PORT ANGELES SCHOOL DISTRICT

PORT ANGELES SCHOOL DISTRICT
905 W 9th St., PORT ANGELES WA 98363
2025-2026 SCHOOL YEAR

STUDENT REGISTRATION FORM

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Legal Middle Name:	Preferred Name:	Gender:	Grade:

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

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

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

PRIMARY HOUSEHOLD – GUARDIAN 1

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

PRIMARY HOUSEHOLD – GUARDIAN 2

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

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SECONDARY HOUSEHOLD INFORMATION (ONLY IF THE STUDENT SPLITS TIME WITH ANOTHER HOUSEHOLD)

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

SECONDARY HOUSEHOLD – GUARDIAN 1

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

SECONDARY HOUSEHOLD – GUARDIAN 2

Last Name:	First Name:	Middle Name:	Relationship to student:	What language do you prefer for communication about your student?
Primary Phone: Confidential? ☐	Work or 2nd Phone:	Email Address:		Do you need an interpreter for school meetings? Y N *Circle One*
Employer:		Military Affiliation: *Please circle Y or N for each* Currently on Active Duty in U.S. Armed Forces: Y N Currently in the U.S. Armed Forces Reserves: Y N Currently in the Washington National Guard: Y N		Do you need official school materials to be translated? Y N *Circle One*
Work Phone:				

CUSTODY INFORMATION (IF APPLICABLE)

Release student to non-custodial parent? Y N *Circle One*	Are there any restraining orders in effect? Y N *Circle One* If yes, legal papers must be on file with the school for enforcement
Is there a joint custody agreement or parenting plan in effect? Y N *Circle One* If yes, the paperwork must be on file with the school for enforcement.	Restraining order is against: Name:_____ Relationship to Student:_____

EMERGENCY INFORMATION

PERSONS TO CONTACT IF ABOVE CANNOT BE REACHED, AND WHO ARE AUTHORIZED TO PICK UP STUDENT	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
	Name:	Phone:	Relationship to Student:
MEDICAL EMERGENCY INFORMATION	Physician:	Phone:	City:

Please describe any health condition or allergies the school should be aware of:

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

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

Previous Preschool Services - Please circle all early learning programs this student was enrolled in:

☐ PASD Preschool ☐ Other Preschool ☐ Childcare ☐ Playgroup ☐ Early Headstart ☐ Headstart ☐ Friends/Neighbors

SCHOOL EXPERIENCE DATA – Has this student…? *(Please circle Yes or No for each question)*		
Previously attended Port Angeles School District?	Yes No If yes, school:	Year:
Been enrolled in any special education program (IEP)	Yes No If yes, school:	Year:
Had a 504 Plan?	Yes No If yes, school:	Year:
Had and Individual Health Care Plan?	Yes No If yes, school:	Year:
Been enrolled in ESL programs?	Yes No If yes, school:	Year:
Been in Gifted/Talented/Highly Capable programs?	Yes No If yes, school:	Year:
Been identified as Gifted, Talented or Highly Capable through testing?	Yes No If yes, school:	Year:
Ever been retained?	Yes No	
Ever been suspended or expelled for disciplinary reasons?	Yes No	
Had a history of criminal behavior?	Yes No	
Had any history of weapons possession?	Yes No	
Been convicted of a felony?	Yes No If yes, type:	

BUSING INFORMATION

Will student ride the bus? Circle One Y N AM Route #_____ PM Route #_____ Comments: _____

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

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

Parent/Guardian Name (Please Print)	Parent Guardian Signature	Date

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PORT ANGELES SCHOOL DISTRICT

RACE AND ETHNICITY DATA COLLECTION FORM

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

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

To do this, we will collect background information about your student by:
- Reviewing student records, documenting the race and ethnicity of the student in previous years.
- If the student has siblings: reviewing their student records and documenting previous race and ethnicity data.
- Talking with counselors and teachers of the student.
- Using responses to the home language survey to identify the student's home language.

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

Student Name: _____

Grade: _____ **School:** _____

Parent Name: _____

Question 1: Is your child of Hispanic or Latino origin? Yes ◯ No ◯

If yes, please check all that apply.

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

Please continue to Question 2 on next page.

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

If yes, please check all that apply.

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

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

	B96	Saint Helenian
	B97	Senegalese
	B98	Sierra Leonean
	B99	Togolese
	C01	*West African Write in:*
	C02	*Black Write in:*
	N00	**American Indian/Alaskan Native**
	N01	Chinook Tribe
	N02	Confederated Tribes/ Bands of the Yakama Nation
	N03	Confederated Tribes of the Chehalis Reservation
	N04	Confederated Tribes of the Colville Reservation
	N05	Cowlitz Indian Tribe
	N06	Duwamish Tribe
	N07	Hoh Indian Tribe
	N08	Jamestown S'Klallam Tribe
	N09	Kalispel Indian Community/Kalispel Reservation
	N10	Kikiallus Indian Nation
	N11	Lower Elwha Tribal Community
	N12	Lummi Tribe of the Lummi Reservation
	N13	Makah Indian Tribe of the Makah Indian Reservation
	N14	Marietta Band of Nooksack Tribe
	N15	Muckleshoot Indian Tribe
	N16	Nisqually Indian Tribe
	N17	Nooksack Indian Tribe of Washington
	N18	Port Gamble S'Klallam Tribe
	N19	Puyallup Tribe of Puyallup Reservation
	N20	Quileute Tribe of the Quileute Reservation
	N21	Quinault Indian Nation
	N22	Samish Indian Nation
	N23	Sauk-Suiattle Indian Tribe of Washington
	N24	Shoalwater Bay Indian Tribe/Shoalwater Bay Reservation
	N25	Skokomish Indian Tribe
	N26	Snohomish Tribe
	N27	Snoqualmie Indian Tribe
	N28	Snoqualmoo Tribe
	N29	Spokane Tribe of the Spokane Reservation
	N30	Squaxin Island Tribe/ Squaxin Island Reservation
	N31	Steilacoom Tribe
	N32	Stillaguamish Tribe of Indians of Washington
	N33	Suquamish Indian Tribe/Port Madison Reservation
	N34	Swinomish Indian Tribal Community
	N35	Tulalip Tribes of Washington
	N36	*Alaska Native Write in:*
	N37	*American Indian Write in:*
	P00	**Native Hawaiian/Other Pacific Islander**
	P01	Carolinian
	P02	Chamorro
	P03	Chuukese
	P04	Fijian
	P05	i-Kiribati/Gilbertese
	P06	Kosraean
	P07	Maori
	P08	Marshallese
	P09	Native Hawaiian
	P10	Ni-Vanuatu
	P11	Palauan
	P12	Papuan
	P13	Pohpeian
	P14	Samoan
	P15	Solomon Islander
	P16	Tahitian
	P17	Tokelauan
	P18	Tongan
	P19	Tuvaluan
	P20	Yapese
	P21	*Pacific Islander Write in:*
	W00	**White**
	W01	Bosnian
	W02	Herzegovinian
	W03	Polish
	W04	Romanian
	W05	Russian
	W06	Ukrainian
	W07	*Eastern European Write in:*
	W08	Algerian
	W09	Amazigh or Berber
	W10	Arab or Arabic
	W11	Assyrian
	W12	Bahraini
	W13	Bedouin
	W14	Chaldean
	W15	Copt
	W16	Druze
	W17	Egyptian
	W18	Emirati
	W19	Iranian
	W20	Iraqi
	W21	Israeli
	W22	Jordanian
	W23	Kurdish Kuwaiti
	W24	Lebanese
	W25	Libyan
	W26	Moroccan
	W27	Omani
	W28	Palestinian
	W29	Qatari
	W30	Saudi Arabian
	W31	Syrian
	W32	Tunisian
	W33	Yemeni
	W34	*Middle Eastern Write in:*
	W35	*North African Write in:*
	W36	*White Write In:*

X _____

Print Parent/Guardian Name

X _____

Parent/Guardian Signature

_____

Date

updated 7/10/25

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Home Language Survey - English

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.

This form is not used to identify students' immigration status.

6. In what country was your child born? _____
7. Has your child ever received formal education outside of the United States? (K-12th 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-12th 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.

Forms and Translated Material from the Multilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a Creative Commons Attribution 4.0 International License.

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:

- o Membership or enrollment number establishing membership (if readily available) or
- o 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

PORT ANGELES SCHOOL DISTRICT

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

Board of Directors • Cindy Kelly • Sandy Long • Katie Marks • Sarah Methner • Jacob Wright

STUDENT HEALTH INVENTORY FORM

Date: _____Grade: _____

Name (Last, First and Middle): _____DOB: _____ M/F_____

Primary Doctor: _____ Phone: _____Last Physical Date: _____

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

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

Immunization Status (please circle): ☐ Up to date ☐ Exemption **OR** In progress ☐

(Please submit a copy of immunization records verified by medical provider. MMR can only be medical or religious exemption)

List any serious illnesses or injuries: _____

Wears Any Medical Device?_____

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

Name of Behavioral Specialist: _____ Phone:_____

MEDICAL HISTORY:

(Please check if your child has any of the followings and provide details below)

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

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

_____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT *I understand that the information given about my child will be shared with appropriate school staff to provide for the health and safety of my child. If either I, or an authorized emergency contact person, cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.*

This form to remain valid for successive years-unless there is an update/change in condition and it is provided to the school in written format.

Signature of Legal Parent/Guardian _____Date:_____

PORT ANGELES SCHOOL DISTRICT

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

Student Housing Questionnaire

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

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)

Do you own ☐ rent ☐, if you do not please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

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

Name of Student: _____ _____ _____
First Middle Last

Name of School: _____Grade: _____ Birthdate (Month/Day/Year): _____ Age: _____.

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 CONTACT: _____

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

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

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

Please return completed form to:

Alicia Scofield	360 565-3706	Lincoln Center, 905 W. 9th Street
District Liaison	Phone Number	Location

For School Personnel Only: For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

National Center for Homeless Education
National Association for the Education of Homeless Children and Youth (NAEHCY)
SchoolHouse Connection

PORT ANGELES SCHOOL DISTRICT

Special Services Questionnaire

Date _____

Student_____Grade _____

Previous school_____

Parent/Guardian_____Phone_____

Please describe the special services that your child was receiving at his/her previous school:_____

_____

_____

Agencies or individuals that have information relevant to your child's special education program:_____

_____

_____

Check any of the following that may apply:

☐ Individualized Education Plan (IEP)

☐ Behavior Disorder (BD)

☐ Counseling

☐ English as a second language (ESL)

☐ Hearing impaired

☐ Learning disabled (LD)

☐ Gifted/Talented program

☐ Emotional Disorders (ED)

☐ Speech therapy

☐ 504 Plan accommodations

☐ Self-contained/resource room

☐ Physical/Occupational therapy

When a student with special education history transfers into PASD from out of district the school psychologist will be notified immediately. The school psychologist will coordinate with the principal, counselor, teacher and parents a proper program for the student. The school psychologist becomes case manager for the special education portion of their educational program until this responsibility is transferred to the IEP case manager, which is normally the special education teacher.

Reviewing special education records are very important with a new transfer student and the school psychologist can also be of assistance in obtaining special education records. If records are available at the time, the school psychologist can review them and provide the school staff with pertinent information in regard to placement and program decisions. If no records are available, a release of confidential information and/or a documented phone call to the previous school district can be made. Temporary program placement can usually be made by obtaining verbal information for parents following a phone call to the previous district. Ideally, a signed temporary IEP should be put in place during this evaluative placement.

A documented current assessment review needs to be in place before the IEP committee meets and signs a current IEP.

Port Angeles School District

RELEASE OF DIRECTORY INFORMATION

Under the federal Family Educational Rights and Privacy Act (FERPA), individuals and organizations may request directory information about students. Directory information could include a student's name, photograph, address, telephone number (unless unlisted), dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, diplomas and awards received, and the most recent previous school attended. Families have the right to restrict the release of this directory information. If you **DO NOT** want directory information regarding your student released, please check the appropriate box(es) below and return the form to your student's school by October 1st of the current school year. Check and return this form only if you **DO NOT** want directory information released. If no documentation is on file, it will be assumed that the parent/legal guardian has granted permission for release of directory information. This information is also available to update on Skyward Family Access.

HIGH SCHOOL STUDENTS ONLY:

Under federal law, the military may request contact information for high school juniors and seniors. If you **DO NOT** want your student's information released to the military, check the box below and return the form by October 1st of the current school year to ensure your preferences are registered before the military files its request for information.

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

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

FOR ALL FAMILIES:

If you **DO NOT** want directory information regarding your child released, please check the appropriate box(es) below and return it to your school office by October 1st of the current school year.

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

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

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

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

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

Please use one form per student

If you require additional forms, please make copies, contact your school or download on the district website. Return to your child's school by October 1st of the current school year if you **DO NOT** want your child's directory information released. Directory Information is also available to update through Skyward Family Access/Release of Directory Information