



**Coupeville
School
District No. 204**

New Student Registration

PLEASE DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

STUDENT NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	GEocode NUMBER	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE AM PM
----------------	-------------------	---------------	----------------	-----------------	---------------	--------------------

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as (nickname):	GRADE LEVEL
BIRTHDATE (Month/Day/Year)	STUDENT'S HOME LANGUAGE ☐ English ☐ Spanish ☐ Other _____				GENDER (M/F)
BIRTH COUNTRY (if not U.S.):	STUDENT'S NATIVE/FIRST LANGUAGE ☐ English ☐ Spanish ☐ Other _____				
	STUDENT'S CURRENT LANGUAGE ☐ English ☐ Spanish ☐ Other _____				

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

SECOND HOUSEHOLD ☐ Student also resides at this address ☐ Noncustodial parent not residing with student				RELATIONSHIP ☐ Father ☐ Mother ☐ Grandparent(s) ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Stepfather/Stepmother ☐ Guardian ☐ Agency ☐ Self ☐ Other _____	
Last Name		First Name			
Home Phone: ()		Work Phone: ()			
Cell Phone: ()		Name of Workplace			
Military Y N					
Last Name		First Name			
Home Phone: ()		Work Phone: ()		Cell Phone: ()	
Military Y N		Name of Workplace			
SECOND HOUSEHOLD STREET AND MAILING ADDRESS (Street / Post Office Box, City, State, ZIP)					
SECOND HOUSEHOLD E-MAIL ADDRESS:					

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

REGISTRATION FORM CONTINUES...

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

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

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

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

CHILD CARE PROVIDER (IF ANY) Name _____ Address _____ Phone Number _____
☐ Before school ☐ After school ☐ Before and after
 ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)
 school _____

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

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

When injury, illness, or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child; **please provide daytime telephone numbers.**

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

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

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

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

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Coupeville School District.

Legal Parent/Guardian Signature _____ Date _____



Coupeville
School
District No. 204

New Student Health Information Form

Today's Date:

STUDENT Legal Last Name	Legal First Name	Legal Middle Name	BIRTHDATE	GRADE
-------------------------	------------------	-------------------	-----------	-------

1. Does your child have:

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

2. Does your child have:

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

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

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

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

--

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

Please identify:

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

Please identify:

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

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

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

Please identify:

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

Legal Parent/Guardian Signature _____ Date _____



Special Services Supplemental Enrollment Form

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

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

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

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

Areas of service:

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

Classroom Supports:

- ☐ Resource
- ☐ Self-contained

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

YES___ NO ___

Grade at qualification: _____

Areas of services:

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

Parent/Guardian Signature

Date

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.



Coupeville School District

Ethnicity and Race Data Collection Form

Federal requirements state that Unknown, Multiracial, and Not Provided are not valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, the school district is responsible for assigning categories based on observation.

Student Legal Last Name:	Legal First Name:
Is your child of Hispanic or Latino origin? ☐ Yes – Check all that apply in Sections 1 and 2 ☐ No – Check all that apply in Section 2 only.	

Section 1. To be completed for children of Hispanic or Latino Origin. Check all that apply.

- | | | |
|---|---|---|
| ☐ Cuban | ☐ Latin American | ☐ Mexican / Mexican American / Chicano |
| ☐ Central American | ☐ South American | ☐ Puerto Rican |
| ☐ Dominican | ☐ Spaniard | ☐ Other Hispanic / Latino |

Section 2. To be completed for all students: What race(s) do you consider your child? Check all that apply.

African American / Black

White / Caucasian

Native Hawaiian or Other Pacific Islander

- ☐ Native Hawaiian
- ☐ Fijian
- ☐ Guamanian or Chamorro
- ☐ Mariana Islander
- ☐ Melanesian
- ☐ Micronesian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander

Asian

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Singaporean
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian

American Indian or Alaskan Native

- | | | |
|---|---|--|
| ☐ Alaska Native
☐ Chehalis
☐ Colville
☐ Cowlitz
☐ Hoh
☐ Jamestown
☐ Kalispel
☐ Lower Elwha
☐ Lummi
☐ Makah
☐ Muckleshoot | ☐ Nisqually
☐ Nooksack
☐ Port Gamble Klallam
☐ Puyallup
☐ Quileute
☐ Quinault
☐ Samish
☐ Sauk-Suiattle
☐ Shoalwater
☐ Skokomish
☐ Snoqualmie | ☐ Spokane
☐ Squaxin Island
☐ Stillaguamish
☐ Suquamish
☐ Swinomish
☐ Tulalip
☐ Yakima
☐ Other Washington Indian
☐ Other American Indian/
Alaska Native |
|---|---|--|

Parent/Guardian Signature _____

Date _____



Harassment, Intimidation, Bullying

CSD Policy and Procedure 3550

The district is committed to a positive, safe, civil, and productive education and working environment for all students, employees, parents/guardians, volunteers and patrons. The district does not tolerate harassment, intimidation, or bullying by or directed toward students, employees, parents/guardians, volunteers while helping at school, or others involved in school district activities. Any student who believes he or she has been the target of unresolved, severe, or persistent harassment, intimidation or bullying, or any other person in the school community who observes or receives notice that a student has or may have been the target of unresolved, severe, or persistent harassment, intimidation or bullying may report incidents verbally or in writing to any staff member, or by calling the **SafeSchools LiveTip line at 855-425-3781, ext. 1206.**

The superintendent is the compliance officer for harassment issues.

The full text of board policy and procedure **3550-Prohibition of Harassment, Intimidation and Bullying**, and a report form are available on the Coupeville School District website.

Coupeville School District Policy No. 3210 Nondiscrimination WSSDA Policy 3210

Coupeville School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

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

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

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

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

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

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

Coupeville School District - Student Military Affiliation

Dear Parent or Guardian,

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

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

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

☐ N/A

Student Name	Grade	Parent/Guardian Military Status *

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

Why are we asking?

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

Reasons for collection of the data include:

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

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

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

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

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

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

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

User Agreement

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

Grade/School	Student Name	Student Signature
--------------	--------------	-------------------

Parent Permission

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

Parent Signature _____ Date _____



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

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

Family Educational Rights and Privacy Act (FERPA) Form

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

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

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

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

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



Write "YES" or "NO"

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

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



Write "YES" or "NO"

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



Write "YES" or "NO"

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

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

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

Military recruiters

Colleges and trade schools

Student Name (please print)

Parent/Guardian Name (please print)

Student Grade/School Name

Parent/Guardian Signature

Date

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

Explanations

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

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

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

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

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

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

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

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

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

Coupeville School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The board designates the superintendent to serve as the district’s coordinator regarding Title IX, Section 504/ADA and Civil Rights Compliance.
Superintendent, 501 S. Main Street, Coupeville, WA 360-678-2404

Student Housing & Support Questionnaire



Please complete this form IF any of the below situations apply to your situation and have not completed this form within the current school year.

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

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

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

Name of Student: _____

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

Address of Current Residence: _____

Parent/Legal Guardian Name: _____

Preferred method of contact: ☐ Phone ☐ Text ☐ Email

Contact information: _____

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

McKinney-Vento Act 42 U.S.C. 11435. SEC. 725. DEFINITIONS. For purposes of this subtitle: (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

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

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

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

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

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

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

**Questions or have a need for immediate support? Contact: McKinney-Vento
 Liaison Arianna Bumgarner Phone: (360) 678 - 2419 Text: (262) 528 - 3774 Email:
abumgarner@coupeville.k12.wa.us**

Attendance Information and Policies

Coupeville Elementary is working hard to ensure every student is provided an educational foundation that allows them to reach their potential. Being at school regularly is critical for students to learn, build friendships, and stay connected with their school community. We want to support your student's success through attendance and engagement in school.

Why Attendance Matters:

- Missing just 2 days a month (or 10% of school) can impact your student's chances of reading at grade level by the third grade (elementary) or graduating on time (middle and high school).
- School is also essential for students to build friendships and learn how to be in community with their peers and adults.
- Absences can signal problems like disengagement, academic struggles, or behavioral challenges, and are therefore important for us to monitor.

What We Need from You:

- Follow guidelines from your healthcare provider so you know when to keep your child home due to illness. Coupeville School District recommends that students remain absent from school for 24 hours after symptoms of vomiting, diarrhea or fever resolve, without the use of medication.
- If your student will be absent, contact Courtney Simpson-Pilgrim no later than 48 hours after the absence to excuse attendance.
- For absences due to appointments, please provide a note from the facility when your student returns.
- For preplanned absences lasting 2 or more days, please submit a CES [preplanned absence form](#).
- Reach out to us if your student is struggling to come to school or if you are having challenges getting your child to school. We are here to help.
- Follow our school policies, [CSD BoardDocs Policy](#), available on our website.

What You Can Do:

- Set a consistent bedtime and morning routine.
- Prepare for school the night before, ensuring homework is done, items are prepared and your child gets enough rest.
- Talk to your child about the importance of school and attendance.
- Keep track of the number of days your child has missed on a calendar in a visible location in the home. You can view your child's attendance on *Qmlativ Family Access*
- Ask your child to assist with tracking the days.
- Absences can add up quickly. Aim to keep absences to 9 days or less in a school year.
- Schedule appointments before or after school, or at the very beginning or end of the day to minimize the amount of time your student will be out of school.
- Schedule your vacations during district scheduled holidays.
- Have backup plans for transportation. Consider using [My Family's Help Bank](#) resource to make a plan.
- Communicate with your child's teacher, the front office or the school counselor, about any concerns.
- Encourage after school activities.

Our Promise to You:

- We understand challenges that affect attendance and are here to help.
- School staff such as our nurse or counselor are here for support and additional resources. Please reach out to us.
- We will take attendance daily (as required by state law), communicate when your student has an attendance entry, and help overcome barriers.

Washington state requirements:

Parents:

- Parents of children ages 8 – 18 must ensure their children attend full-time public school, private school, or receive home-based instruction (district-approved).
- If parents enroll their 6- or 7-year-old, the student must attend school full-time.

School Districts:

- notify parents of the attendance rules and get a signature to show they received the notice
- notify parents every time a student is absent without notification
- meet with parents and students to find out why students are absent
- try different strategies to improve attendance, and in some cases
- refer a student and/or parent to a Community Engagement Board or to court

To excuse attendance:

- Make an entry in PickUp Patrol
- Email csimpson-pilgrim@coupeville.k12.wa.us
- Call 360-678-2474 (voicemails are checked regularly)
- Send a note when your student returns to school.

Please review our school attendance procedures in our [CES Quick Reference Guide](#), and our district's attendance policies [CSD 3100 Compulsory Attendance Policy](#) on our website, for more detailed information.

Washington State Compulsory Attendance Laws ([Chapter 28A.225 RCW](#)) are available on the Washington State Legislature website.

RCW 28A.225.005 Information for students and parents. (1) Each school within a school district shall inform the students and the parents of the students enrolled in the school about: The benefits of regular school attendance; the potential effects of excessive absenteeism, whether excused or unexcused, on academic achievement, and graduation and dropout rates; the school's expectations of the parents and guardians to ensure regular school attendance by the child; the resources available to assist the child and the parents and guardians; the role and responsibilities of the school; and the consequences of truancy, including the compulsory education requirements under this chapter. The school shall provide access to the information before or at the time of enrollment of the child at a new school and at the beginning of each school year. If the school regularly and ordinarily communicates most other information to parents online, providing online access to the information required by this section satisfies the requirements of this section unless a parent or guardian specifically requests information to be provided in written form. Reasonable efforts must be made to enable parents to request and receive the information in a language in which they are fluent. A parent must date and acknowledge review of this information online or in writing before or at the time of enrollment of the child at a new school and at the beginning of each school year. (2) The office of the superintendent of public instruction shall develop a template that schools may use to satisfy the requirements of subsection (1) of this section and shall post the information on its website. [2016 c 205 s 2; 2009 c 556 s 5; 1992 c 205 s 201.]

WAC 392-401-020 Excused absences. (1) Absences due to the following reasons must be excused: (a) Physical health or mental health symptoms, illness, health condition or medical appointment for the student or person for whom the student is legally responsible. Examples of symptoms, illness, health conditions, or medical appointments include, but are not limited to, medical, counseling, mental health wellness, dental, optometry, pregnancy, and behavioral health treatment (which can include inpatient or out-patient treatment for chemical dependency or mental health); (b) Family emergency including, but not limited to, a death or illness in the family; (c) Religious or cultural purpose including observance of a religious or cultural holiday or participation in religious or cultural instruction; (d) Court, judicial proceeding, court-ordered activity, or jury service; (e) Post-secondary, technical school or apprenticeship program visitation, or scholarship interview; (f) State-recognized search and rescue activities consistent with RCW 28A.225.055; (g) Absence directly related to the student's homeless or foster care/dependency status; (h) Absences related to deployment activities of a parent or legal guardian who is an active duty member consistent with RCW 28A.705.010; (i) Absences due to suspensions, expulsions or emergency expulsions imposed pursuant to chapter 392-400 WAC if the student is not receiving educational services and is not enrolled in qualifying "course of study" activities as defined in WAC 392-121-107; (j) Absences due to student safety concerns, including absences related to threats, assaults, or bullying; (k) Absences due to a student's migrant status; (l) Absences due to an approved activity that is consistent with district policy and is mutually agreed upon by the principal or designee and a parent, guardian, or emancipated youth; and (m) Absences due to the student's lack of necessary instructional tools, including internet access or connectivity. (2) In the event of emergency school facility closure due to COVID-19, other communicable disease outbreak, natural disaster, or other event when districts are required to provide synchronous and asynchronous instruction, absences due to the following reasons must be excused: (a) Absences related to the student's illness, health condition, or medical appointments due to COVID-19 or other communicable disease; (b) Absences related to caring for a family member who has an illness, health condition, or medical appointment due to COVID-19, other communicable disease, or other emergency health condition related to school facility closures; (c) Absences related to the student's family obligations during regularly scheduled school hours that are temporarily necessary because of school facility closures, until other arrangements can be made; and (d) Absences due to the student's parent's work schedule or other obligations during regularly scheduled school hours, until other arrangements can be made. (3) Districts may define additional categories or criteria for excused absences. A school principal or designee has the authority to determine if an absence meets the criteria in subsections (1) and (2) of this section and school district policy for an excused absence. [Statutory Authority: RCW 28A.300.046. WSR 22-13-056, § 392-401-020, filed 6/8/22, effective 8/1/22. Statutory Authority: RCW 28A.300.046 and 2021 c 119 § 3. WSR 21-17-088, § 392-401-020, filed 8/13/21, effective 9/13/21. Statutory Authority: RCW 28A.300.046. WSR 18-11-011, § 392-401-020, filed 5/3/18, effective 8/1/18.]

WAC 392-401-030 Unexcused absences. Any absence from school is unexcused unless it meets one of the criteria provided in WAC 392-401-020. [Statutory Authority: RCW 28A.300.046. WSR 18-11-011, § 392-401-030, filed 5/3/18, effective 8/1/18.]

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



Coupeville Elementary School

High levels of learning for all students

Erica McColl, Principal
Bridget Littlefield, Counselor

Dear Parent / Guardian:

Periodically during the school year, we feel it is beneficial for students to visit local facilities to further enrich their education, such as the fire station, hospital, courthouse, etc. To do this we need your permission for your child to leave the school grounds.

Please sign below and return this form to school giving us permission to include your child on these trips.

_____ has my permission to participate in
(Student name)
local field trips during school hours for the school year 2026-2027.

In case of emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send the pupil to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as is immediately necessary? ***Please circle yes or no.***

Yes

No

Parent/Guardian Signature

Date

6 South Main Street ~ Phone: (360) 678-2470 ~ FAX: (360) 678-6810

Coupeville School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The board designates the superintendent to serve as the district's coordinator regarding Title IX, Section 504/ADA, Civil Rights Compliance, and to handle questions and investigate any complaints communicated to the district of alleged discrimination. Superintendent, 501 South Main Street, Coupeville, WA 98239, Phone: 360-678-2404 ~ Fax: 360-678-4834

Student name: _____ **Student Date of Birth:** _____

Name of adult completing this form: _____

Social-Emotional	Most of the time	Sometimes	Rarely or Never
Manages classroom rules, routines and transitions with occasional reminders			
Demonstrates confidence in meeting own needs (can ask for help, uses bathroom independently)			
Initiates positive play interactions with group of two or more children			
Has a special friendship with one other child, even if only for a short while			

Additional social-emotional information (if necessary):

Physical	Most of the time	Sometimes	Rarely or Never
Moves purposefully from place to place with control			
Sustains balance during simple movement experiences			
Demonstrates fine motor control (stringing beads, connecting blocks, holding pencil correctly)			

Additional physical information (if necessary):

Language and Literacy	Most of the time	Sometimes	Rarely or Never
Writes own name			
Is understood by most people			
Engages in conversations of at least exchanges			

Additional language and literary information (if necessary):

Cognitive	Most of the time	Sometimes	Rarely or Never
Shows eagerness to learn about a variety of topics and ideas			
Changes plans if a better idea is thought of or proposed			

Additional cognitive information (if necessary):

Math	Most of the time	Sometimes	Rarely or Never
Verbally counts to 20			
Counts 10-20 objects accurately			
Identifies which part has more or less, or the same (equal)			

Additional math information (if necessary):

COUPEVILLE ELEMENTARY SCHOOL TRANSPORTATION FORM

Student name:	Parent/Guardian name:
Email:	Phone number:
Grade:	Alternate number:

What is the typical (default) way your student will arrive at school in the morning?

(Boys & Girls Club, Walk/Bike, School Bus, Parent Drop Off, Other- please describe)

Monday	Tuesday	Wednesday	Thursday	Friday

Please indicate the typical (default) plan for your student's dismissal.

(Boys & Girls Club, Walk/Bike, School Bus, Parent Pick Up, Other- please describe)

Monday	Tuesday	Wednesday	Thursday	Friday

If parent pick up is indicated above, please select the default location to send your student at dismissal:

☐ walking area ☐ Car Pick Up

Please complete the section below if you are requesting bus service for your student.

We highly encourage all families who are requesting busing services to visit our District website "[Transportation Parent Portal](#)" section and register your student electronically. You will have the ability to access this through any web browser, or download the app to your phone. Once registered you will be able to see your students' bus stops, stop times, track the bus live, and request changes. You'll also be able to receive notifications regarding late buses and other necessary updates to make things easier for our families to navigate their day.

What address should be used to locate a bus stop for your student?

--

Please state the relationship of this address. (Home, grandparents, babysitter...)

--

Is there a secondary address your student might need bus transportation to?

If yes, please list the address below and the relationship of the address.

--



Coupeville Elementary School

Request for Release of Student Records

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

Requesting records for (student name): _____

Date of Birth: _____ Grade: _____

Previous School/District: _____

Address: _____

Phone and Fax Numbers: _____

Please forward the student's educational and health records by mail or email, including:

- Birth Certificate
- Attendance History
- Discipline Records
- District/State Assessment Scores
- Report Cards
- 504 Plan, ELL Records
- Immunization Records
- Vision and Hearing Screening Results

**Mail: Coupeville Elementary School
Courtney Simpson-Pilgrim
Student Services Secretary
6 South Main Street
Coupeville, WA 98239**

**Email: csimpson-pilgrim@coupeville.k12.wa.us
Phone number: 360-678-2470**

~~~~~  
If applicable, please forward a copy of the student's special education records by Fax or Email, including:

- Current IEP
- Current Evaluation
- Assessment Data (e.g., IQ and academic testing results)

**FAX: 360-678-4834  
Coupeville School District  
Terri McClane  
Special Services Secretary**

**Email: tmcclane@coupeville.k12.wa.us  
Phone number: 360-678-2420**

~~~~~  
Thank you for your assistance.

Sent/Faxed on: _____

