

PARENTS: Complete For Kindergarten Students Only

Student's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Did your child attend daycare and/or preschool? Yes No (Circle one)

If yes,

Name of Daycare/Preschool	Dates Attended	Full Day or Half Day Program?

Younger Sibling(s) in the home

Name	Age

Would you like more information on Mount Vernon School District's Jump Start summer program or other early learning opportunities for your child(ren)?

Yes No

(Office only - English) Building Secretary - please give a copy of this sheet to the student's Kindergarten teacher and to Jump Start Kindergarten teacher(s) in your building.





# NEW STUDENT ENROLLMENT/REGISTRATION FORM

Date: \_\_\_\_\_

<b>STUDENT INFO</b>	Legal <b>LAST</b> Name		Legal <b>FIRST</b> Name		Legal <b>MIDDLE</b> Name		
	<b>BIRTHDATE</b> (Month/Day/Year)/	Has student's name ever been legally changed? If yes, what was previous name?	<b>STUDENT PRIMARY LANGUAGE</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Ukraine <input type="checkbox"/> Mixteco <input type="checkbox"/> Other _____			<b>GRADE LEVEL</b>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
	<b>District Resident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Birthplace:</b> City _____ State: _____ Country: _____ <b>Proof of Age* Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>PRIMARY HOUSEHOLD</b>	<b>PRIMARY PARENT/GUARDIAN INFORMATION (Household information where student resides)</b>					
	Legal Parent/Guardian #1 Last Name			First Name		
	House Number	Street	Apt #	City	State	Zip
	Mailing Address	Street	Apt #	PO Box	City	State Zip
	<b>Primary Phone</b> <input type="checkbox"/> Please check if confidential		<b>Second Phone</b>		<b>Third Phone</b>	
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
	<b>Email</b>					
	<b>Relation to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Self <input type="checkbox"/> Other					
	Legal Parent/Guardian #2 Last Name			First Name		
	<b>Email</b>		<b>Second Phone</b>		<b>Third Phone</b>	
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
<b>Relation to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Self <input type="checkbox"/> Other						

\*Proof of Age: Documents which can be used for this purpose include a birth certificate; a religious, hospital, or physician's certificate showing date of birth; a passport; an adoption record; previously verified school records; an affidavit from a parent; an entry in a family Bible; or any other documents permitted by law.

<b>Who has legal custody of the student?</b>	<b>Are there any special visitation rights that we need to know about? If yes, please provide legal documentation to the school so that we can keep your child safe</b>
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<b>SECOND HOUSEHOLD</b>	<b>SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)</b>					
	Legal Parent/Guardian #1 Last Name			First Name		
	House Number	Street	Apt #	City	State	Zip
	Mailing Address	Street	Apt #	PO Box	City	State Zip
	<b>Primary Phone</b> <input type="checkbox"/> Please check if confidential		<b>Second Phone</b>		<b>Third Phone</b>	
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
	<b>Email</b>					
	<b>Relation to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Self <input type="checkbox"/> Other					
	Legal Parent/Guardian #2 Last Name			First Name		
	<b>Email</b>		<b>Second Phone</b>		<b>Third Phone</b>	
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
<b>Relation to Student:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Self <input type="checkbox"/> Other						

**ETHNICITY AND RACE**

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. Ethnicity and race categories used in our district are the same as used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction.

**Please answer BOTH Question 1 about Hispanic origin AND Question 2 about race:**

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

- No, my child is not Hispanic or Latino
- Yes, my Child is Hispanic or Latino - (Check all that apply):
  - Cuban
  - Puerto Rican
  - South American
  - Dominican
  - Mexican/Mexican America
  - Latin American
  - Spaniard
  - Central American
  - Other Hispanic/Latino

\*\*\*\*\*

**2. What race do you consider your child? (Check all that apply)**

- |  |                                       |  |  |  |
|--|---------------------------------------|--|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Alaska Native       | <input type="checkbox"/> Port Gamble S'Klallam | <input type="checkbox"/> Yakima  |
| <input type="checkbox"/> White or Caucasian        | <input type="checkbox"/> Cambodian    | <input type="checkbox"/> Chehalis            | <input type="checkbox"/> Puyallup              | <input type="checkbox"/> Other Washington Indian Tribe                 |
| <input type="checkbox"/> Native Hawaiian/          | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Colville            | <input type="checkbox"/> Quileute              | <input type="checkbox"/> Other American Indian Tribe/<br>Alaska Native |
| <input type="checkbox"/> Fijian                    | <input type="checkbox"/> Filipino     | <input type="checkbox"/> Cowlitz             | <input type="checkbox"/> Quinault              |  |
| <input type="checkbox"/> Guamanian or Chamorro     | <input type="checkbox"/> Hmong        | <input type="checkbox"/> Hoh                 | <input type="checkbox"/> Samish                |  |
| <input type="checkbox"/> Mariana Islander          | <input type="checkbox"/> Indonesian   | <input type="checkbox"/> Jamestown S'Klallam | <input type="checkbox"/> Sauk-Suiattle         |  |
| <input type="checkbox"/> Melanesian                | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Kalispel            | <input type="checkbox"/> Shoalwater Bay        |  |
| <input type="checkbox"/> Micronesian               | <input type="checkbox"/> Korean       | <input type="checkbox"/> Lower Elwa Klallam  | <input type="checkbox"/> Skokomish             |  |
| <input type="checkbox"/> Samoan                    | <input type="checkbox"/> Laotian      | <input type="checkbox"/> Lummi               | <input type="checkbox"/> Snoqualmie            |  |
| <input type="checkbox"/> Tongan                    | <input type="checkbox"/> Malaysian    | <input type="checkbox"/> Makah               | <input type="checkbox"/> Spokane               |  |
| <input type="checkbox"/> Other Pacific Islander    | <input type="checkbox"/> Pakistani    | <input type="checkbox"/> Muckleshoot         | <input type="checkbox"/> Squaiax Island        |  |
|  | <input type="checkbox"/> Singaporean  | <input type="checkbox"/> Nisqually           | <input type="checkbox"/> Stillaguamish         |  |
|  | <input type="checkbox"/> Taiwanese    | <input type="checkbox"/> Nooksack            | <input type="checkbox"/> Suquamish             |  |
|  | <input type="checkbox"/> Thai         |  | <input type="checkbox"/> Swinomish             |  |
|  | <input type="checkbox"/> Vietnamese   |  | <input type="checkbox"/> Tulalip               |  |
|  | <input type="checkbox"/> Other Asian  |  |  |  |

<b>School previously attended (most recent)</b>	Entry Date	Withdrawal Date	Previous School Address (Street, City, State and Zip)
Has student <u>ever</u> attended any other school district in Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school district in Washington State		School Year:
Has student <u>ever</u> attended a school in the Mount Vernon School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school attended in the Mount Vernon School District		School Year:

**PLEASE LIST OTHER SIBLINGS ATTENDING MOUNT VERNON SCHOOL DISTRICT**

Last Name	First Name	School	Grade

<b>Does student attend child care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care Provider Name:
<input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before & after school	Address: Phone:

Has the student ever been suspended from school?  Yes  No

Please explain \_\_\_\_\_

Has the student ever been suspended for a weapons violation?  Yes  No Date: \_\_\_\_\_

Has the student ever been to court for attendance issues?  Yes  No Date: \_\_\_\_\_





**Mount Vernon School District**  
**124 E. Lawrence St Mount Vernon WA 98273**  
**Phone (360) 428-6110 Fax (360) 428-6172**

**MILITARY PARENT OR GUARDIAN AFFILIATION FORM**

Washington State Legislature had mandated that data on students from military families must be collected as stated in **RCW 28A.300.507**.

**For the purpose of collecting data please mark all that apply:**

- No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- Yes a parent/guardian is a current member of the **reserves** of the U.S armed Forces.
- Yes a parent/guardian is a current member of the **Washington Nation Guard**.
- No Response/refused to state

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

(Note: If at any time throughout the school year the military status changes please contact the Mount Vernon School District office or your student's school to report the change.)







**Office of Superintendent of Public Instruction (OSPI)  
Home Language Survey**

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

<b>Student Name:</b>	<b>Grade:</b>	<b>Date:</b>
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p><b>Right to Translation and Interpretation Services</b> Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p><b>Eligibility for Language Development Support</b> Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p><b>Prior Education</b> Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten – 12<sup>th</sup> grade) ___Yes ___No</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12<sup>th</sup> grade)</p> <p>_____</p> <p>Month                  Day                  Year</p>	

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

**Note to district:** This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.

## **The Purpose of the Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

### **What is the purpose of the Home Language Survey?**

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

### **Why do you ask about the student's first language and language(s) used in the home?**

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

### **Why do you ask where the student was born?**

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

### **Why do you ask about my student's previous education?**

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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



District Entry Date \_\_\_\_\_

School Entry Date \_\_\_\_\_

School \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Previous School \_\_\_\_\_ City \_\_\_\_\_

The Washington State Office of Superintendent of Public Instruction funds programs designed to help children 0 through 21 who have moved on their own or with their parents within the past three years to seek or obtain temporary or seasonal work as a principal means of livelihood in activities related to:

Agriculture

Packing/Warehouses

Forestry

Dairy

Poultry

Commercial Fishing

Beef

Shellfish

.....  
We would appreciate your cooperation in answering the following questions:

1. Have you or your family moved within the past three (3) years? YES NO
2. Did the family cross school district boundaries? YES NO
3. Was the move made for the purpose of seeking or obtaining agricultural or fishing related employment? YES NO
4. If your answer is "YES", may we contact you for more information? YES NO





For School Use Only		Kindergarten Only	
Centennial	<input type="checkbox"/>	AM	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>		
Lincoln	<input type="checkbox"/>		
Little Mountain	<input type="checkbox"/>	PM	<input type="checkbox"/>
Madison	<input type="checkbox"/>		
Washington	<input type="checkbox"/>		

## STUDENT TRANSPORTATION INFORMATION

Students are transported to and from school by district school buses with pick-up and drop-off locations. This form is to be used for transportation from home/daycare to school and from school to home/daycare only.

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Guardian name \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Home address \_\_\_\_\_

Daycare name \_\_\_\_\_ Phone \_\_\_\_\_

Daycare address \_\_\_\_\_

FOR TRANSPORTATION USE ONLY:			
M – TU – W – TH – F	M – TU – W – TH – F	M – TU – W – TH – F	M – TU – W – TH – F
1. Bus _____	2. Bus _____	1. Bus _____	2. Bus _____
Stop _____	Stop _____	Stop _____	Stop _____
Pick-up Time _____	Pick-up Time _____	Pick-up Time _____	Pick-up Time _____

Will district transportation be needed                      YES                      NO

Please indicate <b>BEFORE SCHOOL PICK-UP</b> location by checking applicable days. HOME            M      TU      W      TH      F DAYCARE:      M      TU      W      TH      F	Please indicate <b>AFTER SCHOOL DROP-OFF</b> location by checking applicable days HOME            M      TU      W      TH      F DAYCARE        M      TU      W      TH      F
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Get to know other parents using your child's bus stop so you can have an alternate plan in the event you are unable to be at the bus stop yourself when your child arrives.

If there is a change in your schedule after you have registered your child prior to school opening, please submit a *Student Transportation Information* form at your child's school





## Parent Guide to School Attendance and Truancy

**Mount Vernon School District No. 320**  
 124 East Lawrence Street  
 Mount Vernon, Washington 98273

**Carl Bruner, Superintendent**  
 360-428-6181 Fax: 360-428-6172  
[www.MountVernonSchools.org](http://www.MountVernonSchools.org)

**It's the law!** School attendance is a serious issue. The State of Washington has a law (RCW 28A.225) that requires enrolled children between the ages of six (6) and seventeen (17) years to attend the public school of the district in which the child resides (certain exceptions apply). You may request the full text of the law by calling the Superintendent's Office at 360-428-6181, or by visiting the Skagit County Law Library (360-336-9324). It may also be found on the Web at <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.225>.

- **The Parents' Responsibility.** The parent has the responsibility to ensure the child attends for the full time that school is in session. Our School District wants to avoid filing truancy petitions, and we need parental help to insure that children attend school and are not absent without a written excuse. A child is considered to have an "unexcused absence" when the child fails to attend the majority of hours or periods in an average school day or has failed to comply with a more restrictive school district policy for excused absences. If your child is unable to attend school, please take the following action: (1) provide a timely written excuse when students are away from school for legitimate reasons such as illness; and (2) call the school office to inform staff that your child will not be in attendance and the reason for the absence. Students who are absent without a parental excuse will be considered truant.
- **The School's Duties.** If a child fails to attend school, the school will inform the parent or guardian in writing or by telephone whenever the child has failed to attend school after one unexcused absence within any month during the current school year. The parent will also be informed of the potential consequences of additional unexcused absences. A conference will be scheduled with the parent/guardian and child to analyze the causes of the child's absences after two unexcused absences within any month during the current school year. The school will take steps to eliminate or reduce the child's absences.
- **The Court's Role in Requiring School Attendance.** If the actions taken by the school are not successful in substantially reducing a student's absences from school, then the school district shall file a petition and supporting affidavit for a civil action with the Skagit County Superior Court not later than the child's fifth (5th) unexcused absence within any month during the current school year or not later than the tenth (10th) unexcused absence during the current school year. The petition shall allege a violation of RCW 28A.225 by (a) the parent, (b) the child, or (c) the parent and child. You will be notified of any scheduled court hearings and possible consequences for violation of any court orders, if applicable.

**Please contact your child's school principal if you have questions:**

<b>Mount Vernon High School</b>	<b>360-428-6100</b>	<b>Lincoln Elementary School</b>	<b>360-428-6135</b>
<b>LaVenture Middle School</b>	<b>360-428-6116</b>	<b>Little Mountain Elementary School</b>	<b>360-428-6125</b>
<b>Mount Baker Middle School</b>	<b>360-428-6127</b>	<b>Madison Elementary School</b>	<b>360-428-6131</b>
<b>Centennial Elementary School</b>	<b>360-428-6138</b>	<b>Washington Elementary School</b>	<b>360-428-6122</b>
<b>Jefferson Elementary School</b>	<b>360-428-6128</b>		

### ACKNOWLEDGEMENT OF INFORMATION

*(Please complete and return this Acknowledgement of Information to your child's school)*

I am the parent/guardian of the below child, and have received and read the herein information provided by the Mount Vernon School District about excused and unexcused absences and the truancy law (also known as the Becca Bill).

STUDENT NAME \_\_\_\_\_ STUDENT GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

Parent's Signature







124 East Lawrence Street  
Mount Vernon, WA 98273  
360-428-6110 • Fax 360-428-6172  
[www.MountVernonSchools.org](http://www.MountVernonSchools.org)

## Notice for Directory Information

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Mount Vernon School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the Mount Vernon School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Mount Vernon School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.<sup>1</sup>

If you do not want the Mount Vernon School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 15 or within 14 days of receipt of this Notice for Directory Information. The Mount Vernon School District has designated the following information as directory information:

- Student's name
- Grade level
- Dates of enrollment
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Schools attended in the district
- Work created by the student for school-related publications and purposes, and/or photographs of students for school-related publications and purposes.

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<sup>1</sup> These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. §7908), as amended and 10 U.S.C. § 503 (c), as amended.



## REQUEST TO LIMIT RELEASE OF DIRECTORY INFORMATION

### Directory Information

The federal Family Rights and Privacy Act permits school districts to release Directory Information to certain people or institutions (such as the news media, colleges, or the military) unless the child's parents or guardian requests such information NOT be released.

Mount Vernon School District Board Procedure No. 3231P defines "Directory Information" as the following:

- Student's name
- Grade level
- Dates of enrollment
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Schools attended in the district
- Work created by the student for school-related publications and purposes, and/or photographs of students for school-related publications and purposes

If releasing Directory Information about your child is acceptable to you, no action is required.

If you do NOT want the Mount Vernon School District to release Directory Information about your child, please complete the form below and return it to your child's school by September 15 or within 14 days of receipt of this form. Please return one form for each child.

### Release of Information to the Military

The federal Elementary and Secondary Education Act requires high schools to provide a list of student names, addresses and telephone listings to military recruiters. Parents have the right to request that their child's name be omitted from that list. If you object to your child's name being provided to the military, please check the appropriate box below and return this form to your child's school by September 15 or within 14 days of receipt of this form.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

- Do **NOT** give my child's name and contact information to military recruiters.
- Do **NOT** give my child's name and contact information to higher education institutions.
- Do **NOT** use a photograph of my child in any District-wide printed publication (such as the wall calendar or Web site) or release my child's photograph to the news media.
- Do **NOT** release any Directory Information about my child.
- Do **NOT** release Directory Information about my child, but you can include my child's name in the school's newsletter and directory.
- Do **NOT** include my child's individual class photo in his or her school yearbook.
- Opt In for Automated Calls and Texts:** all parents and/or guardians will automatically receive automated calls or texts from the school district for emergency purposes. By checking this box, I give my permission for the school district and school to send me automated phone calls and text messages for non-emergency purposes, such as information about school events and activities. I understand that I may revoke this permission by contacting the school office manager.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Technology Appropriate Use Guidelines

### Student Acceptable Use Policy

#### I accept the full rights and responsibilities of digital citizenship

- I behave civilly and respectfully toward people online, just as I treat people courteously face-to-face.
- I keep my right to access the Internet at school by using it responsibly.
- I don't send my name, address or phone number to anyone online, just as I don't give personal information to strangers.
- I keep my username and password to myself, just as I don't give my house keys to a stranger.
- I include others in digital learning projects whether or not they have a computer, just as I want team members to include me.
- I do not post hurtful or offensive material on the internet, just as I don't put insulting or hurtful graffiti on the wall of my room.
- I turn off my cell phone in class when the teacher asks, just as I do at the movies to avoid disturbing others.
- I will not delete or damage digital content that belongs to someone else, just as I will not harm someone physically.
- I will not cheat or steal the ideas, work, music or art of someone else, just as I don't want someone to take credit for the work I create.

#### Here's what you can do online

Go to the Internet sites your teacher provides and use the e-tools on your PC to:

- Create files, e-projects, videos, web pages and podcasts for class projects.
- Create content for classroom databases, blogs, wikis, bulletin boards, social networking sites, online communities, web pages and email.
- Publish your school work on the school website – if your parent or guardian gives us permission.

#### Here's what we do not allow

Do not sabotage the network

- Actions that harm the integrity of the school network and its resources, such as hacking, cracking and vandalizing.
- Actions that use our information or equipment inappropriately or illegally.

Do not target, torment, threaten, harass, humiliate, embarrass or endanger others

- Actions that bully someone through our email or on the web.
- Actions that communicate hate or discriminatory ideas, including jokes and remarks.
- Actions that threaten or could harm others. For example: How to make a bomb or manufacture illicit drugs.
- Actions that access, upload/download, store or distribute obscene, pornographic or sexually explicit material.

#### Safe on the street. Safe online. Same thing.

- It's a world wide web and nothing on it is truly private. So, be smart about what you share. Keep information about yourself and others to your online self. You wouldn't hand it over to a stranger on the street. Same thing over the Internet.

I have learned about, understand, and will follow the Student Acceptable Use Policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please review the Student Acceptable Use Policy with your children.*

Mount Vernon is an "Opt Out" school district. Please sign and return only if you **DO NOT** want your student to have access to the Internet and to publish works online.

\_\_\_ I do not want my student, \_\_\_\_\_, to have access to the Internet.  
(Student's Name)

\_\_\_ I do not want my student, \_\_\_\_\_, to publish works on the school/district website.  
(Student's Name)

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





124 East Lawrence Street  
Mount Vernon, WA 98273  
360-428-6110 • Fax 360-428-6172  
www.MountVernonSchools.org

## **Notification of Rights for Elementary and Secondary Students**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. These rights are:

1. **The right to inspect and review the student’s education records within 45 days of the day the school receives a request for access.** Parents of eligible students should submit to the school principal a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. **The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.** Parents or eligible students who wish to ask the school to amend a record should write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. **The right to privacy of personally identifiable information in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.** One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff members (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the school has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student’s enrollment or transfer.
4. **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA.** The name and address of the office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-8520





## McKinney-Vento Act 42 U.S.C. 11435

### SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

### Additional Resources

Parent information and resources can be found at the following:

[http://center.serve.org/nche/ibt/parent\\_res.php](http://center.serve.org/nche/ibt/parent_res.php)

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>



**SPECIAL  
EDUCATION  
ONLY**

Complete only if your child had Special Education services in their previous school

Mount Vernon School District Special Services  
920 S. 2<sup>nd</sup> Street \* Mount Vernon, WA 98273  
Tel: (360) 428-6141 Fax: (360) 336-2715

**TRANSFER Referral for Special Education Services for students transferring from another school district**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address, City, State, Zip Code: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is the child's primary language: \_\_\_\_\_ Parents primary language: \_\_\_\_\_

Name & Relationship of the person making the referral: \_\_\_\_\_

Last School District Attended: \_\_\_\_\_

School name: \_\_\_\_\_ City & State: \_\_\_\_\_

Consent to place and serve student in the special education program?  YES  NO  
(If no, please come to the special education office for assistance.)

Consent to release special education records from previous school district/agency.  YES  NO

\_\_\_\_\_  
Parent or Guardian's Signature



YES  NO Medicaid Eligible/(do they have medical coupons?)  
 YES  NO If Eligible do we have consent to verify and bill Medicaid? See explanation on reverse.



\_\_\_\_\_  
Parent or Guardian's Signature/*Firma de los Padres/Tutor*

## **This page information only**

### Explanation of consent requests

**PURPOSE OF PARENT CONSENT TO SERVE: A school district must fully inform parents/guardians of all information relevant to the district making a decision regarding the initial placement of a student. As a parent you may give consent or not to any proposed activity made by the district. This request asks for your consent. If you have questions regarding this request, you may call the school district director of special education for an explanation as to why the request is being made.**

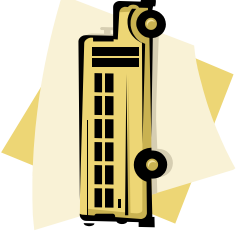
By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; (3) if you revoke consent, the revocation is not retroactive; and (4) if you refuse to give consent, the district may request mediation or a due process hearing in order to override your refusal. \*Consent is not required when the district has made reasonable measures to obtain your consent for service in special education and you have failed to respond.

### **Consent for Medicaid**

**Medicaid eligibility verification.** The school district is required to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation. With your permission, we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

# Parents - Are Your Kids Ready for School?

## Required Immunizations for School Year 2019-2020



Parent/Guardian Instructions: To see which vaccines are required for school, find your child's grade and look only at that row going across to find the vaccines and number of doses required.

	<b>Hepatitis B</b>	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis) Vaccine doses required may be fewer than listed	<b>Polio</b> Vaccine doses required may be fewer than listed	<b>MMR</b> (Measles, Mumps, Rubella)	<b>Varicella</b> (Chickenpox)
<b>Kindergarten through 5<sup>th</sup> Grade</b>	3 doses <i>within the correct timeframes</i>	5 doses <i>within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease
<b>6<sup>th</sup> Grade through 12<sup>th</sup> Grade</b>	3 doses <i>within the correct timeframes</i>	5 doses DTaP  AND 1 dose Tdap, <i>all within the correct timeframes</i>	4 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i>	2 doses <i>within the correct timeframes</i> OR Healthcare provider verified child had disease <i>(Exceptions are allowed for certain students)</i>

- Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.
- Find information on other recommended vaccines not required for school: [www.immunize.org/cdc/schedules/](http://www.immunize.org/cdc/schedules/)





# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

**Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.**

<b>Child's Last Name:</b> _____	<b>First Name:</b> _____	<b>Middle Initial:</b> _____	<b>Birthdate (MM/DD/YY):</b> _____	<b>Sex:</b> _____
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.		I certify that the information provided on this form is correct and verifiable.		
<b>Parent/Guardian Signature Required</b> _____		<b>Parent/Guardian Signature Required</b> _____		
<b>Date</b> _____		<b>Date</b> _____		

	Date	Date	Date	Date	Date	Date
◆ Required for School and Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
● Required Only for Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>						
◆ <b>DTaP / DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b> <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
<b>Flu</b> (Influenza)						
<b>Hepatitis A</b>						
<b>HPV</b> (Human Papillomavirus)						
<b>MCV / MPSV</b> (Meningococcal)						
<b>MenB</b> (Meningococcal)						
<b>Rotavirus</b>						

**Documentation of Disease Immunity**  
*Healthcare provider use only*

If the child named in this CIS has a history of **Varicella (Chickenpox)** or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Other: _____
---	---

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)

Printed Name \_\_\_\_\_

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.**

**To print with immunization information filled in:** Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.**

**To fill out the form by hand:**

**#1** Print your child's name, birthdate, sex, and sign your name where indicated on page one.

**#2 Vaccine information:** Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**#3 History of Varicella Disease:** If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

**#4 Documentation of Disease Immunity:** If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

**Reference guide for vaccine abbreviations in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completeistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine
Flu (IV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria

**Reference guide for vaccine trade names in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completeistofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnam®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

**Mount Vernon School District**  
Health Inventory Form

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Daytime Phone Number:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Please check any health concerns that apply to your student. If your student does not have any health concerns, simply check the box that says "No Health Concerns at this Time." **Please complete and return this form to the school as soon as possible.**

**No Health Concerns at this Time**

**Does your student have a Life Threatening Condition?**       **Yes**       **No**

Under Washington State Law, "Life Threatening Condition" means a health condition that puts the student in danger of death during the school day if a medication is not administered (Epi-Pen/Diastat/Midazolam/Glucagon/Severe Asthma)

**Allergies:**

**Bee/Insect Allergy**

- Mild Reaction
- Anaphylactic reaction
- Epi-Pen                       Benadryl
- No medications

**Food Allergy** \_\_\_\_\_

- Mild Reaction
- Anaphylactic reaction
- Epi-Pen                       Benadryl
- No medications

**Drug Allergy** \_\_\_\_\_

**Environmental/Seasonal allergies**

**Diagnosed with Asthma:**

Inhaler                                       yes     no

Triggers:

- Colds                                       Exercise
- Allergies                                       Weather

**Diagnosed with Diabetes:**

Type 1                                       Type 2

**Mental Health Concerns:**

**Diagnosed OCD**

- Takes medication daily
- No medication

**Diagnosed ODD**

- Takes medication daily
- No medication

**Diagnosed Anxiety Disorder**

- Takes medication daily
- No medication

**Diagnosed Depression/Bipolar Disorder**

- Takes medication daily
- No medication

**Diagnosed with Attention Deficit Hyperactive Disorder:**

- Takes medication daily
- No medication

**Diagnosed with Autism Spectrum Disorder:**

- Takes medication daily
- No medication

**Seizures/Ataques:**

- Grand Mal Seizures
- Petit Mal Seizures
- History of Febrile Seizures

**Other:**

- Blood Disorder
- Cerebral palsy
- Chronic constipation
- Color Blindness
- Contact/Glasses
- Down Syndrome
- Documented Hearing loss
- Eczema
- Genetic condition
- Frequent ear infections
- Frequent Nosebleeds
- Headaches
- Heart Murmur
- Activity restrictions?  
 yes                       no
- Hearing aids
- Hemophilia
- High blood pressure
- Kidney problems
- Muscular Dystrophy
- Spina Bifida
- Thyroid Problems
- Tourette Syndrome/
- Ulcers

**Other Health Concerns (please list):** \_\_\_\_\_

**Medical History**

Was your child born before 37 weeks gestation (premature)  Yes  No  
If yes, how many weeks? \_\_\_\_\_

Has your child ever been hospitalized?  Yes  No  
Please Explain: \_\_\_\_\_

Has your child ever had surgery?  Yes  No  
Please Explain: \_\_\_\_\_

Has your child ever had a head injury (concussion)?  Yes  No  
Please Explain: \_\_\_\_\_

Has your child ever had any significant injuries?  Yes  No  
Please Explain: \_\_\_\_\_

Has your child ever had significant health problems?  Yes  No  
Please Explain: \_\_\_\_\_

Do you have any concerns about your child's health?  Yes  No  
Please Explain: \_\_\_\_\_

Does your child have a primary health care provider?  Yes  No  
Date of last visit: \_\_\_\_\_

Does your child have a dentist?  Yes  No  
Date of last visit: \_\_\_\_\_

Does your child have an eye doctor?  Yes  No  
Date of last visit: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_