



KINDERGARTEN REGISTRATION

Begins March 2, 2026

WELCOME to Port Angeles School District!
We look forward to working with parents and their children as they
begin the journey of a life—long learner.

WHAT IS NEEDED FOR REGISTRATION?

- The child must be **five (5) years of age** prior to September 1, of the year they enter kindergarten.
- **Birth Certificate:** You must provide a legal document showing the student's legal last name. Please bring the student's birth certificate (copy or original). If you do not have this, you can bring immigration papers or proof a guardianship.
- **Certificate of Immunization Status:** Your doctor or the health department can assist you in obtaining this information. You may register your child prior to submitting this record, however, children may not begin school until they have completed the immunization requirements.
- **Proof of Address:** Please provide two documents, one of which is a utility bill. Other documents may include a driver's license, government issued identification card, voter's registration, or a second utility bill. If you are without a place to live, please let the registrar know.

**Class of 2039 Tshirt
&
backpack with
school supplies at
registration**



QUESTIONS?

Call 360-457-8575

www.portangelesschools.org

More information on back!

PASD Elementary Schools

Dry Creek Elementary	25 Rife Road	360-457-5050
Franklin Elementary	2505 South Washington Street	360-457-1343
Hamilton Elementary	1822 West 7 th Street	360-452-6818
Jefferson Elementary	218 East 12 th Street	360-457-4231
Roosevelt Elementary	106 Monroe Road	360-452-8973
Seaview Academy	904 West 9 th Street	360-452-9502

Transportation Information: 360-452-9714

Please check our website at portangelesschools.org/families/bus-routes for updated bus routes. All kindergarten children will wear a school provided bus tag the first two weeks of school. This tag includes their name, bus route, and bus stop.

Immunizations

To attend public school in Washington State, each child must have a signed certificate of Immunization Status form (CIS) showing proof of ONE of the following:

- All immunizations have been done according to state requirements (month, day, and year are required for all vaccines)
- Immunizations are in the process of being completed
- Medical exemption (with health care provider signature)
- Religious exemption (with parent/guardian signature)
- Personal exemption (with parent/guardian and health care provider signature)

Kindergarten Requirements include the following:

Hepatitis B	3 doses (properly spaced)
DTaP/DT	5 doses -OR- 4 doses are acceptable only IF given on or after the 4th birthday AND at least 6 months after dose 3
Polio	4 doses IF all were given before the 4th birthday -OR- 3 doses IF the last dose was given on or after the 4th birthday
MMR	2 doses, 1st dose must be given on or after the 1st birthday, 2nd dose must be given at least 28 days after the 1st dose
Varicella	2 doses, 1st dose must be given on or after the 1st birthday, 2nd dose must be given at least 3 months after the 1st dose -OR- A signed note from the health care provider stating the child had chickenpox (with month, day, and year) or a date of a blood test showing the child had chickenpox, or a signed exemption based on medical, religious, or personal reason. If a parent is unsure about the child's chickenpox history, the child should be referred to their health care provider to get the vaccine. Reported history of varicella (chickenpox) is NOT accepted.

Please make sure your child has all of the required vaccines BEFORE the first day of school.



PORT ANGELES SCHOOL DISTRICT
905 W 9th St., PORT ANGELES WA 98363
2026-2027 SCHOOL YEAR

STUDENT REGISTRATION FORM

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Legal Middle Name:	Preferred Name:	Gender:	Grade:
Date of Birth: <i>MM/DD/YYYY</i>	If student WAS born in the USA: Birth City: _____ Birth State: _____	If student was NOT born in the USA: Birth City: _____ Birth Country: _____			
Student's preferred language:	Language spoken the most at home:	Did your student attend school outside the USA: Y N <i>Circle One</i> If yes, for how many months? <i>Assume 10 months per year</i> _____			
What language did your student first learn to read or write?		Is this the first time enrolling in school in the USA: Y N <i>Circle One</i> If no, date first enrolled in school in the US: <i>MM/DD/YYYY</i> _____			

PRIMARY HOUSEHOLD INFORMATION (WHERE THE STUDENT RESIDES THE MAJORITY OF THE TIME)

Student's Physical Residence Address:	Mailing Address (if different):
Street: _____ Apt. # _____	Street/PO Box: _____ Apt. # _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

PRIMARY HOUSEHOLD – GUARDIAN 1

Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student? Do you need an interpreter for school meetings? Y N <i>Circle One</i> Do you need official school materials to be translated? Y N <i>Circle One</i>
Primary Phone:	Additional Phone:	Email Address:		
Confidential? ☐				
Employer:	Military Affiliation: <i>Please circle Y or N for each</i> Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N Work Phone: _____ Currently in the Washington National Guard: Y N			

PRIMARY HOUSEHOLD – GUARDIAN 2

Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student? Do you need an interpreter for school meetings? Y N <i>Circle One</i> Do you need official school materials to be translated? Y N <i>Circle One</i>
Primary Phone:	Additional Phone:	Email Address:		
Confidential? ☐				
Employer:	Military Affiliation: <i>Please circle Y or N for each</i> Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N Work Phone: _____ Currently in the Washington National Guard: Y N			

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SECONDARY HOUSEHOLD INFORMATION (ONLY IF THE STUDENT SPLITS TIME WITH ANOTHER HOUSEHOLD)				
Student's Physical Residence Address:		Mailing Address (if different):		
Street: _____ Apt. # _____		Street/PO Box: _____ Apt. # _____		
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____		
SECONDARY HOUSEHOLD – GUARDIAN 1				
Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student? Do you need an interpreter for school meetings? Y N <i>Circle One</i> Do you need official school materials to be translated? Y N <i>Circle One</i>
Primary Phone:	Additional Phone:	Email Address:		
Confidential? ☐				
Employer:		Military Affiliation: <i>Please circle Y or N for each</i> Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N Work Phone: _____ Currently in the Washington National Guard: Y N		
SECONDARY HOUSEHOLD – GUARDIAN 2				
Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student? Do you need an interpreter for school meetings? Y N <i>Circle One</i> Do you need official school materials to be translated? Y N <i>Circle One</i>
Primary Phone:	Work or 2 nd Phone:	Email Address:		
Confidential? ☐				
Employer:		Military Affiliation: <i>Please circle Y or N for each</i> Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N Work Phone: _____ Currently in the Washington National Guard: Y N		
CUSTODY INFORMATION (IF APPLICABLE)				
Release student to non-custodial parent? Y N <i>Circle One</i>		Are there any restraining orders in effect? Y N <i>Circle One</i> If yes, legal papers must be on file with the school for enforcement		
Is there a joint custody agreement or parenting plan in effect? Y N <i>Circle One</i>		Restraining order is against:		
If yes, the paperwork must be on file with the school for enforcement.		Name: _____ Relationship to Student: _____		
EMERGENCY INFORMATION				
PERSONS TO CONTACT IF ABOVE CANNOT BE REACHED, AND WHO ARE AUTHORIZED TO PICK UP STUDENT	Name:	Phone:	Relationship to Student:	
	Name:	Phone:	Relationship to Student:	
	Name:	Phone:	Relationship to Student:	
	Name:	Phone:	Relationship to Student:	
MEDICAL EMERGENCY INFORMATION	Physician:	Phone:	City:	
Please describe any health condition or allergies the school should be aware of:				

SIBLING INFORMATION – PLEASE LIST THE STUDENT’S BROTHERS AND/OR SISTERS					
Last Name	First Name	DOB MM/DD/YYYY	Gender	Live in Same Home?	School Currently Attending
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	
			M F Non-Binary	Y N	

PREVIOUS SCHOOL INFORMATION – PLEASE LIST PREVIOUS SCHOOLS STARTING WITH THE MOST RECENT						
Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)
Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)
Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)
Name of School:	School District:	City	State	Start Date:	End Date:	Grade Level(s)

Previous Preschool Services - Please circle all early learning programs this student was enrolled in:						
PASD Preschool	Other Preschool	Childcare	Playgroup	Early Headstart	Headstart	Friends/Neighbors
SCHOOL EXPERIENCE DATA – Has this student...? (Please circle Yes or No for each question)						
Previously attended Port Angeles School District?	Yes	No	If yes, school:	Year:		
Been enrolled in any special education program (IEP)	Yes	No	If yes, school:	Year:		
Had a 504 Plan?	Yes	No	If yes, school:	Year:		
Had an Individual Health Care Plan?	Yes	No	If yes, school:	Year:		
Been enrolled in ESL programs?	Yes	No	If yes, school:	Year:		
Been in Gifted/Talented/Highly Capable programs?	Yes	No	If yes, school:	Year:		
Been identified as Gifted, Talented or Highly Capable through testing?	Yes	No	If yes, school:	Year:		
Ever been retained?	Yes	No				
Ever been suspended or expelled for disciplinary reasons?	Yes	No				
Had a history of criminal behavior?	Yes	No				
Had any history of weapons possession?	Yes	No				
Been convicted of a felony?	Yes	No	If yes, type:			
BUSING INFORMATION						
Will student ride the bus? Circle One Y N AM Route # _____ PM Route # _____ Comments: _____						

Only students who physically reside within the boundaries of the Port Angeles School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Port Angeles School District may legally attend school within the Port Angeles School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Port Angeles School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Port Angeles School District.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student.

Parent/Guardian Name (Please Print)	Parent Guardian Signature	Date
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PORT ANGELES SCHOOL DISTRICT

RACE AND ETHNICITY DATA COLLECTION FORM

All K-12 schools in Washington and across the country are required to collect and report the race and ethnicity of every student to the school district annually. Accurately identifying groups of students currently underserved by the education system is the first step in creating positive changes at the local, state, and national level. In Washington, school districts report these data to the Office of Superintendent of Public Instruction (OSPI). OSPI summarizes this and uses it to understand trends and to improve teaching and learning. The data will not be reported in a way that identifies individual students. For more on family privacy rights in education, see: A Parent Guide to the Family Educational Rights and Privacy Act (FERPA).

When completing this collection, you may be as detailed as you would like. You may select more than one option. If you do not see your identity on the list, you may select "write in". By law, you are not required to identify the race or ethnicity of your child on school forms. However, if you choose not to provide us with this information, the school will fill it out. When school staff fills out the race and ethnicity questions, it is called 'observer identification'. This is done as a last resort and does not permit any representative of the school or district to tell someone how they should classify himself or herself. We prefer that parents/guardians fill this form out, as this ensures that the data is accurate. If you choose not to fill this out, the school will take steps to complete 'observer identification'.

To do this, we will collect background information about your student by:

- Reviewing student records, documenting the race and ethnicity of the student in previous years.
- If the student has siblings: reviewing their student records and documenting previous race and ethnicity data.
- Talking with counselors and teachers of the student.
- Using responses to the home language survey to identify the student's home language.

As a parent/guardian, you always have the option of changing the race and ethnicity records kept at the school. To do this, you can contact your school office and ask to update your information.

Student Name: _____

Grade: _____ **School:** _____

Parent Name: _____

Question 1: Is your child of Hispanic or Latino origin? Yes_____ No _____

If yes, please check all that apply.

☐	H00	Hispanic	☐	H15	Jamaican
☐	H01	Not Hispanic/Latino	☐	H16	Mexican
☐	H02	Argentine	☐	H17	Mestizo
☐	H03	Bolivian	☐	H18	Native
☐	H04	Brazilian	☐	H19	Nicaraguan
☐	H05	Chicano (Mexican American)	☐	H20	Panamanian
☐	H06	Chilean	☐	H21	Paraguayan
☐	H07	Colombian	☐	H22	Peruvian
☐	H08	Costa Rican	☐	H23	Puerto Rican
☐	H09	Cuban	☐	H24	Salvadoran
☐	H10	Dominican	☐	H25	Spaniard
☐	H11	Ecuadorian	☐	H26	Surinamese
☐	H12	Guatemalan	☐	H27	Uruguayan
☐	H13	Guyanese	☐	H28	Venezuelan
☐	H14	Honduran	☐	H29	Hispanic/Latino Write in:

Please continue to Question 2 on next page.

Question 2: What race(s) do you consider your child?

If yes, please check all that apply.

A00	Asian	B34	Djiboutian
A01	Asian Indian	B35	Eritrean
A02	Bangladeshi	B36	Ethiopian
A03	Bhutanese	B37	Kenyan
A04	Burmese/Myanmar	B38	Malagasy (Madagascar)
A05	Cambodian/Khmer	B39	Malawian
A06	Cham	B40	Mauritian (Mauritius)
A07	Chinese	B41	Mahoran (Mayotte)
A08	Filipino	B42	Mozambican
A09	Hmong	B43	Reunionese
A10	Indonesian	B44	Rwandan
A11	Japanese	B45	Seychellois/Seychelloise
A12	Korean	B46	Somali
A13	Lao	B47	South Sudanese
A14	Malaysian	B48	Sudanese
A15	Mien	B49	Ugandan
A16	Mongolian	B50	Tanzanian (United Republic of Tanzania)
A17	Nepali	B51	Zambian
A18	Okinawan	B52	Zimbabwean
A19	Pakistani	B53	<i>East African Write in:</i>
A20	Punjabi	B54	Argentine
A21	Singaporean	B55	Belizean
A22	Sri Lankan	B56	Bolivian
A23	Taiwanese	B57	Brazilian
A24	Thai	B58	Chilean
A25	Tibetan	B59	Colombian
A26	Vietnamese	B60	Costa Rican
A27	<i>Asian Write in:</i>	B61	Ecuadorian
B00	Black/ African-American	B62	El Salvadoran
B01	African American	B63	Falkland Islander
B02	African Canadian	B64	French Guianese
B03	Anguillian	B65	Guatemalan
B04	Antiguan	B66	Guyanese
B05	Bahamian	B67	Honduran
B06	Barbadian	B68	Mexican
B07	Barthélemois/Barthélemoises (Saint Barthélemy)	B69	Nicaraguan
B08	British Virgin Islander	B70	Panamanian
B09	Caymanian (Cayman Island)	B71	Paraguayan
B10	Cuba Dominican	B72	Peruvian
B11	Dominican (Dominican Republic)	B73	South Georgia and the South Sandwich Islands
B12	Dutch Antillean (Netherlands Antilles)	B74	Surinamese
B13	Grenadian	B75	Uruguayan
B14	Guadeloupian	B76	Venezuelan
B15	Haitian	B77	<i>Latin American Write in:</i>
B16	Jamaican	B78	Botswanan
B17	Martiniquais/Martiniquaise	B79	Mosotho (Lesotho)
B18	Montserratian	B80	Namibian
B19	Puerto Rican	B81	South African
B20	<i>Caribbean Write in:</i>	B82	Swazi
B21	Angolan	B83	<i>South African Write in:</i>
B22	Cameroonian	B84	Beninese
B23	Central African (Central African Republic)	B85	Bissau-Guinean
B24	Chadian	B86	Burkinabé (Burkina Faso)
B25	Congolese (Republic of the Congo)	B87	Cabo Verdean
B26	Congolese (Democratic Republic of the Congo)	B88	Ivorian (Cote d'Ivoire)
B27	Equatorial Guinean	B89	Gambian
B28	Gabonese	B90	Ghanaian
B29	São Toméan	B91	Liberian
B30	Principe	B92	Malian
B31	<i>Central African Write in:</i>	B93	Mauritanian
B32	Burundian	B94	Nigerien (Niger)
B33	Comoran	B95	Nigerian (Nigeria)

Question 2 (continued): What race(s) do you consider your child? Please check all that apply.

B96	Saint Helenian	P18	Tongan
B97	Senegalese	P19	Tuvaluan
B98	Sierra Leonean	P20	Yapese
B99	Togolese	P21	<i>Pacific Islander Write in:</i>
C01	<i>West African Write in:</i>	W00	White
C02	<i>Black Write in:</i>	W01	Bosnian
N00	American Indian/Alaskan Native	W02	Herzegovinian
N01	Chinook Tribe	W03	Polish
N02	Confederated Tribes/ Bands of the Yakama Nation	W04	Romanian
N03	Confederated Tribes of the Chehalis Reservation	W05	Russian
N04	Confederated Tribes of the Colville Reservation	W06	Ukrainian
N05	Cowlitz Indian Tribe	W07	<i>Eastern European Write in:</i>
N06	Duwamish Tribe	W08	Algerian
N07	Hoh Indian Tribe	W09	Amazigh or Berber
N08	Jamestown S'Klallam Tribe	W10	Arab or Arabic
N09	Kalispel Indian Community/Kalispel Reservation	W11	Assyrian
N10	Kikiallus Indian Nation	W12	Bahraini
N11	Lower Elwha Tribal Community	W13	Bedouin
N12	Lummi Tribe of the Lummi Reservation	W14	Chaldean
N13	Makah Indian Tribe of the Makah Indian Reservation	W15	Copt
N14	Marietta Band of Nooksack Tribe	W16	Druze
N15	Muckleshoot Indian Tribe	W17	Egyptian
N16	Nisqually Indian Tribe	W18	Emirati
N17	Nooksack Indian Tribe of Washington	W19	Iranian
N18	Port Gamble S'Klallam Tribe	W20	Iraqi
N19	Puyallup Tribe of Puyallup Reservation	W21	Israeli
N20	Quileute Tribe of the Quileute Reservation	W22	Jordanian
N21	Quinault Indian Nation	W23	Kurdish Kuwaiti
N22	Samish Indian Nation	W24	Lebanese
N23	Sauk-Suiattle Indian Tribe of Washington	W25	Libyan
N24	Shoalwater Bay Indian Tribe/Shoalwater Bay Reservation	W26	Moroccan
N25	Skokomish Indian Tribe	W27	Omani
N26	Snohomish Tribe	W28	Palestinian
N27	Snoqualmie Indian Tribe	W29	Qatari
N28	Snoqualmoo Tribe	W30	Saudi Arabian
N29	Spokane Tribe of the Spokane Reservation	W31	Syrian
N30	Squaxin Island Tribe/ Squaxin Island Reservation	W32	Tunisian
N31	Steilacoom Tribe	W33	Yemeni
N32	Stillaguamish Tribe of Indians of Washington	W34	<i>Middle Eastern Write in:</i>
N33	Suquamish Indian Tribe/Port Madison Reservation	W35	<i>North African Write in:</i>
N34	Swinomish Indian Tribal Community	W36	<i>White Write In:</i>
N35	Tulalip Tribes of Washington		
N36	<i>Alaska Native Write in:</i>		
N37	<i>American Indian Write in:</i>		
P00	Native Hawaiian/Other Pacific Islander		
P01	Carolinian		
P02	Chamorro	X	
P03	Chuukese		
P04	Fijian		
P05	i-Kiribati/Gilbertese		
P06	Kosraean	X	
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		

X

Print Parent/Guardian Name

X

Parent/Guardian Signature

Date



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. <i>This form is not used to identify students' immigration status.</i>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (K-12 th 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-12 th 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.



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



905 West 9th Street
Port Angeles, Washington 98363
v 360·457·8575 f 360·457·0795
www.portangelesschools.org

STUDENT HEALTH INVENTORY FORM

Date: _____ Grade: _____

Name (Last, First and Middle): _____ DOB: _____

Primary Doctor: _____ Phone: _____

Daily medications at home? Yes/No Name of medication(s): _____

Reason for medication(s): _____ (If student requires medication at school, please obtain the appropriate form in the school office)

Immunization Status (Please Circle): Up to Date Exemption Form In Progress

Allow School to obtain/share immunization information with WA Immunization Information System: Yes ☐ No ☐

List any serious illnesses or injuries: _____

Wears Any Medical Device? _____

Special Education or Services? _____ Does your child see a Behavioral Specialist? Yes/No

Name of Behavioral Specialist: _____ Phone: _____

MEDICAL HISTORY

ALLERGIES	LIFE THREATNING MEDICAL CONDITIONS	MENTAL/BEHAVIORAL ISSUES	CHRONIC CONDITIONS
☐ Peanuts ☐ Tree Nuts ☐ Seasonal ☐ Food ☐ Dust ☐ Gluten ☐ Dairy ☐ Bee Stings ☐ Other (List)	☐ Allergies ☐ Asthma ☐ Seizures ☐ Heart Issues ☐ Diabetes ☐ Other (List)	☐ ADD ☐ ADHD ☐ Depression ☐ Autism ☐ Anxiety ☐ Other (List)	☐ Headaches ☐ Vision issues ☐ Hearing issues ☐ Bladder issues ☐ Bowel issue ☐ Nosebleeds ☐ Other (List)

If you selected any of the above please provide details below:

I understand that the information given about my child will be shared with appropriate school staff to provide for the health and safety of my child. **THIS FORM TO REMAIN VALID FOR SUCCESSIVE YEARS-UNLESS THERE IS AN UPDATE/CHANGE IN CONDITION AND IT IS PROVIDED TO THE SCHOOL IN WRITTEN FORMAT.**

Signature of Legal Parent/Guardian _____ Date: _____



PORT ANGELES SCHOOL DISTRICT

905 West 9th Street
Port Angeles, Washington 98363
v 360 ·457·8575 f 360·457·0795
www.portangelesschools.org

Student Housing Questionnaire

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

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

If the student does not live in a home owned or rented by the parent or guardian, please check all that apply below.

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

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Age: _____ Gender: _____

Birthdate (Month/Day/Year): _____

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

Address of current residence: _____

Phone number or contact phone number: _____ Name of contact: _____

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

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

☐ The student (s) named above have younger siblings/children (not yet school age). The district's McKinney-Vento liaison may be able to assist you with age-appropriate resources.

Please return completed form to Alicia Scofield @ Lincoln Center 905 W 9th St.

Questions? Call Alicia Scofield, District Liaison: 360-565-3706 or email ascofield@portangelesschools.org

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.
- (2) The term homeless children and youths' —
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - (B) includes —
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEH CY\)](#)

[SchoolHouse Connection](#)

PORT ANGELES SCHOOL DISTRICT

Special Services & Programs Questionnaire

Date: _____ Student Name: _____

DOB: _____ Grade: _____ Previous School/District: _____

Parent/Guardian: _____ Phone: _____

Program History

Please describe any special services or support programs your child received at their previous school:

Please list any outside agencies, clinics, or specialists (e.g., speech, medical) that have information relevant to your child's educational program:

Service Categories

Check any of the following that apply to your child's educational history:

- | | |
|--|--|
| ☐ Special Education (IEP) | ☐ Section 504 Plan (Accommodations) |
| ☐ Highly Capable / Gifted Program | ☐ Multilingual Learner (ELL/ML) Support |
| ☐ Speech or Language Therapy | ☐ Occupational or Physical Therapy |
| ☐ Counseling / Behavioral Support | ☐ Health Impairment (e.g., ADHD, Medical) |
| ☐ Emotional/Behavioral Disability (EBD) | ☐ Autism Spectrum |
| ☐ Specific Learning Disability (SLD) | ☐ Deaf/Hard of Hearing or Visual Impairment |

Notice Regarding Transfer Students (WAC 392-172A-03105):

If a student eligible for special education services transfers to the Port Angeles School District with an IEP currently in effect, the District will—in consultation with the parents—provide a Free Appropriate Public Education (FAPE). This includes providing services **comparable** to those described in the student's previous IEP, until the District either adopts the previous IEP or develops and implements a new one.

Records Request (RCW 28A.225.330):

To facilitate transition, the District will promptly request student records, including the IEP and supporting documents, from the previous school district. Parents may be asked to sign a Release of Information to assist in obtaining medical or outside agency records.

Parent/Guardian Signature: _____ Date: _____

Port Angeles School District

RELEASE OF DIRECTORY INFORMATION

Under the federal Family Educational Rights and Privacy Act (FERPA), individuals and organizations may request directory information about students. Directory information could include a student's name, photograph, address, telephone number (unless unlisted), dates of attendance, participation in officially recognized activities and sports, weight, and height of members of athletic teams, diplomas and awards received, and the most recent previous school attended. Families have the right to restrict the release of this directory information. If you **DO NOT** want directory information regarding your student released, please check the appropriate box(es) below and return the form to your student's school by **October 10th of the current school year**. Check and return this form only if you **DO NOT** want directory information released. If no documentation is on file, it will be assumed that the parent/legal guardian has granted permission for release of directory information. This information is also available to update on Skyward Family Access.

HIGH SCHOOL STUDENTS ONLY:

Under federal law, the military may request contact information for high school juniors and seniors. If you **DO NOT** want your student's information released to the military, check the box below and return the form by October 10th of the current school year to ensure your preferences are registered before the military files its request for information.

Note: Checking the box below does not prohibit the military from gathering student information from other non-school district sources or from having military recruiters speak with your student while on campus.

☐ **MILITARY USE:** Please **DO NOT** release my student's directory information to the U.S. Military.

FOR ALL FAMILIES:

If you **DO NOT** want directory information regarding your child released, please check the appropriate box(es) below and return it to your school office by **October 10th** of the current school year.

☐ **HIGHER EDUCATION:** Please **DO NOT** release my student's directory information to institutions of higher learning.

☐ **DISTRICT/SCHOOL LOCAL USE:** Please **DO NOT** release my child's visual image or other directory information for PASD use (i.e. yearbooks, publications, websites, school- or district-related social media).

☐ **PUBLIC OUTSIDE MEDIA USE:** Please **DO NOT** release my child's visual image or other directory information to outside print, broadcast, or online news media (i.e., newspapers, radio, television, etc.).

Student's Legal Name: _____ School: _____ Grade: _____ (Please Print)

Signature of Parent/Legal Guardian or Student (if 18 years of age or older) Date: _____

Please use one form per student

If you require additional forms, please make copies, contact your school, or download on the district website. Return to your child's school by October 10th of the current school year if you **DO NOT** want your child's directory information released. Directory Information is also available to update through Skyward Family Access/Release of Directory Information.

For office use only: Coded in Skyward date: _____