



Coupeville
School

District No. 204

2026-2027

New Student Registration

PLEASE DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY						
STUDENT NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	CHOICE TRANSFER	DEPARTMENT	LOCKER NUMBER	BUS ROUTE AM PM

STUDENT NAME: LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	PREFERRED NAME	GRADE LEVEL
BIRTHDATE (Month/Day/Year): BIRTH COUNTRY (if not U.S.):	STUDENT'S HOME LANGUAGE ☐ English ☐ Spanish ☐ Other _____ STUDENT'S NATIVE/FIRST LANGUAGE ☐ English ☐ Spanish ☐ Other _____ STUDENT'S CURRENT LANGUAGE ☐ English ☐ Spanish ☐ Other _____			GENDER (M/F)

PRIMARY HOUSEHOLD (Parent/Guardian – Where student resides) Last Name, First Name: _____ Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Name of Workplace: _____ Primary E-Mail Address: _____			STUDENT LIVES WITH (Check all that apply) ☐ Two Parents – same home ☐ Father ☐ Mother ☐ Grandparent(s) ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Stepfather/Stepmother ☐ Guardian ☐ Agency ☐ Self ☐ Other _____
(2nd Parent/Guardian – Same household as above) Last Name, First Name: _____ Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Name of Workplace: _____ Primary E-Mail Address: _____			
RESIDENCE ADDRESS	Street	Apt #	City State ZIP
MAILING ADDRESS (If different)	Street or Post Office Box #	Apt #	City State ZIP
Military ____ No ____ Yes If so, whom? _____			

SECOND HOUSEHOLD ☐ Student also resides at this address ☐ Noncustodial parent not residing with student			
Last Name, First Name: _____ Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Name of Workplace: _____ Primary E-Mail Address: _____			
(2nd Parent/Guardian – Same household as above) Last Name, First Name: _____ Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Work Phone: () _____ - _____ Name of Workplace: _____			

SECOND HOUSEHOLD <u>STREET</u> AND <u>MAILING</u> ADDRESS	
RESIDENCE ADDRESS	Street, City, State, Zip
MAILING ADDRESS (If different)	Street, City, State, Zip
Military ____ N ____ Y If yes, whom _____	

Name of School Most Recently Attended	Entry Date	Withdrawal Date	Previous School Address
School Previously Attended	Entry Date	Withdrawal Date	Previous School Address
School Previously Attended	Entry Date	Withdrawal Date	Previous School Address
Has this student ever attended Coupeville Schools? ☐ No ☐ Yes If yes, name of school: _____			DATE ATTENDED (Month/Year)

Has this student ever been suspended for a weapons violation? ☐ Yes ☐ No Date: _____
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Has this student ever been to court for attendance issues? ☐ Yes ☐ No Date: _____

Is there a joint custody or parenting plan in effect? ☐ Yes ☐ No (If yes, plan must be on file with the school for enforcement) Is there a restraining order in effect? ☐ Yes ☐ No (If yes, legal papers must be on file with the school for enforcement) Restraining order is against: ☐ Mother ☐ Father ☐ Other (Please identify): _____

Has this student ever qualified for or been enrolled in a special education program? ☐ Yes ☐ No
Has this student ever qualified for or had a Section 504 plan? ☐ Yes ☐ No
Has this student ever participated in any of the following programs? ☐ Title I ☐ LAP ☐ Gifted ☐ ESL ☐ Other _____ Is this student: a foster child? ☐ Yes ☐ No homeless at this time? ☐ Yes ☐ No a member of a migrant family? ☐ Yes ☐ No Has this student ever repeated a grade? ☐ No ☐ Yes If yes, at what grade level(s) _____

NOTES: (ANY ADDITIONAL INFORMATION)

PLEASE LIST SIBLINGS ATTENDING COUPEVILLE SCHOOLS		
Last Name, First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing):

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 during the day to provide care AND/OR pick up from school for your child; **please provide daytime telephone numbers.**

PRIMARY MEDICAL PROVIDER FIRST/LAST NAME: _____
Phone Number: () _____

PRIMARY CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	Home Phone: () _____-_____ Cell Phone: () _____-_____ Work Phone: () _____-_____
SECONDARY CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	Home Phone: () _____-_____ Cell Phone: () _____-_____ Work Phone: () _____-_____
THIRD CONTACT (other than parent/guardian) Last Name First Name	RELATIONSHIP TO CHILD	Home Phone: () _____-_____ Cell Phone: () _____-_____ Work Phone: () _____-_____

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact the parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

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 Coupeville School District.

Legal Parent/Guardian Signature _____ Date _____

New Student Health Information Form

Today's Date:

STUDENT Legal Last Name	Legal First Name	Legal Middle Name	BIRTHDATE	GRADE
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1. Does your child have:

	No	Yes - in last year	Yes – more than 1 year ago	Approximate Diagnosis Date	Condition was...	Mild	Moderate	Severe
Allergies					...			
Asthma					...			
Diabetes					...			
Heart Problem					...			
Seizures					...			
Anaphylactic Reaction					...			
Other:								

2. Does your child have:

- ☐ no ☐ yes Vision problems? Date of last eye exam: _____
☐ Glasses? ☐ Contact lenses? [☐ Distance ☐ Reading ☐ At all times]
- ☐ no ☐ yes Hearing problems? Date of last hearing exam: _____
☐ Hearing aids?
- ☐ no ☐ yes Frequent ear infections?
 Date of last infection: _____ Treatment provided? ☐ no ☐ yes
- ☐ no ☐ yes Other diagnosed condition _____

3. Please check if your child has ever been diagnosed as having:

- ☐ no ☐ yes Learning Disabilities
- ☐ no ☐ yes Speech/Language Delays
- ☐ no ☐ yes Developmental Delay
- ☐ no ☐ yes Social, emotional, or behavior problems affecting school performance
- ☐ no ☐ yes Inattention
- ☐ no ☐ yes Attention Deficit Disorder (ADD)
- ☐ no ☐ yes Hyperactivity / impulsivity
- ☐ no ☐ yes Physical Problems
- ☐ no ☐ yes Other medical condition _____

For any box marked "yes," please provide date of diagnosis and a brief explanation:

4. Does this child take medication of any kind? ☐ no ☐ yes

Please identify:

5. Will your child require medication at school? ☐ no ☐ yes

Please identify:

6. Will your child require an EpiPen at school for severe allergic reactions? ☐ no ☐ yes *

* **Please Note:** Before any prescription or nonprescription medication may be dispensed at school, an "Authorization to Administer Medication" form must be filled out and signed by the parent/guardian and licensed healthcare provider. This form is required annually and is available in the school office.

7. Has this child had any serious accidents or injuries? ☐ no ☐ yes

Please identify:

I authorize / request the above information be shared with district staff overseeing the care of my child.

Legal Parent/Guardian Signature _____ Date _____



COUPEVILLE MIDDLE AND HIGH SCHOOL
Prepare Every Student for Their Future
REQUEST FOR RELEASE OF STUDENT EDUCATIONAL RECORDS

501 South Main Street, Coupeville, WA 98239 coupeville.k12.wa.us (360) 678-2415 (360) 675-0540 Fax



The Family Educational Rights and Privacy Act (34 CFR Part 99) allows schools to disclose student records, without consent, to other schools to which a student is transferring.

Requesting records for (student) _____ DOB: _____ Grade _____

Previous School / District: _____

School's Address: _____ School's Phone/Fax: _____

School Contact Name: _____ Contact's Email: _____

Please email this request form along with the following records listed below *promptly* to kcamejo@coupeville.k12.wa.us or fax 360.678.0540.

Then mail the cume file to: Coupeville Middle/High School

Attention: Registrar Karissa Camejo

501 S. Main Street, Coupeville, Washington 98239

*Please send the student's SPED IEP Records to the Coupeville School District SPED Department
Attention: Director Patty Kimmel 501 S. Main Street, Coupeville, Washington 98239
pkimmel@coupeville.k12.wa.us (360) 678-2427

We are requesting the following student records:

- Student Official Transcript (and withdrawal grades, if applicable)
- Immunizations/Health Records & Copy of Birth Certificate
- Special Placement Programs/Placement Data - 504 Plan, ELL Records
- Report Cards/Assessments /State Test Scores/Test Scores
- Attendance History/Records
- Discipline Records
- Guardianship Documentation

Proof of resident State History Class * *Previous school, please check one in the box below*

*Proof of Resident State History Class - School Official please check one below:

____ **Requirement Met Washington State History Requirement** If this student is transferring from a WA State School and has satisfied the WA State History Graduation requirement

____ **Requirement Met State History Requirement (Out of State)** If this student is transferring from out of State, and has taken their current State History class and passed (including MS grade level)

Staff Name _____ Staff Signature: _____ Title _____ Date _____

Student Records Requested on (Sent Date): _____ Sent by: _____

Student Records Request Follow up on: _____ Sent by: _____



Special Services Supplemental Enrollment Form

Student Name:	
Date of Birth:	
Grade:	
Previous School Name & Address:	

1) Have you ever, or do you currently receive special education services?

YES___ NO ___ (Please attach copy of the IEP/student plan if available)

Grade at entry: _____ Grade at exit (if applicable): _____

Areas of service:

- ☐ Reading
- ☐ Writing
- ☐ Math
- ☐ Behavior
- ☐ Social/Emotional
- ☐ Adaptive/Self-Help
- ☐ Other:

Classroom Supports:

- ☐ Resource
- ☐ Self-contained

2) Have you ever been identified as Highly Capable/Gifted & Talented?

YES___ NO ___

Grade at qualification: _____

Areas of services:

- ☐ English/Language Arts
- ☐ Math
- ☐ Other: _____

Parent/Guardian Signature

Date

Coupeville 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.

District programs are free from sexual harassment.

Conduct against any student that is based on one of the categories listed above that is sufficiently severe, persistent or pervasive as to limit or deny the student's ability to participate in or benefit from the district's course offerings, educational programming or any activity will not be tolerated. When a district employee knows, or reasonably should know, that such discriminatory harassment is occurring or has occurred, the district will take prompt and effective steps reasonably calculated to end the harassment, prevent its recurrence and remedy its effects.

The district's nondiscrimination statement will be included in any publication that is disseminated on an annual or periodic basis to all students, parents, participants, applicants, employees, or stakeholders. This includes district publication as well as building publications. The statement will include:

- notice that the district will not discriminate in any programs or activities on the basis of any of the above-listed categories; and
- the name or title, address and telephone number of the district's Title IX Coordinator, Section 504 Coordinator, and Civil Rights Compliance Coordinator.

The district will annually publish notice reasonably calculated to inform students, students' parents/guardians (in a language that they can understand, which may require language assistance), and employees of the district's discrimination complaint procedure.

The district will provide training to administrators and certificated and classroom personnel regarding their responsibilities under this policy and to raise awareness of and eliminate bias based on the classes identified in this policy.

The board designates the superintendent to serve as the district's coordinator regarding:

- Title IX;
- Section 504/ADA;
- Civil Rights Compliance;

And to handle questions and investigate any complaints communicated to the district of alleged discrimination.

Superintendent
501 South Main Street, Coupeville, WA 98239
360-678-2404

Legal References	RCW	28A.640	Sexual equality
		28A.642	Discrimination prohibition
		49.60	Discrimination – Human rights commission
	20 USC	Sec.7905	Boy Scouts of America Equal Access Act
	42 USC	Sec.12101-12213	Americans With Disabilities Act
	WAC	392-400-215	Student rights
		392-190	Equal educational opportunity
			Title VI of the Civil Rights Act of 1964
			Title IX of the Education Amendments of 1972
			Section 504 of the Rehabilitation Act of 1973
			Age Discrimination Act of 1975

Coupeville School District
Washington State
Ethnicity and Race Data Collection Form

New Federal requirements state that Unknown, Multiracial, and Not Provided are not valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Question 1 asks about student's ethnicity and question 2 asks about students race.

Student Legal Last Name: _____		Legal First Name: _____	
<u>Question 1</u> Is your child of Hispanic or Latino origin? <i>If yes check all that apply.</i>	<u>Question 2</u> What race(s) do you consider your child? <i>Check all that apply.</i> <i>Please mark an X for your primary choice.</i>		<u>Question 3</u> What is your child's birth country?
☐ Not Hispanic/Latino ☐ Cuban ☐ Central American ☐ Dominican ☐ South American ☐ Spaniard ☐ Latin American ☐ Puerto Rican ☐ Mexican / Mexican American / Chicano ☐ Other Hispanic/Latino	☐ African American/Black ☐ White/ Caucasian ☐ Asian ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Hmong ☐ Indonesian ☐ Japanese ☐ Korean ☐ Laotian ☐ Malaysian ☐ Pakistani ☐ Singaporean ☐ Taiwanese ☐ Thai ☐ Vietnamese ☐ Other Asian ☐ American Indian Alaskan Native ☐ Alaska Native ☐ Chehalis ☐ Colville ☐ Cowlitz ☐ Hoh ☐ Jamestown ☐ Kalispel ☐ Lower Elwha ☐ Lummi ☐ Makah ☐ Muckleshoot ☐ Nisqually ☐ Nooksack ☐ Port Gamble Klallam ☐ Puyallup ☐ Quileute ☐ Quinault ☐ Samish ☐ Sauk-Suiattle ☐ Shoalwater ☐ Skokomish ☐ Snoqualmie ☐ Spokane ☐ Squaxin Island ☐ Stillaguamish ☐ Swinomish ☐ Tulalip ☐ Yakama ☐ Other Washington Indian ☐ Other American Indian/Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Fijian ☐ Guamanian or Chamorro ☐ Mariana Islander ☐ Melanesian ☐ Micronesian ☐ Samoan ☐ Tongan ☐ Other Pacific Islander		☐ United States ☐ Other (Please specify): _____ _____

Parent/Guardian Signature _____

Date _____

Explanations

The federal Family Educational Rights and Privacy Act (FERPA) allows school districts to define “directory information”, and then release only that information **unless** you request that information **not** be released.

If you write “NO” for an item on the other side of this page, we cannot and will not share the information you specified. When we are asked for “directory information” about a student, we share only the information needed for that purpose. We usually only share the student’s name, age or grade and school.

1. INFORMATION USED IN DISTRICT PUBLICATIONS, ONLINE AND BY OUTSIDE MEDIA

Directory information is: student’s name, grade level, dates of enrollment, degrees and awards received, participation in officially recognized activities and sports, weight and height of members of athletic teams, schools attended in the district; school work, and photographs per CSD Policy 3225.

We share good news about student achievement and honors. This includes showing student work in print and online. It can mean displaying student work in a public place, and sharing student achievement information with news outlets. We never knowingly release information about a student to anyone who wants to use it for commercial reasons. We only share student addresses or phone numbers when such request come from the military or institutions of higher learning (as explained below).

2. INFORMATION FOR MILITARY AND COLLEGES (applies to high school students only)

The military and institutions of higher learning request high school students’ directory information and, by federal law, we must also provide the student’s address and phone number. We provide that information on or about October 15 each year to these groups. If you write “NO” in Section 2 on the other side of this page, and if we receive your form by October 1, we will not release your student’s directory information. If your student’s form is returned **after** October 1, be aware that we may have already released your student’s information per CSD Policy 3225.

All district policies and procedures are available online at www.coupeville.k12.wa.us

- Policy 3225 - “Release of Student Directory Information” includes more details about student directory information.
- For more information about directory information, call the Coupeville School District office at 360-678-2404.

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Superintendent, 501 S. Main Street, Coupeville, WA 360-678-2404



TWO reasons you might want to return this form by October 1.

1. You don't want your child's photo or information used as explained in **SECTION 1**
2. You have a high school student – **SECTION 2**

Family Educational Rights and Privacy Act (FERPA) Form

1. Your permission to use student's photo, name and student work

The district never releases phone numbers and addresses without your permission. The district does release student photos, names and student work under the following circumstances. If you do not want that information released, write **NO** in the box provided.

If you leave a box blank or do not return this form, we assume we have your permission to release the information below.

Do you want your child's name or photo shared for use in district media/online content?

School newsletter, social media, graduation program, school or district recognitions, print and online media; also, parent groups such as the PTA and Booster Club, which frequently write stories about student accomplishments, school programs and events.



Write "YES" or "NO"

Do you want your child's name or photo in your school's yearbook?

Note: Some schools may publish their yearbook online and some yearbooks are created by parent groups, such as the PTA.



Write "YES" or "NO"

Do you want your child's name or photo to be shared by non-district media/online content?
For example: Newspaper, OPSI information, etc.



Write "YES" or "NO"

2. Your permission to share high school student information with the military and colleges

If you leave this blank, we assume we have your permission to release the information.

WRITE **NO** if you don't want your high school student's information shared with:

Military recruiters

Colleges and trade schools

Student Name (please print)

Parent/Guardian Name (please print)

Student Grade/School Name

Parent/Guardian Signature

Date

If you have questions, call the Coupeville School District office at 360-678-2404

Explanations

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Superintendent, 501 S. Main Street, Coupeville, WA 360-678-2404

Home Language Survey

Washington State Transitional Bilingual Instructional Program

Student Full Name:		
Birth Date:	Gender:	Grade:
Form Completed by:		
Parent/Guardian Full Name _____		
Relationship to Student _____		Date _____
Parent/Guardian Signature _____		
If available, in what language would you prefer to receive communication from the school? _____		
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? ☐ Yes ☐ No ☐ Don't Know		

1. In what country was your child born?	
2. What language did your child first learn to speak?*	
3. What language does your child use the most at home?*	
4. What language(s) do <u>parent/guardians</u> use the most when speaking to your child?	
5. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) ☐ Yes ☐ No Please note: "Formal education" does not include refugee camps or other unaccredited programs for children.	If yes, in what language(s) was instruction given? For how many months? ____
6. When did your child first attend a school in the United States?	Month / Day / Year
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation? ☐ Yes ☐ No	

***WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.

Coupeville School District

STUDENT DEVICE LOAN AGREEMENT



The Coupeville School District has initiated a program to issue each student who is actively enrolled in the Coupeville School District a Google Chromebook/iPad computer as well as related peripherals. Participation in this program is subject to the following terms and conditions:

TERMS & CONDITIONS

1. The student must be actively enrolled in the Coupeville School District.
2. The Chromebook/iPad and related peripherals are on loan and remain the property of the Coupeville School District.
3. Both student and parent/guardian agree to adhere to the terms and conditions of the Device Resource Guide.
4. The student shall be the exclusive user of this device and shall not grant access to any other individual.
5. The student must comply with all applicable software license agreements.
6. The care and maintenance of the Chromebook/iPad and related peripherals are the responsibility of the student and parent/guardian while in their care.
7. Chromebooks and iPads are retained by students over the summer break, with the exception of 8th-grade students and graduating seniors, who must return their devices and peripherals at the end of the school year. Additionally, all students must immediately return their device and peripherals at the time of transfer or withdrawal from the Coupeville School District. All returned equipment must be in good condition.
8. A fine will incur if the Chromebook/iPad and peripherals are not returned on or before the designated return date. There will be a fine assessed if the Chromebook/iPad and/or peripherals are broken, lost or damaged.

I have read the Coupeville School District Acceptable Use Policy and the Device Resource Guide included with this agreement and agree to abide by the terms and conditions contained within these documents.

STUDENT ACKNOWLEDGEMENT

STUDENT NAME

GRADE

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN CONSENT

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

Coupeville School District - Student Military Affiliation

Dear Parent or Guardian,

If your student matches the following criteria, as "military affiliated," please fill out the form below. If your family is not military affiliated, please select the box next to "N/A."

For the purposes of this data collection, "students from military families" includes:

- (a) Students with a parent or guardian who is a member of the active duty United States armed forces; and
- (b) Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard." Collection and updating of this data must use the United States department of education 2007 race and ethnicity reporting guidelines, including the subracial and sub-ethnic categories within those guidelines, with modifications.

☐ N/A

Student Name	Grade	Parent/Guardian Military Status *

**i.e.: Active Duty, Reserves, Washington National Guard, Both Parents/Guardians are Affiliated*

Why are we asking?

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

Reasons for collection of the data include:

- (1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
- (2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices.

2022-F1
Coupeville School District
Acceptable Use Agreement for Computer & Internet Usage

Coupeville School District offers student access to the district computer network and filtered Internet access through our network. The district network has been established for the benefit of students, staff and patrons to improve communication and to augment learning opportunities.

Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege – not a right. Inappropriate computer and/or Internet behavior will result in a student's computer and Internet access being revoked, as well as possible disciplinary action.

This form is required upon entry into each of our schools. The district expects your student to acknowledge his/her understanding of appropriate use, and for you to grant permission to access network computer services. Coupeville School District policy and procedure 2022–Electronic Resources and Internet Safety, provide a thorough description of acceptable use, and are available on the district website (<http://www.coupeville.k12.wa.us>). Printed copies may be requested from the district's IT Systems Supervisor at the district office (360-678-2402).

Behaviors that could result in the loss of computer and Internet access on our network include:

- Logging in as someone else and/or using another's password.
- Consuming food, drinks and/or gum near the computers.
- Plagiarism or violation of copyright laws.
- Downloading software or files onto school computers.
- Trespassing into the folders or documents of someone else.
- Changing the preference files or settings on any computer.
- Using proxy sites or attempting to use proxy sites to bypass the school web filter.
- Vandalizing or theft of computers, computer equipment (mice, keyboards, printers), or software.
- Searching for, viewing, downloading, or sending pornographic, obscene, violent, harassing, or racist materials on district computers.
- Downloading music or videos for personal use.
- Using external media devices (flash drives) to copy copyrighted software.

User Agreement

As a user of the Coupeville School District computer network, I agree to comply with the above stated rules and to use and communicate over the network in a responsible fashion while honoring all relevant laws and restrictions.

Grade/School	Student Name	Student Signature

Parent Permission

As the parent or legal guardian of the students signing above, I grant permission for my child(ren) to access network computer services. I understand individuals may be held liable for violations.

Parent Signature _____

Date _____

2026-27 Child Nutrition Eligibility & Education Benefit Application –

Apply online: _____ Complete, sign, and return this application to: _____

This application may qualify you for: meal benefits, SUN Bucks benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district.
If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Check here if you received meal benefits last year: ☐ Check here if you do NOT wish to receive benefits or provide income information: ☐

1. List **all students** living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an “x” in the appropriate box. Include any personal income received by the student and make an “x” in the correct box for how often it is received. ☐ Homeless ☐ Migrant

Student’s Last Name	Student’s First Name	MI	Foster	Date of Birth*	School*	Grade*	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐				\$	☐	☐	☐	☐
			☐				\$	☐	☐	☐	☐
			☐				\$	☐	☐	☐	☐
			☐				\$	☐	☐	☐	☐
			☐				\$	☐	☐	☐	☐

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDPIR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐
	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐	\$	☐	☐	☐	☐

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Check if no SSN: ☐
(total listed must equal number of household members listed above) Primary Wage Earner or Other Household Member (Optional if only applying for Summer EBT)

5. Contact Information & Signature – Complete, sign, and return this application to:

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive SUN Bucks benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal criminal statutes.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address*

Mailing Address**

City, State & Zip Code**

Daytime Phone*

Date

*These fields are informational only and not required.

**This field is optional; however, the mailing address provided will assist in determining where communication and SUN Bucks cards (as applicable) should be mailed to.

6. Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities:

☐ American Indian or Alaska Native

☐ Asian

☐ Black, or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Mark one ethnic identity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

INSERT DISTRICT NAME School District's Non-Discrimination Statement

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do **NOT** convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL:	☐ Basic Food/TANF/FDPIR/Foster	Total Household Size	_____	Weekly	Bi-Weekly	2x per Month	Monthly	Annual
	☐ Income Household	Total Household Income	\$ _____	☐	☐	☐	☐	☐
APPLICATION APPROVED FOR:	☐ Free Eligible	APPLICATION DENIED BECAUSE:	☐ Income Over Allowed Amount	☐ Other: _____				
	☐ Reduced-Price Eligible		☐ Incomplete/Missing Information					

Date Notice Sent

Signature of Approving Official

Date

Application ID Number



501 S. Main St. Coupeville, WA 98239

Student Housing & Support 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.

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

If you do not own/rent your own home, please check all that apply to your current living arrangements below:

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

I would like to be contacted about receiving weekend food support:

- ☐ Yes ☐ No

The answers to the following questions can help determine the services this student may be eligible to receive under the Migrant Education Program. Services to migrant children and their families may include: supplemental academic programs to assist in the achievement of state academic standards, instructional training, health programs, preschool programs (readiness, transitioning to elementary education), etc.

Please check all that apply to your employment any time in the last 36 months:

- | | | |
|--|---|--|
| ☐ Work in agriculture | ☐ Temporary work | ☐ Subsistence Farming/fishing |
| ☐ Work in aquaculture | ☐ Seasonal work | ☐ Moved to obtain work |

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthday: _____

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

Address of Current Residence: _____
Street City Zip Code

Parent/Legal Guardian: _____ Phone: _____
First Last

* 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.**

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.