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

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 Preschools Registration Addendum

Wee Wildcats/Wee Cougars

The Wee Wildcat preschool, located at Eastmont High School and Wee Cougar preschool, located at Sterling Middle School are available for typical developing children as well as for children who are experiencing developmental issues and delays. High school students from the Child Development classes assist in providing services to preschoolers at Wee Wildcat preschool only.

Please complete this registration addendum in addition to the district admission forms if you would like to enroll your child in the Eastmont Preschools program. ***Please have all paperwork or you will be asked to come back with it complete and we will not hold a spot without it.***

Registration: Registration for the coming school year begins March 17th (4pm- 7pm) and March 18th (8am-2pm) at Clovis Point Elementary located at 1855 4th St SE. Open Slots for Eastmont Preschools will be filled on a first come first served basis. Once slots are filled remaining applicants will be placed on the waiting list in the order that they show up/call. Residents who reside within the Eastmont School District boundaries will be given first priority for open slots at the Preschool. Out of district students will be considered for enrollment beginning in September as space is available.

Eligible Students: Your child must be 3 or 4 by August 31st. If your child's 5th birthday is before August 31st he or she will not be eligible for Eastmont Preschool and should register for Kindergarten.

District Transportation: Parents must transport students to and from Eastmont Preschools. Transportation is offered to students who qualify based on Special Education needs.

Preference: Please mark the classes you would prefer in order, 1 being first priority.

Classes Offered ***Times are subject to change.***	**Monthly Rates**	**Teacher**	**Preference Priority 1-7 for 3's Priority 1-5 for 4's**
3 Year Olds AM Class at EHS: Monday-Tuesday (2 Days) 8:30-11 AM	$140.00	Sonja Kniep	
3 Year Olds AM Class at EHS: Monday-Tuesday (2 Days) 8:30-11 AM	$140.00	Gabi Sheffield	
3 Year Olds AM Class at Sterling: Monday-Tuesday (2 Days) 8:30-11 AM	$140.00	Terri Wynder	
3 Year Olds AM Class at Sterling: Monday-Tuesday (2 Days) 8:30-11 AM	$140.00	Kyle Sullivan-Jones	
3 Year Olds AM Class at EHS : Wednesday-Friday (3 Days) 8:30-11 AM	$210.00	Sonja Kniep	
3 Year Olds AM Class at Sterling: Wednesday-Friday (3 Days) 8:30-11 AM	$210.00	Terri Wynder	
3 Year Olds AM Class at Sterling: Wednesday-Friday (3 Days)8:30-11 AM	$210.00	Kyle Sullivan-Jones	
4 Year Olds PM Class at EHS: Wednesday-Friday (3 Days) 8:30-11 AM	$210.00	Gabi Sheffield	
4 Year Olds PM Class at EHS: Tuesday-Friday (4 Days) 12:30-3 PM	$280.00	Gabi Sheffield	
4 Year Olds PM Class at EHS: Tuesday-Friday (4 Days) 12:30-3 PM	$280.00	Sonja Kniep	
4 Year Olds PM Class at Sterling: Tuesday-Friday (4 Days) 12:30-3 PM	$280.00	Terri Wynder	
4 Year Olds PM Class at EHS: Tuesday-Friday (4 Days) 12:30-3 PM	$280.00	Kyle Sullivan-Jones	

I have read the above, have attached my $50.00 non-refundable registration fee, and agree to pay the rate listed above should my child be accepted.

_____ _____ _____

(Student Name) (Parent Signature) (Date)

Wee Wildcats Preschool 955 3rd Street N.E., East Wenatchee, WA 98802 Phone 509-888-1278
Wee Cougar Preschool 600 N. James Ave., East Wenatchee, WA 98802 Phone 509-888-1486

EASTMONT STUDENT REGISTRATION FORM

OFFICE USE				
SIS	STUDENT IDENTIFICATION NUMBER	SCHOOL	TEACHER	ENTRY DATE

Student Name: LEGAL Last Name	LEGAL First Name	LEGAL Middle Name	
Student Preferred Name (if different than legal name):			
Also or Previously Known as	**Grade Entering**	**Birthdate** (Month / Day / Year)	**Gender** ☐ M ☐ F
Country of Birth (If outside of U.S.)	**Has the student ever been enrolled in the Eastmont School District?** ☐ YES ☐ 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? ☐ **YES** ☐ **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	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

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.

Mailing Address *(If different than above)*	Street	Apt / Unit PO Box	City	State & ZIP

Do you want to receive Emergency Text Messages? ☐ YES ☐ 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:	

ResidentialAddress	Street	Apt/ Unit	City	State & ZIP
MailingAddress *(If different than above)*	Street	Apt/ Unit PO Box	City	State & ZIP

Doesthishouseholdreceivemailings? ☐ YES ☐NO

Do you want to receive Emergency Text Messages? ☐ YES ☐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 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:

Iattestthatthe informationherein is complete, true, andaccurate, andmaybeverifiedwiththeappropriate institution(s). Iunderstand 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 NAME:_____Grade:_____

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)**

☐ Argentine
☐ Bolivian
☐ Brazilian
☐ Chicano (Mexican American)
☐ Chilean
☐ Columbian
☐ Costa Rican
☐ Cuban
☐ Dominican
☐ Ecuadorian
☐ Guatemalan
☐ Guyanese
☐ Honduran
☐ Jamaican
☐ Mexican
☐ Mestizo
☐ Native
Write in:_____
☐ Nicaraguan
☐ Panamanian
☐ Paraguayan
☐ Peruvian
☐ Puerto Rican
☐ Salvadoran
☐ Spaniard
☐ Surinamese
☐ Uruguayan
☐ Venezuelan
☐ Hispanic/Latino
Write in:_____

RACE PART B (may check all that apply)

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

☐ Asian Indian
☐ Bangladeshi
☐ Bhutanese
☐ Burmese/Myanmar
☐ Cambodian/Khmer
☐ Cham
☐ Chinese
☐ Filipino
☐ Hmong
☐ Indonesian
☐ Japanese
☐ Korean
☐ Lao
☐ Malaysian
☐ Mien
☐ Mongolian
☐ Nepali
☐ Okinawan
☐ Pakistani
☐ Punjabi
☐ Singaporean
☐ Sri Lankan
☐ Taiwanese
☐ Thai
☐ Tibetan
☐ Vietnamese
☐ Asian
Write in:_____

(continued)

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

☐ **AFRICAN AMERICAN**

☐ **AFRICAN CANADIAN**

☐ **CARIBBEAN**

☐ Anguilla
☐ Antigua
☐ Bahamas
☐ Barbados
☐ British Virgin Islands
☐ Cayman Islands
☐ Cuba Dominica
☐ Dominican Republic
☐ Grenada
☐ Guadeloupe
☐ Haiti
☐ Jamaica
☐ Martinique
☐ Montserrat
☐ Netherlands Antilles
☐ Puerto Rico
☐ Saint Barthélemy
☐ Caribbean
Write in: _____

☐ **CENTRAL AFRICAN**

☐ Angola
☐ Cameroon
☐ Central African Republic
☐ Chad
☐ Congo
☐ Democratic Republic of the Congo
☐ Equatorial Guinea
☐ Gabon
☐ Sao Tome
☐ Principe
☐ Central Africa
Write in:_____

☐ **EAST AFRICA**

☐ Burundi
☐ Comoros
☐ Dijibouti
☐ Eritrea
☐ Ethiopia
☐ Kenya
☐ Madagascar
☐ Malawi
☐ Mauritius
☐ Mayotte
☐ Mozambique
☐ Reunion
☐ Rwanda
☐ Seychelles
☐ Somalia
☐ South Sudan
☐ Sudan
☐ Uganda
☐ United Republic of Tanzania
☐ Zambia
☐ Zimbabwe
☐ East Africa
Write in:_____

☐ **LATIN AMERICA**

☐ Argentina
☐ Bolivia
☐ Brazil
☐ Chile
☐ Columbia
☐ Ecuador
☐ Falkland Islands
☐ French Guiana
☐ Guyana
☐ Paraguay
☐ Peru
☐ South Georgia and the South Sandwich Islands
☐ Suriname
☐ Uruguay
☐ Venezuela
☐ Belize
☐ Costa Rica
☐ El Salvador
☐ Guatemala
☐ Honduras
☐ Mexico
☐ Nicaragua
☐ Panama
☐ Latin America
Write in:_____

☐ **SOUTH AFRICA**

☐ Botswana
☐ Lesotho
☐ Namibia
☐ South Africa
☐ Swaziland
☐ South Africa
Write in:_____

☐ **WEST AFRICA**

☐ Benin
☐ Burkina Faso
☐ Cabo Verde
☐ Cote d'Ivoire
☐ Gambia
☐ Ghana
☐ Guinea-Bissau
☐ Liberia
☐ Mali
☐ Mauritania
☐ Niger
☐ Nigeria
☐ Saint Helena
☐ Senegal
☐ Sierra Leone
☐ Togo
☐ West Africa
Write in:_____

☐ **BLACK**

Write in:_____

(continued)

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

☐ Algerian
☐ Amazigh or Berber
☐ Arab or Arabic
☐ Assyrian
☐ Bahraini
☐ Bedouin
☐ Chaldean
☐ Copt
☐ Druze
☐ Egyptian
☐ Emirati
☐ Iranian
☐ Iraqi
☐ Israeli
☐ Jordanian
☐ Kurdish
☐ Kuwaiti
☐ Lebanese
☐ Libyan
☐ Moroccan
☐ Omani
☐ Palestinian
☐ Qatari
☐ Saudi Arabian
☐ Syrian
☐ Tunisian
☐ Yemeni
☐ Middle Eastern
Write in:_____
☐ North African
Write in:_____

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

☐ Carolinian
☐ Chamorro
☐ Chuukese
☐ Fijian
☐ i-Kiribati/Gilbertese
☐ Kosraean
☐ Maori
☐ Marshallese
☐ Native Hawaiian
☐ Ni-Vanuatu
☐ Palauan
☐ Papuan
☐ Pohnpeian
☐ Samoan
☐ Solomon Islander
☐ Tahitian
☐ Tokelauan
☐ Tongan
☐ Tuvaluan
☐ Yapese
☐ Pacific Islander
Write In:_____

☐ WHITE (may check categories and use write-in

☐ EASTERN EUROPEAN

☐ Romanian
☐ Russian
☐ Ukrainian
☐ Bosnian
☐ Herzegovinian

☐ WHITE

Write In:_____

(continued)

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

☐ **WASHINGTON STATE FEDERALLY RECOGNIZED TRIBES**

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

☐ **WASHINGTON STATE NON-FEDERALLY RECOGNIZED TRIBES**

☐ Chinook Tribe
☐ Duwamish Tribe
☐ Kikiallus Indian Nation
☐ Marietta Band of Nooksack Tribe
☐ Snohomish Tribe
☐ Snoqualmoo Tribe
☐ Steilacoom 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:_____

EASTMONT SCHOOL DISTRICT
Relationships, Relevance, Rigor, Results
509.884.7169 • FAX:509.884.4210 • WWW.EASTMONT206.ORG
800 EASTMONT AVE. • EAST WENATCHEE, WA 98802

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:_____

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

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

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

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

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

☐ 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

Parent Release and Student Use Form (K-4 Version)

I agree to use the school computers according to the rules below:

1. I will not let other students use my name and password.
2. I will not use bad language or pictures.
3. I will respect others.
4. I will follow all school rules while using the computer.
5. I understand that all my computer work will be checked by the teacher and removed if it breaks computer rules.
6. I will not damage the computer.
7. I will stay in my own area on the computer.
8. Downloading of any programs, games, MP3" s (music) or any other software is strictly prohibited.

If I break the computer rules, the teacher and principal may discipline me, and my parents will be called.

Student Name _____ Student ID # _____

WEB PUBLISHING

Student projects, classroom activities and student work may be showcased on the District web site www.eastmont206.org. 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 do not want your student's information to be displayed on Eastmont's website, please indicate on the form below.

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 understand that my student will be given access to the internet and their name, photo or classroom work may be posted on the district web site.

☐ I **do not** want information about my student to be displayed on Eastmont's website.

☐ I **do not** want my child to have access to the Internet through his/her school network login.

_____ _____

Parent Name (please print) **Parent 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 first 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) _____ **Month Day Year**	**6. Do grandparents(s) or parents(s) have a Native American tribal affiliation?** ☐ **YES** ☐ **NO**

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: _____

This form is not used to identify students' immigration status.

Eastmont Elementary Transportation Information Form

Student' Name:_____
Last Name First Name Middle Initial

ARRIVAL

How will your student **ARRIVE** at school? ☐Bus ☐Walk ☐Parent/Guardian Drop Off

If your student is riding the bus will they typically be riding the bus every day? ☐Yes ☐No

My student will be arriving from ☐Home ☐Daycare/StudentCare ☐Other_____

Are there any exceptions to the information above? ☐Yes ☐No

If yes, please explain:_____

_____

_____

_____

_____

DEPARTURE

How will your student **GET HOME** from school? ☐Bus ☐Walk ☐Parent/Guardian Pick Up

If your student is riding the bus will they typically be riding the bus every day? ☐Yes ☐No

My student will be arriving to ☐Home ☐Daycare/StudentCare ☐Other_____

Are there any exceptions to the information above? ☐Yes ☐No

If yes, please explain:_____

_____

_____

_____

_____

DAYCARE or ALTERNATE ADDRESS INFORMATION

Daycare Provider/Other Name:_____

Daycare Address/Other Address:_____

Daycare/Other Phone Number:_____

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: ☐ Cascade ☐Grant ☐Kenroy ☐Lee ☐Rock Island ☐Sterling

EASTMONT SCHOOL DISTRICT
Relationships, Relevance, Rigor, Results
509.884.7169 • FAX:509.884.4210 • WWW.EASTMONT206.ORG
800 EASTMONT AVE. • EAST WENATCHEE, WA 98802

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.

Eastmont School District

Form 3115-F

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

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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!