Bellingham Public Schools
a collective commitment

Student Registration Form
Elementary School

BELLINGHAM PUBLIC SCHOOLS

Has your child ever attended Bellingham Public Schools? ☐ Yes ☐ No	If yes, please provide name of school(s) attended:	Dates attended:

Student Legal Last Name:	Legal First Name:	Legal Middle Name:	
Student Preferred Last Name:	Preferred First Name	Preferred Middle Name:	Birthdate(MM/DD/YY)

Gender ☐ Male ☐ Female	Pref. Gender ☐ Male ☐ Non-binary ☐ Female	Grade	Birthplace: City	State	Country

If your child was born outside the United States:	Date of Initial Enrollment in US Public School (mm/dd/yy)	Number of Months of K-12 Schooling Outside US

Ethnicity & Race Info – see additional page	Language Student Currently Speaks:	Language First Spoken By Student:	Lang. Spoken at Home:

Name of Last School(s) Attended:	Date Last Attended:	Previous School Location (City & State):

#1 Primary Household (where student resides)

Last Name	First Name	Relationship to Student

Home Phone: ☐ Unlisted	Cell Phone:	Work Phone:

Email:

Last Name	First Name	Relationship to Student

Cell Phone:	Work Phone:

Email:

Street Address	Street Address (Include Apt#)		Mailing Address	Street/PO Box#	
	City	State Zip		City	State Zip

#2 Second Household

Last Name	First Name	Relationship to Student

Home Phone: ☐ Unlisted	Cell Phone:	Work Phone:

Email:

Last Name	First Name	Relationship to Student

Cell Phone:	Work Phone:

Email:

Street Address	Street Address (Include Apt#)		Mailing Address	Street/PO Box#	
	City	State Zip		City	State Zip

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BELLINGHAM PUBLIC SCHOOLS

Student Registration Form
Elementary School

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

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

Primary Physician: Name: Phone:

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

Name:	Relationship to Student:	Home Phone:	Cell Phone:	Work Phone:
1.				
2.				
3.				

Does child attend childcare: ☐ Before School ☐ After School ☐ Before & After School	Childcare Provider Name	Phone	Address

Student Cell Phone:

Has this student been suspended or expelled?		☐ Yes ☐ No
Date of most recent incident: _____	For weapons or dangerous behavior?	☐ Yes ☐ No
Was student returned to school?		☐ Yes ☐ No

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

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

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

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

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

Has your child ever received migrant services? ☐ Yes ☐ No

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

Please list other siblings attending Bellingham Public Schools

Last Name	First Name	School	Grade

Verification of Information

The information on this form is true and accurate as of this date.
I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Bellingham Public Schools.

Legal Parent/Guardian Signature: _____ Date: _____

Staff use only – please do not write in gray boxes

StuId#: _____ Entry Date: _____	Address Verification: _____ Immunizations: _____ Birth Certificate: _____	Health Alert ☐ Y ☐ N	AM Bus _____ PM Bus _____	Transfer: ☐ Y ☐ N Approved: _____

Form205Elem;Rev1-9-17

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AFFIDAVIT OF STUDENT RESIDENCE

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

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

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

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

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

Name of student _____

legally resides at _____

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

_____ _____

Signature of Parent/Legal Guardian Date

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English

Bellingham Public Schools
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Office of Superintendent of Public Instruction (OSPI)

Home Language Survey

Student Name:	**Grade:**	**Date:**

Parent/Guardian Name _____ Parent/Guardian Signature _____

School Name:	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___
Prior Education Your responses about your child's birth country and previous education: • 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? (Kindergarten – 12th grade) _____Yes _____No If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12th grade) _____ Month Day Year

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

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Additional Questions:

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

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Race Ethnicity Data Collection

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Name of Student: _____

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

ETHNICITY

Hispanic ☐ **Yes** ☐ **No**

- ☐ Hispanic
- ☐ Argentine
- ☐ Bolivian
- ☐ Brazilian
- ☐ Chicano (Mexican American)
- ☐ Chilean
- ☐ Colombian
- ☐ Costa Rican
- ☐ Cuban
- ☐ Dominican
- ☐ Ecuadorian
- ☐ Guatemalan
- ☐ Guyanese
- ☐ Honduran
- ☐ Jamaican
- ☐ Mexican
- ☐ Mestizo
- ☐ Native
- ☐ Nicaraguan
- ☐ Panamanian
- ☐ Paraguayan
- ☐ Peruvian
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Spaniard
- ☐ Surinamese
- ☐ Uruguayan
- ☐ Venezuelan
- ☐ Hispanic/Latino Write in

_____

RACE

Black/ African-American (continued on next page)

- ☐ Black/ African-American
- ☐ African American
- ☐ African Canadian

Caribbean

- ☐ Anguillan
- ☐ Antiguan
- ☐ Bahamian
- ☐ Barbadian
- ☐ Barthélemois/Barthélemoises (Saint Barthélemy)
- ☐ British Virgin Islander
- ☐ Caymanian (Cayman Island)
- ☐ Cuba Dominican
- ☐ Dominican (Dominican Republic)
- ☐ Dutch Antillean (Netherlands Antilles)
- ☐ Grenadian
- ☐ Guadeloupian
- ☐ Haitian
- ☐ Jamaican
- ☐ Martiniquais/Martiniquaise
- ☐ Montserratian
- ☐ Puerto Rican
- ☐ Caribbean Write in

_____

Central African

- ☐ Angolan
- ☐ Cameroonian
- ☐ Central African (Central African Republic)
- ☐ Chadian
- ☐ Congolese (Republic of the Congo)
- ☐ Congolese (Democratic Republic of the Congo)
- ☐ Equatorial Guinean
- ☐ Gabonese
- ☐ São Toméan
- ☐ Principe
- ☐ Central African Write in

_____

Black/ African-American (continued)

East African

- [ ] Burundian
- [ ] Comoran
- [ ] Djiboutian
- [ ] Eritrean
- [ ] Ethiopian
- [ ] Kenyan
- [ ] Malagasy (Madagascar)
- [ ] Malawian
- [ ] Mauritian (Mauritius)
- [ ] Mahoran (Mayotte)
- [ ] Mozambican
- [ ] Reunionese
- [ ] Rwandan
- [ ] Seychellois/Seychelloise
- [ ] Somali
- [ ] South Sudanese
- [ ] Sudanese
- [ ] Ugandan
- [ ] Tanzanian (United Republic of Tanzania)
- [ ] Zambian
- [ ] Zimbabwean
- [ ] East African Write in _____

Latin American

- [ ] Argentine
- [ ] Belizean
- [ ] Bolivian
- [ ] Brazilian
- [ ] Chilean
- [ ] Colombian
- [ ] Costa Rican
- [ ] Ecuadorian
- [ ] El Salvadoran
- [ ] Falkland Islander
- [ ] French Guianese
- [ ] Guatemalan
- [ ] Guyanese
- [ ] Honduran
- [ ] Mexican
- [ ] Nicaraguan
- [ ] Panamanian
- [ ] Paraguayan
- [ ] Peruvian
- [ ] South Georgia/South Sandwich Islands
- [ ] Surinamese
- [ ] Uruguayan
- [ ] Venezuelan
- [ ] Latin American Write in _____

RACE

South African

- [ ] Botswanan
- [ ] Mosotho (Lesotho)
- [ ] Namibian
- [ ] South African
- [ ] Swazi
- [ ] South African Write in _____

West African

- [ ] Beninese
- [ ] Bissau-Guinean
- [ ] Burkinabé (Burkina Faso)
- [ ] Cabo Verdean
- [ ] Ivorian (Cote d'Ivoire)
- [ ] Gambian
- [ ] Ghanaian
- [ ] Liberian
- [ ] Malian
- [ ] Mauritanian
- [ ] Nigerien (Niger)
- [ ] Nigerian (Nigeria)
- [ ] Saint Helenian
- [ ] Senegalese
- [ ] Sierra Leonean
- [ ] Togolese
- [ ] West African Write in _____

- [ ] Black Write in _____

American Indian/Alaskan Native

- [ ] American Indian/Alaskan Native

Washington State Tribes

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

Alaskan Native

- [ ] Alaska Native Write in

_____

American Indian

- [ ] American Indian Write in

_____

Asian (continued on next page)

- [ ] Asian
- [ ] Asian Indian
- [ ] Malaysian
- [ ] Mien

RACE

RACE

Asian (continued)

- [ ] Bangladeshi
- [ ] Bhutanese
- [ ] Burmese/Myanmar
- [ ] Cambodian/Khmer
- [ ] Cham
- [ ] Chinese
- [ ] Filipino
- [ ] Hmong
- [ ] Indonesian
- [ ] Japanese
- [ ] Korean
- [ ] Lao
- [ ] Mongolian
- [ ] Nepali
- [ ] Okinawan
- [ ] Pakistani
- [ ] Punjabi
- [ ] Singaporean
- [ ] Sri Lankan
- [ ] Taiwanese
- [ ] Thai
- [ ] Tibetan
- [ ] Vietnamese
- [ ] Asian Write in

Native Hawaiian/Other Pacific Islander

- [ ] Native Hawaiian/Other Pacific Islander

Pacific Islander

- [ ] Carolinian
- [ ] Chamorro
- [ ] Chuukese
- [ ] Fijian
- [ ] i-Kiribati/Gilbertese
- [ ] Kosraean
- [ ] Maori
- [ ] Marshallese
- [ ] Native Hawaiian
- [ ] Ni-Vanuatu
- [ ] Palauan
- [ ] Papuan
- [ ] Pohpeian
- [ ] Samoan
- [ ] Solomon Islander
- [ ] Tahitian
- [ ] Tokelauan
- [ ] Tongan
- [ ] Tuvaluan
- [ ] Yapese
- [ ] Pacific Islander Write in

White

- [ ] White

Eastern European

- [ ] Bosnian
- [ ] Herzegovinian
- [ ] Polish
- [ ] Romanian
- [ ] Russian
- [ ] Ukrainian
- [ ] Eastern European Write in

Middle Eastern and North African

- [ ] Algerian
- [ ] Amazigh or Berber
- [ ] Arab or Arabic
- [ ] Assyrian
- [ ] Bahraini
- [ ] Bedouin
- [ ] Chaldean
- [ ] Copt
- [ ] Druze
- [ ] Egyptian
- [ ] Emirati
- [ ] Iranian
- [ ] Iraqi
- [ ] Israeli
- [ ] Jordanian
- [ ] Kurdish Kuwaiti
- [ ] Lebanese
- [ ] Libyan
- [ ] Moroccan
- [ ] Omani
- [ ] Palestinian
- [ ] Qatari
- [ ] Saudi Arabian
- [ ] Syrian
- [ ] Tunisian
- [ ] Yemeni
- [ ] Middle Eastern Write in
- [ ] North African Write in

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ANNUAL STUDENT HEALTH CONCERNS DOCUMENT

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

Student Name: _____ School Year: _____

School: _____ Grade: _____ Birthdate: _____

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

LIFE THREATENING CONDITIONS

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

- ☐ **Life threatening condition requiring epinephrine auto injector**:
  Life threatening Allergen(s) _____
- ☐ **Asthma** / Medication used to control asthma symptoms_____
- ☐ **Diabetes Type** _____ Using ❑ insulin pump, ❑ insulin pen, ❑ insulin vial/syringe, ❑ oral medications
- ☐ **Seizure Disorder** / Meds used to control seizures: _____ Last seizure on: _____
- ☐ **Other life threatening condition(s):**_____

_____

SPECIAL HEALTH CARE PLANNING

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

❑ Tube Feeding ❑ Tracheostomy ❑ Catheter ❑ Intravenous line or PICC line ❑ Oxygen
❑ Other medical treatment:_____
❑ My child requires a mobility aid, such as a wheel chair, walker, brace:_____

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

AUTHORIZATION FOR EMERGENCY PROCEDURE & IMMUNIZATION INFORMATION RECORDING

If the parent/guardian and Licensed Health Care Provider named on the registration record cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child (properly accompanied) to the hospital or Licensed Health Care Provider most easily accessible. I understand that I will assume full responsibility for the payment of any service rendered. I give permission to my child's school to add immunization information with the Immunization Information System to help the school maintain my child's school record.

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

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OPT-OUT OF RELEASE OF STUDENT PUBLICITY/INFORMATION

All parents/guardians should complete this Form 4011-1. If no restriction is desired, please leave all boxes unchecked and sign the form at the bottom. If parents/guardians do not want photos or information shared about their child per policy and procedure 4011/P, check the box next to each restricted item and sign. Please submit this form electronically, or a hard copy to your school or District Office, 1985 Barkley Blvd., Bellingham WA 98226. **This form must be submitted annually to keep the restriction active.**

STUDENT PUBLICITY/INFORMATION OPT-OUT

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

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

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

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

YEARBOOK AND CLASS PHOTO OPT-OUT

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

PTA DIRECTORY INFORMATION OPT-OUT

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

BELLINGHAM PUBLIC LIBRARY CONNECTED

☐ **Please do not allow my student access to the ConnectED program with the Bellingham Public Library.**

Bellingham Public Library partners with the Bellingham Public Schools in a program known as ConnectED, which gives students access to great educational resources and learning materials in our libraries and on the internet. Through the partnership, student ID numbers are used as Bellingham Public Library accounts, allowing students to borrow materials from and access resources through any Public Library location. This is in addition to, and separate from, a standard library card and account that a student may already have. No overdue files are generated for materials borrowed through this program.

HIGH SCHOOL ONLY: HIGH SCHOOL STUDENT DIRECTORY DATA SHARING

☐ **Please do not share my students information with OSPI for the purpose of sharing with the Washington Student Achievement Council and higher education institutions, including colleges and universities.**

The Washington Office of Superintendent of Public Instruction (OSPI) is asking all school districts in our state to send high school student directory information in compliance with a new state law. For this purpose, directory information means the names, addresses, email addresses and telephone numbers of students and their parents/ legal guardians. The new law requires OSPI to share this student data with the **Washington Student Achievement Council** and higher education institutions, including colleges and universities.

HIGH SCHOOL ONLY: MILITARY RECRUITMENT OPT-OUT

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

SIGN AND RETURN:

STUDENT NAME: _____ **SCHOOL:** _____ **GRADE:** _____

_____ **DATE:** _____

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

(File in student's cumulative folder.)

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

Student Housing Questionnaire

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

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

If you do not own/rent your own home, please check all that apply below.

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

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

Name of School: _____ Grade: _____ Gender: _____

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

☐ Student is living with a parent or legal guardian

Address of current residence:_____

Phone number or contact number: _____

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

*Signature: _____

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

Parent Signature: _____ Date: _____

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

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

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

SEC. 725. DEFINITIONS

For purposes of this subtitle:

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

(2) The term homeless children and youths –

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

b. Includes –

i. Children and youths who are sharing the housing of other persons dues to loss of housing, economic hardship or similar reason; are living in motels, hotels, trailer parks or campgrounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

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

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

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

(3) The term unaccompanied youth included a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

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

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

Required Attendance Form for All Families

SEE REVERSE FOR SIGNATURE AREA.

Please use one form per family.

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

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

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

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

SCHOOL POLICIES, NEW STATE LAWS

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

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

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

DID YOU KNOW?

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

WHAT YOU CAN DO

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

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

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

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

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CHILD'S NAME (PRINT) _____ GRADE _____ CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY) _____

CHILD'S NAME (PRINT) _____ GRADE _____ CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY) _____

CHILD'S NAME (PRINT) _____ GRADE _____ CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY) _____

STAFF SIGNATURE _____ DATE RECEIVED _____

Bellingham Public Schools
a collective commitment

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

Elementary Return Home Plan

School: _____

Child's Name: _____ Grade: _____

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

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

Check box next to days of the week

School Bus Yes / No School Bus Number:	**M ☐ T ☐ W ☐ Th ☐ F ☐**
Pick-up by parent/guardian/authorized person(s) (see list below) Yes / No	**M ☐ T ☐ W ☐ Th ☐ F ☐**
Pick-up by daycare van Yes / No Name of Provider:	**M ☐ T ☐ W ☐ Th ☐ F ☐**
YMCA after-school-program Yes / No **☐ Offisite ☐ In-Building**	**M ☐ T ☐ W ☐ Th ☐ F ☐**
Walk/Bike Yes / No	**M ☐ T ☐ W ☐ Th ☐ F ☐**
Other:	**M ☐ T ☐ W ☐ Th ☐ F ☐**

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