



SCHOOL and/or DISTRICT MOST RECENTLY ATTENDED (include address, city, state & zip)

HAS THIS STUDENT EVER ATTENDED SKSD SCHOOLS?

If yes, name of school and year attended

DID STUDENT ATTEND PRE-SCHOOL AT AN SKSD SCHOOL?

LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE NAME OR INITIAL

ALSO KNOWN AS: (First and Last Name)

BIRTHDATE (Month/Day/Year)

GENDER

BIRTHPLACE (City/State)

COUNTRY

ENROLLING FOR GRADE

LANGUAGE SPOKEN AT HOME

STUDENT'S PRIMARY LANGUAGE

ARE YOU INTERESTED IN ALL DAY KINDERGARTEN?

PRIMARY HOUSEHOLD (where student resides)

(1) Last Name, First Name

GUARDIAN PHONE (include area code)

(2) Last Name, First Name

GUARDIAN PHONE (include area code)

If work#, Name of Business

SECOND HOUSEHOLD

(1) Last Name

First Name

(2) Last Name

First Name

DOES THIS STUDENT ATTEND DAYCARE?

WILL THIS STUDENT RIDE A BUS TO DAYCARE?

EMERGENCY CONTACTS

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?

(If yes, plan must be on file with the school)

IS THERE A RESTRAINING ORDER IN EFFECT?

(If yes, legal papers must be on file with the school)

Restraining order is against:

Verification of Information: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the South Kitsap School District.

Legal Parent Guardian Signature

Date

South Kitsap School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

School

Entry Date

Advisor

Birth Certificate

CIS Form

Medical Alert

Other Alert

Race and Ethnicity Form

Please complete this survey. It asks you to tell us the race and ethnic heritage of each of your children.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **not** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

Recently, the federal government changed the categories for student ethnic and race data. Because of these changes, we need to ask you to identify your child as either Hispanic/Latino or not Hispanic Latino and by **one or more** racial groups. Washington has 57 racial categories to choose from.

If your family is Asian, you will now be able to list your child as Chinese, Japanese, or belonging to one or more of the other Asian groups. If your family is Native American, you will be able to list your child's tribal affiliation. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

PLEASE ANSWER BOTH QUESTIONS 1 & 2

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

- | | |
|------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Not Hispanic / Latino | <input type="checkbox"/> Mexican / Mexican American / Chicano |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> South American |
| <input type="checkbox"/> Spaniard | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic / Latino |

Question 2: What race(s) do you consider your child? (Please check ALL that apply)

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

South Kitsap School District #402

Request for Records



Office of Superintendent of Public Instruction (OSPI)

Home Language Survey

Student Name: _____

Date: .. _____

Birth Date: _____ Gender: _____ Grade: _____

Form Completed by: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____

If available, in what language would you prefer to receive communication from the school?

Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended?

1. In what country was your child born?
 2. What language did your child first learn to speak?*
 3. What language does YOUR CHILD use the most at home?*
 4. What language(s) do parent/guardians use most when you speak to your child?
 5. Has your child ever received formal education* outside of the United States? (Kindergarten-12th grade) If yes, in what language(s) was instruction given?
- "Formal education" does not include refugee camps or other unaccredited programs for children. For How Many Months?
6. Has your child attended school in the United States before enrolling in this district? (Kindergarten-12th grade) For how many months?
One (1) school year= 10 months
 7. Do grandparent(s) or parent(s) have a Native American tribal affiliation?

*WAC 392-160-005: "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

South Kitsap School District No. 402

Health History and Conditions Form

Name Grade School

Date Birth Date

Indicate below the medical conditions which are **SEVERE ENOUGH TO AFFECT THE STUDENT'S SCHOOL PROGRAM OR SCHOOL PERFORMANCE.** (Note: this information may be shared with school staff who need to know.)

Medical History (check the ones that apply to your child):

<p>NB <input type="checkbox"/> ADHD/ADD</p> <p>Asthma</p> <p><input type="checkbox"/> Exercise Induced</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Severe</p> <p>Diabetes</p> <p><input type="checkbox"/> Type I</p> <p><input type="checkbox"/> Type II</p> <p><input type="checkbox"/> Headaches, Migraine</p> <p>Hearing Impaired</p> <p><input type="checkbox"/> Hearing Problem</p> <p><input type="checkbox"/> Hearing Aids</p> <p>Cardio Vascular</p> <p><input type="checkbox"/> Other</p> <p>Blood Condition</p> <p><input type="checkbox"/> Other</p> <p>Renal – Kidney/Urinary</p> <p><input type="checkbox"/> Other</p>	<p>Gastro-Intstnl Cndtn</p> <p>YD <input type="checkbox"/> Visually Impaired</p> <p>Allergies</p> <p>EC</p> <p>ED</p> <p>EE</p> <p>EF</p> <p>EB</p> <p>Reacts to:</p> <p>Describe allergic reaction:</p> <p>EG <input type="checkbox"/> Anaphylactic Cndtn</p> <p><input type="checkbox"/> Epi-Pen required</p>	<p><input type="checkbox"/> Seizures Disorder</p> <p>Date of last seizure</p> <p>Type of seizure</p> <p><u>List any seizure medication below.</u></p> <p>ME <input type="checkbox"/> Muscle or Bone Condition</p> <p><input type="checkbox"/> PE Considerations/Limitations ** (2)</p> <p><input type="checkbox"/> Other</p> <p>NU <input type="checkbox"/> Head Injury/Concussion</p>
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*PARENTS: *(1) Requires completion of SKSD Form #157 and 157A "Medication at School".*
*** (2) If activity is limited, Form #112 "Physical Education Activities Limitation Form" with doctor's signature is needed.*

Is medication needed for any condition?

Is medication needed at school?

Name of medication, dose, and schedule:
 Condition being treated by this medication:

Medication at school (over-the-counter or prescription) requires form #157 "Medication at School".

List major operations, injuries, or hospitalizations. Give dates:

	Medical Exam/Doctor	Eye Exam/Doctor	Dental Exam/Dentist
Last Exam/Name			
Health Insurance Co.			

In an emergency, transport to _____ hospital. Is there any health related information or concerns that you can tell us about your son/daughter that you feel will help the school staff to better understand and work with him/her?

AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parent(s) and health care provider named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility of the payment of any services rendered.

 Date Signature of Parent or Guardian Home Phone / Cell Phone / Work Phone



SOUTH KITSAP SCHOOL DISTRICT #402

2689 Hoover Ave SE / Port Orchard, WA 98366
(360) 874-7000 / FAX (360) 874-7068

The majority of immunizations are now reported to the Washington State Immunization Information System and may be obtained online by school district personnel with authorization by a Parent or Guardian of a student. If this is the case for your student, please sign and date this document giving your authorization.

While the signed Certificate of Immunization is still required at this time, in the event of additional vaccines, school office staff can verify and enter information in our system.

I hereby give South Kitsap School District permission to use information obtained from the Washington State Immunization Information System for input to the South Kitsap School District's student information system.

I understand that I still must provide the school with immunization documentation as required by state law. (RCW 28A.210.080-090)

Student: _____ Parent/Guardian Signature: _____

Date: _____ Staff Initials: _____