

**Students that do
not live in
Okanogan School
District must fill out
a Choice Transfer
Request Form.**

Thank you

**ENROLLMENT FORM
OKANOGAN ALTERNATIVE SCHOOL**

TODAY'S DATE _____

OFFICE USE ONLY

Enrollment Date _____

Withdrawal Date _____

Age Verification on File _____

Up to Date Immunization Form _____

STUDENT NAME _____

Student Phone Number _____

Preferred pronoun ___ She/Her/Hers ___ He/Him/His ___ They/Them/Theirs

ETHNIC ORIGIN _____ (Asian ,Hispanic, Native American, Black, White)

Primary language spoken at home _____

Place of Birth _____

Grade _____ Sex _____ Birth Date _____

Student is living with: (circle one)

1. Both Parents 2. Mother only 3. Father only 4. Self 5. Father/Stepmother 6. Mother/Stepfather

7. Grandparents 8. Foster Parents 9. Other (Specify) _____

First & Last Name of Parent/Guardian (student resides with) Parent #1 _____

Parent #2 _____

Home Number _____ E-mail _____

Mailing Address _____

Street (Physical) Address _____

Mother/Guardian _____ Place of Employment _____

Work Phone _____ -Cell _____

Father/Guardian _____ Place of Employment _____

Work Phone _____ -Cell _____

Name and address of other parents who are to receive official school information:

Name	Address	Phone
------	---------	-------

Person (other than parent/guardian) to contact in case of emergency	Phone
---	-------

Health Alert (Allergy, Asthma, Chronic Conditions)	Doctor's Name	Phone
--	---------------	-------

School Last Attended _____
(name) (address and phone number)

Last Date in School _____ Reason for Leaving _____

Please check services your student has received: ___ Special Ed ___ Migrant Ed ___ Bilingual Ed ___ Chapter I/LAP ___ Gifted Ed ___ Other.

I certify that the above information is true and correct. _____
I also agree to notify the school immediately of any changes. (Signature of Parent or Guardian)

Non-resident students (whose physical residence is outside of Okanogan School District) must go to their home district and do a Choice Transfer each year from the superintendent of your resident district and be accepted by the Okanogan School District.

OKANOGAN OUTREACH SCHOOL
P.O. Box 592
Okanogan, WA 98840
Phone: (509) 826-7612
Fax: (509) 826-9003
jheindselman@oksd.wednet.edu
Attn: Jen Heindselman

REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS

Releasing School: _____

Please release the following educational records:

- (1) Academic Records
- (2) All Psychology Reports
- Please e-mail---**(3) Immunization Records
- (4) Other Health Information
- Please e-mail---**(5) Transcript
- Please e-mail---**(6) Grades at the time of withdrawal (if at mid term)
- (7) Discipline Records
- (8) Special Education Records
- Please e-mail---**(9) Test Scores
- (10) High School and Beyond Plan

Please mail cumulative file.

Date: _____

Student: _____

Grade: _____

Date of Birth: _____

Receiving School: Okanogan Outreach School
P.O. Box 592
Okanogan, WA 98840

Parent/Guardian

School Official

Name of Student _____

RACE-ETHNICITY DATA COLLECTION 2026-2027

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

Hispanic		Yes ☐	No ☐
☐	Argentine	☐	☐
☐	Belizean	☐	☐
☐	Bolivian	☐	☐
☐	Brazilian	☐	☐
☐	Chicano	☐	☐
☐	(Mexican American)	☐	☐
☐	Chilean	☐	☐
☐	Colombian	☐	☐
☐	Costa Rican	☐	☐
☐	Cuban	☐	☐
☐	Dominican	☐	☐
☐	Ecuadorian	☐	☐
☐	El Salvadoran	☐	☐
☐	Falkland Islander	☐	☐
☐	French Guianese	☐	☐
☐	Guatemalan	☐	☐
☐	Guyanese	☐	☐
☐	Hispanic (Write in)	☐	☐
☐		☐	☐

American Indian/Alaskan Native	
☐	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
☐	Kallispel Indian Community of the Kallispel Reservation
☐	Kiklailus 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
☐	Quinalt 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
☐	Stellacoom 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 (Write in)
☐	American Indian (Write in)

Asian	
☐	Asian Indian
☐	Bangladeshi
☐	Bhutanese
☐	Burmese/Myanmar
☐	Cambodian/Khmer
☐	Cham
☐	Chinese
☐	Filipino
☐	Hmong
☐	Indonesian
☐	Japanese
☐	Korean
☐	Asian (Write in)
☐	
☐	Lao
☐	Malaysian
☐	Mien
☐	Mongolian
☐	Nepali
☐	Okinawan
☐	Pakistani
☐	Punjabi
☐	Singaporean
☐	Sri Lankan
☐	Taiwanese
☐	Thai
☐	Tibetan
☐	Vietnamese

Black/ African-American	
☐	African American
☐	African Canadian
☐	Caribbean
☐	Anguillian
☐	Antiguan
☐	Bahamian
☐	Barbadian
☐	Barthelemy/Barthelemy (Saint)
☐	British Virgin Islander
☐	Caymanian (Cayman Island)
☐	Cuba Dominican
☐	Caribbean (Write in)
☐	
☐	Central African
☐	Angolan
☐	Cameroonian
☐	Central African (Cen. African RC)
☐	Chadian
☐	Congolese (RC of the Congo)
☐	Central African (Write in)
☐	
☐	East African
☐	Burundian
☐	Comoran
☐	Djiboutian
☐	Eritrean
☐	Ethiopian
☐	Kenyan
☐	Malagasy (Madagascar)
☐	Malawian
☐	Mauritian (Mauritius)
☐	Mahoran (Mayotte)
☐	Mozambican
☐	East African (Write in)
☐	
☐	West African
☐	Beninese
☐	Bissau-Guinean
☐	Burkinabe (Burkina Faso)
☐	Cabo Verdean
☐	Ivorian (Cote d'Ivoire)
☐	Gambian
☐	Ghanalan
☐	West African (Write in)
☐	
☐	Reunionese
☐	Rwandan
☐	Seychellois
☐	Seychelloise
☐	Somali
☐	South Sudanese
☐	Sudanese
☐	Ugandan
☐	Tanzanian (United RC of Tanzania)
☐	Zambian
☐	Zimbabwean
☐	Liberian
☐	Malian
☐	Mauritanian
☐	Nigerien (Niger)
☐	Nigerian (Nigeria)
☐	Saint Helenian
☐	Senegalese
☐	Sierra Leonean
☐	Togolese

Black/ African-American Continued	
☐	South African
☐	Botswanan
☐	Mosotho (Lesotho)
☐	Namibian
☐	South African (Write in)
☐	
☐	Black (Write in)
☐	
☐	Latin American
☐	Argentine
☐	Belizean
☐	Bolivian
☐	Brazilian
☐	Chilean
☐	Colombian
☐	Costa Rican
☐	Ecuadorian
☐	El Salvadoran
☐	Falkland Islander
☐	French Guianese
☐	Latin American (Write in)
☐	
☐	Guatemalan
☐	Guyanese
☐	Honduran
☐	Mexican
☐	Nicaraguan
☐	Panamanian
☐	Paraguayan
☐	Peruvian
☐	So. Georgia/So. Sandwich Islands
☐	Surinamese
☐	Uruguayan
☐	Venezuelan

Native Hawaiian/Other Pacific Islander	
☐	Pacific Islander
☐	Carolinian
☐	Chamorro
☐	Chuukese
☐	Fijian
☐	I-Kiribati/Gilbertese
☐	Kosraean
☐	Maori
☐	Marshallese
☐	Native Hawaiian
☐	Ni-Vanuatu
☐	Native Hawaiian (Write in)
☐	
☐	Other Pac. Islander (Write in)
☐	
☐	Palauan
☐	Papuan
☐	Pohnpeian
☐	Samoa
☐	Solomon Islander
☐	Tahitian
☐	Tokelauan
☐	Tongan
☐	Tuvaluan
☐	Yapese

White	
☐	White
☐	White
☐	Eastern European
☐	Bosnian
☐	Herzegovinian
☐	Polish
☐	Romanian
☐	Russian
☐	Ukrainian
☐	Middle Eastern and North African
☐	Algerian
☐	Amazigh or Berber
☐	Arab or Arabic
☐	Assyrian
☐	Bahraini
☐	Bedouin
☐	Chaldean
☐	Copt
☐	Druze
☐	Egyptian
☐	Emirati
☐	Iranian
☐	Iraqi
☐	Middle Eastern (Write in)
☐	
☐	North African (Write in)
☐	
☐	Israeli
☐	Jordanian
☐	Kurdish Kuwaiti
☐	Lebanese
☐	Libyan
☐	Moroccan
☐	Omani
☐	Palestinian
☐	Qatari
☐	Saudi Arabian
☐	Syrian
☐	Tunisian
☐	Yemeni

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 MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf 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

STUDENT HEALTH INFORMATION 2026/27

The information below is to help school staff understand any health concerns that might affect your child's safety or learning.

Student's Name: _____
First Middle Last

Date of Birth: _____ Sex: _____ Grade: _____

Parent/Guardian name(s): _____

Daytime phone: #1 _____ #2 _____ #3 _____

MEDICAL HISTORY

Please mark if your child has any of the following health conditions:

LIFE-THREATENING CONDITIONS:

Does your child have a life-threatening health condition? ☐ No ☐ Yes *which of the following conditions?

____ Asthma ☐ will need inhaler at school ☐ Seen in hospital/Emergency Room for asthma? When?

Allergy to: ☐ Food ☐ Bees/insects ☐ Plants ☐ Animals ☐ Drugs ____ Severe allergy requiring Epi-pen?

____ Diabetes ☐ requires insulin injection

____ Seizure disorder

* If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan be in place prior to starting school.

OR ____ Heart condition

____ Frequent or severe headache

____ Behavior or emotional concerns

____ ADD/ADHD

____ Other _____

____ please explain any health concerns you think we should know about at school:

Does your child wear hearing aides? ☐ Yes ☐ No Does your child wear glasses/contacts? ☐ Yes ☐ No

Do any of the above condition(s) limit/affect your child at school? ☐ No ☐ Yes, explain:

☐ My child has NO HEALTH PROBLEMS

MEDICATION

Does your child take any medication? ☐ No ☐ Yes, name of medication:

Reason for taking medication:

Will medication be needed at school? ☐ No ☐ Yes*

- If your child needs medication at school, please contact the school for the "Medication Authorization" form. This form must be completed every year before any medication may be administered at school. Your Doctor or other Health Care Provider must also sign this form

Medical Care Does your child have a health care provider? ☐ Yes ☐ No

Name of child's health care provider _____ phone number _____

Dental Care Does your child have a dentist? ☐ Yes ☐ No

Name of child's dentist _____ phone number _____

Insurance for Health Care

Does your child have medical insurance coverage? ☐ Yes ☐ No ☐ Don't know

Does your child have dental insurance coverage? ☐ Yes ☐ No ☐ Don't know

Would you like assistance finding insurance for your child? ☐ Yes

AUTHORIZATION FOR SHARING HEALTH INFORMATION I understand that the information given above may be shared with some school staff to provide for the health and safety of my child.

IN CASE OF EMERGENCY, I GIVE PERMISSION FOR SCHOOL PERSONNEL TO CALL 911 OR TRANSPORT MY CHILD TO THE DOCTOR OR HOSPITAL.

Parent/Guardian Print then Sign _____ Date _____

INFORMACION SOBRE LA SALUD DEL ESTUDIANTE 2026/27

La siguiente información es para ayudar al personal escolar a conocer los problemas de salud que podrían afectar a la seguridad de su hijo o el aprendizaje.

Nombre del Estudiante: _____

Fecha de Nacimiento: _____ Sexo: _____ Grado: _____

Nombre(s) del Padre/Tutor: _____

Teléfono de día: #1 _____ #2 _____ #3 _____

HISTORIA MEDICA

Por favor marque si su niño tiene alguna de las siguientes condiciones de salud:

CONDICION MEDICA QUE AMENAZA CONTRA SU VIDA:

¿Su hijo tiene un problema de salud que amenaza la vida? ☐ No ☐ Sí *Cuál de las siguientes condiciones?

_____ Asma ☐ Necesita un inhalador en la Escuela ☐ Visto en el hospital/sala de emergencia para el asma? Cuándo?

_____ Alergias severas que requieran Epi-pen? Alergias a: ☐ Comida ☐ Abejas/insectos ☐ Plantas ☐ Animales ☐ Medicinas

_____ Diabetes ☐ requiere inyecciones de insulina

_____ Convulsiones

* En caso afirmativo, una reunión con la enfermera de la escuela es requerida. La Ley Estatal de Washington requiere que las órdenes de medicación o tratamiento y un plan de cuidados de la salud estén establecidas antes de comenzar la escuela.

☐ Problemas del corazón

_____ Frecuentes o severos dolor de cabeza

_____ Preocupaciones sobre el comportamiento o emocionales

_____ ADD/TDHA

_____ Otros _____

_____ por favor explique cualquier problema de salud que usted crea que debe saber la escuela sobre su hijo:

¿Usa su hijo audífonos? ☐ Sí ☐ No ¿Usa su hijo anteojos o lentes de contacto? ☐ Sí ☐ No

¿Alguna de la condición(es) anterior (es) limita / afecta a su hijo en la escuela? ☐ No ☐ Sí, explique:

☐ Mi hijo(a) NO TIENE PROBLEMAS DE SALUD

MEDICAMENTOS

¿Toma su hijo algún medicamento? ☐ No ☐ Sí, nombre de la medicina:

Razón porque toma este medicamento:

¿Los medicamentos se necesitan en la escuela? ☐ No ☐ Sí*

- Si su niño necesita medicamento en la escuela, por favor póngase en contacto con la escuela para la forma de "Autorización de Medicamentos". Este formulario debe ser completado todos los años antes de que cualquier medicamento puede ser administrado en la escuela. Su médico o proveedor de atención médica también deberá firmar este formulario

Atención Médica ¿Tiene su hijo un proveedor de cuidado de la salud? ☐ Sí ☐ No

Nombre del proveedor de atención médica del niño _____ Número de Teléfono _____

Cuidado Dental ¿Tiene su hijo un Dentista? ☐ Sí ☐ No

Nombre del Dentista _____ Número de Teléfono _____

Seguro para el Cuidado de la Salud

¿Su hijo tiene cobertura de seguro médico? ☐ Sí ☐ No ☐ No lo sé

¿Su hijo tiene cobertura de seguro dental? ☐ Sí ☐ No ☐ No lo sé

¿Le gustaría encontrar asistencia sobre un seguro médico para su hijo? ☐ Sí

AUTORIACION PARA COMPARTIR INFORMACION SOBRE LA SALUD Entiendo que la información aquí proporcionada puede ser compartida con algunos miembros del personal escolar para velar por la salud y la seguridad de mi hijo.

EN CASO DE EMERGENCIA, DOY PERMISO PARA QUE PERSONAL DE LA ESCUELA LLAME AL 911 O TRANSPORTAR A MI HIJO AL MÉDICO U HOSPITAL.

Padre/Tutor imprima su firma _____ Fecha _____

Okanogan Alternative School
STATEMENT OF UNDERSTANDING

In accordance with the Alternative Learning Experience Implementation Standards, *reference WAC 392-121-182 (3)(e)*, prior to enrollment parent(s) or guardian shall be provided with, and sign, documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience (ALE).

Provided on the front and back of this form are summary and narrative descriptions of the difference between home-based instruction and an ALE. Please read these descriptions and sign below.

Summary Description

Home-Based Instruction

- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A.225.010.
- Students are not enrolled in public education.
- Students are not subject to the rules and regulations governing public schools, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student's education.

Alternative Learning Experience

(Name of ALE program inserted here)

- Is authorized under WAC 392-121-182.
- Students are enrolled in public education either full-time or part-time.
- Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.
- Learning experiences are:
 - Supervised, monitored, assessed, and evaluated by certificated staff.
 - Provided via a written student learning plan.
 - Provided in whole, or part outside the regular classroom.

Part-time Enrollment of Home-Based Instruction Students

Home-based instruction students may enroll in public school programs, including ALE programs, on a part-time basis and retain their home-based instruction status. In the case of part-time enrollment in ALE, the student will need to comply with the requirements of the ALE written student learning plan, but not be required to participate in state assessments or meet state graduation requirements.

I have read the summary and detailed descriptions of home-based instruction and alternative learning experience provided and I understand the difference between home-based instruction and the alternative learning experience program in which my child is enrolling.

Parent Signature _____ Date _____

Name(s) of Student(s) _____

*Narrative Description of the Differences Between Home-Based Instruction and Public School
Alternative Learning Experiences*

Home-based instruction is authorized under Revised Code of Washington (RCW) 28A.225.010 and RCW 28A.200. When a parent or guardian has filed a 'declaration of intent to provide home-based instruction' with the district and is meeting the requirements for home-based instruction stated in RCW 28A.225, the student is eligible to receive home-based instruction. Students receiving only home-based instruction are not enrolled in public education, and they do not have to comply with the rules and regulations regarding public schools. Since the student is not registered or enrolled in the public school system, the school district is under no obligation to provide instruction or instructional materials for these students. Home-based instruction students are not required to participate in any district or state testing and/or assessments. Additionally, home-based instruction students are not eligible for graduation through a public high school unless they meet all of the graduation requirements established by the state, district, and the local high school. This includes earning the Certificate of Academic Achievement.

Part-time enrollment

Home-based instruction students may have access to ancillary services and may enroll in a public school course, such as an alternative learning experience program, on a part-time basis where space is available. Part-time enrollment is defined as being less than full-time enrollment. In these cases, the student is responsible for maintaining acceptable attendance and meeting all course and school requirements. For an alternative learning experience, this will mean meeting the requirements of the written student learning plan. The student continues to be considered a home-based instruction student when enrolled part-time in a public school setting. Therefore, except for the individual class requirements, school and district attendance rules, and school behavior policies, the limitations and restrictions noted in the paragraph above are in force.

Full-time enrollment

A student enrolling full-time in a public school alternative learning experience program is not receiving home-based instruction, even if the parent or guardian has filed a 'declaration of intent to provide home-based instruction' with the school district. The student is considered a public school student and is subject to all the rules and regulations governing the actions of all public school students. This includes, but is not limited to, attendance, meeting course requirements, graduation requirements, and assessment requirements. Full-time students are eligible for graduation from a public high school upon meeting all of the school, district, and state requirements.



OKANOGAN SCHOOL DISTRICT
115 Rose Street, Okanogan, WA 98840

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. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

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

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)

☐ The student(s) named above have younger siblings/children (not yet school age) who are in need of developmental screening, community support, or referrals to early childhood services. The district's McKinney-Vento liaison may be able to assist you with age-appropriate resources.

*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:

Julia O'Connor

Call or Text
(509)322-7131

Okanogan Outreach

District Liaison

Phone Number

Location

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



OKANOGAN SCHOOL DISTRICT
115 Rose Street, Okanogan, WA 98840

Cuestionario sobre la vivienda del estudiante

Las respuestas a las siguientes preguntas pueden ayuda a determinar los servicios que este estudiante puede ser elegible para recibir en los términos de la Ley McKinney-Vento 42 U.S.C. 11435. La Ley McKinney-Vento proporciona servicios y apoyos a niños y jóvenes que están en situación de falta de vivienda. (Vea el reverso para obtener más información)

Si usted es dueño de su vivienda o si la renta, no necesita contestar este formulario.

Si usted no es dueño de su vivienda ni la renta, marque todas las casillas que apliquen. (Entregar al enlace del distrito para personas sin vivienda. Puede encontrar la información de contacto al final de la página).

- | | |
|--|---|
| ☐ En un motel | ☐ Un automóvil, parque, campamento o lugar similar |
| ☐ En un refugio | ☐ Vivienda de transición |
| ☐ Mudándose de un lugar a otro, en sofás de amigos | ☐ Otro _____ |
| ☐ En la casa o departamento de alguien más, con otra familia | |
| ☐ En una residencia con servicios inadecuados (sin agua, calefacción, electricidad, etc.) | |

Nombre del estudiante: _____
Primer nombre Segundo nombre Apellido

Nombre de la escuela: _____ Grado: _____ Fecha de nacimiento: _____ Edad: _____
Mes/Día/Año

Género: _____
☐ El estudiante no tiene supervisión (no vive con un padre o tutor legal)
☐ El estudiante vive con un padre o tutor legal

DIRECCIÓN DE LA RESIDENCIA ACTUAL: _____

NÚMETO DE TELÉFONO O NÚMERO DE CONTACTO: _____ NOMBRE DEL CONTACTO _____

Nombre de los padres o tutores legales en letra de molde: _____
(O menor sin supervisión)

*Firma del padre o tutor legal: _____ Fecha: _____
(O menor sin supervisión)

*Declaro, bajo pena de perjurio, de conformidad con las leyes del estado de Washington, que la información aquí proporcionada es verdadera y correcta.

Devuelva este formulario contestado a:

Enlace del Distrito	Número de teléfono	Ubicación
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Para uso exclusivo del personal de la escuela Para efectos de recolección de datos y codificación en el sistema de información de estudiantes

☐ (N) No en situación de falta de vivienda ☐ (A) Refugios ☐ (B) Con otra familia ☐ (C) Sin refugio ☐ (D) Hoteles/Moteles

Dear Parents:

The purpose of this letter is to find out from you when it **is** okay and when it is **not** okay to have your child's personal information, also known as Directory Information, released for others to view.

The following items are designated as "**Directory Information**": Student's name, Photograph, Telephone number, Dates of attendance, Participation in officially recognized activities and sports, Height and weight of members of athletic teams, Diplomas, Awards received, and most recent previous school attended.

Under the provisions of the Family and Privacy Act, you have the right to withhold the release of your child's "Directory Information". Please check those circles below that you do **not** want your child's directory information sent to. After you have made your selection(s), please return this form to your child's school no later than two weeks from the time you received this letter. Thank you!

- ☐ Public agencies – To exclude student information from being sent to private and public individuals, companies or associations for their personal use.
- ☐ District – To exclude student information from being used within the district, such as photographs, sports information (rosters, programs or articles) where student information is identified.
- ☐ Media – To exclude student information from being sent to media outlets (newspapers, radio, OKSD social media accounts, etc).
- ☐ Military recruiters – To exclude student information from being sent to military recruiters (for 11th & 12th grade students only).
- ☐ Higher education institutions – to exclude student information from being sent to institutions of higher education (for 11th & 12th grade students only).

Student Name(s)

Grade

_____	_____
_____	_____
_____	_____

Parent's printed name

Date

Parent's signature



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.





La Encuesta de idiomas en el Hogar se entrega a *todos* los alumnos que se inscriben en una escuela de Washington.

Nombre del alumno:		Grado:	Fecha:
Nombre del padre, madre o tutor legal _____			
Firma del padre, madre o tutor legal _____			
Derecho a los servicios de traducción o interpretación Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan. Indique el idioma de su preferencia para que podamos brindarle un intérprete o documentos traducidos, sin cargo alguno, cuando los necesite.	1. a) ¿En qué idioma(s) preferiría su familia recibir las comunicaciones por escrito de la escuela? _____ b) ¿Necesita un intérprete para las reuniones y llamadas telefónicas (incluso de ASL)? Nombre del padre/madre/tutor 1: _____ ¿Necesita intérprete? ____ Sí ____ No Idioma _____ Nombre del padre/madre/tutor 2: _____ ¿Necesita intérprete? ____ Sí ____ No Idioma _____		
Requisitos para recibir apoyo en capacitación de idiomas La información sobre el idioma del alumno nos ayuda a identificar a los alumnos que reúnen los requisitos para recibir apoyo para formar las habilidades de idioma necesarias para tener éxito en la escuela. Es posible que sea necesario hacer una evaluación para determinar si se requiere ayuda con el idioma.	2. ¿Qué idioma(s) habló o entendió primero su hijo(a)? _____ 3. ¿Qué idioma utiliza más su hijo en casa? _____ 4. ¿Cuál es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____ 5. ¿Ha recibido su hijo apoyo en capacitación del idioma inglés en una escuela anterior? Sí ____ No ____ No sé ____		
Educación previa Sus respuestas sobre el país de nacimiento de su hijo y su educación previa: • Bríndenos información sobre el conocimiento y las aptitudes que su hijo trae a la escuela. • Esto puede ayudar a que el distrito escolar reciba fondos federales adicionales para brindarle apoyo a su hijo. <i>Este formulario no se utiliza para identificar la situación migratoria de los alumnos.</i>	6. ¿En qué país nació su hijo? _____ 7. ¿Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten – 12.º grado) ____ Sí ____ No Si la respuesta es Sí: Número de meses: _____ Idioma de formación: _____ 8. ¿Cuándo asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten – 12.º grado) _____ Mes Día Año		

Gracias por brindarnos la información necesaria en la Encuesta de Idiomas en el Hogar. Póngase en contacto con su distrito escolar si tiene más preguntas sobre este formulario o sobre los servicios que ofrece la escuela de su hijo.



Okanogan Alternative Schools
P. O. Box 592 / 417 Spruce St.
Okanogan, WA 98840
Phone (509)826-7612 fax (509)826-9003

Military Information

Parent Name: _____

Student Name: _____

Date of Birth: _____

Student ID: _____

Grade: _____

Campus: _____

Please check one box below to indicate if your child is a dependent of a member of:

- ☐ Active Duty U.S. Armed Forces
- ☐ Reserves of the U.S. Armed Forces Duty: Army, Navy, Air Force, Marine Corps, or Coast Guard
- ☐ The National Guard of Washington State OR other State (please list the state) _____
- ☐ None Apply

Parent/Guardian Print then sign _____ date _____

Attendance Contract Okanogan Outreach

This contract establishes that on this day, _____, **2026-27**,

_____, hereafter referred to as "Student," and

_____, hereafter known as "Guardians," have met with an Outreach teacher and discussed the Outreach attendance Policies

Students

In order to maintain a place at Okanogan Outreach, Student agrees to:

- Attend all classes.
- Arrive punctually to all classes.
- Bring a doctor's note in the case of a necessary absence, or have a guardian phone the school office.
- Make up any work missed during absences.

If the Student fails to follow these requirements, the school may terminate the student's position at the institute's discretion.

Guardians

The Guardians understand that they are responsible for ensuring that the Student arrives at school in a timely manner and for stressing the importance of the Student's continued education. The Guardians agree to:

- Provide the school with proof of a doctor's note in the case of illness.
- To call the school office at 509-826-7612 the day of an absence, provide a reason for the absence and when the appointment can be made up.
- To get the Student to school on time.

(Student's Signature)

(Date)

(Guardian 1's Signature)

(Guardian 2's Signature)

(Date)

(Date)

I understand that I need to complete 28 hours per week of school work. _____
(Student initial)

ACKNOWLEDGEMENT OF UNDERSTANDING

Okanogan Alternative Schools are Separate Entities from Okanogan High/Middle Schools

We are excited that you are interested in enrolling with the Okanogan Alternative Schools. This notification is to ensure that you, and your guardian, understand that the Okanogan Alternative Schools (Okanogan Alternative High School and Okanogan Outreach) are separate entities from Okanogan High School and Okanogan Middle School.

1. **Graduation:** Each school has specific graduation requirements. Therefore, graduates may only participate in the graduation ceremony at their school of enrollment.
2. **Diplomas:** Okanogan High School students receive an Okanogan High School Diploma while Okanogan Alternative Schools receive an Okanogan Alternative High School Diploma.
3. **School Sponsored Senior Activities:** Only students enrolled at Okanogan High School may participate in Okanogan High School sponsored activities such as the senior trip.
4. **School Property:** During school hours, Okanogan Alternative School students must check in at the High School or Middle School office to gain authorization to be on campus- even during lunch. Students in CTE classes must check in with the high-school office when they arrive on campus. The only exception is for sports and the school property exception only applies to the period of the practices/games for the specific activity in which the student is participating.
5. **Transfers Between Schools:** Students who transfer from the High School to the Alternative programs understand that the earliest they may return to the HS is at the end of the current semester. Seniors who transfer to Outreach or Alternative during second semester of their senior year understand that by making this transfer they will be graduating from the Okanogan Alternative Schools and will not have the option to return to Okanogan High School.

Some crossover activities are allowed, allowed activities are listed below:

1. **Clubs:** Only Alternative School students who are enrolled in CTE classes may participate in the corresponding Okanogan High School Clubs (e. g. FFA, FBLA).
2. **CTE Classes:** Alternative students are eligible to take 1 CTE class if there is room in the class. *If the student has already fulfilled their pathway they are not eligible to take a CTE class.*
3. **Dances:** Alternative School students can attend dances and bring guests. Students interested must sign up for the event by contacting their teacher. Out-of-district guests must be pre- approved and must complete a dance guest pass. Paperwork must be filled out and returned to the Okanogan High School office one week prior to the dance. Students over the age of 20 are not allowed to attend Okanogan High School dances.
4. **Sports:** Upon enrollment at an Okanogan Alternative School, the student/athlete will either be *Eligible* or *Ineligible* due to grades at transfer. If ineligible, the student will be on a 2-week probation during which the student will demonstrate the ability to complete weekly work expectations before becoming eligible.

If you have questions, or require further clarification about how these policies affect your students' academic or extra-curricular participation please ask us before signing below.

My signature verifies that I understand that Okanogan Alternative Schools are separate entities from Okanogan Middle School and Okanogan High School.

Student

Date

Guardian

Date

Okanogan School District #105

Board Procedure 2314P

2026-2027

Student Acceptable Use Policy for School Computer, Internet and E-Mail

Okanogan School District 105 offers students access to a computer network for Internet access, electronic mail (e-mail) and other software programs. To gain access to the computers, Internet and e-mail, all users must obtain parent/guardian permission as verified by the signatures on this form. Should a parent/guardian prefer that a student not have Internet access and/or e-mail, use of the computers is still possible for purposes such as word processing. We support and respect each family's right to decide whether or not to apply for access.

The Okanogan School District uses Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Okanogan School District, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, and learn 21st century digital citizenship skills. More information about Google Workspace for Education can be found here:

https://edu.google.com/intl/ALL_us/workspace-for-education/editions/overview/

WHAT IS POSSIBLE?

Access to the Internet and e-mail enables users to explore thousands of libraries, databases, museums, and other sources of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the intention of Internet access at school is to use those resources for constructive educational goals, users may find ways to access other materials. The Okanogan School District has integrated filtering software to minimize that occurrence. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children follow when using media and information sources.

WHAT IS EXPECTED?

Users are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are public. General school rules for behavior and communications apply. It is expected that users comply with district standards, rules and guidelines below. The use of the network is a ***privilege***, not a right, and may be revoked if abused. The user must also understand that use of the school computer network is for educational purposes only. Personal e-mail accounts will not be accessed nor personal business conducted on the school network. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The users are advised never to access, keep, or send anything that they would not want their parents or teachers to see. Violators of any of the rules or guidelines will be subject to discipline as outlined in the Okanogan School District Computer Use Discipline Plan. Only the Building Principal can make exception or change the discipline of a student who chooses not to follow the rules.

WHAT ARE THE RULES?

Privacy – Network storage areas may be treated like school lockers. Network administrators will review communications to maintain system integrity and insure that users are using the system

responsibly. All users are expected to keep their **passwords confidential and not allow any others to log onto the network using their user IDs.**

Inappropriate materials or language – No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. Should users encounter such material by accident, they should report it to their teacher ***immediately***.

Internet access – Accessing the Internet, whether in the classroom, library or lab setting, is permitted ***only*** if a teacher or an adult aide is present and is aware of the user's Internet access. The Internet may only be accessed for school related research or activities. Chat room access is not allowed.

E-Mail access – Access to free Internet e-mail accounts i.e., Gmail, Hotmail, etc., is ***not*** permitted. Students will be given a school e-mail account that is to be used for educational purposes only.

SPECIFIC GUIDELINES:

These are guidelines to follow to prevent loss of network privileges in the Okanogan School District.

1. The user agrees not to use any part of the District System to harm or disrupt other people, their work, any network, hardware, software, or data.
2. The user will not send, install, or create a computer virus or use the District System in a way that violates District Policy.
3. The user will keep their password confidential and will not reveal others' addresses, phone numbers, or passwords.
4. The user understands and agrees that their electronic mail (e-mail) and/or data on any district computer or media is **not** private and that the District has access to all mail and other data, including internet logs, and these may be reviewed by the District at any time.
5. The user may not use the District System for financial gain or to support or oppose political candidates, groups, or ballot measures.
6. The user will not access, submit, publish, display, and/or install on or through the District System any defamatory, harassing, obscene, sexually explicit, threatening, or illegal material or other material that is disruptive to the educational environment.
7. Users are prohibited from accessing any free mail systems.
8. The user is aware that some sites accessible through the District System may contain defamatory, inaccurate, abusive, obscene, sexually oriented, threatening, offensive, or illegal material and the user understands that the Okanogan School District does not condone the use of such materials. Users should be aware that the filtering software used by the district is not infallible and that users may be able to access inappropriate materials.
9. The user will not use the District System to encourage use of alcohol/controlled substances or violence against others or access sites that do so.
10. The user will treat the files of others as private and will not access anyone's folders, work, or files without permission of the Superintendent or designee.
11. The user will not attempt to use another person's login or password.
12. The user understands and consents to the fact that actions taken on or through the network may

be recorded and replayed, including, but not limited to, audio and video recordings through teleconferencing, videoconferencing, and/or creation of multimedia projects.

13. The user agrees not to install any software on school district computers without prior written approval from Information Systems.
14. The user will not install or transmit copyrighted material through the District System illegally.
15. The user will not attempt to bypass any district filtering or security software including the use of proxy sites. If users are caught bypassing the district filtering software their user account will be immediately suspended and the user will lose **all** computer privileges. When accessing other networks or systems through the District System the user will abide by all rules of that network or system.
16. The user understands that the District has the right to reformat any system's drives and/or remove/relocate any given data or computer at any time. Though every attempt will be made to save data from being lost, the District is not responsible for any loss of data.
17. The user understands and agrees that use of the District System is at his/her own risk and the Okanogan School District is not liable for harm suffered by any party as a result of using the District System. Opinions, advice, services and all other information expressed or displayed by others on, through, or about the District System are not those of the Okanogan School District.
18. The user agrees to be accountable for their actions. If the user intentionally or recklessly inflicts any damage or harm on any portion of the District System or to any party through the District System, any computers, laptops, hardware, etc the user will be subject to discipline and restitution. If the user observes other users violating these terms and conditions, violators should be reported to their supervisor.
19. The user may not use the District System to participate in any activities that violate state or federal law, school district policy, or these Terms and Conditions.
20. Downloading, installing and using games, audio files, video files, or other applications not directly related to educational goals is prohibited.
21. Students are prohibited from making any system changes.
22. Students are not allowed to connect personal devices such as laptops, smart phones or Chromebooks to the OKSD network.
23. **BE PREPARED** to be held accountable for your actions (which may include financial obligations) and for the loss of privileges if the above rules are violated!

.....

Parent/Guardian

Student Name _____

Grade _____

Teacher (elem only) _____

As a parent or guardian of a student in Okanogan School District 105, I have read the information on the appropriate use of computers at the school. (Questions should be directed to the principal for clarification.) By turning in this form you and your child understand and agree to abide by the Acceptable Use Policy and recognize violation of this policy may result in disciplinary action including, but not limited to expulsion, revocation of network access and related privileges, and prosecution according to the RCWs and that your student will be held accountable for their actions.

School Computer Use

_____ As the parent or legal guardian of a student in Okanogan School District 105, I grant permission for my son or daughter to access networked computer services.

Google Workspace

_____ I give permission for the Okanogan School District to create/maintain a Google Workspace for Education account for my child.

Publication Policy

_____ Throughout the year, there are various events in which your child may be photographed (classroom activities, school events, etc.) We would like your permission to use these pictures or videos and the child's name in newsletters, on the district's website, social media, area newspapers or displays.

Notification Policy

_____ I give permission to the Okanogan School District to send notifications regarding attendance, emergencies and general announcements through our automated calling system.

Note: If at any time you wish to change the number used for these announcements, contact (509) 422-3629.

Parent/Guardian Name (Print): _____

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



OKANOGAN SCHOOL DISTRICT #105

Where the Past and the Present Create the Future



Washington State OSPI requires school districts to collect access to technology data for our students. Please answer the following questions and return this form to school. You will need to do one form for each of your children.

Student First Name: _____

Student Last Name: _____

Student Grade Level: _____

Question 1: Does your child have access to a device such as a laptop or computer at home?

Yes: _____ No: _____

Question 2: Does your child have access to the Internet at home?

Yes: _____ No: _____

Parent Signature

Date

Klancy Allen,
Business Manager

Brandy Wilson,
Secretary to the Superintendent

Mr. Steve Quick, Superintendent

P.O. Box 592
115 Rose St., Okanogan, WA 98840
509-422-3629 FAX: 509-422-1525
www.oksd.wednet.edu

Brenda Stevens,
HR/Personnel Manager

Eve Roberts,
Accounts Payable Manager

Dear Okanogan Families,

We are writing to ask for your **urgent support** in completing the **Child Nutrition Eligibility & Education Benefit Application** for the **2026-27** school year. While this may seem like a routine request, we want to be clear: **this form is absolutely critical to the future of our school district and the services we provide to your children.**

What's Changed? In previous years, this form determined whether students qualified for free or reduced-price meals. But now, thanks to our participation in the Community Eligibility Provision (CEP), all students in our district receive school meals at no cost — no application required.

So why are we still asking you to complete this form?

Because continuing to qualify for CEP — and offering free meals to every student — **depends on us receiving enough completed applications.**

This One Form Does So Much More

Completing the application also unlocks many additional benefits for students and families, including:

- **Free, nutritious meals** for every student — every day
- **SUN Bucks (Summer EBT)** benefits
- **College Bound Scholarship** eligibility
- **Reduced fees** for:
 - Sports participation
 - ASB activities
 - Running Start
- **Fee waivers** for college applications and admissions tests (SAT, ACT, etc.)
- **Additional state and federal funding** for our schools (including LAP and Title I)

The Cost of Not Completing This Form: Over the last two years, our district has lost nearly \$200,000 in state and federal program funding due in part to a drop in the number of completed forms:

- **Title I funding** has dropped dramatically due to low-income percentages falling from **33.4% to 15.98%** over the last five years — a loss of over **\$100,000**
- **LAP (Learning Assistance Program) funding** has declined from **\$529,415 in 2023–24** to just **\$458,161 for 2025–26** — a loss of over **\$71,000**

These losses impact:

- The number of teachers, support staff, and specialists we can employ
- Class sizes and intervention services for students who need extra help
- Access to academic, athletic, and enrichment opportunities

Your Participation Matters

Completing this form:

- Helps us maintain free meals for all students
- Affects school sports classifications
- Safeguards that we can continue our CEP food program
- Ensures we have accurate data to apply for **state, federal, and private grants**

The form is **quick, simple, and confidential**. There are **no citizenship requirements**, and **immigration status is not requested or reported**. None of this information will be shared and only one district employee has access to the data. All household information is used only for determining eligibility and funding levels.

Please take a moment to fill out the form today.

You can download the form at: <https://www.oksd.wednet.edu/programs/food-service>

Or return the paper copy we will send home with your student to your child's school office. If you need help, we're here for you. Call Michelle Daling at 509-422-3580 for assistance in English or Spanish. Thank you for supporting your child's education and the entire Okanogan community. A few minutes of your time truly helps us keep essential services strong for all students.

Sincerely,

Michelle Daling

State & Federal Programs Administrator

Okanogan School District

Estimadas familias de Okanogan:

Les escribimos para pedirles su **apoyo urgente** para completar la **Solicitud de Beneficios de Nutrición Infantil y Educación** para el año escolar 2026–2027. Aunque parezca una solicitud rutinaria, queremos ser claros: **este formulario es absolutamente crítico para el futuro de nuestro distrito escolar y los servicios que brindamos a sus hijos.**

¿Qué ha cambiado?

En años anteriores, este formulario determinaba si los estudiantes calificaban para comidas gratis o a precio reducido. Pero ahora, gracias a nuestra participación en la Provisión de Elegibilidad Comunitaria (CEP), todos los estudiantes de nuestro distrito reciben comidas escolares sin costo — no se requiere solicitud.

Entonces, ¿por qué seguimos pidiéndoles que completen este formulario?

Porque seguir calificando para la CEP — y poder ofrecer comidas gratis a cada estudiante — **depende de que recibamos suficientes solicitudes completadas.**

Este formulario hace mucho más

Completar la solicitud también abre muchos beneficios adicionales para estudiantes y familias, entre ellos:

- Comidas nutritivas gratuitas para cada estudiante — todos los días
- Beneficios SUN Bucks (EBT de verano)
- Elegibilidad para la beca College Bound
- Tarifas reducidas para:
 - Participación en deportes
 - Actividades de ASB
 - Running Start
 - Exenciones de pago para solicitudes universitarias y exámenes de admisión (SAT, ACT, etc.)
 - Fondos estatales y federales adicionales para nuestras escuela (incluyendo LAPyTítulo I)

El costo de no completar este formulario

En los últimos dos años, nuestro distrito ha perdido casi \$200,000 en fondos estatales y federales en parte por la disminución en el número de formularios completados:

- La financiación del Título I ha bajado drásticamente ya que el porcentaje de bajos ingresos se redujo de 33.4% a 15.98% en los últimos cinco años — una pérdida de más de \$100,000

- La financiación del Programa de Asistencia para el Aprendizaje (LAP) ha disminuido de \$529,415 en 2023–24 a solo \$458,161 para 2025–26 — una pérdida de más de \$71,000

Estas pérdidas afectan:

- La cantidad de maestros, personal de apoyo y especialistas que podemos contratar

- El **tamaño de las clases y los servicios de intervención** para estudiantes que necesitan ayuda extra

- El **acceso a oportunidades académicas, atléticas y de enriquecimiento**

Su participación es importante

Completar este formulario:

- Nos ayuda a mantener comidas gratis para todos los estudiantes

- Afecta las clasificaciones de deportes escolares

- Protege que podamos continuar con nuestro programa de alimentos CEP

- Garantiza que tengamos datos precisos para solicitar **fondos estatales, federales y privados**

El formulario es **rápido, sencillo y confidencial**. **No hay requisitos de ciudadanía, y no se solicita ni se reporta el estatus migratorio.** Ninguna de esta información será compartida y solo un empleado del distrito tiene acceso a los datos. Toda la información del hogar se usa únicamente para determinar elegibilidad y niveles de financiamiento.

Por favor tómese un momento para llenar el formulario hoy mismo.

Puede descargar el formulario en: <https://www.oksd.wednet.edu/programs/food-service>

O devolver la copia en papel que enviaremos a casa con su estudiante a la oficina de la escuela de su hijo o a su maestro de primer período o de salón hogar.

Si necesita ayuda, estamos aquí para usted. Llame a Michelle Daling al 509-422-3580 para asistencia en inglés o español.

Gracias por apoyar la educación de su hijo y a toda la comunidad de Okanogan. Unos minutos de su tiempo realmente nos ayudan a mantener servicios esenciales fuertes para todos los estudiantes.

Atentamente,

Michelle Daling

Administradora de Programas Estatales y Federales

Distrito Escolar de Okanogan

**National School Lunch Program/School Breakfast Program
2026-27 Letter to Households (Non-pricing/Provision Schools)**

Dear Parent/Guardian:

Okanogan School/School District will serve meals each school day at no charge. It is important that you still complete the Child Nutrition Eligibility & Education Benefit application though as it may qualify you for: SUN Bucks benefits, reduced fees for other programs and activities, and/or help secure funding for your school district.

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to **OKSD PO Box 592, Okanogan, WA 98840 or your child's homeroom class.**

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. Foster, migrant, homeless, and runaway children, and children enrolled in a Head Start program are categorically eligible for free meals. If you are completing an application for these children, contact Julia O'Connor @ (509) 826-7612 for more information. Please note that a non-household member may be designated as the authorized representative for application processing purposes, if you have difficulty completing the application.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. Households with incomes at or below the income limits may be eligible for SUN Bucks benefits. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information provided on the application will be used to determine your child's eligibility for SUN Bucks benefits.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at (509) 422-377 ext. 3147.

USDA Child Nutrition Program Income Guidelines Effective July 1, 2026–June 30, 2027					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$29,526	\$2,461	\$1,231	\$1,136	\$568
2	\$40,034	\$3,337	\$1,669	\$1,540	\$770
3	\$50,542	\$4,212	\$2,106	\$1,944	\$972
4	\$61,050	\$5,088	\$2,544	\$2,349	\$1,175
5	\$71,558	\$5,964	\$2,982	\$2,753	\$1,377
6	\$82,066	\$6,839	\$3,420	\$3,157	\$1,579
7	\$92,574	\$7,715	\$3,858	\$3,561	\$1,781
8	\$103,082	\$8,591	\$4,296	\$3,965	\$1,983
For each add'l family member, add:	\$10,508	\$876	\$438	\$405	\$203

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5*; *Part 6* is optional.

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
- Enter a case number
- Adult household member's signature

Complete *Parts 1, 2, 4, and 5*. *Part 6* is optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1* and *5*. *Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "**A. For households not getting any assistance:**" and include the foster child's personal use income.

**National School Lunch Program/School Breakfast Program
2026-27 Letter to Households (Non-pricing/Provision Schools)**

All information provided on the application must be true and correct. By completing the application, your household attests that they do not receive SUN Bucks benefits through a different State or Indian Tribal Organization (if applicable), you recognize that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. **Purposely providing false information may result in your children losing these benefits, and you may be prosecuted under applicable State and Federal criminal statutes.**

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

My child's application was approved last year. Do I need to fill out a new one?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

What if some household members have no income to report?

Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with _____ the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number _____.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

**National School Lunch Program/School Breakfast Program
2026-27 Letter to Households (Non-pricing/Provision Schools)**

USDA Non-Discrimination

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

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

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

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

This institution is an equal opportunity provider.

USDA Child Nutrition Program Income Guidelines

July 1, 2026 – June 30, 2027

The income guidelines for July 1, 2026, through June 30, 2027, are provided for your assistance in correctly approving free and reduced-price meal applications. Note: Only the income scale for reduced-price meals may appear on the letter to households for the NSLP and SBP.

Household Size	FREE					REDUCED-PRICE				
	Annual ¹	Monthly ²	Twice Per Month ³	Every Two Weeks ⁴	Weekly ⁵	Annual ¹	Monthly ²	Twice Per Month ³	Every Two Weeks ⁴	Weekly ⁵
1	\$20,748	\$1,729	\$865	\$798	\$399	\$29,526	\$2,461	\$1,231	\$1,136	\$568
2	\$28,132	\$2,345	\$1,173	\$1,082	\$541	\$40,034	\$3,337	\$1,669	\$1,540	\$770
3	\$35,516	\$2,960	\$1,480	\$1,366	\$683	\$50,542	\$4,212	\$2,106	\$1,944	\$972
4	\$42,900	\$3,575	\$1,788	\$1,650	\$825	\$61,050	\$5,088	\$2,544	\$2,349	\$1,175
5	\$50,284	\$4,191	\$2,096	\$1,934	\$967	\$71,558	\$5,964	\$2,982	\$2,753	\$1,377
6	\$57,668	\$4,806	\$2,403	\$2,218	\$1,109	\$82,066	\$6,839	\$3,420	\$3,157	\$1,579
7	\$65,052	\$5,421	\$2,711	\$2,502	\$1,251	\$92,574	\$7,715	\$3,858	\$3,561	\$1,781
8	\$72,436	\$6,037	\$3,019	\$2,786	\$1,393	\$103,082	\$8,591	\$4,296	\$3,965	\$1,983
For each add'l family member, add:	\$7,384	\$616	\$308	\$284	\$142	\$10,508	\$876	\$438	\$405	\$203

If the household is reporting more than one source of income and there is a difference in how often the income is received, use the chart below to calculate the annual income.

Instructions for calculating income:

¹Annual income.

²Monthly income x 12 = annual income.

³Twice per month income x 24 = annual income.

⁴Every two weeks income x 26 = annual income.

⁵Weekly income x 52 = annual income.

All numbers are rounded upward to the next whole dollar.



Washington Office of Superintendent of

PUBLIC INSTRUCTION

USDA is an equal opportunity provider and employer.

2026-27 Child Nutrition Eligibility & Education Benefit Application –

Apply online: oksd.wednet.edu Complete, sign, and return this application to: **OKSD, PO Box 592, Okanogan, WA 98840**

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

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

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

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

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

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

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

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

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Check if no SSN: ☐

(total listed must equal number of household members listed above)

5. Contact Information & Signature – Complete, sign, and return this application to: **OKSD, PO Box 592, Okanogan, WA 98840 or your child's Homeroom Teacher**

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

Printed Name of Adult Household Member _____

Adult Household Member Signature _____

E-mail Address* _____

Mailing Address** _____

City, State & Zip Code** _____

Daytime Phone* _____

Date _____

*These fields are informational only and not required.

**This field is optional: however, the mailing address provided will assist in determining where communication and other documents should be sent.

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

Mark one or more racial identities:

☐ American Indian or Alaska Native

☐ Asian

☐ Black, or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Hispanic or Latino

☐ White

☐ Not Hispanic or Latino

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

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

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

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

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

This institution is an equal opportunity provider.

Okanogan School District's Non-Discrimination Statement: Okanogan School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination:

Title IX Coordinator, Civil Rights Coordinator, and HIB Coordinator
Mr. Steve Quick, Superintendent
P.O. Box 592, Okanogan, WA 98840
(509) 422-3629
Email.quick@oksd.wednet.edu

Section 504/ADA Coordinator
Tanya Peterson
P.O. Box 592, Okanogan, WA 98840
(509) 422-3580
Email.tpeterson@oksd.wednet.edu

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: ☐ Basic Food/TANF/FDPIR/Foster ☐ Income Household

APPLICATION APPROVED FOR: ☐ Free Eligible ☐ Reduced-Price Eligible

APPLICATION DENIED BECAUSE: ☐ Income Over Allowed Amount ☐ Other: ☐ Incomplete/Missing Information

APPLICATION ID Number

Date Notice Sent

Signature of Approving Official

Date

**CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION
FOR OTHER SCHOOL PROGRAMS
2026–27 School Year**

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free or reduced-price meals, you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals or Summer-EBT benefits.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
☐	Okanogan High School ASB Card	Waver of Fee
☐	OKSD HS Sport/Athletic Event Gates	Waiver of Fee
☐	HS Club Membership Fee	Waiver of Fee
☐		
☐		
☐		
☐		
☐		

Print Student Name(s) here:

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian: _____ Date: _____

Email Address: _____ Phone: _____

This institution is an equal opportunity provider.

Postúlese en línea: OKSD.WEDNET.EDU Complete, firme y envíe esta solicitud a: OKSD, PO Box 592 Okanogan WA 98840

Seleccione esta casilla si el año pasado recibió asistencia alimentaria: ☐ Seleccione esta casilla si NO desea recibir beneficios o brindar su información sobre ingresos: ☐

- | Apellido del estudiante | Primer nombre del estudiante | Inicial del segundo nombre | En hogar temporal | Fecha de nacimiento* | Escuela* | Grado* | Ingreso del estudiante | Por semana | Cada dos semanas | Dos veces al mes | Por mes |
|-------------------------|------------------------------|----------------------------|--------------------------|----------------------|----------|--------|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | ☐ | | | | \$ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | | | | \$ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | | | | \$ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | | | | \$ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | | | | \$ | ☐ | ☐ | ☐ | ☐ |

- | Nombre de TODOS los otros integrantes del hogar
(no incluya los estudiantes que ingresó anteriormente) | En hogar temporal | | Ingresos por trabajo (antes de cualquier deducción) | Por semana | Cada dos semanas | Dos veces al mes | Por mes | Asistencia social/Manutención infantil/Pensión alimenticia | Por semana | Cada dos semanas | Dos veces al mes | Por mes | Pagos por pensiones/Jubilación/Seguro Social (SSI) | Por semana | Cada dos semanas | Dos veces al mes | Por mes | Otros ingresos no especificados previamente | Por semana | Cada dos semanas | Dos veces al mes | Por mes | |
|---|-------------------|--|---|------------|------------------|------------------|---------|--|------------|------------------|------------------|---------|--|------------|------------------|------------------|---------|---|------------|------------------|------------------|---------|--|
| | \$ | | | | | | | | | | | | | | | | | | | | | | |
| | | | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | | |
| | | | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | | |
| | | | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | | |
| | | | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | | |
| | | | \$ | | | | | \$ | | | | | \$ | | | | | \$ | | | | | |

- **Este campo es opcional. Sin embargo, la dirección postal proporcionada será útil para determinar a dónde enviar las notificaciones y las tarjetas de SUN Bucks, según corresponda.**

6. Origen racial y étnico de los niños (opcional) – Estamos obligados a preguntarle sobre el origen racial y étnico de su(s) hijo(s). Esta información es fundamental y nos ayuda a garantizar que estemos brindando el mejor servicio posible a nuestra comunidad. Responder esta sección es opcional y no afectará la elegibilidad de su(s) hijo(s) para recibir comidas gratuitas y a precios reducidos.

Seleccione uno o más orígenes raciales: ☐ Indígena estadounidense o nativo de Alaska ☐ Asiático ☐ Nativo de Hawái o de otra isla del Pacífico ☐ Hispano o latino

☐ Negro o afroamericano ☐ Blanco ☐ Ni hispano ni latino

Elegibilidad para programas de nutrición infantil: La Ley Nacional de Almuerzos Escolares Richard B. Russell (Richard B. Russell National School Lunch Act) requiere la información en esta solicitud. No está obligado a brindar esta información, pero si no lo hace, no podremos autorizar a su hijo a recibir comidas gratuitas o a precio reducido. Debe ingresar los últimos cuatro dígitos del número de seguro social del integrante adulto del hogar que firma esta solicitud. Los últimos cuatro dígitos del número de seguro social no son necesarios si completa la solicitud en nombre de un niño bajo tutela temporal o si ingreso un número de caso de programas, como el Supplemental Nutrition Assistance Program (Programa Asistencial de Nutrición Suplementaria) (alimento de primera necesidad, Basic Food), el Programa de Asistencia Temporal para Familias Necesitadas (Temporary Assistance for Needy Families, TANF) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (Program or Food Distribution Program on Indian Reservations, FDIPIR) u otro identificador de FDIPIR para su hijo o si indicó que el integrante adulto del hogar que firma la solicitud no tiene un número de seguro social. Utilizaremos su información para determinar si su hijo es elegible para recibir comidas gratuitas o a precio reducido. También, lo haremos para administrar y aplicar los programas de desayunos y almuerzos. PODEMOS compartir su información de elegibilidad con los programas educativos, de salud y de nutrición para ayudarlos a analizar, financiar o determinar los beneficios para sus programas, auditores de revisión de programas, y funcionarios de justicia para ayudarlos a investigar incumplimientos con las normas del programa.

De acuerdo con la Ley Federal de Derechos Civiles y las políticas y normas del Departamento de Agricultura de EE. UU. (U.S. Department of Agriculture, USDA) sobre derechos civiles, esta institución tiene prohibido discriminar por motivos de raza, color, nacionalidad, sexo (incluidas la identidad de género y la orientación sexual), discapacidad, edad o tomar represalias por actividades relacionadas con los derechos civiles.

La información del programa puede estar disponible en idiomas diferentes al inglés. Las personas con discapacidad que requieran medios alternativos de comunicación para acceder a la información del programa (como Braille, letra grande, cinta de audio o lengua de señas estadounidense) deben comunicarse con la agencia estatal o local encargada del programa o con el Technology and Accessible Resources Give Employment Today (TARGET) Center del USDA al (202) 720-2600 (voz y telepresora [TTY]), o contactar al USDA a través del Servicio Federal de Retransmisión (Federal Relay Service) al (800) 877-8339.

Para presentar una denuncia por discriminación en un programa, el denunciante debe completar el formulario AD-3027 "Formulario de denuncia por discriminación en programas del USDA" (USDA Program Discrimination Complaint Form), que se puede obtener en línea en: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, en cualquier oficina del USDA, o puede llamar al (866) 632-9992 o enviar una carta dirigida al USDA. La carta debe incluir el nombre, la dirección y el número de teléfono del denunciante, además de una descripción detallada de la supuesta acción discriminatoria. Esto para ofrecer al Subsecretario de Derechos Civiles (Assistant Secretary for Civil Rights, ASCR) toda la información necesaria sobre la naturaleza y la fecha de la posible violación de derechos civiles. El formulario AD-3027 completado o la carta deben enviarse al USDA por:

1. Correo postal: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o
2. Fax: (833) 256-1665 o (202) 690-7442; o
3. Correo electrónico: Program.intake@usda.gov

Esta institución es un proveedor que ofrece igualdad de oportunidades.

INGRESE EL NOMBRE DEL DISTRITO El Distrito Escolar de Okanogan no discrimina en ningún programa ni actividad por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano o militar, orientación sexual, expresión o identidad de género, discapacidad o el uso de un perro guía adiestrado o un animal de servicio, y brinda igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. Los siguientes empleados han sido designados para atender las preguntas y quejas sobre presunta discriminación:

Title IX Coordinator, Civil Rights Coordinator, and HIB Coordinator
Mr. Steve Quick, Superintendent
P.O. Box 592, Okanogan, WA 98840
(509)422-3629
Email.quick@oks.wednet.edu

Section 504/ADA Coordinator
Tanya Peterson
P.O. Box 592, Okanogan, WA 98840
(509) 422-3580
Email.peterson@oks.wednet.edu

PARA USO EXCLUSIVO DE LA ESCUELA – NO ESCRIBA DEBAJO DE ESTA LÍNEA

CÁLCULO DE INGRESOS ANUALES: Semanal x 52; Cada dos semanas x 26; Dos veces al mes x 24; Mensual x 12. (NO convertir a ingreso anual a menos que en el hogar se declaren múltiples frecuencias de pago).

APROBACIÓN DE LEA:

☐ Alimentos de primera necesidad/TANF/FDPIR/En hogar temporal

☐ Ingreso del hogar

SOLICITUD AUTORIZADA PARA: ☐ Elegible para comida gratuita

☐ Elegible para comida a precios reducidos

Cantidad total de integrantes en el hogar
Ingreso total del hogar \$ _____

Por semana ☐ Cada dos semanas ☐ Por mes ☐ Dos veces al mes ☐ Anual ☐

SOLICITUD DENEGADA POR: ☐ Los ingresos superan la cantidad permitida

☐ Información incompleta/faltante

Otros: ☐

Fecha del envío de la nota

Firma del encargado de la autorización

Número de identificación de la solicitud

CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION
FOR OTHER SCHOOL PROGRAMS (CONSENTIMIENTO PARA COMPARTIR INFORMACIÓN SOBRE LA
ELEGIBILIDAD PARA EL PROGRAMA PARA OTROS PROGRAMAS ESCOLARES)
Curso escolar 2026-27

Si usted califica para comidas gratuitas o a precio reducido con base en el tamaño de su hogar o ingresos o, si usted recibe Basic Food (Alimentos básicos), Temporary Assistance for Needy Families (Asistencia temporal para familias necesitadas, TANF), Food Distribution on Indian Reservations (Programa de Distribución de Alimentos en Reservas Indígenas, FDPIR), o ha sido Directamente Certificado como elegible para comidas gratuitas o a precio reducido, usted puede ser elegible para tarifas reducidas para participar en otros programas escolares. Presentar o no presentar este formulario no afectará la elegibilidad de su hijo para recibir comidas gratuitas o a precio reducido o beneficios de EBT de verano.

Debe marcar la casilla de cada programa en el que desee participar y firmar el formulario para permitir que se comparta su estatus de elegibilidad para otros beneficios del programa.

Marque para participar	Título del programa escolar	Forma en que se utilizará la información compartida
☐	Okanogan High School ASB Card	Waver of Fee
☐	OKSD HS Sport/Athletic Event Gates	Waver of Fee
☐	HS Club Membership Fee	Waver of Fee
☐		
☐		
☐		
☐		
☐		

Escriba aquí el nombre del estudiante:

Firma del padre/madre/tutor: _____ Fecha: _____

Dirección de correo electrónico: _____ Teléfono: _____

Esta institución es un proveedor que ofrece igualdad de oportunidades.

2026-2027 Okanogan School District Calendar



2026-27

July 2026

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2026

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Aug 25-28, 31	Professional Development Days
Sep 1	First Day of School for Students (1-12)
Sep 1&2	Screening for TK, and K
Sep 3	First day for TK, and K
Sep 7	Labor Day - No School
Sep 11	Fair Day - No School
Sep 25	Professional Develop for teachers
Sep 25	Native American Day - No School
Oct 23	Professional Develop for teachers
Oct 30	Quarter Ends-Early Out -Grading Day
Nov 5-6	PT Conferences - No School
Nov 11	Veterans Day - No School
Nov 25-27	Thanksgiving Vacation
Dec 21-Jan 1	Winter Break
Jan 18	Martin Luther King, Jr. Day - No School
Jan 22	Semester End-Early Out -Grading Day
Feb 10	100 Day Celebration
Feb 15	Presidents' Day - No School
Mar 19	Professional Develop for teachers
Mar 26	Quarter Ends-Early Out-Grading Day
Apr 1-2	PT Conferences - No School
Apr 5-9	Spring Break
May 31	Memorial Day - No School
Jun 5	High School Graduation
Jun 7	Outreach Graduation
Jun 11	Last Day of School - Early Release

Any Inclement weather days to be made up in June

January 2027

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Other Events to Consider

Aug 19 HS Football Begins
Aug 24 HS VB, Soccer, CC Begin
Aug 24 MS Football Begins
Aug 24 MS VB Begins
Aug 24 MS CC Begins

Other Events to Consider

Oct 26 MS BB and MS Girls WR Begin
Nov 16 HS Winter Sports Begin
Jan 4 MS GB and MS Boys WR Begin
Feb 19-20 State Wrestling Championships
Mar 3-6 State Basketball Championships

Other Events to Consider

Mar 1 HS Spring Sports Begin
Mar 22 MS Track Begins
May 29 Final HS Spring Sports Championship

School Closed
 Early Release

PD Teacher Professional Development - No School
 Graduations

Parent Teacher Conferences
First & Last Day of School
Board approved 3/30/26



ATHLETICS

Dear Parents/Guardians,

If your child plans on participating a fall sport you will need to register online at familyid.com

We are excited to announce that we are moving our athletic registration process to a convenient online registration program offered by FamilyID. FamilyID is a secure registration platform that provides users with an easy, user-friendly way to register for athletics, and helps us to be more administratively efficient and environmentally responsible.

When a parent/guardian registers through FamilyID, the system keeps track of their information in the FamilyID profile so that they can enter their information only once for multiple seasons and multiple family members. We feel that this online registration system will not only benefit our school athletic office, but will be a welcome change for parents/guardians as well.

Step-by-Step Athletic Registration Instructions:

1. Go to www.familyid.com/okanogan-middle-high-school-athletics (there is a direct link located on the Athletics page of the OKSD website).
2. To create a new account click "Programs"
3. Click High School Athletics for a High School Student or Middle School Athletics for a Middle School Student.
4. Click "Register Now"
5. Click "Create Account." Enter parent's name and email. Then click "Create Account."
6. You will receive an email confirming your account. If an email from FamilyID does arrive quickly check your junk or clutter folder. Click on the link to activate your account.
7. Select the sport your child wants to play.
8. Complete the FamilyID online registration and click the "Save & Continue" button.
9. Review the registration details and click "Submit Registration".
10. Once your registration is confirmed you will receive email confirmation.
- 11. In order to be eligible to practice physicals must be either uploaded to website or turned into the High or Middle School office. In order to be eligible for the first contest ASB cards need to be purchased at the High or Middle School office.**

Game schedules can be found at:

ctlathletics.com

Questions? Please email. kdaling@oksd.wednet.edu