



WAHKIAKUM SCHOOL DISTRICT

500 S 3rd St., B398
Cathlamet, WA 98612

Request for Student Records

Date: _____

To: Guidance Office or Department of School Records at _____

From: Stacey Wegdahl, Julius .A. Wendt Elementary School / John C. Thomas Middle School Registrar

Student Name: _____

Birthdate: _____ Grade level indicated: _____

The student above is beginning the enrollment process at **Julius A. Wendt Elementary School / John C. Thomas Middle School**. Please send the following student records via email to swegdahl@wahksd.k12.wa.us or by FAX within the next 8 hours to (360) 795-3205. Our goal is to have this student in classes within 48 hours. Your attention to this matter will assist both the student and their education.

- Attendance Records
- Current Grades / Report Card
- HSPE or State Assessment Test Scores
- State or health provider verified Immunizations/Medical Information
- Birth Certificate
- Discipline Records, especially Suspension/Expulsion records
- Special Education Records
- Information on any issues the school should know for the benefit of the student

If you have any questions please call our office at (360) 795-3271.

Please do not mail cum folders

Number of pages in this transmission (including this page) - 1

Wahkiakum School District

Date (Fecha): _____

Race/Ethnicity Collection Form (Formulario de Recopilación de Raza/Origen Étnico)

Student Last Name: _____ Student First Name: _____
(Apellido del estudiante) (Nombre del estudiante)

School: _____ Grade: _____ Gender (Sexo): M F (circle one)
(Escuela) (Nivel escolar) (haga un círculo alrededor de uno)

QUESTION 1. Is your child of Hispanic or Latino origin?

PREGUNTA 1. ¿Es su niño de origen hispano o latino?

H01 **NOT HISPANIC/LATINO**

HISPANIC/LATINO (may check categories and use write-in)

- | | | | |
|---|--|---|--|
| H00 <input type="checkbox"/> Hispanic | H08 <input type="checkbox"/> Costa Rican | H15 <input type="checkbox"/> Jamaican | H23 <input type="checkbox"/> Puerto Rican |
| H02 <input type="checkbox"/> Argentine | H09 <input type="checkbox"/> Cuban | H16 <input type="checkbox"/> Mexican | H24 <input type="checkbox"/> Salvadoran |
| H03 <input type="checkbox"/> Bolivian | H10 <input type="checkbox"/> Dominican | H17 <input type="checkbox"/> Mestizo | H25 <input type="checkbox"/> Spaniard |
| H04 <input type="checkbox"/> Brazilian | H11 <input type="checkbox"/> Ecuadorian | H18 <input type="checkbox"/> Native | H26 <input type="checkbox"/> Surinamese |
| H05 <input type="checkbox"/> Chicano (Mexican American) | H12 <input type="checkbox"/> Guatemalan | H19 <input type="checkbox"/> Nicaraguan | H27 <input type="checkbox"/> Uruguayan |
| H06 <input type="checkbox"/> Chilean | H13 <input type="checkbox"/> Guyanese | H20 <input type="checkbox"/> Panamanian | H28 <input type="checkbox"/> Venezuelan |
| H07 <input type="checkbox"/> Colombian | H14 <input type="checkbox"/> Honduran | H21 <input type="checkbox"/> Paraguayan | H29 <input type="checkbox"/> Hispanic/Latino Write in: _____ |
| | | H22 <input type="checkbox"/> Peruvian | |

QUESTION 2. What race(s) do you consider your child? (check all that apply)

PREGUNTA 2. ¿Qué raza(s) considera que es su niño? (Marque todo lo que corresponda).

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

N00 American Indian/Alaskan Native

- | | | |
|--|---|---|
| N01 <input type="checkbox"/> Chinook Tribe | N13 <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | N24 <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N02 <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | N14 <input type="checkbox"/> Marietta Band of Nooksack Tribe | N25 <input type="checkbox"/> Skokomish Indian Tribe |
| N03 <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | N15 <input type="checkbox"/> Muckleshoot Indian Tribe | N26 <input type="checkbox"/> Snohomish Tribe |
| N04 <input type="checkbox"/> Confederated Tribes of the Colville Reservation | N16 <input type="checkbox"/> Nisqually Indian Tribe | N27 <input type="checkbox"/> Snoqualmie Indian Tribe |
| N05 <input type="checkbox"/> Cowlitz Indian Tribe | N17 <input type="checkbox"/> Nooksack Indian Tribe of Washington | N28 <input type="checkbox"/> Snoqualmoo Tribe |
| N06 <input type="checkbox"/> Duwamish Tribe | N18 <input type="checkbox"/> Port Gamble S'Klallam Tribe | N29 <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| N07 <input type="checkbox"/> Hoh Indian Tribe | N19 <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation | N30 <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| N08 <input type="checkbox"/> Jamestown S'Klallam Tribe | N20 <input type="checkbox"/> Quileute Tribe of the Quileute Reservation | N31 <input type="checkbox"/> Steilacoom Tribe |
| N09 <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | N21 <input type="checkbox"/> Quinault Indian Nation | N32 <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| N10 <input type="checkbox"/> Kikiallus Indian Nation | N22 <input type="checkbox"/> Samish Indian Nation | N33 <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| N11 <input type="checkbox"/> Lower Elwha Tribal Community | N23 <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington | N34 <input type="checkbox"/> Swinomish Indian Tribal Community |
| N12 <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | | N35 <input type="checkbox"/> Tulalip Tribes of Washington |

N36 Alaska Native Write in: _____

N37 American Indian Write in: _____

ASIAN (may check categories and use write-in)

- | | | | |
|--|---|--|--|
| A00 <input type="checkbox"/> Asian | A08 <input type="checkbox"/> Filipino | A15 <input type="checkbox"/> Mien | A22 <input type="checkbox"/> Sri Lankan |
| A01 <input type="checkbox"/> Asian Indian | A09 <input type="checkbox"/> Hmong | A16 <input type="checkbox"/> Mongolian | A23 <input type="checkbox"/> Taiwanese |
| A02 <input type="checkbox"/> Bangladeshi | A10 <input type="checkbox"/> Indonesian | A17 <input type="checkbox"/> Nepali | A24 <input type="checkbox"/> Thai |
| A03 <input type="checkbox"/> Bhutanese | A11 <input type="checkbox"/> Japanese | A18 <input type="checkbox"/> Okinawan | A25 <input type="checkbox"/> Tibetan |
| A04 <input type="checkbox"/> Burmese/Myanmar | A12 <input type="checkbox"/> Korean | A19 <input type="checkbox"/> Pakistani | A26 <input type="checkbox"/> Vietnamese |
| A05 <input type="checkbox"/> Cambodian/Khmer | A13 <input type="checkbox"/> Lao | A20 <input type="checkbox"/> Punjabi | A27 <input type="checkbox"/> Asian Write in: _____ |
| A06 <input type="checkbox"/> Cham | A14 <input type="checkbox"/> Malaysian | A21 <input type="checkbox"/> Singaporean | |
| A07 <input type="checkbox"/> Chinese | | | |

BLACK (may check categories and use write-in)

- | | | | |
|---|---|---|-----|
| B00 <input type="checkbox"/> Black/African American | B01 <input type="checkbox"/> African American | B02 <input type="checkbox"/> African Canadian | B02 |
|---|---|---|-----|

Caribbean

- B03 Anguillian
- B04 Antiguan
- B05 Bahamian
- B06 Barbadian
- B07 Barthélemois/Barthélemoises
(Saint Barthélemy)

- B08 British Virgin Islander
- B09 Caymanian
(Cayman Island)
- B10 Cuba Dominican
- B11 Dominican
(Dominican Republic)

- B12 Dutch Antillean
(Netherlands Antilles)
- B13 Grenadian
- B14 Guadeloupian
- B15 Haitian

- B16 Jamaican
- B17 Martiniquais/Martiniquaise
- B18 Montserratian
- B19 Puerto Rican
- B20 Caribbean Write in: _____

Central African

- B21 Angolan
- B22 Cameroonian
- B23 Central African
(Central African Republic)

- B24 Chadian
- B25 Congolese
(Republic of the Congo)

- B26 Congolese (Democratic
Republic of the Congo)
- B27 Equatorial Guinean
- B28 Gabonese

- B29 São Toméan
- B30 Príncipe
- B31 Central African Write in: _____

East African

- B32 Burundian
- B33 Comoran
- B34 Djiboutian
- B35 Eritrean
- B36 Ethiopian
- B37 Kenyan

- B38 Malagasy (Madagascar)
- B39 Malawian
- B40 Mauritian (Mauritius)
- B41 Mahoran (Mayotte)
- B42 Mozambican
- B43 Reunionese

- B44 Rwandan
- B45 Seychellois/Seychelloise
- B46 Somali
- B47 South Sudanese
- B48 Sudanese
- B49 Ugandan

- B50 Tanzanian (United Republic
of Tanzania)
- B51 Zambian
- B52 Zimbabwean
- B53 East African Write in: _____

Latin American

- B54 Argentine
- B55 Belizean
- B56 Bolivian
- B57 Brazilian
- B58 Chilean
- B59 Colombian

- B60 Costa Rican
- B61 Ecuadorian
- B62 El Salvadoran
- B63 Falkland Islander
- B64 French Guianese
- B65 Guatemalan

- B66 Guyanese
- B67 Honduran
- B68 Mexican
- B69 Nicaraguan
- B70 Panamanian
- B71 Paraguayan
- B72 Peruvian

- B73 South Georgia and the
South Sandwich Islands
- B74 Surinamese
- B75 Uruguayan
- B76 Venezuelan
- B77 Latin American Write in: _____

South African

- B78 Botswanan

- B79 Mosotho (Lesotho)
- B80 Namibian

- B81 South African
- B82 Swazi

- B83 South African Write in: _____

West African

- B84 Beninese
- B85 Bissau-Guinean
- B86 Burkinabé (Burkina Faso)
- B87 Cabo Verdean

- B88 Ivorian (Cote d'Ivoire)
- B89 Gambian
- B90 Ghanaian
- B91 Liberian

- B92 Malian
- B93 Mauritanian
- B94 Nigerien (Niger)
- B95 Nigerian (Nigeria)
- B96 Saint Helenian

- B97 Senegalese
- B98 Sierra Leonean
- B99 Togolese
- C01 West African Write in: _____

C02 Black Write in: _____

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

- W08 Algerian
- W09 Amazigh or Berber
- W10 Arab or Arabic
- W11 Assyrian
- W12 Bahraini
- W13 Bedouin
- W14 Chaldean
- W34 Middle Eastern Write in: _____
- W35 North African Write in: _____

- W15 Copt
- W16 Druze
- W17 Egyptian
- W18 Emirati
- W19 Iranian
- W20 Iraqi
- W21 Israeli

- W22 Jordanian
- W23 Kurdish Kuwaiti
- W24 Lebanese
- W25 Libyan
- W26 Moroccan
- W27 Omani

- W28 Palestinian
- W29 Qatari
- W30 Saudi Arabian
- W31 Syrian
- W32 Tunisian
- W33 Yemeni

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

- P00 Native Hawaiian/Other
Pacific Islander
- P01 Carolinian
- P02 Chamorro
- P03 Chuukese
- P04 Fijian

- P05 i-Kiribati / Gilbertese
- P06 Kosraean
- P07 Maori
- P08 Marshallese
- P09 Native Hawaiian
- P10 Ni-Vanuatu

- P11 Palauan
- P12 Papuan
- P13 Pohpeian
- P14 Samoan
- P15 Solomon Islander
- P16 Tahitian

- P17 Tokelauan
- P18 Tongan
- P19 Tuvaluan
- P20 Yapese
- P21 Pacific Islander Write in: _____

WHITE (may check categories and use write-in)

White White Write in: _____

Eastern European

- W01 Bosnian
- W02 Herzegovinian

- W03 Polish
- W04 Romanian

- W05 Russian
- W06 Ukrainian

W07 Eastern European Write in: _____

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____ Best contact phone number _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child’s education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> Parent/Guardian Name #1: _____ Interpreter Needed? ____ Yes ____ No Language _____ Parent/Guardian Name #2: _____ Interpreter Needed? ____ Yes ____ No Language _____	
<p>Eligibility for Language Development Support</p> <p>Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don’t Know ____</p>	
<p>Prior Education</p> <p>Your responses about your child’s birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students’ immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> If yes: Number of months: _____ Language(s) of instruction: _____ <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> Month Day Year	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child’s school.





SCHOOL STUDENT HEALTH INFORMATION ANNUAL UPDATE

We use this updated information to assist in caring for your student at school. Please *carefully* complete **BOTH SIDES** of this form and return to the school Health Office as soon as possible.

In order to provide a safe and healthy environment for your child, this confidential information will be accessible to: School Health Personnel, your child's teachers and care givers, and emergency medical personnel.

Name: _____ Birthdate: _____ Sex: M F

School: _____ Grade: _____ Today's Date: _____

PARENTS/GUARDIANS: If your child has a serious medical condition, it is vital that you discuss this with your Health Office Immediately. **We MUST be alerted to LIFE THREATENING HEALTH CONDITIONS prior to the start of school.** These conditions may require an Emergency Care Plan with Emergency Medications (per RCW28A.210.320). **If an emergency medication or plan is needed, and the proper paperwork is not in place, we are required to EXCLUDE the child from school.**

LIFE THREATENING HEALTH CONDITIONS: If you check any of these boxes, you must contact the School Health Room.

Asthma * Severe * - please answer the following questions

Yes No Does this child use rescue inhaler routinely for asthma symptoms?
Daily Weekly Monthly (ie: Atrovent, ProAir, Ventolin)

Yes No Has your child used steroids for asthma symptoms in the past year?
 inhaled steroids (ie: Flovent or Qvar) or Prednisone

Yes No Has your child been hospitalized for asthma in the past year?

Allergy/Anaphylaxis - SEVERE, WITH AN EPINEPHRINE PRESCRIPTION (EPI-PEN)

Cause of allergy (Bee sting, Peanut/Nut, Food, Medication, Other): _____

Describe previous reaction: _____

Diabetes, Type 1

Date of Diagnosis: _____ Uses a pump If so, for how many years in use? _____

Seizure Disorder

Is currently taking seizure medication

Other potentially life threatening issues: _____

My child has no potentially life threatening health conditions.

o Allergy, *not* life threatening:

Allergen: _____ Reaction: _____

Allergen: _____ Reaction: _____

o History of Concussion / Head Injury:

Date of Injury: _____ Was a Health Care Provider Seen? _____

Date of Injury: _____ Was a Health Care Provider Seen? _____

o Hearing Concerns? Has a known hearing loss Wears hearing aids?

o Vision Concerns? Glasses Contacts

o Other Concerns (Please contact the school health office): _____

My child has none of the conditions listed above.

HEALTH HISTORY: Please check the health conditions that apply to your child

Health Condition***:	Yes	No	Explain:
Brain or Spinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	
ADD/ADHD / Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health Behavioral Issues, or depression, anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Heart / Cardiovascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Blood / bleeding disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing Issues (including Asthma – Mild-Moderate)	<input type="checkbox"/>	<input type="checkbox"/>	
Digestive / Stomach Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Bowel or Bladder Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Washington school immunization law RCW 28A.210.120 requires that you must provide medically verified immunization records for your child by the first day of school.

Would you like the school nurse to obtain these records from the Washington State Immunization Information System (WA IIS)? Yes No

MEDICATIONS:

Does your child take medication at home? Yes No

Please list here:

Does your child need to take medication AT SCHOOL? YES*** No

**** IF YES YOU MUST CONTACT THE SCHOOL HEALTH PERSONNEL and complete necessary paperwork. IF medications are needed during the school day; RCW 28A.210.206 requires a written authorization form for medication to be administered at school, to be signed by the parent/guardian AND a health care provider.**

Ask your school for these forms, or download them from the district website.

*includes over the counter, prescription, herbal, and naturopathic medications.**

Doctor's Name: _____

PARENT/GUARDIAN PRINTED NAME: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE: _____ **Phone Number:** _____

Updated 02/04/16

*****Please provide documentation of your child's condition from your medical provider.**



WAHKIAKUM SCHOOL DISTRICT

500 S 3rd St., B398
Cathlamet, WA 98612

Dear Parent/Guardian,

Wahkiakum School District manages student immunization records through the School Module, an online system provided by the Washington State Department of Health. The School Module saves you time because it allows us to quickly and efficiently check if your child has the vaccines required for school. This system also allows the nurse to enter vaccines that were not recorded by a LHP or may have been given out of the state of Washington.

This will save us time on finding and entering vaccination dates and free up time to work with students. Most children born and/or vaccinated in Washington already have their information in the system. You can access your child's record at any time by signing up for MyIR at <https://wa.myir.net/register>. If you have any questions, please feel free to contact the school nurse, at scortez@wahksd.k12.wa.us.

Starting August 1, 2020, all immunization records turned in to the school are required by state law to be medically verified. Valid documentation includes medical records from a health care provider, a completed Certificate of Immunization Status (CIS) signed by a healthcare provider, and a CIS printed from MyIR which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

Where do I get more information? Where do I get forms?

For more information about immunization requirements, visit <https://www.doh.wa.gov/SCCI>. Please contact your Healthcare provider to determine which vaccine(s) your child is missing.

Sarah Cortez RN-BSN
Wahkiakum District Nurse
scortez@wahksd.k12.wa.us

Student: _____ Birthday: _____

Yes, I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Initial _____

No, I do not give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Initial _____

Parent/Guardian Signature: _____ Date: _____

Stephanie Leitz, Principal
Wahkiakum High School
360.795.3271
Fax: 360.795.0545

Brent Freeman, Superintendent
Sue Ellyson, District Clerk
360.795.3971
Fax: 360.795.0545

Nikki Reese, Principal
Julius A. Wendt Elementary School
John C. Thomas Middle School
360.795.3261 Fax: 360.795.3205



Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth Experiencing homelessness. (Please see page 2 for more information).

If you own/rent your home, you do not need to complete this form.
Stop Here

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____
 Student is unaccompanied (not living with a parent or legal guardian) (UY)
 Student is living with a parent or legal guardian

- B. If you do not own/rent your own home, please check all that apply below:
- In a motel
 - In a shelter
 - Transitional Housing
 - In someone else's house or apartment with another family (due to loss of housing or economic hardship)
 - In a residence with inadequate facilities (no water, heat, electricity, etc.)
 - Other _____
 - A car, park, campsite, or similar location.
 - Moving from place to place/ couch surfing
- Continue if you checked a box in part B. Please include all children living in the above housing situation.

Sibling(s) Name		M/F	DOB	SSID#	Grade	School Name
First	Last					

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

E-Mail address: _____ Cell phone#: _____

Print name of parent(s)/legal guardian(s)/UY: _____

*Signature of parent/legal guardian/UY: _____ Date: _____

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Enrollment staff: If parent marked any box in Section B above, please forward a copy of this form to: **Renea Freeman; Phone number 360-795-3271; E-mail: rfreeman@wahksd.k12.wa.us**

Original in cumulative folder

For School Personnel Only: For data collection purposes and student information system coding

(N) Not Homeless (A) Shelters (B) Doubled-Up (C) Unsheltered (D) Hotels/Motels

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

- (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.
- (2) The term homeless children and youths' —
 - (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and
 - (B) includes —
 - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
 - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
 - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
- (6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

- http://center.serve.org/nche/ibt/parent_res.php
- <http://naehcy.org/educational-resources/naehcy-publications>
- <http://www.schoolhouseconnection.org/>

Revised 1/31/17

Please return completed forms to the school office.

RCW 28A.300.505(2)(b) applies to parents or guardians regardless if the student resides with the military member or has custodial rights. The parent who usually fills out information about the student is asked to fill out information about military service. Schools are expected to ask parents for this information each year.

Please fill out the accompanying form for your student indicating military status of the student's parent or guardian.

Thank you for your assistance in helping the district gather this required information.

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 one hundred thirty-six thousand 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

Student Name: _____ **Parent/Guardian Name:** _____



Wahkiakum School District

Internet Opt-Out Form

Internet Use at School: The Internet has become a standard part of the educational process. Each student attending Wahkiakum School District has the privilege of Internet access. This access is meant to serve as an extension of instructional materials to help meet curriculum goals. Students will also receive instruction on appropriate use of electronic devices.

Photographed at School

Throughout the school year your child may be photographed, interviewed, videotaped and/or sound recorded by school district personnel. These photographs and recordings may be viewable by the public and/or with the school district through a variety of media including social media, websites, television, radio and print.

If you do not want your child to have access to the internet at school, or be publicized on the internet, please complete and sign the form and return it to the office at your child's school.

By signing this form your child will be excused from using the internet and being publicized while at school.

*As per board policy, I request my student to **not have provided internet access or publicized** while at school. I understand that further disciplinary action and/or loss of student technology privileges may occur if my student does not follow the above stated procedure.*

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Administrator/Designee Signature _____ Date _____

CC: Student File
Counselor
Assigned Teachers



GIVING ACTION PLAN PROGRAM (GAP)

"Food insecurity" is defined as a condition that is caused by reduced quality or variety of daily food or a shortage of food in the home which causes a disruption in eating patterns and food intake.

This is a program called GAP. GAP stands for Giving Action Plan. Anyone can participate at any level. You may want to receive food from the program, donate time to the program, donate your expertise, and/or donate money and food to the program. Please specify what you'd like to do. Circle all that apply.

The mission statement for the GAP program is to solicit and effectively distribute food and other necessities to assist those school aged children of Wahkiakum County when they don't have access to federal free and reduced priced meal programs; therefore allowing children to live and grow to their fullest potential and raise public awareness about food insecurity and hunger.

If you are choosing to receive food from this program please answer the following questions.

List the name and ages of all children that live with you on a regular basis:

Which school aged child(ren) do you want to receive GAP?

Student's Name: _____ Grade/Teacher: _____

Student's Name: _____ Grade/Teacher: _____

Parent/Guardian Name: _____ Phone #: _____

Physical Address: _____ Mailing Address: _____

FILL OUT NEW FORM EACH SCHOOL YEAR THAT YOU WISH TO RECEIVE SERVICES.

1. What seems to be the most difficult part of food insecurity?

2. If you are experiencing food insecurity, what are your hopes/goals to get food secure?

3. How long have you been experiencing food insecurity?

4. What kind of help would you like to receive through GAP?

If you need more information, please call the school office at 360-795-3261.

Transportation Information

My Child: _____ Teacher: _____ Grade: _____

will be a car rider.

will be a bus rider.

will go to daycare.

will be a walke.

Additional Information: _____

Family #1 Contact Information

Name: _____

Physical Address: _____

Phone number: _____

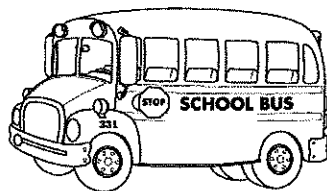
Family #2 Contact Information

Name: _____

Physical Address: _____

Phone number: _____

PLEASE CALL THE OFFICE @ 360-795-3261 BEFORE 2:30 PM WITH LAST MINUTE TRANSPORTATION CHANGES. THANK YOU!





Washington State Governor's Office of the Education Ombuds (OEO)

The Washington State Governor's Office of the Education Ombuds (OEO) is an independent state agency that helps to reduce educational opportunity gaps by supporting families, students, educators, and other stakeholders in communities across WA in understanding the K-12 school system and resolving concerns collaboratively. OEO services are free and confidential. Anyone can contact OEO with a question or concern about school.

OEO listens, shares information and referrals, and works informally with families, communities, and schools to address concerns so that every student can fully participate and thrive in our state's public schools. OEO provides support in multiple languages and has telephone interpretation available. To get help or learn more about what OEO does, please visit our website: <https://www.oeo.wa.gov/en>; email oeoinfo@gov.wa.gov, or call: [1-866-297-2597](tel:1-866-297-2597) (interpretation available). (English)

Students Name: _____



Wahkiakum School District Technology Agreement

Procedures and information for Students and Parents

The mission of the technology program in the Wahkiakum School District is to create a collaborative learning environment for all students, providing them the tools necessary to inquire and explore their world. This computing initiative will enable and support students and teachers as they implement transformative uses of technology while enhancing student engagement with content and promoting the development of self-directed and lifelong learners. Students will transition from consumers of information to creative producers, problem solvers and owners of knowledge. Wahkiakum School District strives to prepare students for an ever-changing world and is committed to supporting them as they prepare for post-secondary success. Along with the use of technology comes responsibility for both students and parents. To ensure the privacy and safety of our students, it is important for both parents and students to become familiar with the procedures below. The procedures and information contained in this Technology Agreement apply to Chromebooks and all other technology services/devices used by students with Wahkiakum School District. As a district, we are committed to creating an environment that promotes ethical and responsible conduct.

Receiving Your Chromebook

Students will check out their Chromebooks at the beginning of the school year. Once they have a parent signed Technology Agreement their Chromebook will be assigned. This will happen during the first week of school.

Returning your Chromebook

At the end of the school year or at the time of a transfer, students will return their Chromebook along with charger to the school and complete the Inspection Checklist checkout. Failure to turn in a Chromebook will result in the student being charged the full \$350.00 replacement cost. The District may also file a report of stolen property with the local law enforcement agency if the Chromebook and charger are not returned.

Wahkiakum School District Technology Agreement

Taking Care of District Electronic Assets (All Students)

Students are responsible for the general care of the district technology they are utilizing.

- Students should never leave portable assets (Chromebooks, Laptops, etc.) unsecured.
 - No food or drink should be next to Chromebooks, PCs or Laptops.
 - Cords, cables, and removable storage devices must be inserted carefully into Chromebooks, PCs and Laptops.
 - Chromebooks and laptops should not be used with the power cord plugged in when the cord may be a tripping hazard.
 - Chromebooks and Laptops should always be carried and stored with the screen closed.
 - Screen Care – The Chromebook can be damaged if subjected to heavy objects, rough treatment, some cleaning solvents, and other liquids. The screens are also particularly sensitive to damage from excessive pressure.
 - Make sure there is nothing on the keyboard such as pens, pencils, papers, etc. before closing the lid.
 - Only clean the screen with a soft, dry, microfiber or anti-static cloth.
 - All Chromebooks will be labeled with a barcode and asset tag. Students may be charged up to the full cost of a Chromebook for tampering with a barcode or asset tag.
 - Chromebooks that are broken or fail to work properly must be taken to Haannah at the High School or Stacey at the ES/MS office as soon as possible to be repaired.
- District-owned Technology should never be taken to an outside computer service for any type of repairs or maintenance.**

Using Your Chromebook at School

Students are expected to bring a fully charged Chromebook to every class every day, unless specifically advised not to do so by their teacher.

- Chromebooks must be brought to school each day with a full charge.
- Inappropriate media may not be used as Chromebook backgrounds or themes. The presence of such media will result in disciplinary action.
- Sound must be muted at all times unless permission is obtained from a teacher.
- Headphones may be used at the discretion of the teacher. Students should have their own personal headphones.
- **Cloud Print is depreciated, see following:**
<https://support.google.com/chromebook/answer/7225252?hl=en>

Wahkiakum School District Technology Agreement

Logging into a Chromebook (All Students)

- Students will log into their Chromebooks using their school issued Google Apps for Education account.
- Only WSD students and staff can log into school Chromebooks.
- Students should never share their account passwords with others, unless requested by an administrator. You will be held responsible for your account's activities. *Managing and Saving Your Digital Work with a Chromebook (All Students)*
- The majority of student work will be stored in the Internet/cloud based applications and can be accessed from any computer with an Internet connection and most mobile Internet devices.
- Some files may be stored on the Chromebook hard drive.
- Students should always remember to save frequently when working on digital media.
- The district will not be responsible for the loss of any student work.
- Students are encouraged to maintain backups of their important work on a portable storage device or by having multiple copies stored in different Internet storage solutions.

Using your Chromebook Outside of School

Students are encouraged to use their Chromebooks at home and other locations outside of school. A Wi-Fi Internet connection will be required for the majority of Chromebook use, however, some applications, such as Google Docs, can be used while not connected to the Internet. Students are bound by the Wahkiakum School District's Use of Technology Agreement, Administrative Procedures, and all other guidelines in this document wherever they use a Chromebook.

Operating Systems and Security (All Students)

Students may not use or install any operating system on their Chromebook other than the current version of Chrome OS that is supported and managed by the district. The Chromebook operating system, Chrome OS, updates itself automatically. Students do not need to manually update their Chromebooks.

Virus Protection – Chromebooks use the principle of "defense in depth" to provide multiple layers of protection against viruses and malware, including data encryption and verified boot. There is no need for additional virus protection.

Content Filter/Firewalls (All WSD Students/Staff) The district utilizes an Internet content filter that is in compliance with the federally mandated Children's Internet Protection Act (CIPA). All District provided Internet technology assets, regardless of physical location (in or out of school), will have all the Internet activity protected and monitored by the district. If a website is blocked in school, then it will be blocked out of school. If an educationally valuable site is blocked, students should contact their Teachers or the Principal to request the site be unblocked.

Wahkiakum School District Technology Agreement

Any attempts to circumvent content filtering, firewalls or other electronic security will be met with disciplinary action, up to and including revocation of physical access to district technology assets.

Software (All Students)

- Google Apps for Education – Chromebooks seamlessly integrate with the Google Apps for Education suite of productivity and collaboration tools. This suite includes Google Docs (word processing), Spreadsheets, Presentations, Drawings, and Forms. All work is stored in the cloud.
- Chrome Web Apps and Extensions - Students are allowed to install appropriate Chrome web apps and extensions from the Chrome Web Store. Students are responsible for all the web apps and extensions they install on their Chromebooks. Inappropriate material will result in disciplinary action. Some web apps will be available to use when the Chromebook is not connected to the internet.
- Students are not allowed to install/attempt to install software or modify administrative settings on WSD Windows PCs/Laptops Chromebook Identification (All Students)
- The district will maintain a log of all Chromebooks that includes the Chromebook serial number, asset tag code, and barcode. Removing or defacing these markings on the Chromebook will result in disciplinary action. If they are coming loose on their own, report it to the Cybrarian immediately.

Repairing/Replacing Your Chromebook

- If your Chromebook is not working, notify your teacher and take it to the Cybrarian.
- All repair work must be reported to/completed by the Cybrarian.
- Repair costs vary widely based on availability and the part damaged.

No Expectation of Privacy (All Students)

Students have no expectation of confidentiality or privacy with respect to any usage of WSD Technology Assets, regardless of whether that use is for district-related or personal purposes, other than as specifically provided by law. The District may, without prior notice or consent, log, supervise, access, view, monitor, and record use of district technology (Including Chromebooks) at any time for any reason related to the operation of the District. By using District Technology, students agree to such access, monitoring, and recording of their use. Teachers, school administrators, and the technology staff may use monitoring software that allows them to view the screens and activity on student District Technology. INITIALS: _____

Wahkiakum School District Technology Agreement

Wahkiakum School District Digital Citizenship Agreement

Wahkiakum School District believes that the best way to prepare our students for their digital future is to have them practice using online tools appropriately in school. We have monitoring software and filters, but these tools are not perfect guarantees that students will not encounter potentially harmful situations (harassment, inappropriate content, etc.). Our goal is to use potential mistakes as teachable moments to help protect our students against future harmful experiences online.

Respect and Protect Yourself

- I will keep my passwords private and will not share them with my friends.
- I will be conscious of my digital footprint and careful about posting personal information.
- I will only post text and images that are appropriate for school.
- I will be aware of where I save my files so that I can access them where and when I need them.
- I will be aware of whom I am sharing my files (keeping them private, sharing with teachers and classmates or posting them publicly).
- I will always log off before leaving a computer.
- I will immediately report any inappropriate behavior directed at me to my teacher, librarian, or other adult at school.

Respect and Protect Others

- I will not use computers to bully or harass other people.
- I will not log in with another student's username and password.
- I will not trespass into another student's network folder, documents, files or profile.
- I will not disrupt other people's ability to use school computers.
- I will not pretend to be someone else and will be honest in my representation of myself.
- I will not forward inappropriate materials or hurtful comments or spread rumors.
- I will immediately report any inappropriate behavior directed at my fellow students to my teacher, librarian or other adult at school.

Respect and Protect the Learning Environment

- I will limit my web browsing at school to school research or personal research similar to that which I would do in class.
- I will not visit inappropriate websites. If an inappropriate page, image, or search result comes up, I will immediately close the window or tab.
- I will not play games on school computers without specific teacher instructions

Wahkiakum School District Technology Agreement

- I will not send or read instant messages or participate in online forums or chat without specific teacher instruction.
- I will only send and receive school related email.

Honor Intellectual Property

I will not plagiarize and I will cite all use of websites, images, books and other media.

I have read and discussed the Wahkiakum School District Technology Agreement Digital with my student. I understand that failure to follow the information and expectations outlined in these documents may result in loss of device access and/or disciplinary action.

Student Name _____

Signature _____ Date _____

Parent/Guardian Name _____

Signature _____ Date _____

Device Type / # _____