

Spokane Public Schools Student Registration

OFFICE USE ONLY						
Student Id Number	PERMIT	FTE	PROGRAM	TEACHER	ROOM	Entry Date

Student Information:

(Last) _____ (First) _____ (Middle) _____
Student Legal Name

(Last) _____ (First) _____ (Middle) _____
 Student Preferred Name (if different from above)

Date of Birth: _____ Gender: Male Female Entering Grade: _____

Primary Residence Address (Street, City, State) _____ Zip _____

Mailing Address (if different than above) _____ Zip _____

(_____) _____
 Primary/Home Phone Unlisted

(_____) _____
 Student Cell Phone (if applicable)

Does student now reside within Spokane Public Schools Boundary? Yes No

If NO, what District?

Country of Birth _____

If NOT In the U.S., please list the student's U.S. entry date _____

What language did your child learn first? _____

What language does your child use the most at home? _____

In what language would your family prefer to communicate with the school? _____

Has your child previously attended Spokane Public Schools? Yes No SPS Student ID# (if known) _____

LAST SCHOOL ATTENDED: (Complete information will assist us in requesting student records)

School: _____ District: _____

Address: _____ City, State: _____ Phone: _____

I authorize my child to participate in field trips conducted under the supervision of Spokane Public Schools: Yes No

I authorize emergency treatment of this child by staff of any hospital emergency room: Yes No

PRIVACY INFORMATION - Spokane Public Schools policy defines directory information as: name, address, telephone numbers, date of birth, field of study, photographs, participation in officially recognized activities/sports, weight/height, attendance data, awards, previous schools attended, and other similar information that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information is NOT deliberately given to solicitors for commercial purposes.

PLEASE CHECK ONE OF THE BOXES BELOW:

It is OK for Spokane Public Schools to release directory information to various agencies such as parent organizations, the media, colleges/universities, Free Application for Federal Student Aid (FAFSA) information and the military

Withhold ALL directory information—Student's Name/Photo will NOT appear on Rosters, Honor Rolls, Yearbook, arts performance programs, Grad Announcements, etc.

Withhold directory information ONLY from the military

ELEMENTARY GRADE LEVEL STUDENTS:

Did your child attend any of the following prior to Kindergarten? Special Ed Preschool HeadStart ECEAP Child Care PreSchool

Other _____

Does your child have a life-threatening medical condition? Yes No

Physician orders and nursing care plan must be in place **before any child with a life-threatening health condition may attend school.** RWA28A.210

If medication will be taken at school, please obtain the necessary forms for authorization from the school office.

Parent/Guardian Information:

Emancipated Student
 Unaccompanied Youth
 Foster Care
 Foreign Exchange

Parent / Guardian #1

Name: _____ Relationship to Student: _____

Primary Phone: () Cell/Landline Responsible for Student? Y N

Secondary Phone: () Cell/Landline Student Lives with? Y N Interpreter Needed? Y N

Is an extra copy of mailed school communications needed? (i.e. report cards, newsletters, etc.) Y N

Address, if different than student

Employer: _____ Work Phone (_____) _____

Email: _____

Parent / Guardian #2

Name: _____ Relationship to Student: _____

Primary Phone: (_____) _____ Cell/Landline Responsible for Student? Y N

Secondary Phone: (_____) _____ Cell/Landline Student Lives with? Y N Interpreter Needed? Y N

Is an extra copy of mailed school communications needed? (i.e. report cards, newsletters, etc.) Y N

Address, if different than student

Employer: _____ Work Phone (_____) _____

Email: _____

Parent / Guardian #3

Name: _____ Relationship to Student: _____

Primary Phone: (_____) _____ Cell/Landline Responsible for Student? Y N

Secondary Phone: (_____) _____ Cell/Landline Student Lives with? Y N Interpreter Needed? Y N

Is an extra copy of mailed school communications needed? (i.e. report cards, newsletters, etc.) Y N

Address, if different than student

Employer: _____ Work Phone (_____) _____

Email: _____

Parent / Guardian #4

Name: _____ Relationship to Student: _____

Primary Phone: (_____) _____ Cell/Landline Responsible for Student? Y N

Secondary Phone: (_____) _____ Cell/Landline Student Lives with? Y N Interpreter Needed? Y N

Is an extra copy of mailed school communications needed? (i.e. report cards, newsletters, etc.) Y N

Address, if different than student

Employer: _____ Work Phone (_____) _____

Email: _____

Name and Address of Other Responsible Legal Agency

Contact person _____ Phone _____

Active Military Parent or Guardian:

(N) No parent/guardian currently serving in the U.S. Military.
 Veteran
 No Response / Refuse to Answer

One parent/guardian currently serving in the U.S. Military:

(A) Armed Forces
 (R) Reserves
 (G) National Guard
 (M) More than one parent or guardian currently serving in A, R or G at left.

Please list all student's sibling(s) who attend Spokane Public Schools (Name, School & Grade)

OTHER EMERGENCY CONTACTS In case of illness/injury or other emergency, when household cannot be contacted, I authorize Spokane Public Schools to call and/or release my child to one of the following:

1 Name: _____ Relationship to student: _____
 Phone 1: _____ Cell/Home/Work Phone 2: _____ Cell/Home/Work

2 Name: _____ Relationship to student: _____
 Phone 1: _____ Cell/Home/Work Phone 2: _____ Cell/Home/Work

3 Name: _____ Relationship to student: _____
 Phone 1: _____ Cell/Home/Work Phone 2: _____ Cell/Home/Work

Daycare: _____ Phone: _____ They Will transport? Y N

Before School M T W TH F After School M T W TH F

Doctor: _____ Phone: _____ Preferred Hospital: _____

Schools attended at other school districts during grades 9 - 12 (This information is required content for the Washington State High School Transcript)

School Name, City, State - Please list in chronological order	From Date	To Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ethnicity and Race

What race/ethnicity do you consider your child? (Check all that apply or write in on other)

Schools are required to report ethnicity and race to both the State and U.S. Department of Education. The U.S. Department of Education's 2007 Race and Ethnicity Reporting Guidelines have identified ethnic and racial categories collected in the U.S. Census. Washington State has further disaggregated the categories into sub-categories to further represent our student populations. These categories were chosen by a state task force to meet both state and federally mandated reporting. 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, schools are federally mandated to choose for you by school staff observer identification **as a last resort**. We prefer if parents fill out this form instead. Information is collected for the purpose of improving teaching and learning by accurately identifying populations of and advocating for students currently underserved and to better serve all communities.

Question 1: Is your child of Hispanic or Latino origin? (Answer MUST be given) **NO** – my child is not of Hispanic or Latino origin

YES – Hispanic or Latino (Check all categories that apply or use write-in)

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

Question 2: What race(s) do you consider your child? (Answer MUST be given, even when answered YES on Q1) - Check all that apply,

White (Check all categories that apply or use write-in)

- | | | | |
|---|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Russian | <input type="checkbox"/> Bosnian | <input type="checkbox"/> Herzegovinian |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Romanian | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Eastern European (write in) |

Ethnicity and Race - continued next page

Ethnicity and Race – continued

Question 2 (cont.): What race(s) do you consider your child? (Answer MUST be given, even when answered YES on Q1) - Check all that apply,

Middle Eastern and North African (Check all categories that apply or use write-in)

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

Black (Check all categories that apply or use write-in)

- African American** **African Canadian** **Other** *(write in)*

Caribbean

- | | | | | |
|-------------------------------------|---|---|--|---|
| <input type="checkbox"/> Anguillian | <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) | <input type="checkbox"/> Cuba Dominican | <input type="checkbox"/> Grenadian | <input type="checkbox"/> Martiniquais/Martiniquaise |
| <input type="checkbox"/> Antiguan | <input type="checkbox"/> British Virgin Islander | <input type="checkbox"/> Dominican (Dominican Republic) | <input type="checkbox"/> Guadeloupean | <input type="checkbox"/> Montserratian |
| <input type="checkbox"/> Bahamian | <input type="checkbox"/> Caymanian (Cayman Island) | <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) | <input type="checkbox"/> Haitian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Barbadian | | | <input type="checkbox"/> Jamaican | |
| | | | <input type="checkbox"/> Caribbean <i>(write in)</i> | |

Central African

- | | | | | |
|--------------------------------------|---|---|--|-------------------------------------|
| <input type="checkbox"/> Angolan | <input type="checkbox"/> Central African (Central African Republic) | <input type="checkbox"/> Congolese (Republic of the Congo) | <input type="checkbox"/> Equatorial Guinean | <input type="checkbox"/> São Toméan |
| <input type="checkbox"/> Cameroonian | <input type="checkbox"/> Chadian | <input type="checkbox"/> Congolese (Democratic Republic of the Congo) | <input type="checkbox"/> Gabonese | <input type="checkbox"/> Principe |
| | | | <input type="checkbox"/> Central African <i>(write in)</i> | |

East African

- | | | | | |
|-------------------------------------|--|---|---|--|
| <input type="checkbox"/> Burundian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Mahoran (Mayotte) | <input type="checkbox"/> Somali | <input type="checkbox"/> Tanzanian (United Republic of Tanzania) |
| <input type="checkbox"/> Comoran | <input type="checkbox"/> Kenyan | <input type="checkbox"/> Mozambican | <input type="checkbox"/> South Sudanese | <input type="checkbox"/> Zambian |
| <input type="checkbox"/> Djiboutian | <input type="checkbox"/> Malagasy (Madagascar) | <input type="checkbox"/> Reunionese | <input type="checkbox"/> Sudanese | <input type="checkbox"/> Zimbabwean |
| <input type="checkbox"/> Eritrean | <input type="checkbox"/> Malawian | <input type="checkbox"/> Rwandan | <input type="checkbox"/> Ugandan | |
| | <input type="checkbox"/> Mauritian (Mauritius) | <input type="checkbox"/> Seychellois/Seychelloise | <input type="checkbox"/> East African <i>(write in)</i> | |

Latin America

- | | | | | |
|------------------------------------|--|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Colombian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Belizean | <input type="checkbox"/> Costa Rican | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Peruvian | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Honduran | <input type="checkbox"/> South Georgia and the South Sandwich Islands | |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> El Salvadoran | <input type="checkbox"/> Mexican | <input type="checkbox"/> Surinamese | |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Falkland Islander | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Latin America <i>(write in)</i> | |
| | <input type="checkbox"/> French Guianese | <input type="checkbox"/> Panamanian | | |

South African

- | | | | | |
|------------------------------------|--|-----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Botswanan | <input type="checkbox"/> Mosotho (Lesotho) | <input type="checkbox"/> Namibian | <input type="checkbox"/> South African | <input type="checkbox"/> Swazi |
| | | | <input type="checkbox"/> South African <i>(write in)</i> | |

West African

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Beninese | <input type="checkbox"/> Cabo Verdean | <input type="checkbox"/> Liberian | <input type="checkbox"/> Nigerian (Nigeria) | <input type="checkbox"/> Sierra Leonean |
| <input type="checkbox"/> Bissau-Guinean | <input type="checkbox"/> Ivorian (Cote d'Ivoire) | <input type="checkbox"/> Malian | <input type="checkbox"/> Saint Helenian | <input type="checkbox"/> Togolese |
| <input type="checkbox"/> Burkinabé (Burkina Faso) | <input type="checkbox"/> Gambian | <input type="checkbox"/> Mauritanian | <input type="checkbox"/> Senegalese | |
| | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Nigerien (Niger) | <input type="checkbox"/> West African <i>(write in)</i> | |

Ethnicity and Race - continued next page

Ethnicity and Race – continued

Question 2 (cont.): What race(s) do you consider your child? (Answer MUST be given, even when answered YES on Q1) - Check all that apply,

American Indian / Alaska Native (Check all categories that apply or use write-in)

Alaska Native

Other Alaska Native (write in)

Other American Indian (write in)

Washington State Federally & Non-Federally Recognized Tribes

Confederated Tribes of the Chehalis Reservation

Kikiallus Indian Nation

Quileute Tribe of the Quileute Reservation

Spokane Tribe of the Spokane Reservation

Confederated Tribes of the Colville Reservation

Lower Elwha Tribal Community

Quinault Indian Nation

Squaxin Island Tribe of the Squaxin Island Reservation

Confederated Tribes And Bands of the Yakama Nation

Lummi Tribe of the Lummi Reservation

Samish Indian Nation

Steilacoom Tribe

Chinook Tribe

Makah Indian Tribe of the Makah Indian Reservation

Sauk-Suiattle Indian Tribe of Washington

Stillaguamish Tribe of Indians of Washington

Cowlitz Indian Tribe

Muckleshoot Indian Tribe

Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation

Suquamish Indian Tribe of the Port Madison Reservation

Duwamish Tribe

Nisqually Indian Tribe

Skokomish Indian Tribe

Swinomish Indian Tribal Community

Hoh Indian Tribe

Nooksack Indian Tribe of Washington

Snohomish Tribe

Tulalip Tribes of Washington

Jamestown S'Klallam Tribe

Port Gamble S'Klallam Tribe

Snoqualmie Indian Tribe

Upper Skagit Indian Tribe of Washington

Kalispel Indian Community of The Kalispel Reservation

Puyallup Tribe of the Puyallup Reservation

Snoqualmoo Tribe

Asian (Check all categories that apply or use write-in)

Asian Indian

Chinese

Lao

Pakistani

Tibetan

Bangladeshi

Filipino

Malaysian

Punjabi

Vietnamese

Bhutanese

Hmong

Mien

Singaporean

Other (write in)

Burmese/Myanmar

Indonesian

Mongolian

Sri Lankan

Cambodian/Khmer

Japanese

Nepali

Taiwanese

Cham

Korean

Okinawan

Thai

Pacific Islander (Check all categories that apply or use write-in)

Carolinian

Kosraean

Palauan

Tahitian

Other (write in)

Chamorro

Maori

Papuan

Tokelauan

Chuukese

Marshallese

Pohpeian

Tongan

Fijian

Native Hawaiian

Samoan

Tuvaluan

i-Kiribati/Gilbertese

Ni-Vanuatu

Solomon Islander

Yapese

Unrestricted Student Email (This section for Middle School & High School Student Parent/Guardians only.)

Purposes and Benefits of Student Email

With parent/guardian approval we are offering students in grades 8 -12 an unrestricted e-mail account that will have full access to communicate with any other internet e-mail account. This account will be important to your student in college and career preparation activities, collaboration work with other students and communication regarding school activities and events. If you choose to not authorize your student for district email it may be difficult for them to fully participate and benefit from some classroom and career/college readiness activities as more and more services require students to provide an email address for communication and registration. While the account is unrestricted, this email account is intended to be used by students solely and exclusively for purposes consistent with Spokane Public Schools' curricular and educational needs.

The School District will not voluntarily share student e-mail addresses with any party outside of the school district. However, the School District may be compelled by public records laws or other laws to disclose district-provided student e-mail addresses and/or e-mail messages. Students have no right to privacy or expectations of privacy when using a District issued e-mail account because, among other reasons, student e-mail accounts are subject to inspection by the District at any time and shall be monitored by the District to assure compliance with district policy.

Email Assumption of Risk

Email accounts carry with them certain inherent risks, which may include but are not limited to: the inadvertent dissemination of personal information or other information that is desired to be private whether by the sender or as a result of an email being forwarded; receiving communication from unwanted, unauthorized and/or dangerous persons; access to the email account by unauthorized persons; accessing email account when such distractions could result in harm, such as while driving; and receiving threatening, harassing, sexually explicit, obscene or illegal emails.

PLEASE CHECK BOX IF APPROVED

It is OK for Spokane Public Schools to issue my student an unrestricted email address pursuant to the above information. I understand that this authorization will remain in effect for my student unless I provide further communication withdrawing my approval.

PLACEMENT (Information will be kept confidential.)

WE BELIEVE THOUGHTFUL PLACEMENT IMPROVES THE LIKELIHOOD OF SCHOOL SUCCESS.

Does student have a history of placement in a Special Education Program? Y N Does he/she have a current IEP? Y N

Please indicate special programs in which your child has been enrolled. Speech Physical Therapy Occupational Therapy

Does the student have a current 504 plan? Y N

Has the student attended an English Language Development (ELD) Program, or English as a Second Language (ESL) Program? Y N

Has the student been involved in any of the following programs ? LAP (Learning Assistance) Title 1

Has your child ever been retained? Y N If YES, in what grade? _____

Elementary Students: Please indicate any behavior problems: At Home In Class Playground Towards: Students Staff Family

Has the student been involved in any of the following?
 Suspension(s) Weapons Expulsion(s) Attendance Problems Violence (fighting, harassment, etc.)
 BECCA Petition (Court order to attend school)

Does student have unpaid fines or fees imposed by other schools? Y N

Is middle or high school student planning to participate in extra curricular activities, sports, or clubs. Y N
 (If Yes, student must be passing all classes and have current physical on file.)

Please describe any physical limitations that would necessitate special accommodations:

Please verify all info is complete and accurate, complete privacy information on page 1 and placement information above, then sign and date below:

 PARENT / GUARDIAN SIGNATURE

 DATE



McKinney-Vento Questionnaire Form

Student Name: _____

Date of Birth: _____

School Name: _____

Grade: _____

Your child may be eligible for additional educational services through Title IX, Part A of the Every Student Succeeds Act of 2015, The McKinney-Vento Homeless Assistance Act. Eligibility can be determined by completing this questionnaire. The information you provide is confidential. If eligible, students are to be *immediately enrolled* in accordance with The McKinney-Vento Assistance Act.

1. Do you/your student live in any of these following situations?

- In emergency or transitional shelter or program
- Sharing the housing of other persons due to: (select one)
 - Loss of housing, economic hardship or a similar reason (i.e. evicted)
 - Long term, cooperative living arrangement
 - Other (please specify): _____
- In a vehicle of any kind, park, public space, abandoned building, substandard housing, bus or train station or similar setting
- In a motel, hotel, campground or similar setting due to: (select one)
 - Lack of alternative adequate accommodations
 - A convenient living arrangement (i.e. waiting for apartment/home to be ready)
 - Other (please specify): _____
- None of the above

2. What is your/your student's living situation? Please check one box.

- Living with your legal parent or guardian
- Living alone
- Living with an adult that is not a legal parent or guardian

The undersigned certifies that the information provided is accurate:

Print name of person completing form: _____

Signature: _____

Date: _____

Address of current residence: _____

Phone number or message number: _____

For more information please contact the HEART program office at 354-7302.
Enrollment staff: Please forward questionnaire to the HEART program at the Administration Building.



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

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

Student Name:	Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services 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>Eligibility for Language Development Support 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 <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
<p>Prior Education Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <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 – 12th grade) <input type="checkbox"/> Yes <input type="checkbox"/> 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 – 12th 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.



SPOKANE PUBLIC SCHOOLS
English Language Development Program
STUDENT ENTRY FORM

School Entry Date _____ U.S. Entry Date _____

School _____ Transfer Overload Home School _____
(If different than enrolled school)

Student First name _____ Last name _____

Date of birth _____ Gender : Male Female

Has your child ever received **formal education** outside of the U.S? (Kindergarten – 12th grade) Yes No
“Formal Education” does not include refugee camps or other unaccredited educational programs for children.
If yes: Number of months: _____ Language of Instruction _____

When did your child first attend a school in the U.S.? (Kindergarten – 12th grade) _____
Month Day Year

In what country was your child born? _____

#2 What language did your child first learn? _____

#3 What language does your child use the most at home? _____

In what language(s) would your family prefer to communicate with the school? _____

Parents need interpreter Yes No Completed Lunch Application Completed Bus Registration

Registered by _____
Person's Name

Previous support programs:
(Please check one): N/A Title 1 LAP Special Education 504 ELD Other

Category (Please check one): U.S. Born Immigrant Refugee* Other

* RSIG requires proof of refugee status to receive additional services (Voluntary - Not required to register for school)

(This box is for ELD program only)

Testing Procedure: From NON-WA Schools Needs ELPA21 Screener placement test by (date) _____

From Private School Needs ELPA21 Screener Placement test by (date) _____

From WA Public Schools – **NO ELPA21 SCREENER PLACEMENT NEEDED IF TESTED WITHIN THE LAST YEAR (Check most recent information in CEDARS)**

Date of ELPA21 Screener Placement test: _____

Initial ELPA21 Screener Proficiency status: _____

Initial ELPA21 Screener Performance Levels (Listening, Reading, Speaking, Writing): _____

L: _____
R: _____
S: _____
W: _____

Initial ELPA21 placement testing must be completed by a certificated ELD teacher within 3 school days to determine eligibility within 10 days.

ELD teacher: _____

**IMPORTANT NOTICE TO PARENT/GUARDIAN OF
STUDENTS WITH
LIFE THREATENING HEALTH CONDITIONS**

Washington State law requires that all students with life threatening health conditions have the needed medical orders, medication/equipment, and a health care plan in place before the child may attend school (RCW 28A.210).

If your student has a life threatening ALLERGY, ASTHMA, or DIABETES, please request a parent packet. These packets include forms that will be needed at school. These are available at your school office. If your student requires other medication for a life threatening health condition, please request to speak with your school's nurse.

THE FOLLOWING MUST BE COMPLETE AND RETURNED TO SCHOOL:

DIABETES, SEVERE ALLERGY, & ASTHMA:

See Parent Packets for forms and instructions available at your student's school.

OTHER LIFE THREATENING HEALTH CONDITIONS:

- A current "medication request" form for each medication, if medication is needed at school (available from the school office OR www.spokaneschools.org (Health Services)).
- A current "treatment request" form, if a medical treatment is needed at school (available from the school nurse or www.spokaneschools.org (Health Services)).
- Please include any additional information that you or your health care provider would like to share.

NOTE: A nursing care plan, completed/reviewed by the second school nurse must be in place before a student with a life threatening health condition can attend school.

Reminder:

- It is the parent/guardian responsibility to alert other school programs that their student has a health condition and/or a care plan in a place. Such programs may include, Express child care, before or after school activities, etc. It is a parent/guardian responsibility to make sure that any additional emergency medications that might be needed for such a program is made available and is accessible.
- Please report immediately any changes needed in emergency contact information, medication, health status, etc. to the school office.
- Please report immediately any changes needed in your student's health care plan to the school nurse

If you have any questions or concerns, please contact the principle or the school nurse assigned to your student's school.

Thank you for your assistance in helping us provide a safe school experience for your student.

Provide this form to all parents at the time of registration or when notified that a student has life threatening health condition

Student _____ Sex: Male Female Birth Date ____/____/____
 Last First Middle
 Parent/Guardian _____ Home/Cell# _____ Work# _____
 Last First Initial
 School _____ Grade _____ Room _____

Please describe your child’s current health condition on the form below. It is important that you keep the school informed of any changes in health or medication that would affect your child at school. If your child needs to take medication at school, please notify the school office.

LIFE THREATENING CONDITIONS

If anything is checked for LIFE THREATENING, notify your school’s nurse immediately.

Asthma *Severe – (If this box is checked, please answer the following questions:

Yes No Does child use a rescue inhaler routinely for asthma symptoms?

Yes No Has your child been hospitalized for asthma in the past year?

ALL ASTHMA IS CONSIDERED LIFE THREATENING AND REQUIRES A PHYSICIAN’S ORDER AND EMERGENCY ACTION PLAN

Allergy/Anaphylaxis - *Severe, with Epi-Pen/Adrenalin auto-injector prescription (example: food, insect stings)

Allergen(s): _____

Diabetes: TYPE 1 TYPE 2

ALERT TO PARENTS/GUARDIANS: The school must know of LIFE THREATENING conditions (for example: severe allergy with anaphylaxis, diabetes, asthma) prior to the start of school as these health conditions require physician’s orders and Emergency Action Plan (per RCW 28A.210.320). Contact your School Nurse or Health Services to begin the process for Physician’s Orders and Emergency Action Plan at school.

SPECIAL HEALTH CARE PLANNING

Seizure Disorder – My student needs emergency medication for **Seizures**. Name of medication: _____

My child has special health care needs such as: wheelchair, tube feedings, catheter, intravenous tubes, eating and swallowing concerns*, or other. Please describe your child’s condition(s) _____

***School Nurse is to notify speech language pathologist for eating and swallowing concerns.**

HEALTH CONDITIONS

Check any conditions that your child has or has had:

- Behavioral/Mental health
- Depression/Anxiety
- Medication/Drug Allergy
- Blood Disorder
- Digestive Disorder (requires LHP orders)
- Neurological
- Bowel/Bladder
- Hearing
- Orthopedic
- Cancer
- Heart Problems
- Respiratory Problem
- Other
- Skin

If you have checked any of the above medical conditions/concerns, please explain: _____

My child has **NONE** of the health concerns/conditions listed above.

Parent/Guardian Signature

Date

Health Services
200 North Bernard Street
Spokane, WA 99201-0282

phone (509) 354-7298
fax (509) 354-5910
www.spokaneschools.org



February 5, 2018

To Parent/Guardian of new student:

Health Services would like to welcome you to Spokane Public Schools. Our staff of nurses stand ready to help keep your child healthy and able to fully benefit from their educational experience.

Please be aware that all students in Spokane Public Schools are required by state law to be fully vaccinated **prior to the first day of attendance** (RCW 28A.210.080). If the student's immunization record is not complete within 30 days of the first day of attendance, the student **will be excluded from school**. If your child is exempt from vaccination, please ensure that your school receives this documentation. All forms can be found on the district website.

For a list of immunizations and number of vaccine doses required by law (except for exempted children), please see the enclosed list. In Washington, all children 18 years old or younger may get vaccines at low or no cost from their health care provider. Spokane Regional Health District will be hosting vaccination clinics throughout the community this year.

If you have any questions about our vaccination policies, please contact Health Services at 509-354-7298.



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

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.

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (MM/DD/YY): _____	Sex: _____
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.		
Parent/Guardian Signature Required _____		Parent/Guardian Signature Required _____		
Date _____		Date _____		

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

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 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/completelistofvaccinenames.pdf>

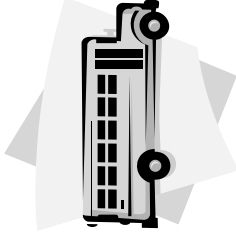
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, Pertussis	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep 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/completelistofvaccinenames.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	Pprevnal®	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).



Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2018-2019

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.

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

- 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/

National School Lunch Program/School Breakfast Program 2018-19 Letter to Households (Private Schools/RCCIs)

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

REGULAR			
Grade Level	Breakfast	Lunch	Snack
6-12	\$ 2.25	\$ 3.25	\$
	\$	\$	\$
	\$	\$	\$

REDUCED-PRICE			
Grade Level	Breakfast	Lunch	Snack
6-12	\$.30	\$.40	\$
	\$	\$	\$
	\$	\$	\$

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- You are applying for foster children that are under the legal responsibility of a foster care agency or court

Turn in the application to Kim Pieroni.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at (509) 328-7041.

USDA Child Nutrition Program Income Guidelines Effective July 1, 2018–June 30, 2019					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each add'l family member, add:	\$7,992	\$666	\$333	\$308	\$154

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box). Complete Parts 1, 2, 3, 4, and 5. Part(s) 6 (and 7) are optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete Parts 1 and 5. Part(s) 6 (and 7) are optional. You may also send the school a copy of the court documentation showing the foster child(ren) was placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

National School Lunch Program/School Breakfast Program 2018-19 Letter to Households (Private Schools/RCCIs)

What must be on the application? continued

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
- Enter a case number
- Adult household member's signature

Complete Parts 1, 2, 4, and 5. Part(s) 6 (and 7) are optional.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "A. Households not getting any assistance" and include the foster child's personal use income.

Last 4 digits of SSN are not required for D.

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food- Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to http://www.foodhelp.wa.gov/basic_food.htm.

We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

My child's application was approved last year. Do I need to fill out a new one?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

What if some household members have no income to report?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with Carol Stines, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number (509) 328-7041.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

2018-19 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Excelsior Youth Center
excelsioryouthcenter.com

Complete, sign, and return this application to: 3754 W. Indian Trail Road, Spokane, WA 99208

Check here if you received meal benefits last year:

Homeless Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-Weekly	2 X Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food TANF Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member				Pensions/Retirement/Social Security (SSI)	Weekly	Bi-Weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-Weekly	2 X Month	Monthly
			Monthly	2 X Month	Bi-Weekly	Weekly										
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): _____ **Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member** _____ **Check if no SSN:**

(total listed must equal number of household members listed above)
5. Contact Information & Signature – Complete, sign, and return this application to:

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member _____ **Adult Household Member Signature** _____ **E-mail Address** _____ **Date** _____

Mailing Address _____ **City, State & Zip Code** _____ **Daytime Phone** _____

6. **Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.**

Mark one or more racial identities: American Indian or Alaska Native Asian Mark one ethnic identity:
 Black, or African American Native Hawaiian or Other Pacific Islander Hispanic or Latino
 White Not Hispanic or Latino

7. **Other Benefits – Please check the box in front of the programs that you wish to share your child's free or reduced price meal status with in order to qualify for a reduction in fees:**

_____ _____ _____
 By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.
 _____ Date
 Parent/Guardian Signature

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Income Household Total Household Income \$ _____

APPLICATION APPROVED FOR: Free Meals **APPLICATION DENIED BECAUSE:** Income Over Allowed Amount Other: _____
 Reduced-Price Meals Incomplete/Missing Information

Date Notice Sent _____ Signature of Approving Official _____ Date _____



3754 West Indian Trail Road
Spokane, WA 99208-4736
T: (509) 328-7041 F: (509) 328-7582

Request for Transfer of All Educational Records between Schools

TO: Previous School: _____ District: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____

RE: Youth: _____ Date of Birth: _____ Grade: _____

The student listed above has enrolled in the Spokane Public School District. Please forward the complete cumulative file including records of disciplinary action, history of violent behavior (RCW 12.04.155), attendance, immunization records, academic performance and **special education** to the requested school below.

It is essential that Excelsior School have the student's record for initiating and facilitating treatment. Referring to RCW 28A.635.060(3), "If the Department of Social and Health Services or a child placing agency licensed by the department had granted custody of a child, that child's records, if requested by the department or agency, are not to be withheld for nonpayment of school fees or for any other reason."

Excelsior
3754 West Indian Trail Road
Spokane, WA 99208-4736
T: (509) 328-7041 F: (509) 328-8064

Signature of Records Designee: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____



3754 West Indian Trail Road
Spokane, WA 99208-4736
T: (509) 328-7041 F: (509) 328-7582

Medical Consent

AUTHORIZATION FOR EMERGENCY CONSENT TO OPERATION, ADMINISTRATION OF ANESTHETICS AND THE RENDERING OF OTHER MEDIAL SERVICES

Last, First, M.I.	Birthdate	SSN
-------------------	-----------	-----

Primary Care physician: _____

I, the undersigned, as the guardian (individual or agency) having legal custody and control of the above named adolescent consent and authorize routine medical and dental care while he/she is in treatment at Excelsior's programs. Only physicians licensed to practice medicine and board certified are authorized to administer any emergency medical care or drugs and to perform surgical operations and administer anesthetics on an emergency basis as considered necessary on the above mentioned person. Excelsior personnel properly trained and certified in First Aid/CPR may also administer any emergency medical care as needed on the above mentioned person until more qualified help takes over.

No procedures of an experimental nature shall be performed under this authorization.

I understand that every reasonable effort shall have been made to contact me before this authorization shall be used. At the earliest opportunity the physician in charge of this emergency treatment shall discuss with me the treatment given and answer any inquiries regarding such treatment.

Legal Guardian Signature: _____ Date: _____

Excelsior Representative Signature: _____ Date: _____



3754 West Indian Trail Road
Spokane, WA 99208-4736
T: (509) 328-7041 F: (509) 328-7582

Transportation Agreement

1. I understand that the youth and their guardians are responsible for arranging transportation to and from Excelsior programs.
2. Transportation should to be provided by family/guardian or designee. Approved persons must be added below.
3. Other transportation services are available including public transit or Medicaid Transportation Services (i.e. Special Mobility Services). **(509) 534-9760**
4. It is the responsibility of the user to cancel services for transportation if you are unable to make a scheduled appointment. Special Mobility Services, Inc., requests a minimum of two hours to cancel scheduled appointments.
5. With the understanding that adult supervision and medical insurance (unless covered by my own family policy) is provided, I as the parent/guardian of the youth noted above do hereby release Excelsior, Excelsior staff and officers from responsibility in case of accident, illness, or injury during his attendance of activities, etc. while participating in Excelsior programs. I give permission for the youth to participate in regular authorized activities as part of the service plan while under care and supervision of Excelsior. This permission includes Excelsior staff providing transportation to and from these activities. The mode of travel used includes agency fleet vehicles or rental vehicles as needed.

As the guardian, I authorize Excelsior staff and the following individuals to provide transportation for my child to and from Excelsior programs:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Youth Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

Excelsior Representative Signature: _____ Date: _____



3754 West Indian Trail Road
Spokane, WA 99208-4736
T: (509) 328-7041 F: (509) 328-7582

Policy Regarding Personal Property

While on Excelsior property, individuals participating in services shall not be allowed to possess illegal property, matches, lighters, knives, firearms, explosives, mace, or any item that may be deemed by staff to be dangerous. The individual shall also not be allowed to possess any clothing or items related to tobacco/tobacco products, drug/alcohol paraphernalia, pornography, or gang symbols, and no other belongings deemed by the staff to be antisocial or counter-therapeutic. If any of these items are found to be in the youth's possession, they may be confiscated.

- I am aware that I may, at any time, choose to request the storage of any property, during which time it will be in the custody and control of Excelsior.
- I understand that I am responsible for any of my property that I choose to keep in my personal control while I am a participant at this facility.
- I assume full risk and responsibility for any collectibles or items of major value that I have in my possession.
- I have been informed of the policies and procedures regarding personal property.

Youth Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

Excelsior Representative Signature: _____ Date: _____



3754 West Indian Trail Road
Spokane, WA 99208-4736
T: (509) 328-7041 F: (509) 328-7582

Crisis Response Procedure

Our goal in administering discipline and setting limits is for correction and growth and not for punishment. For discipline to be effective, it is based on a healthy relationship between the adult and the adolescent. An individual who values good will, friendship, approval, and affection will be more likely to respond positively to efforts of limits set by staff. This is particularly so when it is made clear to the youth that the adult is disapproving of the behavior and not of the person. (Reference: WAC 388-75-621 DISCIPLINE)

It is the policy of Excelsior that the management of all youth is consistent with all applicable state laws and the philosophy of the agency to provide quality care. It is the purpose of this policy to insure the safety of all Excelsior youth and staff should a physical restraint occur. It also provides guidelines on the prevention of such activity within the treatment program.

Corporal punishment of adolescents is a serious violation of this agency's policy and will not be allowed. Corporal punishment includes any of the following (but not limited to):

1. Striking, shaking, shoving, pinching, or name-calling.
2. Discipline by another youth or the group by the instigation of an adult.
3. Forcing a youth to take an isolated position such as standing in the corner.

At Excelsior, the use of time out rooms for the youth is implemented in situations where the adolescent poses an immediate threat of harm to self, others, or property. Time out rooms may also be used temporarily for youth returning from a runaway incident for the staff to assess their physical/emotional control and to insure their safety. Time out rooms are safe, unlocked rooms, which allow easy staff monitoring and observation of behavior. In all situations, agency approved crisis intervention techniques are employed by specifically trained staff. Situations that require the use of time out rooms will be monitored and evaluated according to agency procedures. Their use will be authorized by an agency designated staff member and approved administratively by on-call clinical/administrative staff. Incidents requiring the use of time out rooms and the monitoring of the youth during the time out will be documented on appropriate forms and evaluated according to agency procedures.

In no case will a youth be placed in a locked time out room, nor placed away from his peer group for purposes other than achieving safety and necessary control of the youth who is in danger of harm to themselves or others. A time out is a treatment intervention and may not be used or regarded as a punishment for misbehavior. Excelsior follows all applicable state laws and behavior management guidelines of the Division of Licensing Resources in the use of isolation and manually holding of doors or magnetic locking doors in instances where the youth's or other's safety is imperiled. When it becomes necessary to use physical restraint, only the amount necessary to gain control of the situation will be used. While holding the youth, the leader will talk to them and try to calm them. This processing is used to communicate the idea that as soon as he has gained self-control, physical restraint will no longer be necessary. Excelsior will use physical restraint only when we are certain that we have exhausted all other means of maintaining safety. Our staff are trained and certified to use verbal and physical de-escalation techniques as certified by Right Response Training.

Conditions Under Which Physical Restraint Will Be Used

1. Excelsior staff shall take reasonable precautions to avoid or prevent physically dangerous situations from occurring. When all other means of control, including verbal de-escalation techniques have been unsuccessful, Excelsior staff may utilize physical restraint. Situations warranting physical restraint shall

be those in which the youth poses an immediate threat or risk to self, other clients, staff, or property, or preventing harm when needing to move a youth to a less risky location.

2. Excelsior staff will not utilize any type of mechanical device or chemical agents in restraining youth.
3. Use of physical restraint may persist for only the period necessary to ensure that the youth is no longer a danger to self, others, property, or security of the facility. Review of a restraint will take place between the Senior Contact Staff and the Clinical On-call staff at the 30-minute mark. Staff will continually monitor the level of energy being expended by the youth and assess physical health. Restraints lasting longer than 30 minutes may require assistance of law enforcement or MHP if staff or client safety is compromised.
4. Excelsior shall utilize only those methods of physical restraint, which are delineated in Right Response, a certified program under Service Alternatives Inc., which is provided by certified Right Response trainers. Training entails an initial training course of fourteen hours. Seven hours of refresher courses are required a year from their initial certification. These courses are a mandatory part of all current staff training requirements. Right Response Advanced Workshop emphasizes self-control, assessment skills, and verbal crisis interventions, and teaches non-punitive methods for captures and manual restraints when confronted by assaultive or potentially injurious behaviors.
5. Following any incident in which a youth is physically restrained, a physical health check of that client shall be conducted after the client has de-escalated. This check shall be done by the Senior-on or his/her designee, and documented on the Special Incident Report Form. Follow-up medical attention will be obtained (i.e. Holy Family Hospital Urgent Care).
6. Assigned staff will debrief the incident with the youth as soon as possible to provide a therapeutic process in re-integrating to the milieu.

Documenting Procedure

1. All use of physical restraints will be documented by the staff involved in the incident via completing a Special Incident Report Form (reference reporting procedures outlined in Section 5.8). Staff will debrief the restraint and note this on the Special Incident Form. Notification, as appropriate for the youth, will be made to the DCFS Social Worker and the Legal Guardian.
2. Additional forms may require completion.
3. If a youth is injured in the process of physical restraint or room containment and requires outside medical attention, notification shall be made to the youth's State Social Worker, Parent and Children's Administration Central Intake. Copies of all off campus medical treatment documentation will be made and forwarded to the Division of Licensing Resources along with the Special Incident Form after Administrative review.
4. An Administrative debriefing may also occur.
5. The originals of all forms will be placed in the youth's chart. Copies will be made for the youth's Therapist. An additional copy will be maintained and monitored for quality assurance. If a copy is sent to the Division of Licensing a copy will also be made for the DLR/CPS binder.

Off-Campus Intervention

There are rare cases in which a youth is presenting as a danger to self or others while off campus and beyond our ability to safely handle within our program. An extreme crisis may demand removal or greater controls. In such emergencies, the youth may be temporarily placed in Spokane Juvenile Detention or Sacred Heart Hospital's adolescent psychiatric unit.

I have read the above form or had it explained to me.

Youth Signature: _____ Date _____

Legal Guardian Signature: _____ Date: _____

Excelsior Representative Signature: _____ Date _____