
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 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)
- ✓ School Choice Form (Required if NOT a resident of Eastmont)

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 Services Medicaid Voucher)
 - Proof of age helps determine which services and programs are available to the student.
- ✓ Transcript (Grades 9-12)



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 SIMULTANEOUSLY 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	LEGAL Last Name	LEGAL First Name	LEGAL Middle Name
	Relationship to Student	Email Address	
	Primary Phone ()	Work Phone ()	Other Phone Number ()
	Employer:	Work Email:	
Parent / Guardian 2	LEGAL Last Name	LEGAL First Name	LEGAL 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
Mailing Address <i>(If different than above)</i>	Street	Apt/ Unit PO Box	City State & ZIP
Doesthishouseholdreceivemailings? <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: First Last	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 any 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

If yes, **name** and **address** of program: _____

Phone Number of Program: _____ Contact Person at Program: _____

Has the student been retained? Yes No If yes, in what grade _____

In accordance with Washington State Law RCW 28A.225.330, please answer the following questions: Attach additional sheets if necessary

Does your student have any history of violent behavior, sexual offense, and or controlled substances violation? YES NO If so, please explain:

Does your student have any past, current, or pending suspensions or expulsions from a current or previous school? Yes NO If so, please explain.

Has your student officially withdrawn from his/her current or previous school? YES NO Date: _____

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

OTHER EDUCATIONAL SERVICES

Please describe any physical limitations that would need special accommodations. _____

Yes No Does the student have a current 504 plan?

If yes, describe the student's accommodations: _____

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

ADDITIONAL INFORMATION

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

Name of parent(s): _____

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

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

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

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

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

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

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

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

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

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

STUDENT ETHNICITY AND RACE DATA COLLECTION FORM

PLEASE COMPLETE BOTH QUESTIONS

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

ETHNICITY PART A

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

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Paraguayan |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Honduran | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard |
| <input type="checkbox"/> Columbian | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Surinamese |
| <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Native | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Cuban | Write in: _____ | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Panamanian | 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"/> Mien |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Lao | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Malaysian | Write in: _____ |

(continued)

RACE PART B (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"/> Lesotho | <input type="checkbox"/> South Africa | <input type="checkbox"/> South Africa |
| <input type="checkbox"/> Namibia | <input type="checkbox"/> Swaziland | Write in: _____ |

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: _____

(continued)

RACE PART B (continued)

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: _____

(continued)

RACE PART B (continued)

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: _____

Parent Release Form – Network Policy (Grades 5-12)

Eastmont School district is pleased to offer a variety of electronic resources to students and staff. Electronic media (such as Internet) is a rich resource – the value of which overshadows the possibility of undesirable material. Eastmont does use filtering software to help avoid and limit undesirable and objectionable content. As a condition of each user's right to use any type of computer related electronic media (including Internet) all students must agree to use the system in an acceptable manner. It is important that you and your student read, discuss and understand the Student Usage Form.

Each student is assigned an account and associated password, and so each user is solely responsible for all activity associated with this account. Account "rights" includes a private directory on the file server, access to the internet and use of the software installed on the computers.

WEB, NEWSPAPER or VIDEO

Student projects, classroom activities and student work may be showcased on the District web site www.eastmont206.org or the local newspaper. Only relevant information for each project will be published, which may include student's first name, photograph, participation in officially recognized activities, sports, and awards received.

If you prefer to not have images or information published, please indicate this on your students FERPA Form. Please contact the building secretary if you have any questions.

ELECTRONIC DEVICES

Portable electronic devices are available in all Eastmont Schools. These devices may not be removed from the school.

If devices are damaged due to negligent use by the student, repair and or replacement costs may be charged to your account.

INTERNET ACCESS

Eastmont School District provides Internet access to all students. If you do not want your student to have access to the Internet at school, please indicate on the form below.

- I **DO** want my child to have access to the Internet through his/her school network login.
- I **DO NOT** want my child to have access to the Internet through his/her school network login.

I understand that violation of the Acceptable Use Policy (Policy No. 2022) may result in discipline up to expulsion and/or revocation of network access and related privileges. If state or federal laws are broken, your student may be prosecuted accordingly.

Parent Name (please print)

Parent Signature

Date

For more details reference Policy and Procedure No. 2022 - Electronic Resources

Student Use Form (Grades 5-12)

It is important that you read and understand the following information. As a condition of each user’s right to use any type of computer or related electronic media (including Internet) all students must agree to use the system in an acceptable manner. For detailed information please read Procedure No. 2022.

You must agree to the following guidelines:

1. I will not share my user ID and password, including others using my account. This includes logging in for them or use of my account after I’ve logged in.
2. I will not search, view or use obscene, offensive or violent language, materials and/or graphics.
3. Downloading of any programs, games, MP3’s or any other software is strictly prohibited.
4. District computers are to be used for school-related information only.
5. I will respect other users and their rights.
6. I will abide by all copyright laws and licensing agreements.
7. I will not use the system for personal gain, selling or advertising or other commercial purposes.
8. Eastmont School District staff and system administrators retain the right to review any material stored on the network and to remove any material which they, in their sole discretion, believe to be unlawful, obscene, abusive, or otherwise objectionable.
9. I will not damage computer hardware and/or peripherals. I will not remove, alter, copy or add unauthorized files and/or software.
10. I will not attempt to access areas or activities for which I am not authorized. If loopholes in a computer security systems or knowledge of special passwords are encountered, I will not use them to damage computer systems, obtain extra resources, take or use resources from another user, gain access to systems or use systems for which proper authorization has not been given as per RCW 9A.52.110, 9A.52.120, 9A52.130 and 9A.48.100 (see back for full text). Also, I will report loopholes to school authorities.

ELECTRONIC DEVICES

Portable electronic devices are available in all Eastmont Schools. These devices may not be removed from the school.

If devices are damaged due to negligent use by the student, repair and or replacement costs may be charged to your account.

- I understand it is a privilege to use the Eastmont/K-20 Network and agree to follow the guidelines outlined above.
- I hereby release Eastmont School District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use, or inability to use the Eastmont/K-20 Network.
- I understand that violation of the Acceptable Use Policy (Policy No. 2022) may result in discipline up to expulsion and/or revocation of network access and related privileges. If state or federal laws are broken, I may be prosecuted accordingly.

Student Name (Printed)

Student Signature

Date

For more details reference Policy and Procedure No. 2022 - Electronic Resources.

Eastmont School District

SPECIAL PROGRAMS REGISTRATION SCREENING FORM – ALL NEW STUDENTS

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

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 _____

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



Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under The McKinney Vento Act 42 U.S.C. 11435. The McKinney Vento Act provides services and supports for children and youth experiencing housing instability.

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

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

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

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

**Enrollment Staff--Please forward questionnaire to:
Nan Cuevas ~ Eastmont McKinney Vento Liaison
800 Eastmont Avenue, East Wenatchee, WA 98802
(509) 888-4735**

**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: _____

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.

The following student has begun the enrollment process at Eastmont School District. Please release the following records to the school listed below as they are required before the student can attend school.

- | | | |
|--|---|---|
| <input type="checkbox"/> Eastmont High School
ATTN: Registrar
955 3rd St NE
East Wenatchee, WA 98802
P: 509.884.8734
F: 509.888.1297
Email: CortesJ@Eastmont206.org | <input type="checkbox"/> Eastmont Junior High
905 8 th Street NE
East Wenatchee, WA 98802
P: 509.884.2407
F: 509.884.1988 | <input type="checkbox"/> Sterling Junior High
600 N James Ave
East Wenatchee, WA 98802
P: 509.884.7115
F: 509.886.7503 |
|--|---|---|

Requested By: _____ Date Requested: _____

Student name: _____ DOB: _____ Grade: _____

Last school attended: _____

City: _____ State: _____ FAX: _____

Please FAX the following:

- Transcript
- Immunization records
- Birth certificate
- Discipline files
- Attendance records
- State test score reports
- SAT/ACT scores
- Withdrawal grades
- Special Education/IEP assessments
- Mail a copy of the cumulative file
- Other: _____

The parent/guardian of this student has been notified in accordance with the Buckley Amendment to the Family Educational Rights and Privacy Act of 1974, as amended on June 17, 1976.