South Whidbey Elementary School
Home of the Orcas

Student: _____

Parent/Guardian:_____

Date: _____

KINDERGARTEN READINESS QUESTIONNAIRE

Parents and families have an important role as their child's first teacher. Children learn at different rates and in different ways. These guidelines highlight some of the skills children need to be prepared for kindergarten. The list below suggests ways to work with your child to help him/her be more ready for school. Please return this questionnaire with your child's registration packet.

SOCIAL/EMOTIONAL	*We are working on this*	*Yes, my child can do this*
1. My child can follow 2 step directions consistently and is learning to follow 3 step directions.		
2. My child can remember and follow routines. (ex. Dinner, brush teeth, read bedtime story, go to bed.)		
3. My child can tell about his/her own feelings. (ex. I feel happy, I am sad.)		
4. My child can calm him/herself down when frustrated or upset.		
5. My child can use the bathroom independently.		
6. My child can wash his/her own hands.		
7. My child can put his/her own toys away, clean small spills, and picks up after him/herself.		
8. My child shares, takes turns, and helps others.		
9. My child adjusts to new people and situations.		
10. My child plays cooperatively with others.		
11. My child has the opportunity to play with others his/her own age.		
LANGUAGE	*We are working on this*	*Yes, my child can do this*
1. My child can use words to express his/her thoughts and needs.		
2. My child can name and describe objects in his/her own world.		
3. My child uses new words every day.		
4. My child can speak clearly and is understood by most people.		
LITERACY	*Yes we are working on this*	*Yes, my child can do this*
1. My child can read his/her own name.		
2. My child can write his/her own name.		
3. My child knows if words start with the same sound. (ex. Big, brown, bear)		
4. My child knows 5-10 rhymes or children's songs.		
5. My child can identify letters.		
6. My child recognizes and can name 10 upper case and 10 lower case letters.		
7. My child is familiar with parts of a book: cover, title, pages, words, etc.		

8. My child writes a story by drawing pictures or using letters.		
9. My child reads with an adult or listens to a story daily: he/she can talk about the story and tell about his/her favorite part.		
MATH	*We are working on this*	*Yes, my child can do this*
1. My child can count up to 10 objects and point to each one when counting.		
2. My child can count out loud in order to 20.		
3. My child can use words such as more, less, same.		
4. My child can identify numbers to 10.		
5. My child can identify common shapes: circle, triangle, square, rectangle.		
6. My child can match and sort objects.		
7. My child knows basic colors.		
PERSONAL INFORMATION	*We are working on this*	*Yes, my child can do this*
1. My child knows his/her first name, last name, and caregivers' names.		
2. My child can name 10 body parts. (hand, foot, knee, shoulder)		
3. My child knows his/her age and birthday.		
4. My child is fully potty trained.		
5. My child no longer takes naps during the day.		
6. My child can use scissors.		

- Please list siblings and their ages:
  _____
- What activities does your child enjoy?
  _____
- Does your child have any developmental concerns you would like the school to be aware of?
  _____
- What would you like your child's teacher to know about your child?
  _____
- What are your child's strengths?
  _____
- Does your child have any fears and what are they?
  _____
- What are your dreams for your child's learning experience in kindergarten?
  _____

Student: _____

Parent/Guardian:_____

Date: _____

EARLY LEARNING AND PRE-SCHOOL HISTORY AND INTERESTS

Early learning begins at home, and a variety of activities help prepare children for kindergarten. Completing this survey will tell us about the preschool and early learning experiences children in South Whidbey are having prior to kindergarten. It will also help us learn about new activities we might provide so all children have skills to prepare them for kindergarten.

1. Did your child attend preschool?

☐ Yes ☐ No **If yes, please indicate where and when:**

Preschool Name	**Hours per week**	**Year (s) attended**

2. Did your child attend child care or spend regular time with family / neighbors/ friends?

☐ Yes ☐ No **If yes, please indicate where and when:**

	Hours per week	**Year (s) attended**
In a licensed child care center or home Name:		
With a friend or neighbor child care arrangement		
With a family member providing child care Please circle family member providing care: grandparent, aunt, uncle, brother, sister		

3. Does your child participate in other learning experiences? ☐ **Yes** ☐ **No** **Please check all that apply**

☐ Library story time ☐ Local parks programs ☐ MOPS (Mothers of Preschoolers)

☐ Play Group ☐ Playscape ☐ Music classes ☐ Church/ Sunday School

☐ Other (please list): _____

5. Are there learning experiences your child is <u>unable</u> to participate in? ☐ **Yes** ☐ **No**

If yes, what are those experiences and why are they unable to participate? (cost, transportation, limited language ability, work schedule, other….)

_____

_____

KINDERGARTEN BUSING INFORMATION _____ (Year)

Student Name:_____Last Name:_____

Parent/Guardian: _____Phone:_____

Parent/Guardian: _____Phone:_____

Parent/Guardian:_____Phone:_____

Emergency Phone:_____Relationship:_____

Pick-up Address:_____City:_____

Drop off Address:_____City:_____

Other Address:_____City:_____

TRANSPORTATION OFFICE USE

Route:_____Pick up Time:_____

Driver:_____Drop Off Time:_____

Parent/Guardian Notified:_____Driver Initial:_____



DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY							
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	GRADUATION YEAR	HOMEROOM NAME	HOMEROOM #	BUS ROUTE AM PM	STUDENT ACCESS LOG IN:	STUDENT ACCESS PASSWORD:

NEW STUDENT REGISTRATION FORM

Date:_____

◯ **Grades K-4** ◯ **Grades 5-6** ◯ **Grades 7-12** ◯ **SWA Applicant**

STUDENT NAME: Legal Last Name	Legal First Name	Legal Middle Name	Also known as:
BIRTHPLACE (City, State, County)	GENDER (M/F/X)	BIRTHDATE	GRADE LEVEL

PARENT/GUARDIAN INFORMATION:

PRIMARY HOUSEHOLD where all school mail will be sent. Robo Calls/texts/emails will be sent as noted.

PRIMARY HOUSEHOLD (parent/guardian ONE) *Last Name* *First Name* **RELATIONSHIP TO STUDENT:** *Place of Work*	**ROBO & ATTENDANCE CALLS - *PRIMARY #*** (include area code) ◯ Home ◯ Work ◯ Cell ☐ Please check if unlisted	**ROBO TEXT & ATTENDANCE CALL** (include area code) ◯ Home ◯ Work ◯ Cell	**ROBO TEXT** (include area code) ◯ Home ◯ Work ◯ Cell
(parent/guardian TWO) *Last Name* *First Name* **RELATIONSHIP TO STUDENT:** *Place of Work*	**ROBO CALL** (include area code) ◯ Home ◯ Work ◯ Cell	**ROBO TEXT** (include area code) ◯ Home ◯ Work ◯ Cell	**ROBO TEXT** (include area code) ◯ Home ◯ Work ◯ Cell
Family 1, Guardian 1 EMAIL ADDRESS (Robo & Attendance notifications) Family 1, Guardian 2 EMAIL ADDRESS (Robo & Attendance notifications)	STUDENT LIVES WITH: ◯ Both parents ◯ Father only ◯ Mother only ◯ Father/Stepmother ◯ Mother/Stepfather ◯ Grandparents ◯ Stepfather/Stepmother ◯ Guardian ◯ Agency ◯ Self ◯ Other		

STREET ADDRESS

Street	*Apt #*	*City* *State*	*Zip Code*

MAILING ADDRESS (If different from above)

Street	*Apt #*	*City* *State*	*Zip Code*

SECOND HOUSEHOLD where all school mail will be sent. Robo Calls/texts/emails will be sent as noted

SECOND HOUSEHOLD (parent/guardian ONE) *Last Name* *First Name* **RELATIONSHIP TO STUDENT:** *Place of Work*	**ROBO & ATTENDANCE CALLS AND TEXTS** (include area code) ◯ Home ◯ Work ◯ Cell ☐ Please check if unlisted	**ROBO TEXTS** (inc. area code) ◯ Home ◯ Work ◯ Cell	**PHONE 3** (include area code) ◯ Home ◯ Work ◯ Cell
SECOND HOUSEHOLD (parent/guardian TWO) *Last Name* *First Name* **RELATIONSHIP TO STUDENT:** *Place of Work*	PHONE 1 (include area code) ◯ Home ◯ Work ◯ Cell	PHONE 2 (include area code) ◯ Home ◯ Work ◯ Cell	PHONE 3 (include area code) ◯ Home ◯ Work ◯ Cell
Family 2, Guardian 1 EMAIL ADDRESS (Robo & Attendance notifications) Family 2, Guardian 2 EMAIL ADDRESS (Robo & Attendance notifications)	SECOND HOUSEHOLD STREET ADDRESS *(Street/PO Box, City, State, ZIP)* SECOND HOUSEHOLD MAILING ADDRESS *(Street/PO Box, City, State, ZIP)*		ADDITIONAL MAILINGS REQUESTED ◯ Yes ◯ No

Student Last Name: _____ First Name: _____ Grade: _____

Student History:

School Previously Attended: School District Previously Attended: Previous School Location (City & State):

_____ _____ _____

Has student ever attended South Whidbey Public Schools? ○ Yes ○ No

If Yes, Name of school attended: _____ Date Attended (Month/Year): _____

If Out of State, has student ever attended school in WA State? ○ Yes ○ No If Yes, What District? _____

Is there a joint-custody or parenting plan in effect? ○ Yes ○ No

If Yes, plan must be on file with the school ☐ Copy Attached

Is there a restraining order in effect? ○ Yes ○ No

If Yes, legal papers must be on file with the school ☐ Copy Attached

Restraining order is against: ○ Mother ○ Father ○ Other: _____

Has the student ever been suspended for a weapons violation? ○ Yes ○ No Date: _____

Has your child ever qualified for or been enrolled in a special education program? ○ Yes ○ No

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

Has your child ever been retained? ○ Yes ○ No

If Yes, at what grade level(s)? _____

Has your child ever participated in: ☐ Title ☐ Speech ☐ Gifted ☐ ELL ☐ Other: _____

Does student attend child care? ○ Before school ○ After school ○ Before & after school ○ No

Child Care Provider
Name Address Phone Number

_____ _____ _____

Additional child care arrangements (Please provide information to school in writing)

Please list other siblings attending public school within South Whidbey School District:

Last Name	First Name	School	Grade

Special instructions regarding religious beliefs (Please provide information to school in writing)

Student Release Authorization

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

EMERGENCY CONTACT (other than parent/guardian) ***Last Name*** ***First Name***	RELATIONSHIP TO CHILD	PHONE # (include area code) ◯ Home ◯ Work ◯ Cell	PHONE # (include area code) ◯ Home ◯ Work ◯ Cell
EMERGENCY CONTACT (other than parent/guardian) ***Last Name*** ***First Name***	RELATIONSHIP TO CHILD	PHONE # (include area code) ◯ Home ◯ Work ◯ Cell	PHONE # (include area code) ◯ Home ◯ Work ◯ Cell
EMERGENCY CONTACT (other than parent/guardian) ***Last Name*** ***First Name***	RELATIONSHIP TO CHILD	PHONE # (include area code) ◯ Home ◯ Work ◯ Cell	PHONE # (include area code) ◯ Home ◯ Work ◯ Cell
EMERGENCY CONTACT (other than parent/guardian) ***Last Name*** ***First Name***	RELATIONSHIP TO CHILD	PHONE # (include area code) ◯ Home ◯ Work ◯ Cell	PHONE # (include area code) ◯ Home ◯ Work ◯ Cell

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) I have listed for student release.

Legal Parent/Guardian Signature _____ *Date* _____

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.

Legal Parent/Guardian Signature _____ *Date* _____

Volunteer Access Authorization: In case of early, dismissal, attendance questions or emergencies, I give permission for the work and emergency numbers that I have listed for my child to be used by volunteers.

Legal Parent/Guardian Signature _____ *Date* _____

ROBO Call/Text/Email Authorization: I understand that it is the policy of the South Whidbey School District to keep our staff, students and families as informed as possible. In the event of an emergency and in the event that there is a school or district update to school events or functionality, every effort will be made to contact parent/guardian immediately at one or all of the numbers and emails above. I give permission to the South Whidbey School District to notify me and my family at all of the numbers, emails, and addresses as noted to receive notifications above. To receive Text/SMS messages, I understand that I must "opt in" to the service by texting YES to the number 67587.

Legal Parent/Guardian Signature _____ *Date* _____

Student Information Release:

The South Whidbey School District (SWSD) seeks publicly to keep parents and caregivers informed of upcoming events, recruit volunteers, recognize students and increase community involvement. You can assist us by allowing photographs, videos, or recordings of your student or their work to appear in newsletters, flyers, the press, the district's websites and social media accounts.

In addition, the SWSD will provide your child the ability to access the internet, Google apps for education and district email accounts. All computer use is monitored by staff and an internet content filtering system is in place to protect your child.

You do have a right to ask that the school district refrain from releasing your child's information and limit access to the internet. To do so, please contact the main office of your child's school.

Student Last Name: _____ First Name: _____ Grade: _____

Military Status: The state legislature has passed a law requiring Washington State public schools to collect information, yearly on military affiliation beginning with the 2016-17 school year. The legislature requires this data collection to accurately monitor critical elements of academic progress and proficiency for students from military families. 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 to meet the needs of our military family students.

- ○ No (please sign and date below) (**N**)
- ○ Yes (Please check the appropriate option below that indicates the type of service, and then sign and date below)
  - ○ U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of the active duty U.S. Armed Forces. (**A**)
  - ○ National Guard member – Student/family has a parent/guardian who is a current member of the National Guard of Washington or other state. (**G**)
  - ○ More than one member of the Armed Forces/National Guard – Student/family has more than one parent or guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves or the U.S. Armed Forces or the National Guard of Washington or other state. (**M**)
  - ○ U.S. Armed Forces Reserves – Student/family has a parent/guardian who is a current member of the U.S. Armed Forces reserves. (**R**)

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 South Whidbey Public Schools.

Legal Parent/Guardian Signature _____ *Date* _____

Student Last Name: _____ First Name: _____ Grade: _____

STUDENT INFO: IMMUNIZATION RECORDS & VERIFICATION OF AGE REQUIRED:
Proof of Verification of Age includes: birth certificate, passport, hospital or physician's certificate showing date of birth, adoption record, an entry in a family bible; an affidavit from a parent; a birth certificate; previously verified school records; or any other documents permitted by law.

The South Whidbey School District #206 (SWSD) 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 employees have been designated to handle questions and complaints of alleged discrimination: Civil Rights Compliance and Title IX Coordinator - Dr. Becky Bell, bbell@sw.wednet.edu, 360-221-6100 . Section 504/ADA Coordinator - Superintendent Dr. Becky Clifford, bclifford@sw.wednet.edu, 360-221-6100, 5476 Maxwelton Road, Langley, WA 98260. Title IX inquiries may also be directed toward the U.S. Department of Education, Office for Civil Rights (OCR): https://www2.ed.gov/about/offices/list/ocr/index.html Information about the nondiscrimination and sexbased discrimination policies and grievance procedures, and how to report a concern or complaint: https://www.sw.wednet.edu/resources/title-ix SWSD Title IX training is available to all employees and is linked on our website.

Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

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
Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.

All parents have the right to information about their child's education in a language they understand.

1. In what language(s) would your family prefer to communicate with the school?
   _____

Eligibility for Language Development Support
Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.

2. What language did your child learn first?
   _____
3. What language does your child use the most at home?
   _____
4. What is the primary language used in the home, regardless of the language spoken by your child?
   _____
5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___

Prior Education

Your responses about your child's birth country and previous education:

- Give us information about the knowledge and skills your child is bringing to school.
- May enable the school district to receive additional federal funding to provide support to your child.

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

6. In what country was your child born? _____
7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th grade) _____Yes _____No

   If yes: Number of months: _____
   Language of instruction: _____
8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)

   _____
   Month Day Year

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.

Note to district: *This form is available in multiple languages on http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.*

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Name of Student: _____

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

ETHNICITY

Hispanic ☐ **Yes** ☐ **No**

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

_____

RACE

Black/ African-American (continued on next page)

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

Caribbean

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

_____

Central African

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

_____

Black/ African-American (continued)

RACE

East African

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

Latin American

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

South African

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

West African

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

☐ Black Write in _____

American Indian/Alaskan Native

- [ ] American Indian/Alaskan Native

Washington State Tribes

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

Alaskan Native

- [ ] Alaska Native Write in

_____

American Indian

- [ ] American Indian Write in

_____

Asian (continued on next page)

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

RACE

RACE

Asian (continued)

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

Native Hawaiian/Other Pacific Islander

- [ ] Native Hawaiian/Other Pacific Islander

Pacific Islander

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

White

- [ ] White

Eastern European

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

Middle Eastern and North African

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

Student Name: _____ Date: _____

Dear Parent/Guardian,

This year, **South Whidbey Elementary K-6** is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school—and themselves. Your student can start building this habit in preschool so they learn right away that going to school on time, every day is important. Consistent attendance will help children do well in high school, college, and at work.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with schoolwork, dealing with a bully or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Do not let your student stay home unless they are truly sick. Keep in mind complaints of a stomachache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your students' teachers if you notice changes in behavior, it could be tied to things going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school regularly or on time. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children under 8 years-old are not required to enroll in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements.
http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.225

Excused absences - WAC 392-401-020

Absences due to the following reasons must be excused:

(1) Illness, health condition or medical appointment (including, but not limited to, medical, counseling, dental, optometry, pregnancy, and in-patient or out-patient treatment for chemical dependency or mental health) for the student or person for whom the student is legally responsible;
(2) Family emergency including, but not limited to, a death or illness in the family;
(3) Religious or cultural purpose including observance of a religious or cultural holiday or participation in religious or cultural instruction;
(4) Court, judicial proceeding, court-ordered activity, or jury service;
(5) Post-secondary, technical school or apprenticeship program visitation, or scholarship interview;
(6) State-recognized search and rescue activities consistent with RCW 28A.225.055;
(7) Absence directly related to the student's homeless or foster care/dependency status;
(8) Absences related to deployment activities of a parent or legal guardian who is an active duty member consistent with RCW 28A.705.010;
(9) 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;
(10) Absences due to student safety concerns, including absences related to threats, assaults, or bullying;
(11) Absences due to a student's migrant status; and
(12) 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.
A school principal or designee has the authority to determine if an absence meets the above criteria for an excused absence. Districts may define additional categories or criteria for excused absences.

In elementary school after **5** excused absences in any month, or **10** or more excused absences in the school year, the school district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and the parent, student and school have made plan so your student does not fall behind academically.

Unexcused absences - WAC 392-401-030

Any absence from school is unexcused unless it meets one of the criteria provided in WAC 392-401-020.

If your student has **3** unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that requires an assessment to determine how to best meet the needs of your student and reduce absenteeism if they are in middle or high school. If your student has **5** unexcused absences in any month or **10** unexcused absences within the school year, we are required to file a petition with the Juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition will be automatically stayed and your student and family may be referred to a Community Truancy Board or other coordinated means of intervention. If your student continues to be truant, you may need to go to court.

At **South Whidbey Elementary K-5**, we have established the following rules on attendance that will help you ensure your student is attending regularly. Your signature indicates that you have read and understand the attendance policies and procedures in the **South Whidbey School District**.

Parent /Guardian Signature_____ Date _____

SOUTH WHIDBEY SCHOOL DISTRICT

REQUEST & AUTHORIZATION FOR TRANSFER OF EDUCATION RECORDS BETWEEN SCHOOLS

I authorize the release and transfer of education records and confidential information for:

Student: _____

Date of Birth _____ Grade: _____

Former School: _____

Address of Former School: _____

City: _____ State: _____ Zip Code:_____

Phone number of Former School: _____ Fax Number: _____

It is my understanding the information and records transferred will be treated confidentially and will not be transmitted to any third party without my consent following the guidelines of the Federal Education Rights and Privacy Act.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name:_____

Home Address: _____

Phone: _____

Please send the following records to the address checked off below:

_____ Cumulative Records

_____ Psychological Testing/Confidential Records

_____ Health Records

_____ Communication Disorders Specialist Records

PLEASE FAX BIRTH CERTIFICATE AND IMMUNIZATION RECORDS AS SOON AS POSSIBLE

____ **South Whidbey Grades K-5**
5380 Maxwelton Rd
Langley, WA 98260
Tel: (360) 221-4600
FAX: (360) 221-6929

____ **South Whidbey ALE**
South Whidbey ALE 1-8
5476 Maxwelton Rd
Langley, WA 98260
Tel: (360) 221-5100
Fax: (360) 221-6272

_____ **SouthWhidbey Grades 6-12**
5675 Maxwelton Rd
Langley, WA 98260
Tel: (360) 221-4300
Fax: (360) 221-5797

South Whidbey School District #206
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
- ☐ In a shelter
- ☐ Moving from place to place/couch surfing
- ☐ In someone else's house or apartment with another family
- ☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
- ☐ A car, park, campsite, or similar location
- ☐ Transitional Housing
- ☐ Other_____

Name of Student: _____ _____ _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____

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

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

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

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

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

Please return completed form to:

_____ _____ _____
District Liaison Phone Number Location

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

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

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php
http://naehcy.org/educational-resources/naehcy-publications

New Student Questionnaire

This form will be used to help place your child into the appropriate classroom.

Date: _____ Grade: _____

Student Name:_____

Parent Name:_____

Does the Adult living with the student have legal custody? ☐ Yes ☐ No ☐ Uncertain

Please check any box which applies to your child:

- ☐ IEP (Receiving special services)
- ☐ Extra help in reading
- ☐ Extra help in math
- ☐ Physical/Speech Therapy
- ☐ Highly Capable/Gifted Program
- ☐ 504 accommodations
- ☐ Health Concerns
- ☐ Academic Concerns
- ☐ Remedial Classes (Title, LAP)
- ☐ Interest in Band Participation (6-12)

Describe the learning environment you believe would be best for your child:

_____

Areas of academic strength in school:

_____

Areas of academic concern in school:

_____

School behavior (i.e. peer, classroom, recess, bus, suspensions, expulsions):

_____

Additional Information:

_____

_____

_____

_____

_____

_____

_____

_____

South Whidbey School District
Education to Navigate a Wider World

STUDENT HEALTH HISTORY FORM

Updated лркммкнлнл

Parent/Guardian, please complete: **SCHOOL YEAR:** _____

Name of Student: _____

School: _____ **Grade:** _____ **Date of Birth:** _____

NAME OF CHILD'S DOCTOR/ NURSE PRACTITIONER _____ phone _____

LIFE THREATENING MEDICAL CONDITIONS: WA state law requires a medication/treatment order from a Health Care Provider if your child's health condition will *put your child in danger of death during the school day.* Written orders /information must be received by the School Nurse before your child can attend school. If appropriate, a care plan will be developed with the school nurse and parent/guardian.

DOES YOUR CHILD HAVE A LIFE THREATENING HEALTH CONDITION? ☐YES ☐NO

If Yes, Please describe: _____

☐ YES ☐ NO **Severe Allergic Reaction** (Bee Stings, Nuts, Shellfish, etc.): Anaphylaxis ☐ YES ☐ NO
DESCRIBE: _____

☐ YES ☐ NO ***OTHER* Allergic Reactions** Describe: _____

☐ YES ☐ NO **Asthma** **Will your child require asthma medication during school hours?** ☐ YES ☐ NO
Last Asthma episode requiring medical attention: _____

☐ YES ☐ NO **Diabetes** **TYPE:** _____ **SELF MANAGE:** ☐ YES ☐ NO **PUMP:** ☐ YES ☐ NO

☐ YES ☐ NO **Heart Condition** Describe: _____

☐ YES ☐ NO **Nosebleeds** Frequency: _____

☐ YES ☐ NO **Orthopedic Condition** Describe: _____

☐ YES ☐ NO **Seizure/Neurological Disorder** Describe: _____
Last episode requiring medical attention: _____

☐ YES ☐ NO **Migraines** Describe: _____

☐ YES ☐ NO **Bowel/Bladder Condition** Describe: _____

☐ YES ☐ NO **GI/Feeding Condition** Describe: _____

☐ YES ☐ NO **Behavioral/Emotional Concerns** Describe: _____

☐ YES ☐ NO **Vision Issues/Concerns** Describe: _____ Glasses: ☐ YES ☐ NO Contacts: ☐ YES ☐ NO
Approximate date of last eye exam _____

☐ YES ☐ NO **Hearing Issues/Concerns** Describe: _____ Hearing Aids: ☐ YES ☐ NO
Approximate date of last hearing exam _____

☐ YES ☐ NO **Speech/Language Issues/Concerns** Describe: _____

☐ YES ☐ NO **Other Health Concerns** Describe: _____

☐ YES ☐ NO **Does your child have any other conditions that would affect classroom performance or P.E. activities?**
If yes, please explain: _____

DAILY MEDICATION:

State law requires ***written authorization from a Health Care Provider and parent*** before **any** medication can be given at school. Medication forms are available at school or online.

☐ YES ☐ NO **Medication needed at school** (Specify): _____ (Authorization Needed)

☐ YES ☐ NO **Medication taken at home** (Specify): _____

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff on a need to know basis. You agree to bring to the attention of the school any MAJOR CHANGES in the health of your student. You further give permission for South Whidbey School District staff to seek emergency medical services if necessary and to contact your child's healthcare provider and / or health department to ŜËÖKI·yƎŜ Immunization records.

Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____ Date: _____

Telephone: (Home) _____ (Cell) _____ (Work)_____

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL YEAR: _____

Student Name: _____ Birth Date: _____Grade: _____

THIS PORTION TO BE COMPLETED BY A LICENSED HEALTH PROFESSIONAL PRESCRIBING WITHIN THE SCOPE OF THEIR PRESCRIPTIVE AUTHORITY FOR ***EACH*** MEDICATION
(**PLEASE PRINT LEGIBLY**)

Name of Medication	Dosage	Method of Administration	Time(s) to Be Taken
_____	_____	_____	_____

Diagnosis or reason for medication: _____
If given PRN, specify the minimum length of time between doses: _____
I request and authorize this student to carry their medication. _____Yes _____ No
I request and authorize this student to self-administer their medication. _____Yes _____ No
This student has been instructed and has demonstrated the ability to properly manage self-administration of medication. _____Yes _____No
Possible medication side effects: _____
Emergency procedure in case of serious side effects: _____
I request and authorize the above-named student be administered the above identified medication in accordance with the instructions indicated above from _____ (date) to _____ (date) (not to exceed current school year). There exists a valid health reason which may make administration of the medication advisable during school hours.

_____ _____
Date of Signature Licensed Health Professional (LHP)

_____ _____
Telephone Number Name (please print)

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

- I request this medication to be given as ordered by the licensed health professional.
- I give Health Services Staff permission to communicate with the medical office about this medication. I understand oral, topical and nasal medications may be administered by non licensed staff members who have been trained and are supervised by a Registered Nurse
- Medication information may be shared with school staff working with my child and 911 staff, if they are called.
- All medication supplied must be brought to school in its original container with instructions as noted above by the licensed health professional.

I request and authorize my child to carry and/or self-administer their medication. ____ Yes ___No

_____ _____ _____
Date of Signature Parent/Guardian Signature Print Name

Telephone Numbers: _____(home)_____(work)_____ (cell)

Reviewed by Registered Nurse: _____Date: _____

Grades 6-12-->Fax to 360-221-5797 **Grades K-5->Fax to 360-221-6929**

South Whidbey School District No.206

5476 Maxwelton Rd. Langley WA, 98260

Phone: (360) 221-6100 Fax: (360) 221-3835

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

Washington State Legislature has mandated that data on students from the military families must be collected as stated in RCW **28A.300.507.**

For the purpose of Collecting the data please mark all that apply:

- ☐ No Parent or Guardian **currently** serving as a member of the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- ☐ Yes a Parent or Guardian is a current member of **the active duty** U.S Armed Forces.
- ☐ Yes a Parent or Guardian is a current member of the **Reserves** of the U.S. Armed Forces.
- ☐ Yes a Parent or Guardian is a current member of the **Washington National Guard.**
- ☐ Yes more than one Parent or Guardian is **currently either a member on active duty in the U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard.**
- ☐ No Response or Refused to state.

Student's Name: _____ Grade: _____

Siblings: _____

Parent/Guardian: _____ Date: _____

Please Note: If at any time throughout the school year the military status changes, please contact the South Whidbey School District to report the change.

South Whidbey School District

I give my permission for _____ to go to the following locations:
Student

- Locations in and around South Whidbey School District such as Langley, Clinton and Freeland
- Nature Trails
- Northwest Language Academy and Cultural Center
- Outdoor Classroom
- School District campuses
- South Whidbey Parks and Recreation
- Whidbey Children's Theatre
- Whidbey Island Center for the Arts

Teachers are always present as well as parent and community volunteers. Prior to any field trip your child's classroom teacher will notify you and may request that you volunteer to assist. Please fill out a Washington State Patrol background check in order to volunteer. Transportation may be provided by walking, district bus, district van, transit or private vehicle.

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reactions to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

_____

_____

_____

The following medications, prescriptions or special diets are needed:

_____

_____

_____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent or guardian immediately. However, if I am not available, I authorize the school to secure emergency medical care as needed.

Name of preferred doctor: _____ Phone # _____

Name of insurance carrier: _____ Phone # _____ Policy # _____

Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activities described. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the ongoing activities. I am also aware photos and recordings may be taken for educational purposes and shared per our district policy.

Date: _____ (effective current school school year only)

Parent or Guardian Name (PRINT): _____

Parent or Guardian Signature: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contacts and Phone #s

_____

_____

South Whidbey School District

Student Technology Consent Form

Student Name: _____

The South Whidbey School District (the "District") is pleased to be able to provide access to the Internet to students. It is the District's belief that the Internet offers vast, diverse, and unique resources for education and research. Our goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

Internet access is coordinated through a complex association of government and private agencies, and regional and state networks. The smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to assume. **By signing this document, you are indicating that you have carefully read the terms and conditions linked here (see www.sw.wednet.edu -Programs – Student Technology; printed upon request) and understand their significance.**

Student understands and will abide by the District's Internet Use Terms and Conditions (including the Responsible Use Procedures and Guidelines [Board Policy 2022P], as they may be revised from time to time) and the Damaged Laptop and Equipment Policy. Further, they understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should the student commit any violation, their access privileges may be revoked and appropriate school disciplinary and/or legal action may be taken.

Parent/Guardian signature for students under the age of 18.

Student/Parent/Guardian Signature _____ Date _____

Dear Families,

South Whidbey School District is not responsible for issues related to internet use once devices leave school grounds. Student internet use is not protected by school internet filters once the device leaves our campuses. Lost, stolen or damaged device policy and responsible use policy details are included on the following pages.

I agree to be responsible for my student's use of the above school equipment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____

Updated 2020/Apr/28