
WELCOME TO EASTMONT SCHOOL DISTRICT

Please help us serve you better by using the ADMISSIONS CHECKLIST below as you collect the information and documents necessary to enroll your child in Eastmont School District.

ADMISSIONS CHECKLIST

FORMS

- ✓ Admission Form
 - Complete all information on the following pages and sign the form.
- ✓ Certificate of Immunization Status (CIS)
 - All children need up-to-date copy of immunizations records to be enrolled in and attend school. If your child's immunizations need to be updated and you can bring written proof of an appointment within 20 days to obtain immunizations, you may temporarily enroll your child pending the receipt of the required immunizations.
 - Washington State requires that you must use the official CIS form, which must be signed by the parent/guardian.
- ✓ Student Computer Use and Parent Network Release Form
- ✓ Free/Reduced Lunch Form (If applicable)
- ✓ School Choice Form (Required if NOT a resident of Eastmont)
- ✓ Elementary Transportation Form (Elementary Only)
- ✓ Wee Wildcat /Cougar Registration Addendum (Preschool Only)

DOCUMENTS

- ✓ Photo ID of the Parent/Guardian registering the student.
 - If faxing a photo ID, please be sure it will be legible by making a light copy first and then faxing the copy.
- ✓ Proof of Guardianship Document(s):
 - Proof of Guardianship is required to identify who is legally responsible for the child and who can be contacted in case of emergency. Examples include: birth certificate, court order, or parenting plan.
- ✓ Proof of Residency (must have the parent's name and be dated within the past 8 weeks).
 - New students are assigned to their attendance area school based on verified residence address. Assignment cannot be made without address verification. Examples include: copies of current land-line telephone, utility or cable bills; mortgage information; renters or homeowners insurance documents; or documents from public agencies, such as Courts or DSHS. Lease or rental agreements must include the first page and the signature page. If a child has no regular, fixed residence please provide a signed and dated letter with the address identified from the shelter, institution or temporary residence stating that the student resides there.
- ✓ Legal Name and Proof of Age Documents- A Certified Birth Certificate (or similar document, such as passport, visa or Department of Health Services Medicaid Voucher)
 - Proof of age helps determine which services and programs are available to the student.
- ✓ Transcript (Grades 9-12)



EASTMONT STUDENT REGISTRATION FORM

OFFICE USE				
SIS	STUDENT IDENTIFICATION NUMBER	SCHOOL	TEACHER	ENTRY DATE

Student Name: <u>LEGAL</u> Last Name		<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name
Student Preferred Name (if different than legal name):			
Also or Previously Known as	Grade Entering	Birthdate (Month/Day/Year)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Country of Birth (if outside of U.S.)	Has the student ever been enrolled in the Eastmont School District? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which school(s)?		
Student Cell Phone (if applicable)	Student Email Address (if applicable)		
Will your student SIMUTANEOUSLY be attending another school while enrolled at Eastmont? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of School _____			

PRIMARY HOUSEHOLD INFORMATION

A student's primary residence is defined as the physical location where he/she lives for FOUR OR MORE nights per week

Parent / Guardian 1	<u>LEGAL</u> Last Name		<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name	
	Relationship to Student		Email Address		
	Primary Phone ()	Work Phone ()	Other Phone Number ()		
	Employer:		Work Email:		
Parent / Guardian 2	<u>LEGAL</u> Last Name		<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name	
	Relationship to Student		Email Address		
	Primary Phone ()	Work Phone ()	Other Phone Number ()		
	Employer:		Work Email:		
Residential Address	Street	Apt / Unit	City	State & ZIP	
<i>Please attach Proof of Residency: (must have the parent's name and be dated within the past 8 weeks). New students are assigned to their attendance area school based on verified residence address. Assignment cannot be made without address verification.</i>					
Mailing Address <i>(If different than above)</i>	Street	Apt / Unit	PO Box	City	State & ZIP
Do you want to receive Emergency Text Messages? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Emergency Text Number (1): ()			Emergency Text Number (2): ()		

SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)

Residence of non-custodial parents/guardians not living with the student OR location where the student lives LESS THAN FOUR nights per week

Parent / Guardian 1	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student			Email Address		
	Primary Phone ()		Work Phone ()		Other Phone Number ()	
	Employer:			Work Email:		
Parent / Guardian 2	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student			Email Address		
	Primary Phone ()		Work Phone ()		Other Phone Number ()	
	Employer:			Work Email:		
Residential Address		Street	Apt / Unit	City	State & ZIP	
Mailing Address		Street	Apt / Unit PO Box	City	State & ZIP	
<i>(If different than above)</i>		Does this household receive mailings? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you want to receive Emergency Text Messages? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Emergency Text Number (1): ()			Emergency Text Number (2): ()			

EMERGENCY CONTACTS

In case of emergency, we will always attempt to contact parents or guardians first. Please list persons other than yourself who have agreed to care for and provide transportation for your student in the case of an illness or an emergency.

Emergency Contact 1	Name:		Relationship to Student:	
	Primary Phone: ()	Work Phone: ()	Other Phone: ()	
Emergency Contact 2	Name:		Relationship to Student:	
	Primary Phone: ()	Work Phone: ()	Other Phone: ()	
Emergency Contact 3	Name:		Relationship to Student:	
	Primary Phone: ()	Work Phone: ()	Other Phone: ()	

SIBLINGS (If Applicable)

Please list any siblings currently living at the same address. If more than three, please request a sibling addendum.

First and Last Name	Birthdate:	Current School (If Applicable)
First and Last Name	Birthdate:	Current School (If Applicable)
First and Last Name	Birthdate:	Current School (If Applicable)

EDUCATIONAL INFORMATION

Previous School Information: Please list all schools the student attended in the **LAST THREE YEARS**. Start with the most recent.

Attach additional sheets if necessary

Name of Previous /Current School	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous School	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous School	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous School	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()
Name of Previous School	Grades Attended Entry Date: Withdrawal Date:	Location of School (City & State or Country)	Phone Number ()

TO BE COMPLETED BY INCOMING KINDERGARTEN STUDENTS ONLY:

Did the student attend any of the following prior to kindergarten? Special Education Preschool Head Start Preschool Child Care

If yes, **name** and **address** of program: _____

Phone Number of Program: _____ Contact Person at Program: _____

Has the student been retained? Yes No If yes, in what grade _____

In accordance with Washington State Law RCW 28A.225.330, please answer the following questions: Attach additional sheets if necessary

Does your student have any history of violent behavior, sexual offense, and or controlled substances violation? YES NO If so, please explain:

Does your student have any past, current, or pending suspensions or expulsions from a current or previous school? Yes NO If so, please explain.

Has your student officially withdrawn from his/her current or previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	Is your student currently under a Becca Petition? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, from which district? _____
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HAS STUDENT RECEIVED SPECIAL EDUCATION SERVICES...

Yes No Has student received special education services within the past three years?

Yes No Has student received special education services during the past one year?

If yes, estimated amount of time student receives special education services: ½ day or less (0-4 hour) More than ½ day (More than 4 hours)

OTHER EDUCATIONAL SERVICES

Please describe any physical limitations that would need special accommodations. _____

Yes No Does the student have a current 504 plan?

If yes, describe the student's accommodations: _____

Yes No Is the student currently in the Highly Capable program? If yes, please provide documentation.

ADDITIONAL INFORMATION

Are one or both parent active U.S. Armed Forces, Reserves of the U.S. Armed forces or Washington National Guard? YES NO

Name of parent(s): _____

- If yes, please select at least one of the following: Active Duty U.S. Armed Forces
 Active Duty Reserves of the U.S. Armed Forces
 Current Member of the Washington National Guard

Is there a parenting plan? YES NO *If so, please provide a copy.*

Is there a Court Order that restrains/ curtails any parental rights? YES NO *If so, please provide a copy.*

Is there a Restraining Order in effect? Yes NO *If so, please provide a copy*

Please provide any other legal documents that are pertinent to your student and his/her safety.

Please provide additional comments to assist us in the care of your student.

Please verify all info is complete and accurate, complete the Race Ethnicity Data Collection Form, Special Program Screening Form and Health Information Form, then sign and date below:

I attest that the information herein is complete, true, and accurate, and may be verified with the appropriate institution(s). I understand that providing false information may be grounds for revocation of enrollment in the Eastmont School District.

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

Eastmont 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. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's coordinators for Title IX/RCW.28A.642, Section 504, or ADA. The District does not tolerate sexual harassment, harassment, intimidation, or bullying.

STUDENT ETHNICITY AND RACE DATA COLLECTION FORM

PLEASE COMPLETE BOTH QUESTIONS

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and **BOTH** ethnicity and race questions must be answered. Part A asks about the student's ethnicity and Part B asks for the student's race.

ETHNICITY PART A

Is your child of Hispanic or Latino origin? YES NO (If yes, may check all that apply)

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Paraguayan |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Honduran | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Columbian | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Native | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Cuban | Write in: _____ | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Panamanian | Write in: _____ |

RACE PART B (may check all that apply)

ASIAN (may check categories and use write-in)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Lao | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Malaysian | Write in: _____ |

(continued)

BLACK (may check categories and use write-in)

AFRICAN AMERICAN

AFRICAN CANADIAN

CARIBBEAN

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Anguilla | <input type="checkbox"/> Cayman Islands | <input type="checkbox"/> Haiti | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Antigua | <input type="checkbox"/> Cuba Dominica | <input type="checkbox"/> Jamaica | <input type="checkbox"/> Saint Barthélemy |
| <input type="checkbox"/> Bahamas | <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Martinique | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Barbados | <input type="checkbox"/> Grenada | <input type="checkbox"/> Montserrat | Write in: _____ |
| <input type="checkbox"/> British Virgin Islands | <input type="checkbox"/> Guadeloupe | <input type="checkbox"/> Netherlands Antilles | |

CENTRAL AFRICAN

- | | | |
|---|---|---|
| <input type="checkbox"/> Angola | <input type="checkbox"/> Congo | <input type="checkbox"/> Sao Tome |
| <input type="checkbox"/> Cameroon | <input type="checkbox"/> Democratic Republic of the Congo | <input type="checkbox"/> Principe |
| <input type="checkbox"/> Central African Republic | <input type="checkbox"/> Equatorial Guinea | <input type="checkbox"/> Central Africa |
| <input type="checkbox"/> Chad | <input type="checkbox"/> Gabon | Write in: _____ |

EAST AFRICA

- | | | |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Burundi | <input type="checkbox"/> Mauritius | <input type="checkbox"/> Sudan |
| <input type="checkbox"/> Comoros | <input type="checkbox"/> Mayotte | <input type="checkbox"/> Uganda |
| <input type="checkbox"/> Djibouti | <input type="checkbox"/> Mozambique | <input type="checkbox"/> United Republic of Tanzania |
| <input type="checkbox"/> Eritrea | <input type="checkbox"/> Reunion | <input type="checkbox"/> Zambia |
| <input type="checkbox"/> Ethiopia | <input type="checkbox"/> Rwanda | <input type="checkbox"/> Zimbabwe |
| <input type="checkbox"/> Kenya | <input type="checkbox"/> Seychelles | <input type="checkbox"/> East Africa |
| <input type="checkbox"/> Madagascar | <input type="checkbox"/> Somalia | Write in: _____ |
| <input type="checkbox"/> Malawi | <input type="checkbox"/> South Sudan | |

LATIN AMERICA

- | | | |
|---|---|--|
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Paraguay | <input type="checkbox"/> El Salvador |
| <input type="checkbox"/> Bolivia | <input type="checkbox"/> Peru | <input type="checkbox"/> Guatemala |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> South Georgia and the South Sandwich Islands | <input type="checkbox"/> Honduras |
| <input type="checkbox"/> Chile | <input type="checkbox"/> Suriname | <input type="checkbox"/> Mexico |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Uruguay | <input type="checkbox"/> Nicaragua |
| <input type="checkbox"/> Ecuador | <input type="checkbox"/> Venezuela | <input type="checkbox"/> Panama |
| <input type="checkbox"/> Falkland Islands | <input type="checkbox"/> Belize | <input type="checkbox"/> Latin America |
| <input type="checkbox"/> French Guiana | <input type="checkbox"/> Costa Rica | Write in: _____ |
| <input type="checkbox"/> Guyana | | |

SOUTH AFRICA

- | | | |
|-----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Botswana | <input type="checkbox"/> South Africa | <input type="checkbox"/> South Africa |
| <input type="checkbox"/> Lesotho | <input type="checkbox"/> Swaziland | Write in: _____ |
| <input type="checkbox"/> Namibia | | |

WEST AFRICA

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Benin | <input type="checkbox"/> Guinea-Bissau | <input type="checkbox"/> Saint Helena |
| <input type="checkbox"/> Burkina Faso | <input type="checkbox"/> Liberia | <input type="checkbox"/> Senegal |
| <input type="checkbox"/> Cabo Verde | <input type="checkbox"/> Mali | <input type="checkbox"/> Sierra Leone |
| <input type="checkbox"/> Cote d'Ivoire | <input type="checkbox"/> Mauritania | <input type="checkbox"/> Togo |
| <input type="checkbox"/> Gambia | <input type="checkbox"/> Niger | <input type="checkbox"/> West Africa |
| <input type="checkbox"/> Ghana | <input type="checkbox"/> Nigeria | Write in: _____ |

BLACK

Write in: _____

MIDDLE EASTERN AND NORTH AFRICAN (may check categories and use write-in)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Algerian | <input type="checkbox"/> Iranian | <input type="checkbox"/> Qatari |
| <input type="checkbox"/> Amazigh or Berber | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Saudi Arabian |
| <input type="checkbox"/> Arab or Arabic | <input type="checkbox"/> Israeli | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Assyrian | <input type="checkbox"/> Jordanian | <input type="checkbox"/> Tunisian |
| <input type="checkbox"/> Bahraini | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Yemeni |
| <input type="checkbox"/> Bedouin | <input type="checkbox"/> Kuwaiti | <input type="checkbox"/> Middle Eastern
Write in: _____ |
| <input type="checkbox"/> Chaldean | <input type="checkbox"/> Lebanese | <input type="checkbox"/> North African
Write in: _____ |
| <input type="checkbox"/> Copt | <input type="checkbox"/> Libyan | |
| <input type="checkbox"/> Druze | <input type="checkbox"/> Moroccan | |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Omani | |
| <input type="checkbox"/> Emirati | <input type="checkbox"/> Palestinian | |

PACIFIC ISLANDER (may check categories and use write-in)

- | | |
|--|--|
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Papuan |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Pohnpeian |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> i-Kiribati/Gilbertese | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Yapese |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Pacific Islander
Write In: _____ |
| <input type="checkbox"/> Palauan | |

WHITE (may check categories and use write-in)

EASTERN EUROPEAN

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Romanian | <input type="checkbox"/> Bosnian |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Herzegovinian |
| <input type="checkbox"/> Ukrainian | |

WHITE

Write In: _____

AMERICAN INDIAN/ALASKA NATIVE (may check categories and use write-in)

WASHINGTON STATE FEDERALLY RECOGNIZED TRIBES

- Confederate Tribes of the Chehalis Reservation
- Confederate Tribes of the Colville Reservation
- Confederate Tribes and Bands of the Yakama Nation
- Cowlitz Indian Tribe
- Hoh Indian Tribe
- Jamestown S’Klallam Tribe
- Kalispel Indian Community of the Kalispel Reservation
- Lower Elwha Tribal Community
- Lummi Tribe of the Lummi Reservation
- Makah Indian Tribe of the Makah Indian Reservation
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe of Washington
- Port Gamble S’Klallam Tribe
- Puyallup Tribe of the 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 Shoalwater Bay Indian Reservation
- Skokomish Indian Tribe
- Snoqualmie Indian Tribe
- Spokane Tribe of the Spokane Reservation
- Squaxin Island Tribe of Squaxin Island Reservation
- Stillaguamish Tribe of Indians of Washington
- Suquamish Indian Tribe of Port Madison Reservation
- Swinomish Indian Tribal Community
- Tulalip Tribes of Washington
- Upper Skagit Indian Tribe of Washington

WASHINGTON STATE NON-FEDERALLY RECOGNIZED TRIBES

- Chinook Tribe
- Duwamish Tribe
- Kikiallus Indian Nation
- Marietta Band of Nooksack Tribe
- Snohomish Tribe
- Snoqualmoo Tribe
- Steilacoom Tribe

Alaska Native

Write in: _____

American Indian

Write in: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Self-Identification By law, you are not required to identify the race or ethnicity of your child on school forms. However, if you choose not to identify the race and ethnicity of your child, school staff will choose for you. When school staff fills out the race and ethnicity questions on behalf of the student and parent/guardian, it is called ‘observer identification’. Schools will only use observer identification as a last resort. We prefer if parents fill this form out instead because it is more accurate. Student race and ethnicity information is collected for the purpose of improving teaching and learning. Accurately identifying groups of students currently underserved by the education system is the first step in creating positive changes at the local, state, and national level.

Observer Identification If you decide not to fill out and return the attached race and ethnicity, school staff will do it for you (observer identification). To do this, we will collect background information on your student by: • Reviewing student records, documenting the race and ethnicity of the student in previous years. • If the student has siblings, reviewing their student records, documenting their previous race and ethnicity information. • Talking with counselors and teachers who have had the student previously. • Using responses to the home language survey to identify the student’s home language. If we conduct observer identification, we will inform you of the categories we have chosen for your child. As a parent, you always have the option of changing the race and ethnicity records kept at the school. To do this, you can come into the school and ask to change it at the front office.

OFFICE USE: Observer Identified Race Observer Identified Ethnicity: Observer Identification Protocol Checklist Staff Name: _____

Eastmont School District

SPECIAL PROGRAMS REGISTRATION SCREENING FORM – ALL NEW STUDENTS

Student Name: _____ Grade: _____ Birthdate: _____
 (First) (Initial) (Last)

What is the student's country of origin? _____ If NOT the U.S. list the student's U.S. entry date: _____

What was the last school attended? _____
 (Name of school) (City) (State)

WASHINGTON STATE TRANSITIONAL BILINGUAL INSTRUCTIONAL PROGRAM

1. What language did your child first learn to speak? _____	2. What language does <u>YOUR CHILD</u> use the most at home? _____
3. What language(s) do parent/guardians use the most when you speak to your child? _____	4. For how many months has the student received formal education <u>outside the United States in his/her native language?</u> _____ months
5. Has your child attended school in the United States before enrolling in this district? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Date the student first attended public school in the U.S?</i> _____	6. Do grandparents(s) or parents(s) have a Native American tribal affiliation? <input type="checkbox"/> YES <input type="checkbox"/> NO

WASHINGTON STATE MIGRANT EDUCATION PROGRAM

1. Have you or your family moved recently or within the past three years? YES NO
2. Was the purpose of the move to work in **agricultural**-related activities as a principal means of livelihood? YES NO

HOMELESS / TRANSITIONAL HOUSING PROGRAM

These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answer to this residency information helps determine the services the student may be eligible to receive.

1. Is your family sharing housing at this time? YES NO
2. Is this a temporary living arrangement due to loss of housing or economic hardship or other reason? YES NO

If you answer **YES** to the above question, please check off the box that best describes your current housing situation.

- In hotel/motel Disaster victim Eviction Notice
 In a shelter – emergency or transitional Moving from place to place
 Housing that does not meet city standard codes (basements, attics or garages)
 In a place not designated for ordinary sleeping accommodations such as: car, bus or train station, park or campsite.
 Other _____

Parent's/Guardian's Name (Please Print): _____
 (First Name) (Last Name)

Current Address: _____
 (Street) (City) (State) (Zip Code)

Telephone: (Home) _____ Other Phone: _____ (Work) _____

Parent Signature: _____ Date: _____

**EASTMONT SCHOOL DISTRICT
STUDENT HEALTH INFORMATION**

Student Last Name: _____ First Name: _____ Birthdate: _____

Grade: _____ Doctor's Name: _____ Dr. Phone: _____

My child has health problems: Yes No If yes, mark below any health conditions your child may have.

ALLERGIES?

What is your child allergic to? _____

Describe reaction: _____

Needs Allergy medications at school? Yes No

List medications prescribed by your doctor _____

ASTHMA?

Uses inhaler at home? Yes No Needs inhaler at school? Yes No

HEART CONDITION?

Please describe _____

SEIZURES?

Type of Seizures _____

Takes seizure medication? Yes No Needs medication at school? Yes No

List medications prescribed by doctor _____

When was the last seizure? _____

DIABETES?

List medications prescribed by doctor _____

Needs medication at school? Yes No

Are there any other health problems or handicaps that the school should be aware of? Yes No

If yes, explain _____

Does your child require any medications that are not listed above? Yes No

If yes, explain and list the medications _____

Will the medication need to be taken during school hours? Yes No

MEDICATIONS: If your child requires medicine to be given at school (prescription or non-prescription), an "Authorization to Administer Oral Medications" form must be signed by a parent and physician and be on file in the school office. These forms may be obtained from the school office or the school nurse.

I agree to notify the school about any significant changes in my child's health status.

I understand that the medical information provided above will be shared with staff members that need to know in order to provide a safe environment for my child.

If parents or emergency contacts cannot be reached at the time of an emergency and treatment is urgent in the judgment of school authorities, emergency medical services will be contacted for transportation and treatment. Yes No

Date _____ Parent/Guardian Signature _____

PHYSICIAN ORDERS AND NURSING CARE PLAN MUST BE IN PLACE BEFORE ANY CHILD WITH A LIFE-THREATENING HEALTH CONDITION MAY ATTEND SCHOOL.
WAC 392-380-050

OFFICE USE ONLY:

Student ID: _____ School: _____

Eastmont Elementary Transportation Information Form

Student' Name: _____
Last Name First Name Middle Initial

ARRIVAL

How will your student **ARRIVE** at school? Bus Walk Parent/Guardian Drop Off
If your student is riding the bus will they typically be riding the bus every day? Yes No
My student will be arriving from Home Daycare/Student Care Other _____

Are there any exceptions to the information above? ? Yes No
If yes, please explain: _____

DEPARTURE

How will your student **GET HOME** from school? Bus Walk Parent/Guardian Pick Up
If your student is riding the bus will they typically be riding the bus every day? Yes No
My student will be arriving to Home Daycare/Student Care Other _____

Are there any exceptions to the information above? Yes No
If yes, please explain: _____

DAYCARE or ALTERNATE ADDRESS INFORMATION

Daycare Provider/Other Name: _____

Daycare Address/Other Address: _____

Daycare/Other Phone Number: _____

**Questions? The Eastmont Transportation Department is ready to help.
Please call our office at (509) 884-4621 between 6:00 AM-2:00 PM.**

OFFICE USE: Cascade Grant Kenroy Lee Rock Island Sterling

EASTMONT SCHOOL DISTRICT

800 Eastmont Avenue
East Wenatchee, WA 98802
509-884-7169 ~ 509-884-4210 (fax)
www.eastmont206.org

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Student Name: _____ Birthdate: _____ Grade: _____

INFORMATION ABOUT LAST SCHOOL ATTENDED

(Please fill out the following information about the school your student last attended):

School attended: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Last school attended district name: _____

Withdrawal date from last school: _____

In accordance with the Family Educational Rights and Privacy Act, and Washington State Law, I hereby authorize the release of all records regarding the following student(s). I understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

PLEASE SEND RECORDS TO THE SCHOOL INDICATED BELOW

CASCADE ELEMENTARY SCHOOL
2330 N BAKER AVE
EAST WENATCHEE, WA 98802
Phone: (509) 884-0523
Fax: (509)886-1446

LEE ELEMENTARY SCHOOL
1455 N BAKER AVE
EAST WENATCHEE, WA 98802
Phone: (509) 884-1497
Fax: (509) 886-1419

STERLING INTERMEDIATE SCHOOL
600 N JAMES AVE
EAST WENATCHEE, WA 98802
Phone: (509) 884-7115
Fax: (509) 886-7503

GRANT ELEMENTARY SCHOOL
1430 1ST ST SE
EAST WENATCHEE, WA 98802
Phone: (509) 884-0557
Fax: (509) 886-7219

ROCK ISLAND ELEMENTARY SCHOOL
5645 ROCK ISLAND RD
ROCK ISLAND, WA 98850
Phone: (509) 884-5023
Fax: (509) 884-1720

EASTMONT JR. HIGH SCHOOL
905 8TH ST NE
EAST WENATCHEE, WA 98802
Phone: (509) 884-2407
Fax: (509) 884-1988

KENROY ELEMENTARY SCHOOL
601 N JONATHAN AVE
EAST WENATCHEE, WA 98802
Phone: (509) 884-1443
Fax: (509) 884-0732

CLOVIS POINT INTERMEDIATE SCHOOL
1855 SE 4TH ST
EAST WENATCHEE, WA 98802
Phone: (509) 888-1400
Fax: (509) 888-1401

EASTMONT HIGH SCHOOL
955 3RD ST NE
EAST WENATCHEE, WA 98802
Phone: (509) 884-6665
Fax: (509) 888-1297

Please send Special Education records to:

Eastmont Special Education Department
800 Eastmont Ave, East Wenatchee, WA 98802
Phone: (509) 884-7169
Fax: (509) 886-3603

Parent Release and Student Use Form (K-4 Version)

I agree to use the school computers according to the rules below:

1. I will not let other students use my name and password.
2. I will not use bad language or pictures.
3. I will respect others.
4. I will follow all school rules while using the computer.
5. I understand that all my computer work will be checked by the teacher and removed if it breaks computer rules.
6. I will not damage the computer.
7. I will stay in my own area on the computer.
8. Downloading of any programs, games, MP3's (music) or any other software is strictly prohibited.

If I break the computer rules, the teacher and principal may discipline me, and my parents will be called.

Student Name _____ Student ID # _____

WEB PUBLISHING

Student projects, classroom activities and student work may be showcased on the District web site www.eastmont206.org. Only relevant information for each project will be published, which may include student's first name, photograph, participation in officially recognized activities, sports, and awards received. If you do not want your student's information to be displayed on Eastmont's website, please indicate on the form below.

ELECTRONIC DEVICES

Portable electronic devices are available in all Eastmont Schools. These devices may not be removed from the school.

If devices are damaged due to negligent use by the student, repair and or replacement costs may be charged to your account.

INTERNET ACCESS

Eastmont School District provides Internet access to all students. If you do not want your student to have access to the Internet at school, please indicate on the form below.

- I understand that my student will be given access to the internet and their name, photo or classroom work may be posted on the district web site.
- I **do not** want information about my student to be displayed on Eastmont's website.
- I **do not** want my child to have access to the Internet through his/her school network login.

Parent Name (please print)

Parent Signature

Date

For more details reference Policy and Procedure No. 2022 - Electronic Resources.