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## WELCOME TO EASTMONT SCHOOL DISTRICT

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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 <b>SIMUTANEOUSLY</b> 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*

<b>Parent / Guardian 1</b>	<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:	
<b>Parent / Guardian 2</b>	<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:	
<b>Residential Address</b>	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>			
<b>Mailing Address</b> <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*

<b>Parent / Guardian 1</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student			Email Address		
	Primary Phone (    )		Work Phone (    )		Other Phone Number (    )	
	Employer:			Work Email:		
<b>Parent / Guardian 2</b>	LEGAL Last Name		LEGAL First Name		LEGAL Middle Name	
	Relationship to Student			Email Address		
	Primary Phone (    )		Work Phone (    )		Other Phone Number (    )	
	Employer:			Work Email:		
<b>Residential Address</b>		Street	Apt / Unit	City	State & ZIP	
<b>Mailing Address</b>		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.*

<b>Emergency Contact 1</b>	<b>Name:</b>		<b>Relationship to Student:</b>	
	Primary Phone: (    )	Work Phone: (    )	Other Phone: (    )	
<b>Emergency Contact 2</b>	<b>Name:</b>		<b>Relationship to Student:</b>	
	Primary Phone: (    )	Work Phone: (    )	Other Phone: (    )	
<b>Emergency Contact 3</b>	<b>Name:</b>		<b>Relationship to Student:</b>	
	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.

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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 |
| <input type="checkbox"/> Chaldean          | <input type="checkbox"/> Lebanese    | Write in: _____                         |
| <input type="checkbox"/> Copt              | <input type="checkbox"/> Libyan      | <input type="checkbox"/> North African  |
| <input type="checkbox"/> Druze             | <input type="checkbox"/> Moroccan    | Write in: _____                         |
| <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 |
| <input type="checkbox"/> Palauan               | Write In: _____                           |

**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 |  |

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**WHITE**

Write In: \_\_\_\_\_



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

WASHINGTON STATE FEDERALLY RECOGNIZED TRIBES

- |  |   |
|--|---|
| <input type="checkbox"/> Confederate Tribes of the Chehalis Reservation        | <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation                       |
| <input type="checkbox"/> Confederate Tribes of the Colville Reservation        | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation                       |
| <input type="checkbox"/> Confederate Tribes and Bands of the Yakama Nation     | <input type="checkbox"/> Quinault Indian Nation   |
| <input type="checkbox"/> Cowlitz Indian Tribe                                  | <input type="checkbox"/> Samish Indian Nation   |
| <input type="checkbox"/> Hoh Indian Tribe                                      | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington                         |
| <input type="checkbox"/> Jamestown S'Klallam Tribe                             | <input type="checkbox"/> Shoalwater Bay Indian Tribe of Shoalwater Bay Indian Reservation |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Skokomish Indian Tribe   |
| <input type="checkbox"/> Lower Elwha Tribal Community                          | <input type="checkbox"/> Snoqualmie Indian Tribe  |
| <input type="checkbox"/> Lummi Tribe of the Lummi Reservation                  | <input type="checkbox"/> Spokane Tribe of the Spokane Reservation                         |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation    | <input type="checkbox"/> Squaxin Island Tribe of Squaxin Island Reservation               |
| <input type="checkbox"/> Muckleshoot Indian Tribe                              | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington                     |
| <input type="checkbox"/> Nisqually Indian Tribe                                | <input type="checkbox"/> Suquamish Indian Tribe of Port Madison Reservation               |
| <input type="checkbox"/> Nooksack Indian Tribe of Washington                   | <input type="checkbox"/> Swinomish Indian Tribal Community                                |
| <input type="checkbox"/> Port Gamble S'Klallam Tribe                           | <input type="checkbox"/> Tulalip Tribes of Washington                                     |
|  | <input type="checkbox"/> Upper Skagit Indian Tribe of Washington                          |

WASHINGTON STATE NON-FEDERALLY RECOGNIZED TRIBES

- |  |   |
|--|---|
| <input type="checkbox"/> Chinook Tribe                   | <input type="checkbox"/> Snohomish Tribe  |
| <input type="checkbox"/> Duwamish Tribe                  | <input type="checkbox"/> Snoqualmoo Tribe |
| <input type="checkbox"/> Kikiallus Indian Nation         | <input type="checkbox"/> Steilacoom Tribe |
| <input type="checkbox"/> Marietta Band of Nooksack 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**

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

**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 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 1<sup>ST</sup> 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 8<sup>TH</sup> 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 4<sup>TH</sup> ST  
EAST WENATCHEE, WA 98802  
Phone: (509) 888-1400  
Fax: (509) 888-1401

EASTMONT HIGH SCHOOL  
955 3<sup>RD</sup> 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 Form – Network Policy (Grades 5-12)

Eastmont School district is pleased to offer a variety of electronic resources to students and staff. Electronic media (such as Internet) is a rich resource – the value of which overshadows the possibility of undesirable material. Eastmont does use filtering software to help avoid and limit undesirable and objectionable content. As a condition of each user's right to use any type of computer related electronic media (including Internet) all students must agree to use the system in an acceptable manner. It is important that you and your student read, discuss and understand the Student Usage Form.

Each student is assigned an account and associated password, and so each user is solely responsible for all activity associated with this account. Account "rights" includes a private directory on the file server, access to the internet and use of the software installed on the computers.

### WEB, NEWSPAPER or VIDEO

Student projects, classroom activities and student work may be showcased on the District web site [www.eastmont206.org](http://www.eastmont206.org) or the local newspaper. 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 prefer to not have images or information published, please indicate this on your students FERPA Form. Please contact the building secretary if you have any questions.

### 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 **DO** want my child to have access to the Internet through his/her school network login.
- I **DO NOT** want my child to have access to the Internet through his/her school network login.

I understand that violation of the Acceptable Use Policy (Policy No. 2022) may result in discipline up to expulsion and/or revocation of network access and related privileges. If state or federal laws are broken, your student may be prosecuted accordingly.

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**Parent Name (please print)**

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**Parent Signature**

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**Date**

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

### **Student Use Form (Grades 5-12)**

It is important that you read and understand the following information. As a condition of each user’s right to use any type of computer or related electronic media (including Internet) all students must agree to use the system in an acceptable manner. For detailed information please read Procedure No. 2022.

You must agree to the following guidelines:

1. I will not share my user ID and password, including others using my account. This includes logging in for them or use of my account after I’ve logged in.
2. I will not search, view or use obscene, offensive or violent language, materials and/or graphics.
3. Downloading of any programs, games, MP3’s or any other software is strictly prohibited.
4. District computers are to be used for school-related information only.
5. I will respect other users and their rights.
6. I will abide by all copyright laws and licensing agreements.
7. I will not use the system for personal gain, selling or advertising or other commercial purposes.
8. Eastmont School District staff and system administrators retain the right to review any material stored on the network and to remove any material which they, in their sole discretion, believe to be unlawful, obscene, abusive, or otherwise objectionable.
9. I will not damage computer hardware and/or peripherals. I will not remove, alter, copy or add unauthorized files and/or software.
10. I will not attempt to access areas or activities for which I am not authorized. If loopholes in a computer security systems or knowledge of special passwords are encountered, I will not use them to damage computer systems, obtain extra resources, take or use resources from another user, gain access to systems or use systems for which proper authorization has not been given as per RCW 9A.52.110, 9A.52.120, 9A52.130 and 9A.48.100 (see back for full text). Also, I will report loopholes to school authorities.

### **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.

- I understand it is a privilege to use the Eastmont/K-20 Network and agree to follow the guidelines outlined above.
- I hereby release Eastmont School District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use the Eastmont/K-20 Network.
- I understand that violation of the Acceptable Use Policy (Policy No. 2022) may result in discipline up to expulsion and/or revocation of network access and related privileges. If state or federal laws are broken, I may be prosecuted accordingly.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Revised Code of Washington (RCW): Washington Criminal Code  
(Laws, which pertain to misuse of computers and computer networks)**

**9A.52.110 Computer trespass in the first degree.**

- (1) A person is guilty of computer trespass in the first degree if the person, without authorization, intentionally gains access to a computer system or electronic database of another; and
  - (a) The access is made with the intent to commit another crime; or
  - (b) The violation involves a computer or database maintained by a government agency.
- (2) Computer trespass in the first degree is a class C felony.

**9A.52.120 Computer trespass in the second degree.**

- (1) A person is guilty of computer trespass in the second degree if the person, without authorization, intentionally gains access to a computer system or electronic database of another under circumstances not constituting the offense in the first degree.
- (2) Computer trespass in the second degree is a gross misdemeanor.

**9A.52.130 Computer trespass – Commission of other crime.**

- (1) A person who, in the commission of a computer trespass, commits any other crime may be punished for that other crime as well as for the computer trespass and may be prosecuted for each crime separately.

**9A.48.100 Malicious mischief – “Physical damage” defined.**

For the purposes of RCW 9A.48.070 through 9A.48.090 inclusive:

- (1) “Physical damage”, in addition to its ordinary meaning, shall include the total or partial alteration, damage, obliteration, or erasure of records, information, data, computer programs, or their computer representations, which are recorded for use in computers or the impairment, interruption, or interference with the use of such records, information, data, or computer programs, or the impairment, interruption, or interference with the use of any computer of services provided by computers. “Physical damage” also includes any diminution in the value of any property as the consequence of an act and the cost to repair any physical damage;
- (2) If more than one item of property is physically damaged as a result of a common scheme or plan by a person and the physical damage to the property would, when considered separately, constitute mischief in the third degree because of value, then the value of the damages may be aggregated in one count. If the sum of the value of all the physical damages exceeds two hundred fifty dollars, the defendant may be charged with and convicted of malicious mischief in the second degree.

## Student Computer Guidelines

### General Guidelines

Use of the Internet by students and staff of Eastmont School District shall be in support of education and research that is consistent with the mission of the district. Internet use is limited to those persons who have been issued district approved accounts. Use will be in accordance with the district's Acceptable Use Procedures and this Code of Conduct.

1. Always have staff supervision when using the Internet.
2. Never give out your name, address, age, date of birth, sex or any other personal information.
3. Protect your internet logon information. (LOGON NAME and PASSWORD)
4. Notify network administrators if your personal information has been compromised.
5. Downloading of ANY content without permission is against district policy.  
(ex: programs, games, graphics, mp3 music, videos etc...)
6. Treat information created by others as the private property of the creator.
7. Use the network in a way that does not disrupt its use by others.
8. Do not use or pass software that could damage the components of a computer or computing system, such as viruses, worms, chain messages, global mailings, etc... Do not attempt to "hack" the system.
9. Do not use the Internet to view or download pornographic or otherwise inappropriate material. If you find anything inappropriate, immediately inform a member of the staff.
10. Do not use the Internet for non school related purposes.

The district reserves the right to remove a user's account if it is determined that the user is engaged in unauthorized activity or is violating this code of conduct.

Keep this for your records.