



**STANWOOD-CAMANO
SCHOOL DISTRICT**

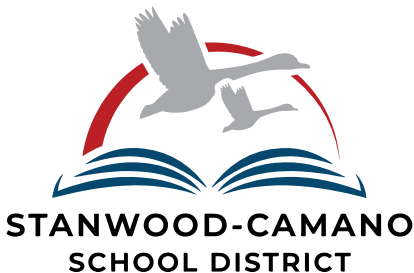
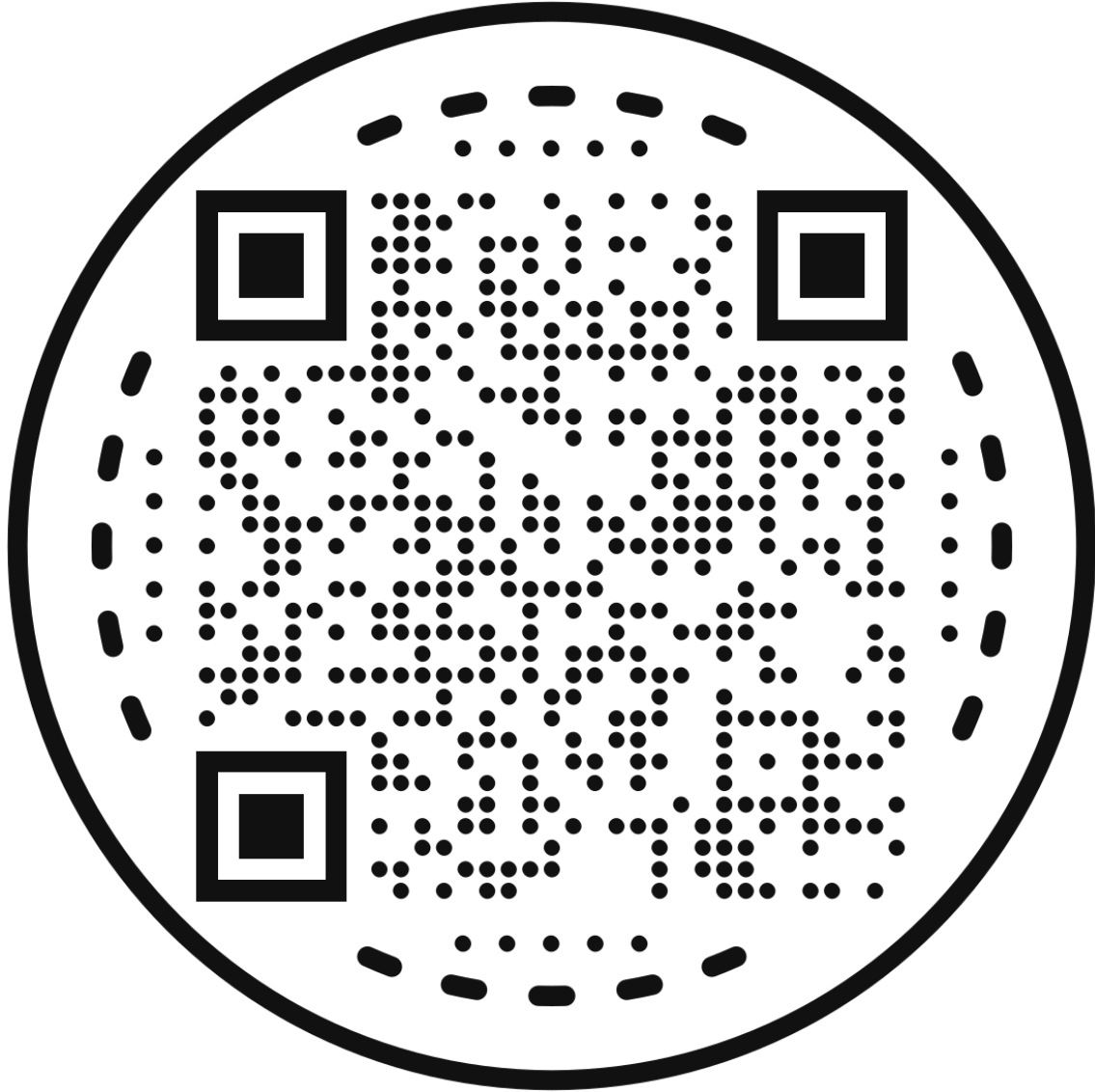
STUDENT REGISTRATION

EVERY STUDENT

is **empowered to learn** in an
inclusive setting and is **prepared**
for the future of their choice

www.stanwood.wednet.edu/welcome

WELCOME!



***SCAN THIS QR CODE TO
COMPLETE THIS FORM ONLINE***

www.stanwood.wednet.edu/welcome

Stanwood-Camano School District #401

STUDENT REGISTRATION FORM

Date _____

HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ENROLLED IN THE STANWOOD-CAMANO PUBLIC SCHOOLS? ☐ YES ☐ NO

• STUDENT INFORMATION:

WAC 392-415-070: The following information must meet the statutory requirement under RCW 28A.230.125, including the student's legal name (last name, first name, and middle name(s) or middle initial(s)); and other or former names used; student's birth date; name(s) of parent(s) or guardian(s); name and location of previous schools attended where credit was attempted; and, student's academic history for all high school level courses attempted.

STUDENT NAME: <i>Legal Last Name</i>		<i>Legal First Name</i>	<i>Legal Middle Name</i>	<i>Also Known As (Nickname)</i>
BIRTHDATE (Month/Day/Year)	GENDER ☐ M ☐ F ☐ Gender not exclusively Male or Female	BIRTHPLACE: <i>City</i><i>State</i><i>Country</i>		GRADE LEVEL

HOME LANGUAGE SURVEY (Must complete form on page 6)

• PRIMARY HOUSEHOLD:

STUDENT LIVES WITH: ☐ Both parents ☐ Mother only ☐ Father only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Grandparents ☐ Legal Guardian ☐ Agency ☐ Self ☐ Stepfather/Stepmother ☐ Other ☐ Foster Parent			U.S. MILITARY ☐ None ☐ Active ☐ National Guard ☐ Reserves ☐ More than one parent/guardian	EMAIL ADDRESS
<i>Legal Last Name</i> <i>Work Place</i> <i>Legal First Name</i> <i>Work Place</i>			PHONE NUMBERS (INCLUDE AREA CODE) ☐ Confidential-check if you do not want to receive emergency phone calls . Home: () Cell: () Work: ()	
<i>Legal Last Name</i> <i>Work Place</i> <i>Legal First Name</i> <i>Work Place</i>			Home: () Cell: () Work: ()	
RESIDENT ADDRESS <i>Street</i>		<i>Apt. #</i>	<i>City</i> <i>State</i> <i>Zip Code</i>	
MAILING ADDRESS <i>Street</i>		<i>Apt. # or P.O. Box</i>	<i>City</i> <i>State</i> <i>Zip Code</i>	

• SECOND HOUSEHOLD:

RELATIONSHIP TO STUDENT: ☐ Both parents ☐ Mother only ☐ Father only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Grandparents ☐ Guardian ☐ Agency ☐ Self ☐ Stepfather/Stepmother ☐ Other ☐ Foster Parent			EMAIL ADDRESS	
SECOND HOUSEHOLD (non-custodial parent/guardian not residing with student)			PHONE NUMBERS (INCLUDE AREA CODE) ☐ Confidential-check if you do not want to receive emergency phone calls . Home: () Cell: () Work: ()	
<i>Legal Last Name</i> <i>Work Place</i> <i>Legal First Name</i> <i>Work Place</i>			Home: () Cell: () Work: ()	
<i>Legal Last Name</i> <i>Work Place</i> <i>Legal First Name</i> <i>Work Place</i>			Home: () Cell: () Work: ()	
SECOND HOUSEHOLD MAILING ADDRESS (Street/P.O. Box, City, State, Zip Code)			ADDITIONAL MAILINGS REQUESTED ☐ YES ☐ NO	
STUDENT HOUSING QUESTIONNAIRE (Must complete form on page 7)				

Please Complete all registration information.

Stanwood-Camano School District #401
STUDENT REGISTRATION FORM

Date _____

• **PREVIOUS SCHOOL:**

USA SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION <i>(City/State)</i>
HAS STUDENT EVER ATTENDED STANWOOD-CAMANO PUBLIC SCHOOLS? ☐ Yes ☐ No IF Yes, NAME OF SCHOOL ATTENDED:		DATE ATTENDED <i>(Month/Year)</i>
IF BIRTH COUNTRY IS NOT USA, DID STUDENT ATTEND SCHOOL IN A COUNTRY OTHER THAN USA? ☐ Yes ☐ No IF Yes, HOW MANY MONTHS DID STUDENT ATTEND SCHOOL OUT OF COUNTRY? _____ <i>months</i> WHAT IS THE INITIAL PLACEMENT DATE STUDENT ATTENDED USA PUBLIC SCHOOL? <i>(Month/Year)</i> _____/_____/_____		

• **OTHER LEGAL INFORMATION:**

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? ☐ Yes ☐ No <i>(If yes, plan must be on file with the school)</i>	☐ Copy attached
IS THERE A RESTRAINING ORDER IN EFFECT? ☐ Yes ☐ No <i>(If yes, legal papers must be on file with the school)</i>	☐ Copy attached
Restraining order is against: ☐ Mother ☐ Father ☐ Other: _____	

• **STUDENT SERVICES:**

HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM?	☐ YES**	☐ NO
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN?	☐ YES	☐ NO
HAS STUDENT EVER PARTICIPATED IN: ☐ Title ☐ Lap ☐ Gifted ☐ ESL ☐ Other:		

• **STUDENT HISTORY:**

HAS STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION?	☐ YES ☐ NO	DATE:
HAS STUDENT EVER BEEN PETITIONED FOR BECCA?	☐ YES ☐ NO	DATE:
HAS STUDENT EVER BEEN RETAINED? ☐ YES ☐ NO If yes, what grade level(s)		

• **FAMILY HISTORY:**

PLEASE LIST OTHER SIBLINGS ATTENDING STANWOOD-CAMANO PUBLIC SCHOOLS			
<i>Last Name</i>	<i>First Name</i>	<i>School</i>	<i>Grade</i>

Date _____

ADDITIONAL CHILD CARE ARRANGEMENTS *(Please provide information to school in writing)*

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

Any additional comments regarding your child:

**** If yes, copy of registration form to School Psychologist**

Stanwood-Camano School District #401
STUDENT REGISTRATION FORM

Date _____

● **STUDENT RELEASE AUTHORIZATION**

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 for your child.

PRIMARY CONTACT <i>(other than parent/guardian)</i>	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) ☐ Check if unlisted
WORK ()	CELL ()	
SECONDARY CONTACT <i>(other than parent/guardian)</i>	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) ☐ Check if unlisted
WORK ()	CELL ()	
THIRD CONTACT <i>(other than parent/guardian)</i>	RELATIONSHIP TO CHILD	PHONE (INCLUDE AREA CODE) ☐ Check if unlisted
WORK ()	CELL ()	

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:

Legal Parent/Guardian Signature

Date

● **EMERGENCY MEDICAL AUTHORIZATION:**

HEALTHCARE PROVIDER'S NAME <i>(Full Name)</i>	PHONE (INCLUDE AREA CODE)
<i>I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.</i>	
<i>Legal Parent/Guardian Signature</i>	<i>Date</i>

● **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 Stanwood-Camano School District.

Legal Parent/Guardian Signature

Date

DO NOT WRITE IN THIS AREA – FOR OFFICE USE ONLY

STUDENT SCHOOL #	SCHOOL ENTRY DATE	MEDICAL ALERT	HOME ROOM #	LOCKER NUMBER	BUS ROUTE AM PM

Stanwood-Camano School District #401
STUDENT REGISTRATION FORM

Date _____

• **AUTHORIZATION TO EXCHANGE CONFIDENTIAL INFORMATION**

Student name: _____ Birthdate: _____ Grade: _____
Preferred student start date (if applicable): _____ Today's date: _____

• **I HEREBY AUTHORIZE THE EXCHANGE OF CONFIDENTIAL INFORMATION WITH THE AGENCY/ PERSON(S) LISTED BELOW:**

Records To / From <i>(circle one)</i>: Name of previous school/agency/person Street address City, State, Zip	Send Records To/From <i>(circle one)</i>: Stanwood-Camano School District Please check the appropriate school/department below.
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• **RELEASE THE FOLLOWING INFORMATION RELEVANT TO EDUCATIONAL PLACEMENT:**

School records: ☐ Student Cum file ☐ Special Education Records ☐ Immunization records ☐ Discipline records ☐ State Test Assessments ☐ WA State History ☐ Attendance ☐ Transcripts ☐ BECCA ☐ Other Assessments Purpose for Exchange: ☐ to discuss and/or place student in program ☐ to complete assessment/evaluation ☐ to update records ☐ other:	Medical records: ☐ Diagnostic information of medical condition that may impact educational placement decisions ☐ Medical records ☐ Other:
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• **IDENTIFY SCHOOL REQUESTING STUDENT RECORDS:**

☐ Cedarhome Elementary 27911 – 68 th Ave NW Stanwood, WA. 98292 Ph: (360) 629-1280 Fax: (360) 629-1289 cesinfo@stanwood.wednet.edu	☐ Twin City Elementary 26211 – 72 nd Ave NW Stanwood, WA. 98292 Ph: (360) 629-1270 Fax: (360) 629-1279 tceinfo@stanwood.wednet.edu	☐ Port Susan Middle 7506 – 267 th St NW Stanwood, WA. 98292 Ph: (360) 629-1360 Fax: (360) 629-1365 psmsinfo@stanwood.wednet.edu	☐ Saratoga School 7600 272 nd St NW Stanwood, WA 98292 Ph: (360) 629-1372 Fax: (360) 629-1256 sarinfo@stanwood.wednet.edu
☐ Elger Bay Elementary 1810 Elger Bay Rd Camano Island, WA. 98282 Ph: (360) 629-1290 Fax: (360) 629-1291 ebeinfo@stanwood.wednet.edu	☐ Utsalady Elementary 608 Arrowhead Rd Camano Isl., WA. 98282 Ph: (360) 629-1260 Fax: (360) 629-1261 uesinfo@stanwood.wednet.edu	☐ Stanwood High School 7400 – 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1330 Fax: (360) 629-1331 shsinfo@stanwood.wednet.edu	☐ Lincoln Hill High School Lincoln Academy 7600 - 272 nd St NW Stanwood, WA. 98292 Ph: (360) 629-1340 Fax: (360) 629-1341 lhinfo@stanwood.wednet.edu
☐ Stanwood Elementary 10227 - 273 rd Pl NW Stanwood, WA. 98292 Ph: (360) 629-1250 Fax: (360) 629-1252 sesinfo@stanwood.wednet.edu	☐ Stanwood Middle 9405 – 271 st St NW Stanwood, WA. 98292 Ph: (360) 629-1350 Fax: (360) 629-1354 smsinfo@stanwood.wednet.edu	☐ Special Services 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1236 Fax: (360) 629-1233 specialservices@stanwood.wednet.edu	☐ Open Doors 26920 Pioneer Hwy Stanwood, WA 98292 Ph: (360) 629-1200 Fax: (360) 629-1242 scsdinfo@stanwood.wednet.edu

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. Parent or guardian may revoke this authorization in writing at any time.

Legal Parent/Guardian Signature: _____ **Date:** _____

ADDRESS (Street/PO Box, City, State, ZIP) _____

The confidential exchange of medical information expires after **90 days**.

Student Name: _____ Grade: _____ School: _____

Washington State Ethnicity and Race Data Collection Form									
School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. OSPI requires that District personnel make a determination if parents, guardians, or students do not provide ethnicity and race information. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).									
ETHNICITY	Hispanic: ☐ Yes ☐ No (H01)								
	Hispanic	☐ Hispanic (H00) ☐ Argentine (H02) ☐ Bolivian (H03) ☐ Brazilian (H04) ☐ Chicano (Mexican American) (H05) ☐ Chilean (H06) ☐ Colombian (H07) ☐ Costa Rican (H08)	☐ Cuban (H09) ☐ Dominican (H10) ☐ Ecuadorian (H11) ☐ Guatemalan (H12) ☐ Guyanese (H13) ☐ Honduran (H14) ☐ Jamaican (H15) ☐ Mexican (H16)	☐ Mestizo (H17) ☐ Native Hispanic (H18) ☐ Nicaraguan (H19) ☐ Panamanian (H20) ☐ Paraguayan (H21) ☐ Peruvian (H22) ☐ Puerto Rican (H23)	☐ Salvadoran (H24) ☐ Spaniard (H25) ☐ Surinamese (H26) ☐ Uruguayan (H27) ☐ Venezuelan (H28) ☐ Hispanic/Latino Write In (H29)				
RACE-NATIVE HAWAIIAN/OTHER PACIFIC	Native Hawaiian/Other	☐ Native Hawaiian/Other Pacific Islander (P00)							
	Pacific Islander	☐ Carolinian (P01) ☐ Chamorro (P02) ☐ Chuukese (P03) ☐ Fijian (P04) ☐ i-Kiribati/Gilbertese (P05) ☐ Kosraean (P06)	☐ Maori (P07) ☐ Marshallese (P08) ☐ Native Hawaiian (P09) ☐ Ni-Vanuatu (P10) ☐ Palauan (P11) ☐ Papuan (P12)	☐ Pohpeian (P13) ☐ Samoan (P14) ☐ Solomon Islander (P15) ☐ Tahitian (P16) ☐ Tokelauan (P17)	☐ Tongan (P18) ☐ Tuvaluan (P19) ☐ Yapese (P20) ☐ Pacific Islander Write In (P21)				
RACE-BLACK/AFRICAN-AMERICAN	Black/African American	☐ Black/African-American (B00) ☐ African American (B01) ☐ African Canadian (B02) ☐ Black Write In (C02)							
	Caribbean	☐ Anguillan (B03) ☐ Antiguan (B04) ☐ Bahamian (B05) ☐ Barbadian (B06) ☐ Barthélemois/Barthélemoises (Saint Barthélemy) (B07) ☐ British Virgin Islander (B08)	☐ Caymanian (Cayman Island) (B09) ☐ Cuba Dominican (B10) ☐ Dominican (Dominican Republic) (B11) ☐ Dutch Antillean (Netherlands Antilles) (B12)	☐ Grenadian (B13) ☐ Guadeloupien (B14) ☐ Haitian (B15)	☐ Jamaican (B16) ☐ Martiniquais/Martiniquaise (B17) ☐ Montserratian (B18) ☐ Puerto Rican (B19) ☐ Caribbean Write In (B20)				
	Central African	☐ Angolan (B21) ☐ Cameroonian (B22) ☐ Central African (Central African Rep.) (B23) ☐ Chadian (B24)	☐ Congolese (Rep. of the Congo) (B25) ☐ Congolese (Democratic Republic of the Congo) (B26) ☐ Equatorial Guinean (B27) ☐ Gabonese (B28)	☐ São Toméan (B29) ☐ Principe (B30) ☐ Central African Write In (B31)					
	East African	☐ Burundian (B32) ☐ Comoran (B33) ☐ Djiboutian (B34) ☐ Eritrean (B35) ☐ Ethiopian (B36) ☐ Kenyan (B37)	☐ Malagasy (Madagascar) (B38) ☐ Malawian (B39) ☐ Mauritian (Mauritius) (B40) ☐ Mahoran (Mayotte) (B41) ☐ Mozambican (B42) ☐ Reunionese (B43)	☐ Rwandan (B44) ☐ Seychellois/Seychelloise (B45) ☐ Somali (B46) ☐ South Sudanese (B47) ☐ Sudanese (B48) ☐ Ugandan (B49)	☐ Tanzanian (United Republic of Tanzania) (B50) ☐ Zambian (B51) ☐ Zimbabwean (B52) ☐ East African Write In (B53)				
	Latin American	☐ Argentine (B54) ☐ Belizean (B55) ☐ Bolivian (B56) ☐ Brazilian (B57) ☐ Chilean (B58) ☐ Colombian (B59) ☐ Costa Rican (B60)	☐ Ecuadorian (B61) ☐ El Salvadoran (B62) ☐ Falkland Islander (B63) ☐ French Guianese (B64) ☐ Guatemalan (B65) ☐ Guyanese (B66) ☐ Honduran (B67)	☐ Mexican (B68) ☐ Nicaraguan (B69) ☐ Panamanian (B70) ☐ Paraguayan (B71) ☐ Peruvian (B72) ☐ S. Georgia/S. Sandwich Islands (B73) ☐ Surinamese (B74)	☐ Uruguayan (B75) ☐ Venezuelan (B76) ☐ Latin American Write In (B77)				
	South African	☐ Botswanan (B78) ☐ Mosotho (Lesotho) (B79)	☐ Namibian (B80) ☐ South African (B81)	☐ Swazi (B82) ☐ South African Write In (B83)					
	West African	☐ Beninese (B84) ☐ Bissau-Guinean (B85) ☐ Burkinabé (Burkina Faso) (B86) ☐ Cabo Verdean (B87) ☐ Ivorian (Cote d'Ivoire) (B88)	☐ Gambian (B89) ☐ Ghanaian (B90) ☐ Liberian (B91) ☐ Malian (B92)	☐ Mauritanian (B93) ☐ Nigerien (Niger) (B94) ☐ Nigerian (Nigeria) (B95) ☐ Saint Helenian (B96)	☐ Senegalese (B97) ☐ Sierra Leonean (B98) ☐ Togolese (B99) ☐ West African Write In (C01)				

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ ALASKAN NATIVE	American Indian/Alaskan	☐ American Indian/Alaskan Native (N00) ☐ Alaska Native Write In (N36) ☐ American Indian Write In (N37)			
	Washington State Tribes	☐ Chinook Tribe (N01) ☐ Confederated Tribes and Bands of the Yakama Nation (N02) ☐ Confederated Tribes of the Chehalis Reservation (N03) ☐ Confederated Tribes of the Colville Reservation (N04) ☐ Cowlitz Indian Tribe (N05) ☐ Duwamish Tribe (N06) ☐ Hoh Indian Tribe (N07) ☐ Jamestown S'Klallam Tribe (N08) ☐ Kalispel Indian Community/Kalispel Reservation (N09) ☐ Kikiallus Indian Nation (N10) ☐ Lower Elwha Tribal Community (N11) ☐ Lummi Tribe of the Lummi Reservation (N12) ☐ Makah Indian Tribe/Makah Indian Reservation (N13) ☐ Marietta Band of Nooksack Tribe (N14) ☐ Muckleshoot Indian Tribe (N15) ☐ Nisqually Indian Tribe (N16) ☐ Nooksack Indian Tribe of Washington (N17) ☐ Port Gamble S'Klallam Tribe (N18)	☐ Puyallup Tribe of Puyallup Reservation (N19) ☐ Quileute Tribe of the Quileute Reservation (N20) ☐ Quinault Indian Nation (N21) ☐ Samish Indian Nation (N22) ☐ Sauk-Suiattle Indian Tribe of Washington (N23) ☐ Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) ☐ Skokomish Indian Tribe (N25) ☐ Snohomish Tribe (N26) ☐ Snoqualmie Indian Tribe (N27) ☐ Snoqualmoo Tribe (N28) ☐ Spokane Tribe of the Spokane Reservation (N29) ☐ Squaxin Island Tribe of the Squaxin Island Reservation (N30) ☐ Steilacoom Tribe (N31) ☐ Stillaguamish Tribe of Indians of Washington (N32) ☐ Suquamish Indian Tribe of the Port Madison Reservation (N33) ☐ Swinomish Indian Tribal Community (N34) ☐ Tulalip Tribes of Washington (N35)		
RACE-ASIAN	Asian	☐ Asian (A00) ☐ Asian Indian (A01) ☐ Bangladeshi (A02) ☐ Bhutanese (A03) ☐ Burmese/Myanmar (A04) ☐ Cambodian/Khmer (A05) ☐ Cham (A06) ☐ Chinese (A07)	☐ Filipino (A08) ☐ Hmong (A09) ☐ Indonesian (A10) ☐ Japanese (A11) ☐ Korean (A12) ☐ Lao (A13) ☐ Malaysian (A14) ☐ Mien (A15)	☐ Mongolian (A16) ☐ Nepali (A17) ☐ Okinawan (A18) ☐ Pakistani (A19) ☐ Punjabi (A20) ☐ Singaporean (A21) ☐ Sri Lankan (A22) ☐ Taiwanese (A23)	☐ Thai (A24) ☐ Tibetan (A25) ☐ Vietnamese (A26) ☐ Asian Write In (A27)
RACE-WHITE	White	☐ White (W00) ☐ White Write In (W36)			
	Eastern European	☐ Bosnian (W01) ☐ Herzegovinian (W02)	☐ Polish (W03) ☐ Romanian (W04)	☐ Russian (W05) ☐ Ukrainian (W06)	☐ Eastern European Write In (W07)
	Middle Eastern and North African	☐ Algerian (W08) ☐ Amazigh or Berber (W09) ☐ Arab or Arabic (W10) ☐ Assyrian (W11) ☐ Bahraini (W12) ☐ Bedouin (W13) ☐ Chaldean (W14) ☐ Copt (W15)	☐ Druze (W16) ☐ Egyptian (W17) ☐ Emirati (W18) ☐ Iranian (W19) ☐ Iraqi (W20) ☐ Israeli (W21) ☐ Jordanian (W22) ☐ Kurdish Kuwaiti (W23)	☐ Lebanese (W24) ☐ Libyan (W25) ☐ Moroccan (W26) ☐ Omani (W27) ☐ Palestinian (W28) ☐ Qatari (W29) ☐ Saudi Arabian (W30) ☐ Syrian (W31)	☐ Tunisian (W32) ☐ Yemeni (W33) ☐ Middle Eastern Write In (W34) ☐ North African Write In (W35)

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ 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.

Date _____

Student Housing Questionnaire

Revised 3.29.23

Stanwood-Camano School District #401
STUDENT REGISTRATION FORM

Date _____

NONDISCRIMINATION STATEMENT:

The Stanwood-Camano School District does not discriminate in employment, 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. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Affirmative Action Officer and Civil Rights Compliance Coordinator, Christine Del Pozo, or the Section 504/American Disabilities Act Coordinator, Fredrika Smith, Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood, WA 98292. Telephone: (360) 629-1200.

El Distrito Escolar de Stanwood-Camano School District no discrimina en sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano de guerra o grado militar, orientación sexual, expresión de género o identidad, discapacidad o uso de perro guía entrenado o animal de servicio, y ofrece igualdad de acceso a los Boy Scouts y a otros grupos de jóvenes especificados. El empleado mencionado a continuación ha sido designado para atender consultas y quejas de supuesta discriminación:

Título IX / Oficial de Acción Afirmativa y Coordinador de Cumplimiento de Derechos Civiles, Christine Del Pozo, o la Sección 504 / Coordinador de la Ley de Discapacidades Estadounidenses, Fredrika Smith, Distrito Escolar Stanwood-Camano, 26920 Pioneer Hwy, Stanwood, WA 98292. Teléfono: (360) 629-1200.

Immunizations Compliance

The Stanwood Camano School District utilizes the Washington Immunization Information System School Module to verify student immunization status as mandated by RCW 28A.210.120. If your student is up to date and has received all of their immunizations in Washington state, no further action is required.

About the Washington State Immunization Information System

The Washington State Immunization Information System is a statewide, lifetime immunization registry that keeps track of immunization records for people of all ages to help ensure on time immunization. Information in the system comes from the public portion of a child's birth certificate as well as immunization records from healthcare providers and health plans.

Upon registration your school's nurse will be able to check to see if your student is up to date with immunizations. If your student is **not** current on their immunization schedule or their immunization record is not available in the state School Module system, please indicate the following:

- ☐ My student was born outside of Washington state. I will provide medically verified proof of up-to-date immunization status.
- ☐ I will present a Certificate of Exemption, signed by a healthcare provider, as applicable.
- ☐ My student is not up-to-date on immunizations, but is scheduled to receive the required immunizations prior to starting school.

Once we receive an out-of-state, medically verified immunization record (from a healthcare provider, clinic, or state database) or a Certificate of Exemption these can be linked to your student's record with parent consent.

I request and authorize the Washington State Immunization Information System to release the system's immunization information from the WAIIS for the student named above to Stanwood-Camano School District. I also request and authorize the Stanwood-Camano School District to release and update medically verified immunization information for the student named to the Washington State Immunization Information System, WAIIS.

I declare under penalty of perjury under the laws of the state of Washington that this information is true and correct, and that I am authorized to sign this release on the student's behalf. Unless earlier terminated, this authorization expires 18 years after it is signed or when the child turns 18 years of age, whichever is first.

Student Name: _____ **Prior Name/Other Name:** _____

Student's Date of Birth: _____

Parent Signature: _____ **Date:** _____

If you feel the immunization record you received is incorrect or incomplete, you may ask your provider to correct it. If they can't correct it or do not have a copy of your complete immunization history, please contact our Help Desk at WASIISRecords@doh.wa.gov or 1-866-397-0337. Patient-specific information is used for authorized purposes only, outlined in our Information Sharing Policy that can be found as an appendix in the Information Sharing Agreements online at www.waiis.wa.gov. Your request for the system to release data is not related to and will not modify any other privacy conditions in the Information Sharing Agreement or applicable state and federal privacy laws. Your request to release immunization records will not affect any of the services provided to you through the system. Please be aware that your information may not be secure once it leaves the Immunization Information System. It will not be encrypted if you ask for it to be sent via email. If you ask for it to be sent to a third party not covered by privacy laws, that party may disclose it to others. The Immunization Information System is not responsible for the protection of your information after sending it. You may revoke this authorization at any time by sending a written request to the Washington State Immunization Information System by mail to PO Box 47843, Olympia, WA 98504-7843 or by fax to 360-236-3590. Your request to revoke will not apply to information released before we received your request to revoke.

Stanwood-Camano School District
Student Health Concerns

Student Name _____ **Grade** _____ **Birth date** _____

Parent/Guardian Name _____ **Parent/Guardian Email** _____

Medical History:

Has your student ever had a serious accident, operation, or illness? (nature and approx. date) _____

Please check any **HEALTHCARE PROVIDER DIAGNOSED** health concerns that your student has. If your student does not have any health concerns, simply check the box that says "No Health Concerns at this time".

☐ **No Health Concerns at this time**

ALLERGIES

☐ Bee or Insect Allergy
Reaction ☐ Mild ☐ Severe/Life Threatening
Symptoms _____
Treatment _____

☐ Seasonal allergies
☐ Food allergy ☐ Food Intolerance
☐ List foods _____

Reaction ☐ Mild ☐ Severe/Life Threatening
Symptoms _____
Treatment _____

☐ Latex allergy _____

☐ Drug allergy _____

☐ *Has EpiPen

NEUROLOGICAL

☐ Seizure Disorder Type: _____

☐ ADD ☐ ADHD

☐ Autism Spectrum Disorder

☐ Sensory Processing Disorder

☐ Headaches ☐ Migraines

☐ Other: _____

DIGESTION / ELIMINATION

☐ Bowel control problems

☐ Irritable Bowel Syndrome

☐ Bladder incontinence

☐ Other: _____

DIABETES

☐ Type I ☐ Type II

VISION / HEARING

☐ Vision deficit ☐ Glasses/Contacts

☐ Hearing deficit ☐ Hearing Aid

DEVELOPMENTAL

☐ Prematurity-Gestation _____

☐ Prenatal exposure _____

☐ Developmental Delay

CARDIOVASCULAR

☐ Heart Murmur ☐ Arrhythmia _____

☐ Cardiac Disorder _____

☐ Heart Birth Defect

☐ Other: _____

RESPIRATORY ☐ **Current Diagnosis** ☐ **Past Diagnosis**

☐ Asthma – mild Intermittent symptoms, infrequently uses rescue inhaler, no interference with normal activity

☐ Asthma – moderate Persistent symptoms, uses rescue inhaler, some activity limitation

☐ Asthma – severe Daily symptoms, uses rescue inhaler several times a day, normal activities extremely limited

Has Inhaler at? ☐ *School ☐ Home

☐ Other: _____

MUSCULOSKELETAL / SKIN

☐ Cerebral Palsy

☐ Other Musculoskeletal condition _____

☐ Other Skin conditions: _____

BEHAVIORAL HEALTH

☐ Obsessive Compulsive Disorder

☐ Oppositional Defiant Disorder

☐ Bipolar Disorder

☐ Depression

☐ Other: _____

CONGENITAL

☐ Down Syndrome

☐ Other: _____

HEMATOLOGICAL

☐ Hemophiliac ☐ Sickle Cell ☐ Other: _____

Medication:

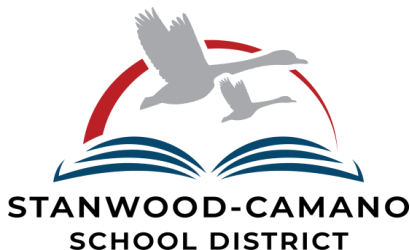
Medication student takes daily **at home** (list medications): _____

Medication **at school** (list medications): _____

****If medication is needed at school, complete and return an "Authorization for Medication at School" form. Health care provider AND parent/guardian signatures are required. Form can be obtained from school nurse, office, or district website.***

I authorize the disclosure of health information on this form to be shared with the school nurse or other staff responsible for my student during the school day. I give permission to my child's school to add immunization information into the Immunization Information System to help the school maintain my child's record.

Parent/Guardian Signature: _____ **Date:** _____



Student Directory and Photo Release Information

Federal law allows Stanwood-Camano School District to disclose some personally identifiable information about students ("student directory information"), without written consent. Information may be given to outside organizations, but the primary use of directory information is to allow the school district to include this information in certain school publications, including:

- The annual yearbook
- Honor roll or other recognition lists
- Printed programs for graduation, sports competitions, or school plays
- School-related social media posts and video productions, print and online communication, and media coverage of district/school events or activities

Stanwood-Camano School District defines "student directory information" as:

- Name, address, email address, phone number, date of birth
- Dates of enrollment and enrollment status
- Diplomas and awards; and participation in activities and sports
- Height and weight (for athletes)
- Grade level and most recent school or program attended

Photograph or video image

If you do not want the school district to disclose directory information, including your student's photo or video image, without prior written consent, you must notify your school in writing each school year via the form below. This includes sharing directory information with media outlets and partner organizations.

Student directory information requests by military recruiters

Federal law requires the school district to provide military recruiters with student names, address and phone numbers unless families have informed the district not to do so. If you do not want the school district to disclose directory information, or if you want your child's contact information withheld specifically from military recruiters, you must inform your school via the form below.

Opt-out form (one per student)

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

Check only when you do not want directory information released. Choice will remain active until changed by parent/guardian.

Do not release my student's directory information to (for high school students only):

- ☐ Military recruiters
- ☐ Institutions of higher learning

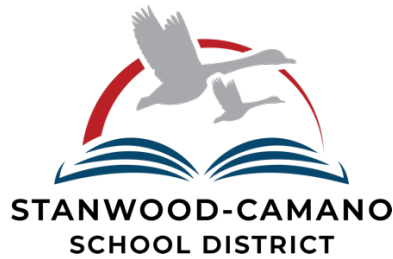
Do not release my student's directory information to (for all students):

- ☐ The media for news such as honor roll or other recognitions (*Public*)
- ☐ School and district communications, such as social media posts and videos; print and online communication; and printed and online programs for graduation, sports, and school plays (*District*)
- ☐ Do not release my student's directory information for the annual yearbook (*Local*)

Student name: _____ School: _____ Grade: _____
(Last) (First)

Parent/guardian name: _____
(Last) (First)

Parent/guardian signature or student if 18 years or older: _____ Date: _____



26920 Pioneer Hwy. Stanwood, WA 98292 – 360-629-1200

TECHNOLOGY AND ELECTRONIC RESOURCES SYSTEMS

Dear Parent(s)/Guardian:

Your child has the opportunity to receive an electronic network account or access, and needs your permission to do so. Your child will be able to communicate with other schools, colleges, organizations and individuals around the world through the Internet and other electronic information systems and networks. These are significant learning opportunities to prepare your child for the future.

With this educational opportunity also comes responsibility. It is important that you and your child read the enclosed informed consent form, school district procedures and other material, and discuss it together. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of the privilege to use this educational tool, and other disciplinary action if appropriate. Parents, remember that you are legally responsible for your child's actions.

Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

We have established procedures and rules regulating the materials that students may search for on the network, but please be aware that there is unacceptable and controversial material and communications on the Internet that your child could access. It is not possible for us to always provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the informed consent form.

We also reserve the right to review e-mail sent or received on the district system to improve student safety and system integrity. You and your child must waive the copyright on any material posted through the network in order to use the network.

If you have any questions please contact your child's school administrator. If you want your child to have the opportunity to receive a technology account or have access to the district system and technological services, please return a signed informed consent form to us as soon as possible.

Adoption Date: 08.05.03
Stanwood-Camano School District
Revised: 09.18.12; 07.20.21



TECHNOLOGY AND ELECTRONIC RESOURCES

Individual User Access Informed Consent Agreement Form for Students

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Stanwood-Camano School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my student's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Stanwood-Camano School District's Acceptable Use Guidelines. Further, my student and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My student and I acknowledge and agree that Stanwood-Camano School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my student or I may otherwise have into such material. My student and I acknowledge and agree that any copyright my student may have in material posted on the Internet through the school district's system is waived.

Signature of Student

Signature of Parent/Guardian
(required if user is under age 18)

Grade

School Building (Student User is Enrolled In)

Printed Name of Student

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed

*Students over eighteen years old do not need a parent's signature.

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