP*
SECONDARY CONTACT (other than parent/guardian) *Last Name* *First Name*	RELATIONSHIP TO CHILD	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell
SECONDARY CONTACT ADDRESS *Street*	*City*	*State*	*ZIP*
THIRD CONTACT (other than parent/guardian) *Last Name* *First Name*	RELATIONSHIP TO CHILD	PHONE #1 (include area code) ☐ Home ☐ Work ☐ Cell	PHONE #2 (include area code) ☐ Home ☐ Work ☐ Cell
THIRD CONTACT ADDRESS *Street*	*City*	*State*	*ZIP*

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above. **Yes** ☐ **No** ☐

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child. **Yes** ☐ **No** ☐

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 Longview Public Schools.

Legal Parent/Guardian Signature _____ *Date* _____

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Revised January 2023 - English

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

Student Name:	**Grade:**	**Date:**

Parent/Guardian Name _____ Parent/Guardian Signature _____
Best contact phone number _____

Right to Translation and Interpretation Services

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.

1. 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_____

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.

2. What language(s) did your child first speak or understand?_____
3. What language does your child use the most at home?_____
4. What is the primary language used in the home, regardless of the language spoken by your child? _____
5. Has your child received English language development support in a previous school? Yes_____ No_____ Don't Know_____

Prior Education

Your responses about your child's birth country and previous education:

- 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.

This form is not used to identify students' immigration status.

6. In what country was your child born? _____
7. Has your child ever received formal education outside of the United States? (K-12th Grade) _____Yes _____No

   If yes: Number of months: _____

   Language(s) of instruction: _____
8. When did your child first attend a school in the United States? (K-12th Grade)

   _____

   Month Day Year

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.

Forms and Translated Material from the Multilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a Creative Commons Attribution 4.0 International License.

Longview School District **Date** (*Fecha)*:_____

Race/Ethnicity Collection Form *(Formulario de Recopilación de Raza/Origen Étnico)*

Student Last Name:_____ Student First Name:_____
(Apellido del estudiante) *(Nombre del estudiante)*
School:_____ Grade:_____ Gender (Sexo): M F (circle one)
(*Escuela*) (*Nivel escolar*) (*haga un círculo alrededor de uno*)

QUESTION 1. Is your child of Hispanic or Latino origin?

PREGUNTA 1. *¿Es su niño de origen hispano o latino?*

H01☐ **NOT HISPANIC/LATINO**

HISPANIC/LATINO (may check categories and use write-in)

H00☐Hispanic
H02☐Argentine
H03☐Bolivian
H04☐Brazilian
H05☐Chicano (Mexican American)
H06☐Chilean
H07☐Colombian
H08☐Costa Rican
H09☐Cuban
H10☐Dominican
H11☐Ecuadorian
H12☐Guatemalan
H13☐Guyanese
H14☐Honduran
H15☐Jamaican
H16☐Mexican
H17☐Mestizo
H18☐Native
H19☐Nicaraguan
H20☐Panamanian
H21☐Paraguayan
H22☐Peruvian
H23☐Puerto Rican
H24☐Salvadoran
H25☐Spaniard
H26☐Surinamese
H27☐Uruguayan
H28☐Venezuelan
H29☐Hispanic/Latino Write in: _____

QUESTION 2. What race(s) do you consider your child? (check all that apply)

PREGUNTA 2. *¿Qué raza(s) considera que es su niño? (Marque todo lo que corresponda).*

AMERICAN INDIAN/ALASKA NATIVE (may check categories and use write-in)

N00☐ American Indian/Alaskan Native

N01☐Chinook Tribe
N02☐Confederated Tribes and Bands of the Yakama Nation
N03☐Confederated Tribes of the Chehalis Reservation
N04☐Confederated Tribes of the Colville Reservation
N05☐Cowlitz Indian Tribe
N06☐Duwamish Tribe
N07☐Hoh Indian Tribe
N08☐Jamestown S'Klallam Tribe
N09☐Kalispel Indian Community of the Kalispel Reservation
N10☐Kikiallus Indian Nation
N11☐Lower Elwha Tribal Community
N12☐Lummi Tribe of the Lummi Reservation
N13☐Makah Indian Tribe of the Makah Indian Reservation
N14☐Marietta Band of Nooksack Tribe
N15☐Muckleshoot Indian Tribe
N16☐Nisqually Indian Tribe
N17☐Nooksack Indian Tribe of Washington
N18☐Port Gamble S'Klallam Tribe
N19☐Puyallup Tribe of the Puyallup Reservation
N20☐Quileute Tribe of the Quileute Reservation
N21☐Quinault Indian Nation
N22☐Samish Indian Nation
N23☐Sauk-Suiattle Indian Tribe of Washington
N24☐Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
N25☐Skokomish Indian Tribe
N26☐Snohomish Tribe
N27☐Snoqualmie Indian Tribe
N28☐Snoqualmoo Tribe
N29☐Spokane Tribe of the Spokane Reservation
N30☐Squaxin Island Tribe of the Squaxin Island Reservation
N31☐Steilacoom Tribe
N32☐Stillaguamish Tribe of Indians of Washington
N33☐Suquamish Indian Tribe of the Port Madison Reservation
N34☐Swinomish Indian Tribal Community
N35☐Tulalip Tribes of Washington

N36☐Alaska Native Write in: _____
N37☐American Indian Write in: _____

ASIAN (may check categories and use write-in)

A00☐Asian
A01☐Asian Indian
A02☐Bangladeshi
A03☐Bhutanese
A04☐Burmese/Myanmar
A05☐Cambodian/Khmer
A06☐Cham
A07☐Chinese
A08☐Filipino
A09☐Hmong
A10☐Indonesian
A11☐Japanese
A12☐Korean
A13☐Lao
A14☐Malaysian
A15☐Mien
A16☐Mongolian
A17☐Nepali
A18☐Okinawan
A19☐Pakistani
A20☐Punjabi
A21☐Singaporean
A22☐Sri Lankan
A23☐Taiwanese
A24☐Thai
A25☐Tibetan
A26☐Vietnamese
A27☐Asian Write in: _____

BLACK (may check categories and use write-in)

B00☐Black/African American B01☐African American B02☐African Canadian B02

Caribbean

B03 ☐ Anguillan
B04 ☐ Antiguan
B05 ☐ Bahamian
B06 ☐ Barbadian
B07 ☐ Barthélemois/Barthélemoises (Saint Barthélemy)
B08 ☐ British Virgin Islander
B09 ☐ Caymanian (Cayman Island)
B10 ☐ Cuba Dominican
B11 ☐ Dominican (Dominican Republic)
B12 ☐ Dutch Antillean (Netherlands Antilles)
B13 ☐ Grenadian
B14 ☐ Guadeloupian
B15 ☐ Haitian
B16 ☐ Jamaican
B17 ☐ Martiniquais/Martiniquaise
B18 ☐ Montserratian
B19 ☐ Puerto Rican
B20 ☐ Caribbean Write in: _____

Central African

B21 ☐ Angolan
B22 ☐ Cameroonian
B23 ☐ Central African (Central African Republic)
B24 ☐ Chadian
B25 ☐ Congolese (Republic of the Congo)
B26 ☐ Congolese (Democratic Republic of the Congo)
B27 ☐ Equatorial Guinean
B28 ☐ Gabonese
B29 ☐ São Toméan
B30 ☐ Principe
B31 ☐ Central African Write in: _____

East African

B32 ☐ Burundian
B33 ☐ Comoran
B34 ☐ Djiboutian
B35 ☐ Eritrean
B36 ☐ Ethiopian
B37 ☐ Kenyan
B38 ☐ Malagasy (Madagascar)
B39 ☐ Malawian
B40 ☐ Mauritian (Mauritius)
B41 ☐ Mahoran (Mayotte)
B42 ☐ Mozambican
B43 ☐ Reunionese
B44 ☐ Rwandan
B45 ☐ Seychellois/Seychelloise
B46 ☐ Somali
B47 ☐ South Sudanese
B48 ☐ Sudanese
B49 ☐ Ugandan
B50 ☐ Tanzanian (United Republic of Tanzania)
B51 ☐ Zambian
B52 ☐ Zimbabwean
B53 ☐ East African Write in: _____

Latin American

B54 ☐ Argentine
B55 ☐ Belizean
B56 ☐ Bolivian
B57 ☐ Brazilian
B58 ☐ Chilean
B59 ☐ Colombian
B60 ☐ Costa Rican
B61 ☐ Ecuadorian
B62 ☐ El Salvadoran
B63 ☐ Falkland Islander
B64 ☐ French Guianese
B65 ☐ Guatemalan
B66 ☐ Guyanese
B67 ☐ Honduran
B68 ☐ Mexican
B69 ☐ Nicaraguan
B70 ☐ Panamanian
B71 ☐ Paraguayan
B72 ☐ Peruvian
B73 ☐ South Georgia and the South Sandwich Islands
B74 ☐ Surinamese
B75 ☐ Uruguayan
B76 ☐ Venezuelan
B77 ☐ Latin American Write in: _____

South African

B78 ☐ Botswanan
B79 ☐ Mosotho (Lesotho)
B80 ☐ Namibian
B81 ☐ South African
B82 ☐ Swazi
B83 ☐ South African Write in: _____

West African

B84 ☐ Beninese
B85 ☐ Bissau-Guinean
B86 ☐ Burkinabé (Burkina Faso)
B87 ☐ Cabo Verdean
B88 ☐ Ivorian (Cote d'Ivoire)
B89 ☐ Gambian
B90 ☐ Ghanaian
B91 ☐ Liberian
B92 ☐ Malian
B93 ☐ Mauritanian
B94 ☐ Nigerien (Niger)
B95 ☐ Nigerian (Nigeria)
B96 ☐ Saint Helenian
B97 ☐ Senegalese
B98 ☐ Sierra Leonean
B99 ☐ Togolese
C01 ☐ West African Write in: _____

C02 ☐ Black Write in: _____

MIDDLE EASTERN and NORTH AFRICAN (may check categories and use write-in)

W08 ☐ Algerian
W09 ☐ Amazigh or Berber
W10 ☐ Arab or Arabic
W11 ☐ Assyrian
W12 ☐ Bahraini
W13 ☐ Bedouin
W14 ☐ Chaldean
W15 ☐ Copt
W16 ☐ Druze
W17 ☐ Egyptian
W18 ☐ Emirati
W19 ☐ Iranian
W20 ☐ Iraqi
W21 ☐ Israeli
W22 ☐ Jordanian
W23 ☐ Kurdish Kuwaiti
W24 ☐ Lebanese
W25 ☐ Libyan
W26 ☐ Moroccan
W27 ☐ Omani
W28 ☐ Palestinian
W29 ☐ Qatari
W30 ☐ Saudi Arabian
W31 ☐ Syrian
W32 ☐ Tunisian
W33 ☐ Yemeni
W34 ☐ Middle Eastern Write in: _____
W35 ☐ North African Write in: _____

PACIFIC ISLANDER (may check categories and use write-in)

P00 ☐ Native Hawaiian/Other Pacific Islander
P01 ☐ Carolinian
P02 ☐ Chamorro
P03 ☐ Chuukese
P04 ☐ Fijian
P05 ☐ i-Kiribati / Gilbertese
P06 ☐ Kosraean
P07 ☐ Maori
P08 ☐ Marshallese
P09 ☐ Native Hawaiian
P10 ☐ Ni-Vanuatu
P11 ☐ Palauan
P12 ☐ Papuan
P13 ☐ Pohpeian
P14 ☐ Samoan
P15 ☐ Solomon Islander
P16 ☐ Tahitian
P17 ☐ Tokelauan
P18 ☐ Tongan
P19 ☐ Tuvaluan
P20 ☐ Yapese
P21 ☐ Pacific Islander Write in: _____

WHITE (may check categories and use write-in)

☐ White ☐ White Write in: _____

Eastern European

W01 ☐ Bosnian
W02 ☐ Herzegovinian
W03 ☐ Polish
W04 ☐ Romanian
W05 ☐ Russian
W06 ☐ Ukrainian
W07 ☐ Eastern European Write in: _____

LONGVIEW PUBLIC SCHOOLS
CREATING THE FUTURE TODAY

SCHOOL STUDENT HEALTH INFORMATION ANNUAL UPDATE

We use this updated information to assist in caring for your student at school. Please *carefully* complete **BOTH SIDES** of this form and return to the school Health Office as soon as possible.

In order to provide a safe and healthy environment for your child, this confidential information will be accessible to: School Health Personnel, your child's teachers and care givers, and emergency medical personnel.

Name: _____ Birthdate: _____ Sex: M ☐ F ☐

School: _____ Grade: _____ Today's Date: _____

PARENTS/GUARDIANS: If your child has a serious medical condition, it is vital that you discuss this with your Health Office immediately. **We MUST be alerted to LIFE THREATENING HEALTH CONDITIONS prior to the start of school.** These conditions may require an Emergency Care Plan with Emergency Medications (per RCW28A.210.320). **If an emergency medication or plan is needed, and the proper paperwork is not in place, we are required to EXCLUDE the child from school.** By completing and signing this form, you as the parent/guardian agree that you will be responsible for communicating ANY changes to this form with the school office and health office.

LIFE THREATENING HEALTH CONDITIONS: If you check any of these boxes, you must contact the School Health Room.

- **Asthma * Severe *** – please answer the following questions
  - **Yes** ☐ **No** ☐ Does this child use rescue inhaler routinely for asthma symptoms?
    Daily ☐ Weekly ☐ Monthly ☐ (ie: Atrovent, ProAir, Ventolin)
  - **Yes** ☐ **No** ☐ Has your child used steroids for asthma symptoms in the past year?
    ☐ inhaled steroids (ie: Flovent or Qvar) or ☐ Prednisone
  - **Yes** ☐ **No** ☐ Has your child been hospitalized for asthma in the past year?

- **Allergy/Anaphylaxis – *SEVERE, WITH AN EPINEPHRINE PRESCRIPTION (EPI-PEN)***
  Cause of allergy (Bee sting, Peanut/Nut, Food, Medication, Other):_____
  Describe previous reaction:_____

- **Diabetes, Type 1**
  Date of Diagnosis:_____ ☐ Uses a pump ☐ If so, for how many years in use? _____

- **Seizure Disorder**
  ☐ Is currently taking seizure medication

- **Other potentially life threatening issues:** _____

- **My child has no potentially life threatening health conditions.**

- Allergy, ***not*** life threatening:

Allergen: _____ Reaction: _____
Allergen: _____ Reaction: _____

- History of Concussion / Head Injury:

Date of Injury: _____ Was a Health Care Provider Seen? _____
Date of Injury: _____ Was a Health Care Provider Seen? _____

- Hearing Concerns? ☐ Has a known hearing loss ☐ Wears hearing aids?
- Vision Concerns? ☐ Glasses ☐ Contacts
- Other Concerns (Please contact the school health office): _____
- **My child has none of the conditions listed above.**

Student Name:_____

HEALTH HISTORY: Please check the health conditions that apply to your child.

Please provide documentation of your child's condition from your medical provider.

Health Condition:	**Yes**	**No**	**Explain:**
Brain or Spinal Disorder			
Cerebral Palsy			
Migraine Headaches			
ADD/ADHD / Hyperactivity			
Mental Health Behavioral Issues, or depression, anxiety			
Heart / Cardiovascular Disease			
Blood / bleeding disorder			
Breathing Issues (including **Asthma** – Mild-Moderate)			
Digestive / Stomach Issues			
Bowel or Bladder Issues			
Bladder Issues			
Cancer			
Other:			

Washington School Immunization law RCW 28A.210.120 requires that you must provide medically verified immunization records that are complete or conditional before starting school. **By signing this form, you are giving permission to add your student's immunizations into the Washington State Immunization Information System to maintain your student's immunization records.**

MEDICATIONS:

Does your child take medication at home? ☐ Yes ☐ No

Please list here:

Does your child need to take medication AT SCHOOL? ☐ YES ☐ NO

**** IF YES YOU MUST CONTACT THE SCHOOL HEALTH PERSONNEL and complete necessary paperwork.** IF medications are needed during the school day; RCW 28A.210.206 requires a written authorization form for medication to be administered at school, **to be signed by the parent/guardian *AND* a health care provider**.

Ask your school for these forms, or download them from the district website.

includes over the counter, prescription, herbal, and naturopathic medications.*

Doctor's Name: _____

PARENT/GUARDIAN PRINTED NAME: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ Phone Number: _____

Updated 12/4/2024

Consent to Student Use **of Electronic Information Networks**

The Longview School District ("District") operates an electronic information network consisting of wired and wireless computer devices, peripheral equipment, electronic files and storage, e-mail, and Internet content. In addition, the District participates in a statewide electronic information network called the K-20 Education Network ("K-20").

In exchange for the below student user having access to the electronic information networks of the District and K-20, the undersigned Parent and Student release the District; K-20; other intermediary providers, operators, and any institutions with which the District or K-20 are affiliated for purposes of providing electronic information networks; and the elected officials, officers, employees, and agents of the above-named entities from any and all claims and damages of any nature arising out of Student's use, or inability to use, these networks, including, without limitation, the type of damages identified in the District's Acceptable Use Guidelines in Procedure 2022P.

Student will follow the District's Policy 2022 and Procedure 2022P regarding Electronic Resources and the Code of Conduct for Student Use of Wireless Internet on Personal Electronic Devices, which Student and Parent have reviewed and understand. Student and Parent understand that failure to comply with the rules in these documents may result in revocation of Student's network use privileges.

Student and Parent agree that the District has the right to review, edit, or remove any materials installed, used, stored, or distributed on or through the electronic information networks operated by the District and/or K-20 by the Student, including, but not limited to, e-mail and other electronic messages. Student and Parent hereby waive any right of privacy that either may otherwise have related to such materials.

Signature of Student	Signature of Parent/Guardian (required if user is under age 18)
Printed Name of Student User	Printed Name of Parent/Guardian
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Date Signed	Date Signed

* Students over eighteen do not need a parent's signature. School retains white copy in student's folder and sends yellow copy to student

Electronic Resources and Internet Safety

Network Acceptable Use Guidelines/Internet Safety Requirements

These procedures are written to support the Electronic Resources Policy of the board of directors and to promote positive and effective digital citizenship among students and staff. Digital citizenship includes the norms of appropriate, responsible, and healthy behavior related to current technology use. Successful, technologically-fluent digital citizens recognize and value the rights, responsibilities, and opportunities of living, learning, and working in an interconnected digital world. They recognize that information posted on the Internet is public and permanent and can have a long-term impact on an individual's life and career. Expectations for student and staff behavior online are no different than those for face-to-face interactions.

Use of Personal Electronic Devices

In accordance with all district policies and procedures, students and staff may use personal electronic devices (e.g. laptops, mobile devices and e-readers) to further the educational and research mission of the district. School staff will retain the final authority in deciding when and how students may use personal electronic devices on school grounds and during the school day. Absent a specific and articulated need (e.g. assistive technology), students do not have an absolute right to possess or use personal electronic devices at school.

Network

The district network includes wired and wireless devices and peripheral equipment, electronic files and storage, e-mail and Internet content such as but not limited to blogs, websites, collaboration software, social networking sites, wikis, etc. The district reserves the right to prioritize the use of, and access to, the network.

All use of the network must support education and research and be consistent with the mission of the district.

Acceptable network use by district students and staff includes:

A. Creation of files, digital projects, videos, web pages, and podcasts using network resources in support of education and research;
B. Participation in blogs, wikis, bulletin boards, social networking sites and groups, and the creation of content for podcasts, e-mail, and webpages that support education and research;
C. The online publication of original educational material, curriculum-related materials, and student work. Sources outside the classroom or school must be cited appropriately;
D. Staff use of the network for incidental personal use in accordance with all district policies and procedures; or
E. Connection of personal wireless electronic devices, when authorized, including portable devices with network capabilities, to the district network at the discretion of the district Technology Director. Connection of any personal electronic device is subject to all procedures in this document and district policy.

Unacceptable network use by district students and staff includes but is not limited to:

A. Personal gain, commercial solicitation, and compensation of any kind;
B. Actions that result in liability or cost incurred by the district;
C. Downloading, installing and use of unauthorized content including but not limited to games, audio files, video files, or other applications;
D. Support for or opposition to ballot measures, candidates, and any other political activity;
E. Hacking, cracking, vandalizing, the introduction of malware, including viruses, worms, Trojan horses, time bombs, and changes to hardware, software, and monitoring tools;
F. Unauthorized access to other district computers, networks, and information systems;
G. Cyberbullying, hate mail, defamation, harassment of any kind, discriminatory jokes, and remarks. This shall also include the manufacture, distribution, or possession of inappropriate digital images;
H. Information posted, sent, or stored online that could endanger others (e.g., bomb construction, drug manufacturing);
I. Accessing, uploading, downloading, storage and distribution of obscene, pornographic, or sexually explicit material;
J. Attaching unauthorized devices to the district network. Any such device will be confiscated and additional disciplinary action may be taken; or
K. Any unlawful use of the district network, including but not limited to stalking, blackmail, violation of copyright laws, and fraud.

The district will not be responsible for any damages suffered by any user, including but not limited to, loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by his/her own negligence or any other errors or omissions. The district will not be responsible for unauthorized financial obligations resulting from the use of, or access to, the district's computer network or the Internet.

INTERNET SAFETY

Personal Information and Inappropriate Content:

A. Students and staff should not reveal personal information, including a home address and phone number on web sites, blogs, podcasts, videos, social networking sites, wikis, e-mail, or as content on any other electronic medium;
B. Students and staff should not reveal personal information about another individual on any electronic medium without first obtaining permission;
C. No student pictures or names can be published on any public classroom, school or district website unless the appropriate permission has been obtained according to district practices;
D. If students encounter dangerous or inappropriate information or messages, they must exit the screen immediately and notify the appropriate school authority; and
E. Students should be aware of the persistence of their digital information, including images and social media activity, which may remain on the Internet indefinitely.

Filtering and Monitoring

Filtering software is used to block or filter access to visual depictions that are obscene and all child pornography in accordance with the Children's Internet Protection Act (CIPA). Other objectionable material will be filtered. The determination of what constitutes "other objectionable" material is a local decision.

A. Filtering software is not 100 percent effective. While filters make it more difficult for objectionable material to be received or accessed, filters are not a solution in themselves. Every user must take responsibility for his/her use of the network and Internet and avoid objectionable sites;
B. Any attempts to defeat or bypass the district's Internet filter or conceal Internet activity are prohibited including but not limited to proxies, https, special ports, modifications to district browser settings, and any other techniques designed to evade filtering or enable the publication of inappropriate content;
C. E-mail inconsistent with the educational and research mission of the district will be considered SPAM and blocked from entering district e-mail boxes;
D. The district will provide appropriate adult supervision of Internet use. The first line of defense in controlling access by students to inappropriate material on the Internet is deliberate and consistent monitoring of student access to district devices;
E. Staff members who supervise students, control electronic equipment, or have occasion to observe student use of said equipment online, must make a reasonable effort to monitor the use of this equipment to assure that student use conforms to the mission and goals of the district
F. Staff must make a reasonable effort to become familiar with the Internet and to monitor, instruct, and assist effectively;
G. The district may monitor student use of the district network, including when accessed on students' personal electronic devices and devices provided by the district, such as laptops, netbooks, and tablets; and
H. The district will provide a procedure for students and staff members to request access to internet websites blocked by the district's filtering software. The requirements of the Children's Internet Protection Act (CIPA) will be considered in evaluation of the request. The district will provide an appeal process for requests that are denied.

Internet Safety Instruction

All students will be educated about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, and cyber bullying awareness and response.

A. Age appropriate materials will be made available for use across grade levels; and
B. Training on online safety issues and materials implementation will be made available for administration, staff, and families.

Copyright

Downloading, copying, duplicating, and distributing software, music, sound files, movies, images, or other copyrighted materials without the specific written permission of the copyright owner is generally prohibited. However, the duplication and distribution of materials for educational purposes is permitted when such duplication and distribution falls within the Fair Use Doctrine of the United States Copyright Law (Title 17, USC) and content is cited appropriately.

Ownership of Work

All work completed by employees as part of their employment will be considered property of the district. The District will own any and all rights to such work including any and all derivative works, unless there is a written agreement to the contrary.

All work completed by students as part of the regular instructional program is owned by the student as soon as it is created, unless such work is created while the student is acting as an employee of the school system or unless such work has been paid for under a written agreement with the school system. If under an agreement with the district, the work will be considered the property of the District. Staff members must obtain a student's permission prior to distributing his/her work to parties outside the school.

NETWORK SECURITY AND PRIVACY

Passwords are the first level of security for a user account. System logins and accounts are to be used only by the authorized owner of the account for authorized district purposes. Students and staff are responsible for all activity on their account and must not share their account password. The following procedures are designed to safeguard network user accounts:

A. Change passwords according to district policy;
B. Do not use another user's account;
C. Do not insert passwords into e-mail or other communications;
D. If you write down your user account password, keep it in a secure location;
E. Do not store passwords in a file without encryption;
F. Do not use the "remember password" feature of Internet browsers; and
G. Lock the screen or log off if leaving the computer.

Student Data is Confidential

District staff must maintain the confidentiality of student data in accordance with the Family Educational Rights and Privacy Act (FERPA)

No Expectation of Privacy

The district provides the network system, e-mail, and Internet access as a tool for education and research in support of the district's mission. The district reserves the right to monitor, inspect, copy, review, and store, without prior notice, information about the content and usage of:

A. The district network, including when accessed on students' personal electronic devices and on devices provided by the district, such as laptops, netbooks, and tablets;
B. User files and disk space utilization;
C. User applications and bandwidth utilization;
D. User document files, folders and electronic communications;
E. E-mail;
F. Internet access; and
G. Any and all information transmitted or received in connection with network and e-mail use.

No student or staff user should have any expectation of privacy when using the district's network. The district reserves the right to disclose any electronic messages to law enforcement officials or third parties as appropriate. All documents are subject to the public records disclosure laws of the State of Washington.

Educational Applications and Programs

District staff may request students to download or sign up for applications or programs on the students' personal electronic devices. Such applications and programs are designed to help facilitate lectures, student assessment, communication, and teacher-student feedback, among other things.

Prior to requesting students to download or sign up for educational applications or programs, staff will review "terms of use," "terms of service," and/or "privacy policy" of each application or program to ensure that it will not compromise students' personally identifiable information, safety, and privacy. Staff will also provide notice in writing of potential use of any educational application or program through the Instructional Materials Process, including the anticipated purpose of such application or program. Specific expectations of use will be reviewed with students.

Staff should also, as appropriate, provide notice to students' parents/guardians that the staff person has requested that students download or sign up for an application or program, including a brief statement on the purpose of application or program.

Archive and Backup

Backup is made of all district e-mail correspondence for purposes of public disclosure and disaster recovery. Barring power outage or intermittent technical issues, staff and student files are backed up on district servers regularly. Refer to the district retention Policy 3231 for specific records retention requirements.

Disciplinary Action

All users of the district's electronic resources are required to comply with the district's policy and procedures (and agree to abide by the provisions set forth in the district's user agreement). Violation of any of the conditions of use explained in the Individual User Agreement, Electronic Resources policy, or in these procedures could be cause for disciplinary action, including suspension or expulsion from school and suspension or revocation of network and computer access privileges.

Accessibility of Electronic Resources

Federal law prohibits people, on the basis of disability (such as seeing and hearing impairments), from being excluded from participation in, being denied the benefits of, or otherwise being subjected to discrimination by the district. To ensure that individuals with disabilities have equal access to district programs, activities, and services, the content and functionality of websites associated with the district should be accessible. Such websites may include, but are not limited to, the district's homepage, teacher websites, district-operated social media pages, and online class lectures.

District staff with authority to create or modify website content or functionality associated with the district will take reasonable measures to ensure that such content or functionality is accessible to individuals with disabilities. Any such staff member with questions about how to comply with this requirement should consult with the district's communications department.

LONGVIEW SCHOOL DISTRICT #122

VERIFICATION OF RESIDENCY

202__ – 202__ School Year

I/We, the parents/guardians of:

Child's Name _____

I do hereby swear that above student resides at:

Address/City/Zip _____

Please attach a copy of, and be prepared to show, at least two of the following:

- Grant deed with your name and above listed address
- Current year tax bill with your name and above listed address
- Utility bill with your name and above listed address
- Rental agreement with above listed address

Signature of Parent/Guardian _____

Date _____

DISTRICT RESERVES RIGHT TO REQUIRE FURTHER VERIFICATION

☐ Form verified

OMB Control No. 1810-0021 (Exp. 06/30/2026)

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

Please return completed forms to the school office.

RCW 28A.300.505(2)(b) applies to parents or guardians regardless if the student resides with the military member or has custodial rights. The parent who usually fills out information about the student is asked to fill out information about military service. Schools are expected to ask parents for this information each year.

Please fill out the accompanying form for your student indicating military status of the student's parent or guardian.

Thank you for your assistance in helping the district gather this required information.

Military Parent or Guardian Affiliation

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016–17 school year. (http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015) Reasons for collection of the data include:

(1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.

(2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including
academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. [2015 c 210 § 1.]

Mark all that apply:

☐ A = US Armed Forces, active duty ☐ G = National Guard Member ☐ M = More than one family member currently serving in Armed Forces or National Guard

☐ N = No affiliation ☐ R = US Armed Forces Reserves ☐ X = Data Not Available ☐ Z = No response/refused to state

Student Name: _____ Parent/Guardian Name: _____

LONGVIEW PUBLIC SCHOOLS
CREATING THE FUTURE TODAY

Student Housing Questionnaire

Name of Student: _____ _____ _____
First Middle Last

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

Gender: _____

☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian

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 page 2 for more information)

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

STOP HERE

B. If you do not own/rent your own home, please check all that apply below:

☐ In a motel
☐ In a shelter
☐ Moving from place to place/couch surfing
☐ In someone else's house or apartment with another family
☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
☐ A car, park, campsite, or similar location
☐ Transitional Housing
☐ Other_____

Continue if you checked a box in part B.

Sibling(s) Name First Last	M/F	DOB	Grade	School Name

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)
*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)
*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Enrollment staff: If parent marked any box in Section B above, please forward a copy of this form to: Cristina Hernandez; Phone number 360-575-7767; Fax Number: 360-575-7190 E-mail: chernandez@longviewschools.org. Original in cumulative folder

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

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435 Revised 1/31/17

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:

http://center.serve.org/nche/ibt/parent_res.php
http://naehcy.org/educational-resources/naehcy-publications
http://www.schoolhouseconnection.org/