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 TK-5** ◯ **ALE Applicant** ◯ **Grades 6-12**

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 ◯ Cell ◯ Work
(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 ◯ Cell ◯ Work
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 ◯ Agency ◯ Self ◯ Other ◯ Guardian		

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 youtrust 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 WhidbeySchool 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 recordingsof 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 doso, 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 theneeds 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 datebelow)
  - ○ U.S. Armed Forces active duty – Student/family has a parent or guardian who is a current member of theactive 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 par-ent 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 showingdate 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 sex-based 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 here.

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.*

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

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 _____

Sout 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

RACE

- [ ] 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

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

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 andPrivacy 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 TK-5
5380 Maxwelton Rd
Langley, WA 98260
Tel: (360) 221-4600
FAX: (360) 221-6929

__South Whidbey ALE
5476 Maxwelton Rd
Langley, WA 98260
Tel: (360) 221-6808 ext 4632

___South Whidbey 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

South Whidbey School District
Education to Navigate a Wider World

STUDENT HEALTH HISTORY FORM

Updated 05/11/2020

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 ☐
NOApproximate 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 exchange Immunization records.

Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____ Date: _____

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

WASHINGTON *fHTERSCHOLASTIC ACT/YITIES ASSOCIATION*

Before you enroll - Protect your Eligibility

WIM Eligibility Information
October 2019

Parents and Students,
Prior to enrolling your student in a new school, please review the following eligibility questions. Depending on the answer to any of the below statements, it may be recommended that you meet with the Athletic Director prior to enrolling. Once enrolled, your eligibility for extracurricular activities can be impacted.

Yes No

☐ ☐ 1. The student has competed in interscholastic athletics and/or club, community sports in the past calendar year.

Yes No

☐ ☐ 2. The student intends to compete in interscholastic athletics at this school.

If the answer is yes to both questions, move on to the next question.
If the answer is no to question 2. No need to continue.

Yes No

☐ ☐ 3. The students entire family unit has had a change of residence (physical relocation) into the boundaries of this school and has vacated occupancy of their previous residence.

- Residence is defined as the place where the family has established its home and/or the place where the student is habitually present and to which, when departing, the student intends to return.
- Family unit is defined as the adult(s) who the student has resided with, and acted in a parental capacity of the student and siblings for a period of at least 1 year.

If the answer is yes to question 3 student is most likely eligible with residency. Please connect family with Athletic Director.

If the answer is NO to question 3, STUDENT ELIGIBILITY MAY BE AT RISK. Check with Athletic Director prior to taking the next step.

New Students will have to provide the following items to the Athletic Director:

- Proof of Residency
- Previous semester grades
- Proof that student has earned enough credits during previous semester

Previous school will need to provide:

- Transcript
- WIAA Eligibility Form 6 - verifying years of participation and ensuring there are no conditions of ineligibility.

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

Before you withdraw - Protect your Eligibility

WIM Eligibility Information
October 2019

Parents and Students,
Prior to withdrawing your student from this school, please review the following eligibility questions. Depending on the answer to any of the below statements, it may be recommended that you meet with the Athletic Director prior to withdrawing. Once withdrawn, your eligibility can be impacted.

Yes No

D D 1. The student competed in interscholastic athletics and/or club, community sports in the past calendar year while attending this school.

Yes No

☐ ☐ 2. The student intends to compete in interscholastic athletics at their new school.

If the answer is yes to both questions, move on to the next question.
If the answer is no to question 2. No need to continue.

Yes No

D D 3. The students entire family unit is having a change of residence (physical relocation) into the boundaries of the new school and has vacated occupancy of their previous residence.

- Residence is defined as the place where the family has established its home and/or the place where the student is habitually present and to which, when departing, the student intends to return.
- Family unit is defined as the adult(s) who the student has resided with, and acted in a parental capacity of the student and siblings for a period of at least 1 year.

If the answer is yes to question 3 student is most likely OK with residency.
Current Athletic Director will have to complete a WIAA Form 6 to verify athletic participation / eligibility.

- **Family will be required to provide proof of residency at the new school with the new Athletic Director.**

If the answer is NO to question 3, STUDENT ELIGIBILITY MAY BE AT RISK. Check with AD prior to taking the next step.

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 _____

New Student Questionnaire

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

Date:

School: ○ SWES ○ SWMS ○ SWHS ○ ALE

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
- ☐ Advanced/Gifted Programs
- ☐ 504 accommodations
- ☐ Health Concerns
- ☐ Academic Concerns
- ☐ Remedial Classes (Ch.1, LAP, Basic Skills)
- ☐ Interest in Band Participation (6-12th Gr)

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):

Is Student currently taking any prescribed medication?

If Yes, does the child need to take the medication during school hours?

Are there special instructions the school needs to have in order to administer the medication?

***Prescription medications must be stored in the school's health clinic with a current medical authorization form on file**

Additional Information: