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
  o Complete all information on the following pages and sign the form.

✓ Certificate of Immunization Status (CIS)
  All children need to be up to date with immunizations to be enrolled in and attend school.

  o Established Washington State Residents: Proof of immunization can be obtained from the district/school registrar or from your medical provider.

  o New to Washington State Residents: Must provide proof of immunization on the Washington State Certificate of Immunizations that is signed by the parent.

If required vaccine doses are missing, students will not be allowed to register for school. If partial doses of a vaccine series have been received, the student is considered in conditional status, and can register and enroll in school while completing the vaccine series.

  o Student Computer Use and Parent Network Release Form
  o Free/Reduced Lunch Form (If applicable)
  o Intra-District Choice Form (Required for Resident students wanting to attend a school in a different attendance area)
  o School Choice Form (Required if NOT a resident of Eastmont School District)
  o Transportation Form

DOCUMENTS

  o Photo ID of the Parent/Guardian registering the student.
    o If faxing a photo ID, please be sure it will be legible by making a light copy first and then faxing the copy.

  o Proof of Guardianship Document(s):
    o 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.

  o Proof of Residency (must have the parent’s name and be dated within the past 8 weeks).
    o 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. 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.

  o Legal Name and Proof of Age Documents- A Certified Birth Certificate (or similar document, such as passport, visa or Department of Health)
    o Proof of age helps determine which services and programs are available to the student.
**EASTMONT STUDENT REGISTRATION FORM**

**OFFICE USE**

**SIS** | **STUDENT IDENTIFICATION NUMBER** | **SCHOOL** | **TEACHER** | **ENTRY DATE**

---

**Student Name:** LEGAL Last Name | LEGAL First Name | LEGAL Middle Name

**Student Preferred Name (if different than legal name):**

**Also or Previously Known as**

**Grade Entering** | **Birthdate (Month / Day / Year)** | **Gender**

☐ M ☐ F

**Country of Birth (If outside of U.S.):**

**Has the student ever been enrolled in the Eastmont School District?** ☐ YES ☐ NO

If so, which school(s)?

**Student Cell Phone (if applicable):**

**Student Email Address (if applicable):**

**Will your student SIMULTANEOUSLY be attending another school while enrolled at Eastmont?** ☐ YES ☐ 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

<table>
<thead>
<tr>
<th>LEGAL Last Name</th>
<th>LEGAL First Name</th>
<th>LEGAL Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Student</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Primary Phone ( )</td>
<td>Work Phone ( )</td>
<td>Other Phone Number ( )</td>
</tr>
<tr>
<td>Employer:</td>
<td>Work Email:</td>
<td></td>
</tr>
</tbody>
</table>

### Parent / Guardian 2

<table>
<thead>
<tr>
<th>LEGAL Last Name</th>
<th>LEGAL First Name</th>
<th>LEGAL Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Student</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Primary Phone ( )</td>
<td>Work Phone ( )</td>
<td>Other Phone Number ( )</td>
</tr>
<tr>
<td>Employer:</td>
<td>Work Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Residential Address**

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt / Unit</th>
<th>City</th>
<th>State &amp; ZIP</th>
</tr>
</thead>
</table>

**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.

**Mailing Address** *(If different than above)*

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt / Unit</th>
<th>PO Box</th>
<th>City</th>
<th>State &amp; ZIP</th>
</tr>
</thead>
</table>

Do you want to receive Emergency Text Messages? ☐ YES ☐ 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

<table>
<thead>
<tr>
<th>Parent / Guardian 1</th>
<th>Parent / Guardian 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEGAL Last Name</strong></td>
<td><strong>LEGAL Last Name</strong></td>
</tr>
<tr>
<td><strong>LEGAL First Name</strong></td>
<td><strong>LEGAL First Name</strong></td>
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<tr>
<td><strong>LEGAL Middle Name</strong></td>
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</tr>
<tr>
<td>Relationship to Student</td>
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</tr>
<tr>
<td>Email Address</td>
<td>Email Address</td>
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<tr>
<td>Primary Phone</td>
<td>Primary Phone</td>
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<td>Work Phone</td>
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<tr>
<td>Other Phone Number</td>
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<tr>
<td>Employer:</td>
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<tr>
<td>Work Email:</td>
<td>Work Email:</td>
</tr>
</tbody>
</table>

Residential Address
Street
Apt/ Unit
City
State & ZIP

Mailing Address
(If different than above)
Street
Apt/ Unit PO Box
City
State & ZIP

Do this household receive mailings? □ YES □ NO

Do you want to receive Emergency Text Messages? □ YES □ 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.

<table>
<thead>
<tr>
<th>Emergency Contact 1</th>
<th>Emergency Contact 2</th>
<th>Emergency Contact 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td>Primary Phone:</td>
<td>Primary Phone:</td>
<td>Primary Phone:</td>
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<tr>
<td>Work Phone:</td>
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<td>Work Phone:</td>
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</tr>
<tr>
<td>Relationship to Student:</td>
<td>Relationship to Student:</td>
<td>Relationship to Student:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Birthdate:</th>
<th>Current School (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and Last Name</td>
<td>Birthdate:</td>
<td>Current School (If Applicable)</td>
</tr>
<tr>
<td>First and Last Name</td>
<td>Birthdate:</td>
<td>Current School (If Applicable)</td>
</tr>
</tbody>
</table>
**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

<table>
<thead>
<tr>
<th>Name of Previous / Current School</th>
<th>Grades Attended</th>
<th>Location of School (City &amp; State or Country)</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Entry Date:</td>
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<td>Withdraw Date:</td>
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</tr>
</tbody>
</table>

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? ☐ YES ☐ NO Date: __________

Is your student currently under a Becca Petition? ☐ YES ☐ NO If so, from which district? __________

**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)

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

RACE PART B (may check all that apply)

☐ ASIAN (may check categories and use write-in)

☐ Asian Indian  ☐ Bangladeshi  ☐ Bhutanese  ☐ Burmese/Myanmar  ☐ Cambodian/Khmer  ☐ Cham  ☐ Chinese  ☐ Filipino  ☐ Hmong  ☐ Indonesian  ☐ Japanese  ☐ Korean  ☐ Lao  ☐ Malaysian
☐ Mien  ☐ Mongolian  ☐ Nepali  ☐ Okinawan  ☐ Pakistani  ☐ Punjabi  ☐ Singaporean  ☐ Sri Lankan  ☐ Taiwanese  ☐ Thai  ☐ Tibetan  ☐ Vietnamese  ☐ Asian
Write in: ________________

(continued)
<table>
<thead>
<tr>
<th>RACE PART B (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ BLACK (may check categories and use write-in)</td>
</tr>
</tbody>
</table>

- **AFRICAN AMERICAN**
- **AFRICAN CANADIAN**

### CARIBBEAN
- ☐ Anguilla
- ☐ Antigua
- ☐ Bahamas
- ☐ Barbados
- ☐ British Virgin Islands

### CENTRAL AFRICAN
- ☐ Angola
- ☐ Cameroon
- ☐ Central African Republic
- ☐ Chad

### EAST AFRICA
- ☐ Burundi
- ☐ Comoros
- ☐ Djibouti
- ☐ Eritrea
- ☐ Ethiopia
- ☐ Kenya
- ☐ Madagascar
- ☐ Malawi

### LATIN AMERICA
- ☐ Argentina
- ☐ Bolivia
- ☐ Brazil
- ☐ Chile
- ☐ Columbia
- ☐ Ecuador
- ☐ Falkland Islands
- ☐ French Guiana
- ☐ Guyana

### SOUTH AFRICA
- ☐ Botswana
- ☐ Lesotho
- ☐ Namibia

### WEST AFRICA
- ☐ Benin
- ☐ Burkina Faso
- ☐ Cabo Verde
- ☐ Cote d'Ivoire
- ☐ Gambia
- ☐ Ghana

- ☐ Guadeloupe
- ☐ Grenada
- ☐ Haiti
- ☐ Jamaica
- ☐ Martinique
- ☐ Montserrat
- ☐ Netherlands Antilles

- ☐ Cayman Islands
- ☐ Cuba Dominica
- ☐ Dominican Republic
- ☐ Guadeloupe
- ☐ Nederland Antilles
- ☐ British Virgin Islands
- ☐ Congo
- ☐ Democratic Republic of the Congo
- ☐ Equatorial Guinea
- ☐ Gabon
- ☐ South Georgia and the South Sandwich Islands
- ☐ Suriname
- ☐ United Republic of Tanzania
- ☐ Uganda
- ☐ Rwanda
- ☐ Seychelles
- ☐ Somalia
- ☐ South Sudan
- ☐ Sudan
- ☐ United Republic of Tanzania
- ☐ Zambia
- ☐ Zimbabwe
- ☐ Central Africa
- Write in: 

- ☐ El Salvador
- ☐ Guatemala
- ☐ Honduras
- ☐ Mexico
- ☐ Nicaragua
- ☐ Panama
- ☐ Latin America
- Write in: 

- ☐ South Africa
- ☐ Swaziland
- ☐ South Africa
- ☐ South Africa
- ☐ South Africa
- ☐ South Africa

- ☐ Saint Helena
- ☐ Senegal
- ☐ Sierra Leone
- ☐ Togo
- ☐ West Africa
- Write in: 

- ☐ Black
  Write in: ____________________
### MIDDLE EASTERN AND NORTH AFRICAN (may check categories and use write-in)

- 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: ____________________

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

- Carolinian
- Chamorro
- Chuukese
- Fijian
- I-Kiribati/Gilbertese
- Kosraean
- Maori
- Marshallese
- Native Hawaiian
- Ni-Vanuatu
- Palauan
- Papuan
- Pohnpeian
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Tuvaluan
- Yapese
- Pacific Islander Write In: ____________________

### WHITE (may check categories and use write-in)

#### EASTERN EUROPEAN

- Romanian
- Russian
- Ukrainian
- Bosnian
- Herzegovinian

#### 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
☐ Confeder ate Tribes and Bands of the Yakama Nation
☐ Cowitz 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
☐ Ki kiallus 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
STUDENT HEALTH INFORMATION

<table>
<thead>
<tr>
<th>Student Last Name:</th>
<th>First Name:</th>
<th>Birthdate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>Doctor’s Name:</td>
<td>Dr. Phone:</td>
</tr>
</tbody>
</table>

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.

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: ____________________________
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

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

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

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

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

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

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
Network Policy – Parent Release Form and Student Use Form  
(Elementary Level)

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, NEWSPAPER, or VIDEO

Student projects, classroom activities and student work may be showcased on the District’s website at 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 directory information published, please indicate this on the FERPA Do Not Disclose Directory Information Form 3231-F. Please contact the building secretary if you have any questions.

ELECTRONIC DEVICES

Portable electronic devices are available in all Eastmont Schools. If devices are damaged due to negligent use, costs for repair and/or replacement may be charged to your student’s 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 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 (Board Policy No. 2022) may result in discipline and/or revocation of network access and related privileges.

__________________________________           __________________________________
Parent Name (please print)  Parent Signature  Date

For more details reference Policy and Procedure No. 2022 Electronic Resources.
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 YOUR CHILD 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 outside the United States in his/her native language?
________________________________________________________________________

5. Has your child attended school in the United States before enrolling in this district?
☐ YES ☐ NO

Date the student first attended public school in the U.S? ________________

6. Do grandparents(s) or parents(s) have a Native American tribal affiliation?
☐ YES ☐ 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 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
Special Education Screening Form

Has your student received Special Education Services in the past three years?
☐ Yes – Complete form below
☐ No – Continue to next page

Student Name: 

Date of Birth: 

Previous School District Name, City, State: 

District Phone Number: 

Grade: 

Previous Case Manager/Service Provider Name: 

Most recent IEP Date: 

Most Recent Evaluation Date: 

Estimated Amount of time student receives Special Education services:
☐ ½ day or less (0-4 hours)
☐ More than ½ day (4+ hours)

Type(s) of Services student has received (Select all that apply):
☐ Social/Emotional
☐ Behavior Management
☐ Cognitive
☐ Reading
☐ Writing
☐ Math
☐ Communication/Speech
☐ Fine Motor/Occupational Therapy
☐ Gross Motor/Physical Therapy
☐ Vision
☐ Hearing
☐ Adaptive/Self-Help
☐ Social Skills
☐ Other (please specify): 

OFFICE INFORMATION ONLY: Please forward screening form to Special Education Department at District Office.
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 housing instability.

**IF YOU OWN OR RENT YOUR OWN HOME OR APARTMENT, YOU DO NOT NEED TO COMPLETE THIS FORM**

If you do not own or rent your own home or apartment, please check all that apply below.

- [ ] Living in someone else’s home, apartment, or mobile home with another family due to reasons of hardship
- [ ] Living in substandard housing that lacks a fundamental utility, poses a danger to health, safety, etc.
- [ ] Child or youth living with a non-parent family member or friend due to reasons of hardship
- [ ] Moving from place to place/couch surfing
- [ ] In a shelter  [ ] In a hotel or motel
- [ ] Living in a transitional housing program unit/dwelling
- [ ] In a car, camper, campsite, park, or similar location
- [ ] Other __________________________

Name of Student: ________________________  ________________________  ________________________

First  Middle  Last

Name of School: ________________________  Grade: ___  Birthdate: ________  Age: ________

ADDRESS OF CURRENT RESIDENCE: ____________________________________________

PHONE NUMBER OR CONTACT NUMBER: __________________________________________

Print name of parent(s)/legal guardian(s): __________________________________________

(Or unaccompanied youth)

Signature of parent/legal guardian: __________________________________________

(Or unaccompanied youth)

Date: ________________________

Enrollment Staff--Please forward questionnaire to:

Nan Cuevas  ~  Eastmont McKinney Vento Liaison

800 Eastmont Avenue, East Wenatchee, WA 98802

(509) 888-4735
Dear Parents,

Eastmont School District uses ParentSquare to communicate with you at the school, and in your classrooms and groups. ParentSquare provides a simple and safe way for everyone at school to connect. With ParentSquare you’ll be able to:

- Receive all school and classroom communication via email, text or app
- Submit daily health screenings for your students
- Have access to your school's documents and pictures/videos that come in your ParentSquare messages
- Easily sign up to volunteer and/or bring items

Activate your Account!

As your student is registered in the district, your school will send you an invitation email or text to join ParentSquare. This invitation will go to the email address or phone number you provided at the time of registration. Please click the link in the message to activate your account, it takes less than a minute.

You can use ParentSquare on any device. In the links on the right navigation you can download the free mobile app for Android or iOS.

You can also use it from a computer at: www.parentsquare.com.

Our goal is for every family to join ParentSquare. Please contact your school office if you have questions.

Thank you!