



OSD Parent Participation Packet

(Field Trips, Classroom Parties, & School Events)

Welcome

Thank you for supporting our students and schools. Parent and family participation strengthens learning, builds community, and helps create memorable experiences for our students.

This packet outlines the requirements for participating in OSD activities that require only a **Washington State Patrol (WATCH) background check**, not fingerprinting.

Participation Requirements

To participate as a chaperone or visitor:

- Submit a WATCH Background Check (valid for 2 years from the processing date).
- Complete the Confidentiality & Privacy Agreement – Required to protect student information and comply with FERPA.
- Follow school and staff directions while on campus or on field trips. Your role is to support safe, positive student experiences.

Confidentiality & Privacy Expectations

When participating in school activities, you may observe students' schoolwork, behavior, or personal matters. All such information must remain confidential.

You must:

- Keep all student information private.
- Discuss concerns only with teachers or administrators.
- Avoid discussing student information in person, online, by phone, text, or email.
- Refrain from asking personal questions unrelated to your task.

Safety Reporting

If a student shares something that suggests harm, danger, or risk, notify a teacher or administrator **immediately**.

Photography & Media Rules

To protect student privacy:

- No photos or videos may be taken by volunteers or visitors.
- No posting of student images or videos on social media.
- Staff may not grant exceptions.

For partner organizations:

- Contact the OSD Communications Department (tlemus@othelloschools.org).
- A parent/guardian photo release must be provided and collected in advance.

Expectations for Chaperones & Helpers

During field trips and events, please:

- Stay with your assigned group of students.
- Follow all staff instructions promptly.
- Report injuries, safety concerns, or behavior issues to staff immediately.
- Model respectful, positive behavior.
- Avoid using personal devices except for emergencies.

Acknowledgement & Signature

I have read and understand the Parent Participation Packet and agree to follow all expectations.

Name:

Signature:

Date:



Volunteer Application

Authorization to Conduct Washington State Patrol Background Check WATCH Report

Full Name:

First

Middle

Last

Alias/Maiden Name:

Birth Date:

Mailing Address:

Gender:

Phone Number:

I authorize the Othello School District to conduct a background check (**good for 2 years from date of processing**) through the Washington State Patrol (WATCH) and provide the information given on this form strictly for purposes of the authorized background check.

Signature:

Date:

FOR OFFICE USE ONLY:

Building/Staff Who Received Form:

When complete, please return to Brett Getz in Human Resources to be processed. Can take up to two (2) business days for form to be processed and completed once received by Human Resources.

Date WATCH Report Completed: