Welcome to Kindergarten Registration
Bienvenidos a la Registración de kinder

Student Information/ *Información del estudiante*	
School/*escolar:*	Date/fecha:
Student Name/*Nombre de niño/a:*	Date of Birth/*Fecha de nacimiento mes/día/año:*

Required Documents/*Documentos requeridos*	
Please provide a copy of verification/Proof of Student residence • Rental, lease or mortgage agreement • Rental/lease receipt with parent or guardians name and address • Utility bill (Cell phone not acceptable) • DSHS & Other State and Legal documents	***Por Favor uno Verificación/prueba de Residencia estudiantil*** • *Contrato de alquiler, arrendamiento o hipotecado* • *Recibo de alquiler/arrendamiento, incluido el nombre y la dirección de los padres o tutores* • *La factura de servicios públicos (teléfono celular no aceptable)* • *DSHS & documentos estatales y legales*
Please Provide a copy of documentation of proof of age/legal name Religious, hospital, or physician's certificate showing date of birth; an entry in a family bible; an adoption record; an affidavit from a parent; previously verified school records; or any other documents permitted by law	***Por Favor una verificación de edad/nombre legal*** *certificado religioso, hospitalario o médico que muestre la fecha de nacimiento; o dedicatoria en una biblia familiar; un registro de adopción; una declaración de un padre o tutor; registros escolares previamente verificados; o cualquier otro documento permitido por la ley*

Kinder Conferences/ *Cita para conferencia*

Kinder Conferencies/Cita para conferencia

Before school starts, a conference will be scheduled for parent, student, and teacher Preferred time for conference

☐ 8:00am-11:30am ☐ 12:00-3:30

Preferred Language For Information and Phone calls: ☐ English ☐ Spanish

Antes de que empiecen las clases, se programara una cita para el padre, el estudiante, y la maestr
Horario preferido para conferencia

☐ 8:00am-11:30am ☐ 12:00-3:30

Idioma de preferencia para información o llamadas: ☐ Ingles ☐ español

Office Use Only

Documentation of Proof of Age/Legal Name: ☐ Yes ☐No ☐Medical CIS ☐Birth Certificate ☐Passport ☐Other_____	Proof of Address: ☐ Yes ☐No ☐Deed/Mortgage Agreement ☐Current rental lease or agreement ☐Current property tax bill ☐Current utility bill with applicant's name & address (cell phones are not considered a valid utility bill) ☐Other: Clear through Administration Explain: _____
Immunizations Complete: ☐ Yes ☐No Check Immunizations Needed if Not Complete ☐DTAP ☐Polio ☐MMR ☐Varicella ☐HepB	
Other Comments/items needed from parent: _____	File Reviewed By (Initial): _____ Registration Packet _____
Central Registrar: _____ _____	Open Enrollment: ☐Yes ☐No Choice Form ☐Yes ☐No

QUINCY SCHOOL DISTRICT

STUDENT REGISTRATION
2026-2027

☐Preschool
☐Transitional Kinder
☐Kindergarten

Name of School:	Today's Date:

OFFICE USE ONLY	Student ID#:	Entry Date:	Nurse Alert Form w/concern ☐ Yes ☐ No	Proof of Address ☐ Yes ☐ No	Legal forms attached ☐ Yes ☐ No	Staff Initials
	Immunization CIS Form ☐ Yes ☐ No	PROOF OF AGE ☐ Yes ☐ No	Non-Resident Home District:		Choice Form ☐ Yes ☐ No	

STUDENT INFORMATION

Has your child or sibling ever been registered in the Quincy School District? ☐ Yes ☐ No-If Yes, what School?

Student Legal Last Name	Student Legal First Name	Student Middle Name	Date of Birth (Month/day/year)

Gender ☐Male☐Female	Birthplace: (City, State, County Country)	Grade	Homeless ☐Yes ☐No	Migrant ☐Yes ☐No

Has Your Child Attended Preschool? ☐Yes ☐No

Name of School/Preschool your child last attended: (Preschool or School District, City, & State)

Has Your Child Received Special Services? ☐Yes ☐No If yes check all that apply: ☐ESL/ELL ☐Gifted/Highly Capable ☐ ESL/ELL ☐Title 1/LAP ☐Behavior Plan ☐Counseling (Inside or Outside of School) ☐Social Worker Services ☐504 ☐ Other: _____

Has Your Child Received Special Education Services? ☐Yes ☐No If yes check all that apply: ☐Special Ed /IEP ☐Speech/Language ☐OT/PT

***REQUIRED SEE FORM: CONSENT FOR MUTUAL RELEASE FOR SEPCIAL EDUCATION EMAIL TO** *speterse@qsd.wednet.edu*

Attendance: Does your child have a Becca Bill Petition ☐Yes ☐No If Yes, name of school: _____ County: _____

Suspension/Expulsion: Has your child been suspended or expelled in the last calendar year? ☐Yes ☐No If yes, Reason:

PRIMARY HOUSEHOLD Student lives 4 or more days a week with:

Students live 4 0r more days a week with:

Please check:
☐Both Parents
☐Mother Only
☐Father Only
☐Mother & Stepfather
☐Father & Stepmother
☐Grandparents
☐Guardian
☐Self (Student)
☐Foster
☐Agency
☐Other: _____

Legal parent/Guardian #1 Last Name:	First Name	Date of Birth	Relationship with the student

Primary Phone number ( )_____ ☐Please check if confidential	Secondary Phone Number ( )_____ ☐Home ☐Cell ☐Work	Email Address:

Legal parent/Guardian #2 Last Name:	First Name	Date of Birth	Relationship with the student

Primary Phone number ( )_____ ☐Please check if confidential	Secondary Phone Number ( )_____ ☐Home ☐Cell ☐Work	Email Address:

Resident Street Address:	Mailing Address is different than Street Address:

Are there legal situations regarding the student of which QSD needs to be aware of: ☐Yes ☐ No
***Is there a joint-custody or parenting plan in effect? ☐Yes ☐No**
***Is there a restraining order in effect: ☐Yes ☐No If Yes, restraining order is against: _____**
Please provide QSD with Legal Documentation for enforcement ☐ Legal forms attached

SECONDARY HOUSEHOLD

Please check one:

☐Both Parents
☐Mother Only
☐Father Only
☐Mother & Stepfather
☐Father & Stepmother
☐Grandparents
☐Guardian
☐Other: _____

Legal parent/Guardian #1 Last Name:	First Name	Date of Birth	Relationship to the student

Primary Phone number ( )_____ ☐Please check if confidential	Secondary Phone Number ( )_____ ☐Home ☐Cell ☐Work	Email Address

Legal parent/Guardian #2 Last Name:	First Name	Date of Birth	Relationship to student

Primary Phone number ( )_____ ☐Please check if confidential	Secondary Phone Number ( )_____ ☐Home ☐Cell ☐Work	Email Address:

Resident Street Address:	Mailing Address if different than Street Address:

Student's Name:	2nd page of Registration Form

SIBLINGS CURRENTLY ATTENDING QUINCY SCHOOL DIST

Last Name	First Name	School	Grade

EMERGENY CONTACT INFORMATION (Must be 18 years old or older)

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 persons you trust who are available locally during the day over the age of 18 to provide care for your child.

1st Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student

Phone #1 ( )_____	Phone #2 ( )_____	Residential Address:

2nd Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student

Phone #1 ( )_____	Phone #2 ( )_____	Residential Address:

3rd Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student

Phone #1 ( )_____	Phone #2 ( )_____	Residential Address:

PARENT RELAEASE & PERMISSIONS SIGNATURE

STUDENT INJURIES AND INSURANCE

I understand that the school does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information regarding the program.

☐ **I will enroll my child in the program (Requires return of completed student insurance packet)**

☐ **I will not enroll my child in the program.**

WEAPON FREE/DRUG FREE POLICY AND DISTRICT HARASSMENT POLICY

•Quincy School District's property is a weapon-free zone

•I also understand that Quincy School District must comply with Federal regulations relating to the Drug Free Workplace Act and the Drug free Schools and Communities Act. This means there are no drugs, alcohol or tobacco allowed on school district premises or events by anyone

•The Quincy School District holds a zero-tolerance policy with regards to harassment, intimidation and bulling.

PHOTO AND VIDEO RECORDING RELEASE AUTHORIZATION:

The student's photo may be taken for inclusion in District publications, District websites, and/or other District-related websites; local newspaper articles, magazine articles and/or letters relating to school activities. The student's image or likeness may be included in recorded videos related to school or classroom activities. Please choose one of the following options for each:

☐**Yes**, I give my permission for photos to be used

☐**No**, I do not give permission for photos to be used

☐**Yes**, I give my permission for my student to be included in video video recordings.

☐**No**, I do not give permission for my student to be included in video recordings.

STUDENT RELEASE AUTHORIZATION/EMERGENCY: ▶ In the event that the school is unable to contact the parent/guardian, I authorize that my child/children may be released to the person(s) listed above. 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 caused for revocation of the student's enrollment or assignment to a school in the Quincy School District. If I cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child (properly accompanied) for treatment to the hospital or doctor most easily accessible.

Legal Parent/Guardian Signature _____

Date_____

***Only individuals listed on this form or parent approval will be allowed to check out student from school.**

Ethnicity and Race Data Collection Form

Name of Student/Nombre de Estudiante: _____ DOB/*Fecha de nacimiento*_____

Please select ***BOTH RACE & ETHNICITY***. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s). *Por favor, seleccione tanto la etnia como la raza. Hispano Sí o No, si sí seleccione cuál(s). A continuación, seleccione las razas que puedan aplicarse. Asegúrese de notar las categorías en negrita antes de seleccionar las carreras.*

1. **ETHNICITY-ETNICOS Is your child of Hispanic or Latino origin? ¿Es su hijo/a de origen hispano o latino**
   - ☐ **No, my child is not Hispanic or Latino/ No, mi hijo/a no es de origen hispano o latino**
   - ☐ **Yes, my child is Hispanic or Latino/Si, mi hijo/a es de origen hispano o latino**

   (Check all that apply) (Marque abajo todos que apliquen):

Hispanic/Latino	☐ Colombian	☐ Guatemalan	☐ Native	☐ Spaniard
☐ Hispanic	☐ Costa Rican	☐ Guyanese	☐ Nicaraguan	☐ Surinamese
☐ Argentine	☐ Cuban	☐ Honduran	☐ Panamanian	☐ Salvadorian
☐ Bolivian	☐ Dominican	☐ Jamaican	☐ Paraguayan	☐ Uruguayan
☐ Brazilian	☐ Ecuadorian	☐ Mexican	☐ Peruvian	☐ Venezuelan
☐ Chicano (Mexican American)	☐ El Salvadorian	☐ Mestizo	☐ Puerto Rican	☐ Other: Hispanic/Latino write in:
☐ Chilean				

2. **RACE-RAZA**: Select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s*). Por favor, seleccione tanto la etnia como la raza. Hispano Si or No, si seleccione cual(s). A continuación, seleccione las razas que puedan aplicarse. Asegúrese de notar las categorías en negrita antes de seleccionar las carreras.*

AMERICAN INDIAN/ALASKAN NATIVE

RACE

- ☐ Chinook Tribe
- ☐ Confederated Tribes & Bands of the Yakima Tribe
- ☐ Confederated Tribes of Chehalis
- ☐ Confederated Tribes of the Colville
- ☐ Cowlitz Indian Tribe
- ☐ Duwamish Tribe
- ☐ Hoh Indian Tribe
- ☐ Jamestown S'Klallam Tribe
- ☐ Kalispell Indian Community of Kalispell Reservation
- ☐ Kikiallus Indian Nation
- ☐ Lower Elwha Tribal Community
- ☐ Lummi Tribe of Lummi Res.
- ☐ Makah Indian Tribe of Makah Res
- ☐ Marietta Band of Nooksack Tribe
- ☐ Muckleshoot Indian Tribe
- ☐ Nisqually Indian Tribe
- ☐ Nooksack Indian Tribe of WA
- ☐ Port Gamble S'Klallam Tribe
- ☐ Puyallup Tribe of Puyallup Res.
- ☐ Quileute Tribe of Quileute Res.
- ☐ Quinault Indian Nation
- ☐ Samish Indian Nation
- ☐ Sauk-Suiattle Indian Tribe of WA
- ☐ Shoalwater Bay Indian Tribe
- ☐ Skokomish Indian Tribe
- ☐ Snohomish Tribe
- ☐ Snoqualmie Indian Tribe
- ☐ Snoqualmoo Tribe
- ☐ Spokane Tribe of Spokane Res.
- ☐ Squaxin Island Tribe of Squaxin Res.
- ☐ Steilacoom Tribe
- ☐ Stillaguamish Tribe of Indians of WA
- ☐ Suquamish Indian Tribe of Port Madison
- ☐ Swinomish Indian Tribe Community
- ☐ Tulalip Tribes of WA
- ☐ Alaskan Native (Write in)
- ☐ American Indian (Write in)

ASIAN

RACE

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

BLACK/AFRICAN-AMERICAN

RACE

African American	***African Canadian***
☐ Caribbean	☐ Dominican Republic
☐ Anguillan	☐ Dutch Antillean
☐ Antiguan	☐ Grenadian
☐ Bahamian	☐ Guadeloupian
☐ Barbadian	☐ Haitian
☐ British Virgen Island	☐ Jamaican
☐ Caymanian	☐ Martiniquais
☐ Cuba Dominican	☐ Montserratian
☐ Caribbean (write in)	☐ Puerto Rican
	East African
Central African	☐ Burundian
☐ Angolan	☐ Comoran
☐ Cameroonian	☐ Ethiopian
☐ Central Africa	☐ Kenyan
☐ Chadian	☐ Malagasy
☐ Congolese Dem. RC of the Congo	☐ Mayaotte
☐ Equatorial Guinean	☐ Mozambican
☐ Gabonese	☐ Rwandan
☐ Sao Tomean	☐ Seychellois
☐ Principe	☐ Somali
☐ Central African (Write in)	☐ Zambian
	☐ East African (Write in)

BLACK/AFRICAN-AMERICAN Cont.

RACE

West African
☐ Beninese
☐ Burkinabe (Burkina Faso)
☐ Cabo Verdean
☐ Ivorian
☐ Gambian
☐ Ghanaian
☐ Liberian
☐ Malian
☐ Nigerien
☐ Nigerian
☐ Saint Helenian
☐ West African (write In)

South African
☐ Botswanan
☐ Mosotho (Lesotho)
☐ Namibian
☐ South African
☐ Swazi
☐ Black (Write In)

Latin American	
☐ Argentine	☐ Panamanian
☐ Belizean	☐ Paraguayan
☐ Brazilian	☐ Peruvian
☐ Chilean	☐ So Georgia
☐ Colombian	☐ Surinamese
☐ Coastal Rican	☐ Uruguayan
☐ Ecuadorian	☐ Venezuelan
☐ El Salvadorian	
☐ Falkland Isl.	
☐ French Guianese	
☐ Guatemalan	
☐ Guyanese	
☐ Honduran	
☐ Mexican	
☐ Nicaraguan	
☐ Latin American (Write In)	

NATIVE HAWAIIAN

RACE

Pacific Islander
☐ Carolinian
☐ Chamorro
☐ Chuukese
☐ Fijian
☐ Kosraean
☐ Marshallese
☐ Native Hawaiian
☐ Ni-Vanuatu
☐ Palauan
☐ Solomon Islander
☐ Tahitian
☐ Hawaiian (Write in)

White/Blanco
☐ White
Eastern European
☐ Bosnia
☐ Herzegovinian
☐ Polish
☐ Romanian
☐ Russian
☐ Ukrainian
Middle-Eastern and North African
☐ Algerian
☐ Amazigh or Berger
☐ Arab or Arabic
☐ Assyrian
☐ Bahraini
☐ Bedouin
☐ Chaldean
☐ Copt
☐ Druze
☐ Egyptian
☐ Israeli
☐ Jordanian
☐ Lebanese
☐ Saudi Arabian
☐ Other: (write in)

Parent Signature/Firma de padre; _____ **Date:** _____

01/05/23

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Home Language Survey

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

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

Parent/Guardian Name _____ Parent/Guardian Signature _____

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.

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QUINCY SCHOOL DISTRICT
MILITARY PARENT/LEGAL GUARDIAN
AFFILIATION FORM

Date/*Fecha:* _____
Student's Name/*Nombre de Estudiante:* _____ Grade/*Grado:* _____

Neighborhood School/*Escuela de vecindario*: _____

Washington State Legislature has mandated that data on students from military families must be collected as stated in RCW 28A.300.507/*La Legislatura del Estado de Washington ha ordenado que se recopilen datos sobre estudiantes de familias militares como se indica en RCW 28A.300.507*

FOR THE PURPOSE OF COLLECTING THE DATA, PLEASE MARK ALL THAT APPLY:
CON EL PRÓPOSITO DE RECOGER LOS DATOS, MARQUE TODO LO QUE CORRESPONDA:

☐ NO

No parent/legal guardian of the above-named student is currently serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard. */Ningún padre/tutor legal del estudiante mencionado anteriormente se desempeña actualmente como miembro de las Fuerzas Armadas de los EE. UU., las Reservas de las Fuerzas Armadas de los EE. UU. o la Guardia Nacional de Washington.*

If you checked "NO" above, please skip to the bottom of the page to print and sign your name and date. /*Si marcó "NO" arriba, continuar hasta el final de la página para imprimir y firmar su nombre y fecha.*

☐ Yes/Si

The parent/legal guardian of the above-named student is currently serving as a member on active duty of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard. If you checked 'YES' please indicate which branch(es) you are serving in:/ *El padre/tutor legal del estudiante mencionado anteriormente se desempeña actualmente como miembro en servicio activo de las Fuerzas Armadas de los EE. UU., las Reservas de las Fuerzas Armadas de los EE. UU. o la Guardia Nacional de Washington. Si marcó 'SÍ', indique en qué sucursal (es) está sirviendo:*

☐Active duty U.S. Armed Forces/*U.S. Fuerzas Armadas en servicio activo*
☐Reserves of the U.S. Armed Forces/Reservas de las Fuerzas Armadas de los EE.UU.
☐Washington National Guard/*Guardia Nacional de Washington*

☐ No Response/refused to state/ *Sin Respuesta/Se Negó Declara*

_____
Parent/Legal Guardian's Name (please print) */Firma legal del padre/tutor (Por favor imprimir)*

_____ _____
Parent/Legal Guardian's Signature/*Firma legal del padre/tutor* *Date/Fecha*

Note: If at any time thought the school year your military status changes, pleas contact the Quincy School District office or your child's school to report the changes. */ Nota: Si en algún momento durante el año escolar cambia su estado militar, comuníquese con la oficina del Distrito Escolar de Quincy o la escuela de su hijo para informar los cambios.*

01/02/24

QUINCY SCHOOL DISTRICT #144
KINDERGARTEN
DAYCARE INFORMATION
Información de entrada kinder

STUDENT & SCHOOL INFORMATION	***INFORMACIÓN DEL ESTUDIANTE ESCUELA***
Student Name/*Nombre de niño/a:*	School/*Escuela*:
Home Address/*Domicilio:*	Primary Phone/*teléfono*:

DAYCARE INFORMATION	***INFORMACIÓN DE GUARDERIA***
Daycare providers Last Name/*Apelido de proveedores de guarderia*	First Name/*Nombre*
Address/Domicilio:	Phone Number/*Numero de telefono*

MORNING & AFTERSCHOOL TRANSPORTATION ***INFORMACIÓN DE TRANSPORTACIÓN***

Please check the appropriate boxes that indicate arrangements
Por favor de marcar las cajas apropiadas para arreglos de transportación

Morning Location/*ubicación por la mañana* ☐Home/*Casa* ☐Daycare/Niñera	☐Walk/*Caminando* ☐Bus/*Autobús* ☐ParentTransportatio/Padre/Madreo lo recogerá de la escuela
After School Location/ubicación por la mañana ☐Home/*Casa* ☐Daycare/Niñera	☐Walk/*Caminando* ☐Bus/*Autobús* ☐ParentTransportatio/Padre/Madreo lo recogerá de la escuela

CHANGES IN TRANSPORTATION CAMBIOS EN EL TRANSPORTE

Any changes to after-school arrangements must be communicated to your child's school office before 2:30 p.m.

If your student receives specialized education transportation services and needs to change or cancel pick up, please contact the Transportation Department at 509-787-2915

Cualquier cambio en los acuerdos para después del horario escolar debe comunicarse a la secretaría del colegio de su hijo antes de la 2:30 p.m.

Si su hijo recibe servicios de transporte escolar especializado y necesita cambiar o cancelar la recogida, póngase en contacto con el departamento de transporte 509-787-2915



Register online
Registrarse en línea

2026-2027 School Bus Registration Form

The Quincy School District uses a student ridership program called SMARTtag that has changed how our students ride the bus. To ensure that the SMARTtag system works efficiently, we require each child that rides the bus to register for transportation.

If you're planning for your child/children to use the school bus this year in any way, which includes to/from school and athletics, please fill out this form to reserve a seat. Complete one form per student riding the bus. This registration procedure ensures that we can offer safe and dependable transportation for your child(ren).

- *Students that receive specialized education transportation services do not need to register (i.e IEP or McKinney-Vento). This will be done for you through Special Services.*
- *Students do not qualify for transportation services if they reside in a walking zone or have been approved for In-District transfer.*

If you have any questions or need assistance, please contact our Transportation Department at 509.787.2915 Thank you!

2026-2027 Formulario de Registro para Utilizar el Autobús Escolar

El Distrito Escolar de Quincy utiliza un programa de transporte de estudiantes llamado SMARTtag que ha cambiado la forma en que nuestros estudiantes viajan en el autobús. Sin embargo, para asegurar que el sistema SMARTtag funcione eficientemente, requerimos que cada niño que viaje en el autobús se registre para el transporte.

Si usted está planeando para su hijo / hijos a utilizar el autobús escolar este año en cualquier forma, que incluye a / desde la escuela y el atletismo, por favor llene este formulario para reservar un asiento. Rellene un formulario por cada estudiante que viajará en autobús. Este procedimiento de registro asegura que podemos ofrecer transporte seguro y confiable para su hijo (s).

- *Los estudiantes que reciben servicios de transporte de educación especializada no necesitan registrarse (es decir, IEP o McKinney-Vento). Esto se hará por usted a través de Servicios Especiales.*
- *Estudiantes no califican para los servicios de transporte si residen en una zona de caminar o han sido aprobados para la transferencia en el distrito)*

2026-27 School Bus Registration Form

Si tiene alguna pregunta o necesita ayuda, póngase en contacto con nuestro Departamento de Transporte llamando al 509.787.2915. Muchas gracias.

1. Email / *Correo Electronico:* _____
2. Student Last Name / *Apellido del estudiante*: _____
3. Student First Name / *Nombre del estudiante:* _____
4. Student ID Number / *Número de identificación del estudiante*:_____
5. Home Address / *Dirección de domicilio:* _____
6. School of Attendance / *Escuela de asistencia:*

   ☐ Ancient Lakes Elementary ☐ George Elementary ☐ Monument Elementary
   ☐ Mountain View Elementary ☐ Pioneer Elementary ☐ Quincy Middle School
   ☐ Quincy High School ☐ Quincy Innovation Academy
7. Student Grade / *Grado del estudiante:* _____
8. Primary Parent/Guardian Contact Name / *Nombre de contacto de padre/guardián principal:*

   _____
9. Primary Parent/Guardian Phone / *Número de teléfono de padre/guardián principal:*

   _____
10. Emergency Contact Name / *Nombre de contact de emergencia:*
    Must be different that primary guardian / Debe ser diferente del guardián principal

    _____
11. Emergency Contact Phone / *Número de teléfono de contacto de emergencia:*

    _____
12. ALTERNATE Pick Up Location Request (for example childcare) / *Solicitud de lugar de recogida ALTERNATIVO (por ejemplo, cuidado de niños):* _____
13. ALTERNATE Drop Off Location Request (for example childcare) / *Solicitud de lugar de entrega ALTERNATIVO (por ejemplo, cuidado de niños):* _____
14. When/where does your student ride the bus? / *¿Cuándo/dónde viaja su hijo en autobús?*

    ☐ AM ☐ PM ☐ HUB / *En un centro de recogida (parque)* ☐ Athletics/*Deportes*
15. Is your child a returning student? / *¿Es su hijo/a un estudiante que regresa?*

    ☐ Yes / Si ☐ No, my child is new to the Quincy School District. / No, mi hijo/a es nuevo en el Distrito Escolar de Quincy.

Please return to your school office or the Transportation Building – 721 F St SE
Por favor, devuélvalo a la oficina de su escuela o al Edificio de Transporte - 721 F St SE

R **OFFICE USE ONLY - Please return all registration forms to the Transportation Building**

Quincy School District # 144
119 J ST SW
Quincy, WA 98848
509-787-4571
Website: qsd.wednet.edu

SUPERINTENDENT
Dr. Nik Bergman
ASST. SUPERINTENDENT
David J. Garza
BOARD MEMBERS
Rita Keene | Chad Lower
Shannon Durfee | Kacey Kiehn
Dayana Ruiz

Family Questionnaire

Student Name: _____ School: _____
Address: _____ Phone: _____

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire

1. Select current living situation:

- ☐ Rent/Own my own home
- ☐ Temporarily staying in someone else's house or apartment with another family
- ☐ Student living with an adult that is not a parent or legal guardian
- ☐ Student living alone without an adult
- ☐ In a hotel/motel
- ☐ Emergency Housing
- ☐ In a vehicle/RV or campground
- ☐ In a residence without water, heat, or electricity, ect
- ☐ Other

2. Are you living in these circumstances due to loss of housing or economic hardship?

- ☐ Yes
- ☐ No

3. Have you or an immediate family moved and engaged in AGRICULTURAL or FISHING work within the last 36 months?

- ☐ Yes
- ☐ No

***If you have any questions about this form please contact the district McKinney Vento Liaison: Tessa Poortinga at 787-1678**

_____

Print Parent/Guardian Name Date

_____

Signature of Parent/Guardian Date

01/20/25

2026-2027

QUINCY SCHOOL DISTRICT
NURSE ALERT FORM

**This form must be completed for each new school year.*

Nurse initial _____

504____ ECP ____

Name: _____ Birthdate: _____ Sex: M/ F (circle)
Last First MI

School: _____ Grade: _____ Date: _____

Doctor: _____ Clinic: _____

___Yes, my child has a life-threatening health condition - ***Please complete Section 1 and 2***

___No, my child does not have a life-threatening health condition - ***Please skip to Section 2***

Section 1 – LIFE-THREATENING HEALTH CONDITIONS

☐ **Asthma and requires rescue inhaler at school**

What triggers the asthma: ☐ Exercise ☐ Illness ☐ Allergies ☐ Other: _____

☐ **Anaphylaxis (Life-Threatening Allergy) and requiring emergency medication:** ☐EpiPen: ☐Yes ☐No

What causes the allergic reaction? ☐ Bee sting ☐ Food: _____ ☐ Other: _____

☐ **Diabetes:** Age of diagnosis: _____ ☐ Type I ☐ Type II ☐ Uses Insulin ☐ Oral Medication

☐ **Seizure disorder:** Type _____Date of last seizure: _____ ☐ Uses seizure medication

☐ **V/P Shunt (in brain)** ☐ **Cardiac arrhythmia or other cardiac problems which require activity restrictions?**

☐ **Hemophilia/Other blood disorder** _____

☐ **Other Life Threatening Health Condition:** _____

Section 2 - NON-LIFE-THREATENING HEALTH CONDITIONS

☐ **Vision** concerns? ☐ Glasses ☐ Contacts ☐ Other: _____

☐ **Hearing** concerns? ☐ Wears hearing aids

☐ **History of Concussion**(s): Age(s) ____Was a doctor seen? _____Lasting Effects: _____

☐ Other: _____

Please list any other significant health concerns that the school nurse should know about (allergies, surgeries, hospitalizations, disorders, mental health disorders such as ADHD, autism, depression, anxiety, etc.)

MEDICATION

Does your child take any medication? ☐ No ☐ Yes, name of medication: _____

Will medication be needed at school? ☐ No ☐ *Yes, name of medication: _____

***If your child needs medication at school, a "Medication Authorization" form is required every year before any medication may be given. This form is available from the school office or on the district website at www.qsd.wednet.edu**

AUTHORIZATION FOR SHARING HEALTH INFORMATION/ACCESSING MEDICAL CARE

As parent/guardian, I agree to notify the school about any significant change in my child's health status. I also understand that this information will be accessible to the following people: School nurses, teachers, specialists, office staff and emergency medical personnel.

If I cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child (properly accompanied) for treatment to the hospital or doctor most easily accessible.

_____ _____

Date **Parent or legal guardian signature**

03/14/23

Parents – Are Your Kids Ready for School?

Required Immunizations for School in Washington State



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	**Hepatitis B**	**Hib** (*Haemophilus influenzae* type B)	**MMR** (Measles, mumps, rubella)	**PCV** (Pneumococcal Conjugate)	**Polio**	**Varicella** (Chickenpox)
Preschool Age 19 months to less than 4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on September 1st	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) *Not required at 5 years of age or older*	2 doses	4 doses* *Not required at 5 years of age or older*	4 doses*	2 doses**
Kindergarten through 6th grades	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 12th grades	5 doses DTaP* *Plus* Tdap at age >10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given.

**Healthcare provider verification of history of chickenpox disease is also acceptable.

Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions.

Find information on other important vaccines not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov **DOH 348-295 Nov. 2025**

Washington State Department of HEALTH

Certificate of Immunization Status (CIS)

Washington State Department of Health

Reviewed by:	Date:
Signed COE on File? ☐ Yes ☐ No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

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

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
X _____	X _____
Parent/Guardian Signature **Date**	**Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

▲Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
•▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
•▲ DT or Td (Tetanus, Diphtheria)						
•▲ Hepatitis B						
• Hib (*Haemophilus influenzae type b*)						
•▲ IPV (Polio) (any combination of IPV/OPV)						
•▲ OPV (Polio)						
•▲ MMR (Measles, Mumps, Rubella)						
• PCV/PPSV (Pneumococcal)						
•▲ Varicella (Chickenpox) ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐Polio (all 3 serotypes must show immunity)

▶

Licensed Health Care Provider Signature Date

▶

Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:
Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:
1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
   - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
   - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records
All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status
Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit https://www.cdc.gov/vaccines/terms/usvaccines.html

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

QUINCY SCHOOL DISTRICT
SUCCESSFUL STUDENTS TODAY, BRIGHT FUTURES TOMORROW

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DR. NIK BERGMAN

ASSISTANT SUPERINTENDENT
DAVID GARZA JR.

BOARD MEMBERS
RITA KEENE | CHAD LOWER
SHANNON DURFEE | KACEY KIEHN
DAYANA RUIZ

Truancy and understanding the "Becca Bill"

Truancy

In our state, the law requires that children ages 6 to 17, **who are enrolled in public schools**, attend school Monday through Friday, unless there is a valid reason for being absent. In this case, the parent or legal guardian must excuse the absence by notifying the school. When students miss school and their parents have not excused the absence, they can be considered truant. Truancy is defined as being absent from school or from the majority of a student's classes without a valid excuse. School districts around the state have different rules and regulations about student attendance and how parents should excuse absences. Be sure to read the attendance policies in your school district and discuss them with your student.

The BECCA Bill

The "Becca Bill" (SB 5439) is our state's truancy law. It is intended to stop truancy before it becomes a problem. Schools and families should work together as a team to ensure school attendance and student safety. However, if a student has unexcused absences, this law requires that school districts take the following actions:

1. **Elementary students only**- After 5 excused absences within any month or 10 cumulative excused absences in a school year. The school will schedule a conference with the parent of the elementary student for the purpose of identifying barriers to attendance and support/ resources available to assist the family. If the student has an IEP or 504 the team must convene. *** a conference or IEP/504 team meeting is not required if a prior notice has been given, a doctor's note has been provided, and an academic plan has been put in place. This step of holding a conference for excused absences is only required for elementary school students.** RCW 28A.225.018

2. **One (1) unexcused absence**. The school must inform the parent when there is one unexcused absence. This is often done by a phone call home. RCW.28A.225.020

3. **Three (3) unexcused absences within 30 days**. After the third unexcused absence, the school is required to schedule a meeting with the parent/legal guardian and student and establish a written attendance contract with the family, where the parent, student, and schools agree to find solutions and supports to prevent further unexcused absences. *Convene the IEP or 504 team. If *the* student has an individualized education program (*IEP*) *or* 504 *Plan*, *the* team should meet to consider *the reasons for the* absences and adjust the IEP or 504 Plan as needed. This *is* mandatory and is in addition to the requirement to have a parent conference after 3 unexcused absences. RCW.28A.225.020

4. **Seven (7) unexcused absences within 30days or fifteen (15) unexcused absences in a school year.** The school district will file a petition in the juvenile court with a *stay* and refer the case to a *Community Engagement Board where other coordinated means of intervention can be established if referrals did not take place before the truancy petition was filed. RCW.28A.225.035

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If truancy persist, the case will be referred to Grant County juvenile court, and the court will call for a hearing. The student could be ordered to do community service or a community purge. The parent/guardian may be fined up to $25.00 for each day of unexcused absence or be ordered to do community service. RCW.28A.225.035

***Community Engagement Board (CEB)** is an established pursuant to a memorandum of understanding between a juvenile court and a school district. The board is composed of members of the community, court representative, and school officials who help resolve truancy cases away from the court.

Communicate with your school frequently
Ask the school about their policy and procedures on excusing absences from school.
Notify the school when your student is absent.
Respond quickly when the school notifies you of an unexcused absence.
Learn how you can check your student's attendance.
Immediately address issues of concern about your student with the school with the teacher or counselor.

ACKNOWLEDGEMENT OF INFORMATION

I, _____, read and understand the Truancy Law (Becca Bill)
Parent/Guardian

STUDENT NAME_____ DATE: _____

SCHOOL_____

Quincy School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator: Nik Bergman, Superintendent, nbergman@qsd.wednet.edu, 404 1st Ave SW, Quincy, WA 98848, (509) 787-4571. Section 504/ADA Coordinator: Victoria Hodge, Special Programs Director, vhodge@qsd.wednet.edu, 404 1st AVE SW, Quincy, WA 98848, (509) 787-4571. Civil Rights Compliance Coordinator: David Garza Jr, Assistant Superintendent, dgarza@qsd.wednet.edu, 119 J Street SW, Quincy, WA 98848, (509) 787-4571.

QUINCY SCHOOL DISTRICT
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Dear Quincy School District community,

It's almost time to begin planning classroom assignments for next year. Here at the Quincy School District, we go through a very careful and thoughtful process to determine the placement for each student for fall.

Our goal is to provide the best possible learning environment for all students. To accomplish this, we will work with your child's current teacher and counselor (if possible) to determine a classroom placement for next year. We consider many factors during this process including academic needs, social interaction, learning style, gender and any other special needs. In addition, we will focus on forming the best possible combinations for students to work together. Setting up classes is, at best, a difficult and time-consuming task. Our main concern is that we have balanced classes that serve the welfare of all students.

As a partner in our education process, you have valuable insight into your child's needs. In place of a teacher request form, we invite you to complete a **Parent Input for Student Placement Form** on the following page. The information you provide can be valuable help to us with our placement process. Please note, as the form explains, specific teacher requests are not accepted. The mix in the classroom can be unbalanced if we honor individual teacher request. In addition, staffing can change over the summer and specific requests leave no guideline for change. This form is simply a way for you to give input.

While we begin the class placement process in the spring, the class list does not become final until our enrollment becomes stable. We recognize that changes after the school year has begun can be difficult. Please know that while we try to plan ahead, changes in room assignment after the school year has started are always a possibility due to enrollment.

The Parent Input form must be returned by May 1, 2026, for consideration. We appreciate your understanding and respect for the placement process.

Thank you

QUINCY SCHOOL DISTRICT
PARENT INPUT FOR KINDERGARTEN PLACEMENT

Child's name:_____ School:_____

Date of birth:_____ Age:_____

How many siblings does your child have? _____ Ages:_____

Did your child attend preschool? ☐ Yes ☐ No If yes, where and how often? _____

Preschool teacher:_____

What words describe your child's personality? _____

What are your child's strengths and special interests? _____

_____

Do you have any concerns for your child? _____

_____

_____

Any allergies or health concerns? _____

_____

Is there anything else we should know about your child? We take many factors into considerations as we build class groups including abilities, age, gender, personalities and friendships. *Specific teacher requests are not accepted.* _____

_____

_____

SKILLS INFORMATION

Please check the boxes for things that your child is able to do MOST or ALL of the time.

- ☐ Counts 1-10 from memory
- ☐ Counts 11-20 from memory
- ☐ Counts 10 objects accurately
- ☐ Identifies basic colors
- ☐ Identifies basic shapes
- ☐ Cuts scissors on a line
- ☐ Says ABCs or sings ABC song
- ☐ Writes his or her first name
- ☐ Knows first and last name
- ☐ Knows the letters in his/her name
- ☐ Sits and listens to a storybook
- ☐ Is completely independent in toileting

_____ _____

Parent Signature Phone

Submit between February 1 - May 1, 2025
2025-2026 school year

Staff Initials