
WELCOME TO EASTMONT SCHOOL DISTRICT

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

ADMISSIONS CHECKLIST

FORMS

- ✓ Admission Form
 - Complete all information on the following pages and sign the form.
- ✓ Certificate of Immunization Status (CIS)

All children need to be up to date with immunizations to be enrolled in and attend school.

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

- Student Computer Use and Parent Network Release Form
- Free/Reduced Lunch Form (If applicable)
- Intra-District Choice Form (Required for Resident students wanting to attend a school in a different attendance area)
- School Choice Form (Required if NOT a resident of Eastmont School District)
- Transportation Form
- Washington State Governor's Office of the Education Ombuds, Parent Resource: <https://www.oeo.wa.gov/sites/default/files/public/OEO%20Awareness%20Spanish%20and%20English%202022.pdf>

DOCUMENTS

- Photo ID of the Parent/Guardian registering the student.
 - If faxing a photo ID, please be sure it will be legible by making a light copy first and then faxing the copy.
- Proof of Guardianship Document(s):
 - Proof of Guardianship is required to identify who is legally responsible for the child and who can be contacted in case of emergency. Examples include: birth certificate, court order, or parenting plan.
- Proof of Residency (must have the parent's name and be dated within the past 8 weeks).
 - New students are assigned to their attendance area school based on verified residence address. Assignment cannot be made without address verification. Examples include: copies of current land-line telephone, utility or cable bills; mortgage information; renters or homeowners insurance documents. Lease or rental agreements must include the first page and the signature page. If a child has no regular, fixed residence please provide a signed and dated letter with the address identified from the shelter, institution or temporary residence stating that the student resides there.
- Legal Name and Proof of Age Documents- A Certified Birth Certificate (or similar document, such as passport, visa or Department of Health)
 - 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: <u>LEGAL</u> Last Name		<u>LEGAL</u> First Name	<u>LEGAL</u> Middle Name
Student Preferred Name (if different than legal name):			
Also or Previously Known as	Grade Entering	Birthdate (Month / Day / Year)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Country of Birth (If outside of U.S.)	Has the student ever been enrolled in the Eastmont School District? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which school(s)?		
Student Cell Phone (if applicable)	Student Email Address (if applicable)		
Will your student SIMUTANEOUSLY be attending another school while enrolled at Eastmont? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of School _____			

PRIMARY HOUSEHOLD INFORMATION

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

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

SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)

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

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

EMERGENCY CONTACTS

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

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

SIBLINGS (If Applicable)

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

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

EDUCATIONAL INFORMATION

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

Attach additional sheets if necessary

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

TO BE COMPLETED BY INCOMING KINDERGARTEN STUDENTS ONLY:

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

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 RCW28A.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 the 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 Has your student received Special Education Services in the past three years? If yes, fill out the Special Education Screening Form

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

ADDITIONAL INFORMATION

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

Name of parent(s): _____

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

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

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

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

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

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

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

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

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

Eastmont School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's coordinators for Title IX/RCW.28A.642, Section 504, or ADA. The District does not tolerate sexual harassment, harassment, intimidation, or bullying.

STUDENT ETHNICITY AND RACE DATA COLLECTION FORM

PLEASE COMPLETE BOTH QUESTIONS

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

ETHNICITY PART A

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

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

RACE PART B (may check all that apply)

ASIAN (may check categories and use write-in)

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

BLACK (may check categories and use write-in)

AFRICAN AMERICAN

AFRICAN CANADIAN

CARIBBEAN

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

CENTRAL AFRICAN

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

EAST AFRICA

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

LATIN AMERICA

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

SOUTH AFRICA

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

WEST AFRICA

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

BLACK

Write in: _____

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

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

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

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

WHITE (may check categories and use write-in)

EASTERN EUROPEAN

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

WHITE

Write In: _____

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

WASHINGTON STATE FEDERALLY RECOGNIZED TRIBES

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

WASHINGTON STATE NON-FEDERALLY RECOGNIZED TRIBES

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

Alaska Native

Write in: _____

American Indian

Write in: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

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

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

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

**EASTMONT SCHOOL DISTRICT
STUDENT HEALTH INFORMATION**

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

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

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

_____ **ALLERGIES?**

What is your child allergic to? _____

Describe reaction: _____

Needs Allergy medications at school? Yes No

List medications prescribed by your doctor _____

_____ **ASTHMA?**

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

_____ **HEART CONDITION?**

Please describe _____

_____ **SEIZURES?**

Type of Seizures _____

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

List medications prescribed by doctor _____

When was the last seizure? _____

_____ **DIABETES?**

List medications prescribed by doctor _____

Needs medication at school? Yes No

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

If yes, explain _____

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

If yes, explain and list the medications _____

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

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

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

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

If parents or emergency contacts cannot be reached at the time of an emergency and treatment is urgent in the judgment of school authorities, emergency medical services will be contacted for transportation and treatment.

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: _____

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

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Student Name: _____ Birthdate: _____ Grade: _____

INFORMATION ABOUT LAST SCHOOL ATTENDED

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

School attended: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Last school attended district name: _____

Withdrawal date from last school: _____

Check all that apply:

Special Education

504

Highly Capable

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

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

PLEASE SEND RECORDS TO THE SCHOOL INDICATED BELOW

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

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

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

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

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

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

Student Individual User Release Form

In consideration for the privilege of using the network and in consideration for having access to the public networks:

- A. I hereby release Eastmont School District and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from including, without limitation, the type of damages identified in the Eastmont School Districts' Acceptable Use Guidelines.
- B. I agree to abide by the District's Policy 2022 Electronic Resources and Internet Safety and Procedure 2022-P. I acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges.
- C. I acknowledge and agree that the Eastmont School District has the right to review, edit or remove any materials installed, used, stored, or distributed on or through the network or the District's system and hereby waive any right or privacy which I may otherwise have into such material.
- D. I acknowledge that each student is assigned a District device for instructional purposes. Users may be held responsible for any damage caused by negligent acts while District technology is under their control.
- E. I have reviewed, understand, and agree to follow District Procedure 2022-P.

POSTING OF STUDENT IMAGE / WORK (ONLINE AND PRINT)

Student projects, classroom activities and student work may be posted on the District's website www.eastmont206.org, Social Media, and/or the local newspaper. If you prefer to not have images or information published, please complete and submit District Policy 3231-F Opt-Out Form. Please contact the school office if you have any questions.

INTERNET ACCESS

Eastmont School District provides Internet access to all students with content filtering. This is necessary to access online/digital instructional materials. If you have concerns about internet access, please discuss these concerns with the administrator at your child's school.

By signing below, I accept all the terms above for my student.

Parent's Printed Name _____

Parent's Signature _____ **Date** _____
(Students 18 years and older do not need a parent signature)

Student's Printed Name _____

Student's Signature _____ **Date** _____

No person shall have access to Eastmont School District network resources without having a signed Individual User Release Form Agreement on file.

Eastmont School District

SPECIAL PROGRAMS REGISTRATION SCREENING FORM – ALL NEW STUDENTS

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

In what country was your child born? _____ Last school attended: _____
(Name of school) (City) (State)

In what language(s) would your family prefer to receive written communication from the school? _____

Do you need an interpreter for meetings and phone calls (including ASL)?

a) Parent/Guardian Name #1: _____

Interpreter Needed? Yes No | Language _____

b) Parent/Guardian Name #2: _____

Interpreter Needed? Yes No | Language _____

<p>1. What language(s) did your child <u>first</u> speak or understand?</p> <p>_____</p>	<p>2. What language does your child use the most at home?</p> <p>_____</p>
<p>3. What is the primary language used in the home, regardless of the language spoken by the child?</p> <p>_____</p>	<p>4. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Number of months: _____ Language(s) of instruction: _____</p>
<p>5. When did your child first attend a school in the United States? (K-12th grade)</p> <p>_____</p> <p style="text-align: center;"><small>Month Day Year</small></p>	<p>6. Do grandparents(s) or parents(s) have a Native American tribal affiliation?</p> <p style="text-align: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

WASHINGTON STATE MIGRANT EDUCATION PROGRAM

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

TRANSITIONAL HOUSING & HOMELESS 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 living in the home of another family 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
3. 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 Moving from place to place
- In a shelter – emergency or transitional 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: _____ Other Phone: _____ (Work) _____

Parent Signature: _____ Date: _____

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.

ParentSquare Information

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!