

SKAMANIA SCHOOL DISTRICT #2 NEW STUDENT ENROLLMENT FORM

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY			
SCHOOL ENTRY DATE	SCHOOL EXIT DATE	HEALTH ALERT	STUDENT DISTRICT I.D.#

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTH DATE (Month/Day/Year)	GENDER (M/F/X)	BIRTH PLACE: City	State	Country
STUDENT SOCIAL SECURITY # (optional)	ETHNICITY/RACE See attached form		PRIMARY LANGUAGE SPOKEN AT HOME: English Spanish Russian Other (please specify):	IS THERE AN ADDITIONAL LANGUAGE SPOKEN BY STUDENT? Yes No If yes, what language?
Office use only: SSID				

PRIMARY HOUSEHOLD (parent/guardian where student resides) <i>Last Name First Name Middle Initial</i>			STUDENT LIVES WITH: Both parents Father only Mother only Grandparents Father/Stepmother Mother/Stepfather Guardian Other	PRIMARY HOUSEHOLD HOME PHONE #1 (include area code)	PHONE #2 (include area code)
PRIMARY HOUSEHOLD (2 ND Adult where student resides) <i>Last Name First Name Middle Initial</i>				Please check if unlisted PARENT/GUARDIAN E-MAIL ADDRESS:	Work PHONE #3 (include area code) Cell
RESIDENT ADDRESS	Street	Apt. #	City	State	Zip
MAILING ADDRESS (if different from above)	Street	Apt. #	P.O. Box	City	State Zip

SECOND HOUSEHOLD (parent not residing with student) <i>Last Name First Name Middle Initial</i>			RELATIONSHIP: Father Mother Guardian Other	SECOND HOUSEHOLD HOME PHONE #1 (include area code)	PHONE #2 (include area code)
SECOND HOUSEHOLD (2 ND ADULT) <i>Last Name First Name Middle Initial</i>				Please check if unlisted PARENT/GUARDIAN E-MAIL ADDRESS:	Work PHONE #3 (include area code) Cell
SECOND HOUSEHOLD MAILING ADDRESS (Street/P.O. Box, City, State, Zip)				ADDITIONAL MAILINGS REQUESTED Yes No	

PHOTO/NAME OPT OUT: Do not use my child's photo or name in district publications and/or website.

HAS STUDENT EVER BEEN SUSPENDED? Yes No Date: Reason/School:

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No (If yes, plan must be on file with the school for enforcement)

IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (If yes, legal papers must be on file with the school for enforcement)

Restraining order is against: Mother Father Other:

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM?	Yes	No	HAS YOUR CHILD EVER BEEN RETAINED?
HAS YOUR CHILD EVER QUALIFIED FOR A 504 PLAN?	Yes	No	Yes No
HAS YOUR CHILD EVER PARTICIPATED IN:	Title	LAP	Gifted
	ESL	Other:	If yes, at what grade level(s)?

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment in the Skamania School District.

Parent/Guardian Signature _____ Date _____

Additional registration information on back....

Authorization for Pupil Record Release

Skamania School District 2
122 Butler Loop Road
Skamania, WA 98648
509-427-8239
Fax: 509-427-8921

Name of School Previously Attended: _____

Address: _____ Phone: _____

_____ Fax: _____

Student(s): _____

Records Authorized for Release:

- | | |
|---|---|
| <input type="checkbox"/> All records | <input type="checkbox"/> Professional observations |
| <input type="checkbox"/> Achievement tests | <input type="checkbox"/> Individual education plans (I.E.P) |
| <input type="checkbox"/> Interest Inventories | <input type="checkbox"/> Reports regarding I.E.P. |
| <input type="checkbox"/> I.Q. tests | <input type="checkbox"/> Personal/family background |
| <input type="checkbox"/> Health records | <input type="checkbox"/> Psychological testing & reports |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Discipline records | _____ |

I authorize the school district to release the aforementioned student records as specified to Skamania School District #2.

Parent/Guardian Signature _____ Date _____

_____ Office Use Only _____

Date records requested: _____

Date records received: _____

Comments: _____

School Health Services Student Health History

School Year 2019-20

This form needs to be completed at the beginning of each school year. The district Registered Nurse will use this information to plan for potential health concerns during school. Staff will refer to this information when your child becomes ill at school or incase of an emergency.

Student Name: _____ Birth Date: _____ Grade: _____ Sex: Male Female

Address: _____ Teacher: _____

Student lives with: *(please circle all that apply)* Mother Father Step-parent Guardian

Information below relates to the parent the student lives with:

Parent/Guardian: _____ Tel# _____ Work # _____

Parent/Guardian: _____ Tel# _____ Work# _____

Alternate contacts authorized to pick up your child: 1) _____ Tel# _____

2) _____ Tel# _____

Possible Life-Threatening Medical Conditions: (check all that apply)

State law requires a medication/treatment order from a Licensed Health Professional if your child's health condition *will put your child in danger of death during the school day*. Orders must be in place before your child can attend school. A form is available from the school office.

Do not send ANY medications to school with your student!

No Yes Severe allergic reaction (food, medication, etc) specify: _____

No Yes Asthma – Medication needed at school?: _____

No Yes Seizure Disorder - Date of last seizure: _____

No Yes Heart Condition: _____

No Yes Blood Disorder: Specify: Hemophilia Anemia other _____

No Yes Diabetes, diagnosed at age: _____

No Yes Other: _____

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

No Yes If yes, explain: _____

Medication Rules/Regulations

State law requires written permission from a Licensed Health Professional and parent before any medication (prescription or over-the-counter) can be given at school. A form is available from the school office.

No Yes Medication needed at school - specify: _____

No Yes Medication needed at home – specify : _____

Name of student's health care professional: _____ Phone# _____

I understand the information above will be shared with appropriate school staff in order to provide for the health and safety of my child. I will keep the school health services informed throughout the year regarding any changes in health status and/or contact information. If parents or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize the school to request emergency medical services (911). I understand that I may be responsible for the payment of any services needed.

Parent/Guardian Signature: _____ Date: _____

**Skamania School District 2
Required Annual Data Collection**

Contact Information

Parent/Guardian(s) Name(s):	Best Contact Phone Number:
Physical Address:	Mailing Address:
Student Name(s):	

Housing Survey

The following questions can help determine the services your student may be eligible to receive under the Title I Part A and/or Federal McKinney-Vento Act 42 U.S.C. 11435. Eligibility can be determined by completing this confidential questionnaire. The purpose of this information is to ensure the rights of your student/s under the McKinney-Vento Act.

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
3. As a student, are you living on your own or with someone other than your parent or legal guardian? Yes No
4. Unknown nighttime residence? Yes No

If you answered **NO** to all of the above questions, you are done.

If you answered **YES** to any of the above questions, please complete #5:

5. Where is student currently living? In a motel Travel Trailer
 In a shelter With more than one family in a house/apt
 Moving from place to place In a location not designated for sleeping accommodations such as car, park, campsite or business

5. Name of motel, shelter or "general area" of current residence: _____

Student Custody Information

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports or removing your student from school? Yes No

If yes, legal papers must be on file with the school for enforcement.

Are there any current Washington State restraining orders in effect? Yes No If yes, against whom? _____
 If yes, legal papers must be on file with the school for enforcement. Relationship to Student _____

Agricultural Employment Survey

The Migrant Education Program in Washington State serves children of families who have moved due to employment in agricultural or fishing industries. The services are free.

Has anyone in the family recently moved across school district lines, and the reason they left or are returning is due to agricultural, fishing, or shellfish employment? Yes No

Military Parent or Guardian Affiliation

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016-17 school year. (<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>) Reasons for collection of the data include:

- (1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately 136,000 military families in Washington state.
- (2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. [2015 c 210 § 1.]

Mark all that apply:

- A = US Armed Forces, active duty G = National Guard Member M = More than one family member currently serving in Armed Forces or National Guard
 N = No affiliation R = US Armed Forces Reserves X = Data Not Available Z = No response/refused to state

Please return completed forms to the school office or to the Skamania School District Office.

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

*Your school-age children may qualify for certain rights and protections under the
federal McKinney-Vento Act.*

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference and is feasible.
 - * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.



Local Liaison

Sally Godwin
509-427-8239

State Coordinator

Melinda Dyer
360-725-6050

If you need further assistance with your children's educational needs,
contact the National Center for Homeless Education:
1-800-308-2145 * homeless@serve.org * www.serve.org/nche



Office of Superintendent of Public Instruction (OSPI)
Washington State Transitional Bilingual Instructional Program
Home Language Survey

Student Name:			Date:
Birth Date:	Gender:	Grade:	SSID:
Form Completed by:			
Parent/Guardian Name _____		Relationship to Student _____	
Parent/Guardian Signature _____			
If available, in what language would you prefer to receive communication from the school? _____			
Did your child receive English language development support through the Transitional Bilingual Instructional Program in the last school your child attended? Yes__ No__ Don't Know__			

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <u>YOUR CHILD</u> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever attended a school outside of the United States? ____ Yes ____ No	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. Has your child attended school in the United States before enrolling in this district? (Kindergarten - 12 th grade) ____ Yes ____ No	For how many months? _____ months *One (1) school year =10 months
7. Do grandparent(s) or parent(s) have a tribal affiliation? ____ Yes ____ No	

*WAC 392-160-005: "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.