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## WELCOME TO EASTMONT SCHOOL DISTRICT

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

### **ADMISSIONS CHECKLIST**

#### **FORMS**

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

All children need 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.



# Preschool Tuition Payment Guidelines

## PRESCHOOL FEES

Registration Fee - \$50

Due at time of registration (non-refundable)

Tuition - \$240/month

## SCHEDULE

Tuesday - Friday

AM 8:30 - 11:00

PM 12:30 - 3:00

<i>Initial</i>	<b>Agreements</b>
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	<b>Eastmont Preschools require 15 days notice prior to the end of the month should you wish to withdraw your student from the program.</b> Tuition may be posted to your student's account if notice is not received.
	<b>Monthly tuition will be posted to your student's account no later than 10 days prior to the 1st of each month</b>
	<b>Tuition is assessed across 9 months, September - May.</b>
	<b>Tuition payment is due in full on the 1st of the month</b> regardless of the day of the week (school day, business day, weekend, or holiday).
	<b>Tuition payments are non-refundable</b> - once posted to the student account
	<b>NON PAYMENT</b> - If unpaid on the 1st, student will be unenrolled.

<b>Tuition is prorated according to the following schedule</b>	
<b>Student enrolls in program:</b>	<b>Tuition Due:</b>
On or before the 15th of the month	100%
On the 16th or later	50%

**PAYMENT OPTIONS:** To ensure payments are processed accurately, please include your student's name and ID # on all payments.

**ONLINE:** Tuition payment may be made online via debit or credit card

<https://www.eastmont206.org/parents-community/payments/online-payments>

**IN PERSON:** Tuition payments may be made in person via cash, check, credit or debit at any school office and district office. 800 Eastmont Ave.

Student name \_\_\_\_\_

I understand and agree to the Eastmont Preschool Tuition Payment Guidelines  
for the 2024-2025 school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)**

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

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

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

**SIBLINGS (If Applicable)**

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

### RACE PART B (may check all that apply)

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

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

(continued)

**BLACK (may check categories and use write-in)**

**AFRICAN AMERICAN**

**AFRICAN CANADIAN**

**CARIBBEAN**

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

**CENTRAL AFRICAN**

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

**EAST AFRICA**

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

**LATIN AMERICA**

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

**SOUTH AFRICA**

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

**WEST AFRICA**

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

**BLACK**

Write in: \_\_\_\_\_



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

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

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

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

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

**EASTERN EUROPEAN**

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

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**WHITE**

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

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

**WASHINGTON STATE FEDERALLY RECOGNIZED TRIBES**

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

**WASHINGTON STATE NON-FEDERALLY RECOGNIZED TRIBES**

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

**Alaska Native**

Write in: \_\_\_\_\_

**American Indian**

Write in: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

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

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

**EASTMONT SCHOOL DISTRICT  
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 1<sup>ST</sup> ST SE  
 EAST WENATCHEE, WA 98802  
 Phone: (509) 884-0557  
 Fax: (509) 886-7219

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

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

# Eastmont School District - Transportation Department

## Student Information Form

<b>Student Name:</b> _____		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Home Address:</b> _____	<b>Will this address be used for:</b>	<i>Check all that apply.</i>
_____	To school - AM Bus	<input type="checkbox"/>
_____	Return Home - PM Bus	<input type="checkbox"/>
_____	No Bus	<input type="checkbox"/>

**If you are planning to use an address different from the above Home Address for AM or PM transportation, please include it below and indicate when it should be used in the boxes to the right.**

<b>Address #2</b> _____		
<i>Address #2</i>	<b>Will this address be used for:</b>	<i>Check all that apply.</i>
_____	To school - AM Bus	<input type="checkbox"/>
_____	Return Home - PM Bus	<input type="checkbox"/>
_____	Daycare	<input type="checkbox"/>
_____	Parent	<input type="checkbox"/>
<b>Adult Contact at this address:</b> _____	Other	<input type="checkbox"/>

<b>Address #3</b> _____		
<i>Address #3</i>	<b>Will this address be used for:</b>	<i>Check all that apply.</i>
_____	To school - AM Bus	<input type="checkbox"/>
_____	Return Home - PM Bus	<input type="checkbox"/>
_____	Daycare	<input type="checkbox"/>
_____	Parent	<input type="checkbox"/>
<b>Adult Contact at this address:</b> _____	Other	<input type="checkbox"/>

Please use the space below to include any additional information you would like the Transportation Department to know regarding your student's needs.

Additional Information:

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**Questions? The Eastmont Transportation Department is ready to help.  
Please call our office at (509) 884-4621 between 6:00 AM-2:00 PM.**

OFFICE USE: Student #: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## 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:

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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](http://www.parentsquare.com).

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

Thank you!