



BELLINGHAM PUBLIC SCHOOLS

Student Registration Form Elementary School

Has your child ever attended Bellingham Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of school(s) attended:			Dates attended:	
Student Legal Last Name:		Legal First Name:		Legal Middle Name:		
Student Preferred Last Name:		Preferred First Name		Preferred Middle Name:		Birthdate(MM/DD/YY)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Prof. Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female	Grade	Birthplace: City		State	Country
<i>If your child was born outside the United States:</i>		Date of Initial Enrollment in US Public School (mm/dd/yy)		Number of Months of K-12 Schooling Outside US		
<i>Ethnicity & Race Info – see additional page</i>		Language Student Currently Speaks:		Language First Spoken By Student:		Lang. Spoken at Home:
Name of Last School(s) Attended:		Date Last Attended:	Previous School Location (City & State):			
#1 Primary Household (where student resides)						
Last Name		First Name		Relationship to Student		
Home Phone: <input type="checkbox"/> Unlisted		Cell Phone:		Work Phone:		
Email:						
Last Name		First Name		Relationship to Student		
Cell Phone:			Work Phone:			
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State
#2 Second Household						
Last Name		First Name		Relationship to Student		
Home Phone: <input type="checkbox"/> Unlisted		Cell Phone:		Work Phone:		
Email:						
Last Name		First Name		Relationship to Student		
Cell Phone:			Work Phone:			
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State



BELLINGHAM PUBLIC SCHOOLS

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Is there a joint custody or parenting plan in effect? Yes No Attached (If yes, copy must be on file with school)

Is there a restraining order in effect? Yes No Attached (If yes, copy must be on file with school)

If yes, restraining order is against:

Does your student have health insurance? Yes No Provider: _____

Primary Physician: Name: _____ Phone: _____

Emergency Contacts – Please list adults you trust who are available during the day to pick up and provide care for your child in the event we can't reach a parent/guardian.

Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

1.

2.

3.

Does child attend childcare: <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before & After School	Childcare Provider Name	Phone	Address
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Student Cell Phone: _____

Has this student been suspended or expelled? Yes No

Date of most recent incident: _____ For weapons or dangerous behavior? Yes No

Was student returned to school? Yes No

Has your child ever qualified for or received Special Education services? Yes No Current IEP? Yes No

Has your child ever qualified for or had a 504 plan? Yes No

Has your child ever received Chapter/LAP services? Yes No If yes, Math Reading

Has your child ever participated in: Gifted/HCL Title1 ESL Other _____

Has your child ever been retained? Yes No If yes, at what grade level(s): _____

Has your child ever received migrant services? Yes No

Does your student have a parent or guardian who is EITHER a member of the active duty US Armed Forces;
OR a member of the reserves of the US Armed Forces;
OR a member of the Washington National Guard? Yes No

Please list other siblings attending Bellingham Public Schools

Last Name	First Name	School	Grade
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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 Bellingham Public Schools.

Legal Parent/Guardian Signature: _____ Date: _____

Staff use only – please do not write in gray boxes

StuId#: _____	Address Verification: _____	Health Alert	AM Bus _____	Transfer: <input type="checkbox"/> Y <input type="checkbox"/> N
Entry Date: _____	Immunizations: Birth Certificate: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	PM Bus _____	Approved: _____



AFFIDAVIT OF STUDENT RESIDENCE

For the purpose of determining a students' legal residence relative to school attendance areas in Bellingham Public Schools, the legal definition of residence reads as follows:

WAC 392-137-115 Student residence-Definition. As used in this chapter, the term "student residence" means the physical location of a students' principal abode – i.e., the home, house, apartment, facility, structure, or location, etc. – where the student lives the majority of the time. The following shall be considered in applying this section:

- 1. The mailing address of the student – e.g. parents' address or post office box-may be different than the student's principal abode.*
- 2. The student's principal abode may be different than the principal abode of the student's parent(s).*
- 3. The lack of a mailing address for a student does not preclude residency under this section.*
- 4. If students are expected to reside at address for twenty consecutive days or more.*

A copy of a current gas or electric bill (sewer and/or water bills are not accepted as proof of address) with your name, and current address, must be attached in order to complete the registration process and have a scheduling packet available for your student.

I hereby certify, pursuant to the Washington Administrative Code (WAC 392-137-115 Definitions) that:

Name of student _____

legally resides at _____

I understand that if it should be determined that the student does not reside at the above listed address, he/she may be transferred to his/her resident school.

Signature of Parent/Legal Guardian

Date

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Office of Superintendent of Public Instruction (OSPI) Home Language Survey

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
School Name: _____			
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.		All parents have the right to information about their child's education in a language they understand.	
		1. In what language(s) would your family prefer to communicate with the school? _____	
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 did your child learn first? _____	
		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: <ul style="list-style-type: none"> • 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? (Kindergarten – 12 th grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____	
		8. When did your child first attend a school in the United States? (Kindergarten – 12 th grade) _____ Month Day Year	

**Note to district: A response of a language other than English to question #2 OR #3 triggers ELL placement testing.*

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.

Additional Questions:

- Have you and/or your family moved in the last 3 years? Yes___ No___
- Was the purpose of your move to work in agriculture or the fishing industry? Yes___ No___
- Or are you currently working in either of the industries above? Yes___ No___

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Name of Student: _____

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Hispanic Yes No

ETHNICITY

- Hispanic
- Argentine
- Bolivian
- Brazilian
- Chicano (Mexican American)
- Chilean
- Colombian
- Costa Rican
- Cuban
- Dominican
- Ecuadorian
- Guatemalan
- Guyanese
- Honduran
- Jamaican

- Mexican
 - Mestizo
 - Native
 - Nicaraguan
 - Panamanian
 - Paraguayan
 - Peruvian
 - Puerto Rican
 - Salvadoran
 - Spaniard
 - Surinamese
 - Uruguayan
 - Venezuelan
 - Hispanic/Latino Write in
-

Black/ African-American (continued on next page)

RACE

- Black/ African-American
- African American
- African Canadian
- Caribbean
- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)

- Dutch Antillean (Netherlands Antilles)
 - Grenadian
 - Guadeloupien
 - Haitian
 - Jamaican
 - Martiniquais/Martiniquaise
 - Montserratian
 - Puerto Rican
 - Caribbean Write in
-

Central African

- Angolan
- Cameroonian
- Central African (Central African Republic)
- Chadian
- Congolese (Republic of the Congo)
- Congolese (Democratic Republic of the Congo)

- Equatorial Guinean
 - Gabonese
 - São Toméan
 - Principe
 - Central African Write in
-

Black/ African-American (continued)

East African

- Burundian
- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Mahoran (Mayotte)
- Mozambican

- Reunionese
 - Rwandan
 - Seychellois/Seychelloise
 - Somali
 - South Sudanese
 - Sudanese
 - Ugandan
 - Tanzanian (United Republic of Tanzania)
 - Zambian
 - Zimbabwean
 - East African Write in
-

Latin American

- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- French Guianese
- Guatemalan

- Guyanese
 - Honduran
 - Mexican
 - Nicaraguan
 - Panamanian
 - Paraguayan
 - Peruvian
 - South Georgia/South Sandwich Islands
 - Surinamese
 - Uruguayan
 - Venezuelan
 - Latin American Write in
-

South African

- Botswanan
- Mosotho (Lesotho)
- Namibian

- South African
 - Swazi
 - South African Write in
-

West African

- Beninese
- Bissau-Guinean
- Burkinabé (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Liberian
- Malian

- Mauritanian
 - Nigerien (Niger)
 - Nigerian (Nigeria)
 - Saint Helenian
 - Senegalese
 - Sierra Leonean
 - Togolese
 - West African Write in
-

- Black Write in
-

RACE

Race Ethnicity Data Collection

American Indian/Alaskan Native

American Indian/Alaskan Native

Washington State Tribes

- Chinook Tribe
- Confederated Tribes and Bands of the Yakama Nation
- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Cowlitz Indian Tribe
- Duwamish Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Indian Community of the Kalispel Reservation
- Kikiallus Indian Nation
- Lower Elwha Tribal Community
- Lummi Tribe of the Lummi Reservation
- Makah Indian Tribe of the Makah Indian Reservation
- Marietta Band of Nooksack Tribe
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe of Washington
- Port Gamble S'Klallam Tribe
- Puyallup Tribe of Puyallup Reservation
- Quileute Tribe of the Quileute Reservation
- Quinault Indian Nation
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe of Washington
- Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
- Skokomish Indian Tribe
- Snohomish Tribe
- Snoqualmie Indian Tribe
- Snoqualmoo Tribe
- Spokane Tribe of the Spokane Reservation
- Squaxin Island Tribe of the Squaxin Island Reservation
- Steilacoom Tribe
- Stillaguamish Tribe of Indians of Washington
- Suquamish Indian Tribe of the Port Madison Reservation
- Swinomish Indian Tribal Community
- Tulalip Tribes of Washington

RACE

Alaskan Native

Alaska Native Write in

American Indian

American Indian Write in

Asian (continued on next page)

Asian

Asian Indian

Malaysian

Mien

Asian (continued)

Bangladeshi
 Bhutanese
 Burmese/Myanmar
 Cambodian/Khmer
 Cham
 Chinese
 Filipino
 Hmong
 Indonesian
 Japanese
 Korean
 Lao

Mongolian
 Nepali
 Okinawan
 Pakistani
 Punjabi
 Singaporean
 Sri Lankan
 Taiwanese
 Thai
 Tibetan
 Vietnamese
 Asian Write in

Native Hawaiian/Other Pacific Islander

Native Hawaiian/Other Pacific Islander
 Pacific Islander
 Carolinian
 Chamorro
 Chuukese
 Fijian
 i-Kiribati/Gilbertese
 Kosraean
 Maori
 Marshallese
 Native Hawaiian
 Ni-Vanuatu

Palauan
 Papuan
 Pohpeian
 Samoan
 Solomon Islander
 Tahitian
 Tokelauan
 Tongan
 Tuvaluan
 Yapese
 Pacific Islander Write in

RACE

White

White
 Eastern European
 Bosnian
 Herzegovinian
 Polish
 Romanian

Russian
 Ukrainian
 Eastern European Write in

Middle Eastern and North African

Algerian
 Amazigh or Berber
 Arab or Arabic
 Assyrian
 Bahraini
 Bedouin
 Chaldean
 Copt
 Druze
 Egyptian
 Emirati
 Iranian
 Iraqi
 Israeli

Jordanian
 Kurdish Kuwaiti
 Lebanese
 Libyan
 Moroccan
 Omani
 Palestinian
 Qatari
 Saudi Arabian
 Syrian
 Tunisian
 Yemeni
 Middle Eastern Write in
 North African Write in



ANNUAL STUDENT HEALTH CONCERNS DOCUMENT

Information on this form is to be filled out for each new school year and is designed to aid school staff in anticipating any health concerns that might affect your student's safety or learning. Checked health conditions will be shared with school personnel on a "need to know" basis.

Student Name: _____ School Year: _____

School: _____ Grade: _____ Birthdate: _____

If student needs medication during the school day, an Authorization for Medications at School Form is required.

LIFE THREATENING CONDITIONS

The nurse must know of any LIFE-THREATENING conditions (severe allergy with anaphylaxis, asthma, diabetes or seizure disorders) prior to attending school, as these require a health care plan in place (per RCW 28A.210.320).

<input type="checkbox"/> Life threatening condition requiring epinephrine auto injector: Life threatening Allergen(s) _____
<input type="checkbox"/> Asthma / Medication used to control asthma symptoms _____
<input type="checkbox"/> Diabetes Type _____ Using <input type="checkbox"/> insulin pump, <input type="checkbox"/> insulin pen, <input type="checkbox"/> insulin vial/syringe, <input type="checkbox"/> oral medications
<input type="checkbox"/> Seizure Disorder / Meds used to control seizures: _____ Last seizure on: _____
<input type="checkbox"/> Other life threatening condition(s): _____

SPECIAL HEALTH CARE PLANNING check appropriate boxes and contact your school nurse for a health care plan. Treatment order from the doctor is required for most special health care needs other than mobility aids.

<input type="checkbox"/> Tube Feeding <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Intravenous line or PICC line <input type="checkbox"/> Oxygen
<input type="checkbox"/> Other medical treatment: _____
<input type="checkbox"/> My child requires a mobility aid, such as a wheel chair, walker, brace: _____

For all other health conditions that need accommodations during the school day such as allergies, medications, or treatments, contact the school nurse directly.

AUTHORIZATION FOR EMERGENCY PROCEDURE & IMMUNIZATION INFORMATION RECORDING

If the parent/guardian and Licensed Health Care Provider named on the registration record 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) to the hospital or Licensed Health Care Provider most easily accessible. I understand that I will assume full responsibility for the payment of any service rendered. I give permission to my child's school to add immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature: _____ Date: _____ Phone Number: _____

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OPT-OUT OF RELEASE OF STUDENT PUBLICITY/INFORMATION

Parents/guardians should **only complete this Form 4011F-1 if they do not want photos or information shared about their child per policy and procedure 4011/P. Otherwise, please disregard. If restriction is desired, please submit this form to your school or district office, 1985 Barkley Blvd., Bellingham, WA 98226. This form must be submitted annually to keep the restriction active.**

STUDENT PUBLICITY/ INFORMATION OPT-OUT

Please do **not** publicly recognize my child for awards or release their name, photo or other student information.

Checking this box restricts your child's name, photo and directory information from being published in staff-produced district and school newsletters and publications (including events, activities and athletic programs); recognition; public displays of student work with names, photos and/or videos, including digital tools like Seesaw; (this does not restrict a teacher from sending information, photos or videos related to a student to the parent or guardian only); honor roll and graduation lists; district/school websites and social media; district/school photos and video; classroom video recording by higher education/practicum students, etc. Parents/guardians may not authorize certain parts of school-related publicity and not others while having an active 4011F-1 on file. Customized parent permission forms are not to be used for this purpose.

If no documentation is on file, it will be assumed that permission for release of information has been granted.

Please be aware that ensuring **student privacy is not possible at school or district-related public performances or athletic/activities events where cameras are permitted.** The school or district may film games and other events after school (live streaming and/or recordings), and other students, parents, community members and news media may record/photograph/film at events and publicly share this information. By choosing to have their children participate in such activities and programs, parents/guardians are agreeing to this condition. Also, student-produced news is not legally considered student directory information. Parents/guardians who do not want their children included in student-produced news should not have their children pose for these photos or participate in student media. In addition, the district does not have control of outside news media/ publications. Access by news media, individuals, organizations, or television/film production companies to non-public locations and events, such as inside a classroom, will be conditioned upon agreement to honor parent/guardian preferences.

YEARBOOK AND CLASS PHOTO OPT-OUT

Please do **not** include my child (name, phone, etc.) in the elementary, middle or high school yearbook/annual or class photo. By checking this box, your child will not be listed in the yearbook/annual or photographed for a class photo.

PTA DIRECTORY INFORMATION OPT-OUT

Please do **not** release student and family directory information (name, phone, address, etc.) to parent organizations (PTA, PTO, PTSA and other similar parent/school organization) for school directories. By checking this box, your family will not be listed in the school directory.

HIGH SCHOOL ONLY: MILITARY RECRUITMENT OPT-OUT

Please do **not** release student directory information (name, phone, address, etc.) to military recruiters as required by law.

SIGN AND RETURN ONLY IF YOU ARE OPTING OUT.

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____
DATE _____

SIGNATURE OF PARENT/GUARDIAN OR SIGNATURE OF STUDENT IF 18 YEARS OF AGE OR OLDER

(File in student's cumulative folder.)

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1985 Barkley Boulevard
Bellingham, Washington 98226
(360) 676-6400

Student Housing Questionnaire

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

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

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
- A car, park, campsite or similar location
- Transitional Housing
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- Other: Other details

Name of Student: _____ Date of Birth: _____ Age: _____

Name of School: _____ Grade: _____ Gender: _____

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

Address of current residence: _____

Phone number or contact number: _____

Name of Parent(s)/Legal Guardians(s) or unaccompanied youth: _____

*Signature: _____

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

Parent Signature: _____ Date: _____

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 similar reason; are living in motels, hotels, trailer parks or campgrounds 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).
- (3) The term unaccompanied youth included 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 \(NAEHCY\)](#)

[SchoolHouse Connection](#)



1985 Barkley Blvd
Bellingham, Washington 98226
(360) 676-6400
bellinghamschools.org

Required Attendance Form for All Families

SEE REVERSE FOR SIGNATURE AREA.

Please use one form per family.

Parents/guardians, please sign the reverse and return to your school office within 14 days of receipt. Please retain a copy for your records. This information is online at bellinghamschools.org/attendance.

Consistent attendance helps children do well in school, college and at work. Attending school regularly also helps children feel better about school—and themselves. Your child can start building this habit at any age, but the earlier the better so they learn right away that going to school on time, every day is important.

We ask for your help in ensuring that your child attends regularly and is successful in school. **If your child is going to be absent, please contact your school's office as soon as possible. Ideally, this would be the day prior or the morning of the absence.**

We track attendance daily to notice when your student is missing from class, and we will communicate with you to understand why they were absent and to identify barriers and supports.

SCHOOL POLICIES, NEW STATE LAWS

It is important that you understand our policies and procedures, as well as Washington state law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children to attend a public school, private school, or a district-approved home school program.

- If your student has three unexcused absences in one month, state law requires we schedule a conference

with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

- In elementary school, after five excused absences in any month, or ten or more excused absences in the school year, the district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your child. A conference is not required if your child has provided a doctor's note, or pre-arranged the absence in writing, and the parent, child and school have made a plan so your child does not fall behind academically. If your child has an Individualized Education Plan or a 504 Plan the team that created the plan needs to reconvene.
- If your child has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed and your child and family may be referred to a Community Truancy Board, or you and your child may need to appear in Juvenile Court. If your child continues to be truant, you may need to go to court.

If you have questions about attendance or need support, please talk with your school principal.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind.
- By ninth grade, regular and high attendance is a better predictor of graduation rates than eighth grade test scores.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- Being late to school may lead to poor attendance.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Missing 10 percent (or about 18 days) increases the chance that your child will not read or master math at the same level as their peers.
- By sixth grade, absenteeism is one of three signs that a child may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a child is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.

WHAT YOU CAN DO

- Set a regular bed time and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day and time school starts and monitor the school calendar closely.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your child's attendance. Missing more than nine days could put your student at risk of falling behind.
- Talk to your child about the importance of attendance.
- Talk to your child's teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful after-school activities, including sports and clubs.

Excused absence criteria (Please refer to policy and procedure 3122 for more details):

- | | | | | | |
|--|---|--|--|--|--|
| 1. Participation in school-approved activity or instructional program | 2. Absence due to illness, health condition, family emergency, religious purpose, etc. | 3. Absence for parental-approved activities | 4. Absence resulting from disciplinary actions or short-term suspension | 5. Extended illness or health condition | 6. Excused absence for chronic health condition |
|--|---|--|--|--|--|

For more information about the Becca bill and Common School Provisions Title 28A, visit app.leg.wa.gov/RCW.

Bellingham Public Schools has provided me with a copy of this attendance information for families. Please sign and return to your school office.

PARENT/GUARDIAN SIGNATURE

DATE

CHILD'S NAME (PRINT)

GRADE

CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)

CHILD'S NAME (PRINT)

GRADE

CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)

CHILD'S NAME (PRINT)

GRADE

CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)

STAFF SIGNATURE

DATE RECEIVED



1985 Barkley Blvd.
 Bellingham, Washington 98226
 (360) 676-6400
 bellingshamschools.org

Elementary Return Home Plan

School: _____

Child's Name: _____ Grade: _____

Please indicate your child's travel plans for each day of a typical school week:

(Students are assigned to a bus and designated stop based on their address in Skyward; please check bellingshamschools.org/transportation for bus information)

Check box next to days of the week

School Bus	Yes / No	School Bus Number:	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Pick-up by parent/guardian/authorized person(s) (see list below)	Yes / No		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Pick-up by daycare van	Yes / No	Name of Provider:	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
YMCA after-school-program	Yes / No		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> Offsite	<input type="checkbox"/> In-Building		
Walk/Bike	Yes / No		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Other:			M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>

Name 1		Phone #		Relationship	
Name 2		Phone #		Relationship	
Name 3		Phone #		Relationship	
Name 4		Phone #		Relationship	
Name 5		Phone #		Relationship	