

Kokanee Elementary School Kindergarten Registration 2019 - 2020

- Registration Requirements:
 - Live within the Kokanee service area
 - Child must be born on or before 8/31/2014
 - Proof of Residency (rental agreement, utility bill, etc.)
 - Proof of Birthdate (Birth Certificate or Passport)
 - Health Registration Form
 - Doctor printout of immunization dates **and** signed certificate of immunization from WA State Immunization Database

Both of these can be obtained from your Dr's Office

 - Custody restriction information (if applicable)

Please note, all 2019 - 2020 kindergarten classes will be full-day

Kokanee Elementary 23710 57th AVE SE Woodinville, WA 98072 425-408-4900

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FOR SCHOOL USE ONLY	Proof of Age _____	Proof of Residency _____	Student ID # _____
School _____	Service Area _____	Waiver District _____	Class of _____
Admit Reason _____	Enter Date _____	Bus # to School _____	Bus # from School _____
Diploma Type _____	Records Requested _____	Records Received _____	

NORTHSHORE SCHOOL DISTRICT ENROLLMENT FORM (Rev. 5/10/2017)

BASIC STUDENT DEMOGRAPHICS

Grade Level _____

Legal Last Name _____ Legal First Name _____
 Last Name goes by _____ Nickname _____
 Middle Name _____ Date of Birth _____ Gender ☐ M ☐ F
 Home Phone (_____) _____ Unlisted? ☐ Yes ☐ No
 Student's Cell Phone (_____) _____ Student's Email Address _____

Home Address _____ Apt # _____
 City _____ County _____ Zip _____
 Mailing Address (if different) _____
 City _____ State _____ Zip _____

Part 1 Is your child of Hispanic or Latino origin? (You must check at least one of the following categories)

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

Part 2 What race(s) do you consider your child? (You must check at least one of the following categories)

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

Special Programs (Check all special programs or services in which the student has participated.)

- | | | |
|-----------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Special Education / IEP / OT / PT / Speech Therapy | <input type="checkbox"/> ESL / ELL | <input type="checkbox"/> None Apply |
| <input type="checkbox"/> Reading or Math Support (LAP / LASER / Title I) | <input type="checkbox"/> Head Start | <input type="checkbox"/> Gifted / Highly Capable |
| <input type="checkbox"/> International Baccalaureate | <input type="checkbox"/> Summer School | <input type="checkbox"/> Native American Education |
| | | <input type="checkbox"/> Other: _____ |

PARENT/GUARDIAN INFORMATION (List the parents/guardians the student lives with first, then by contact order.)

Restrictions for Custody (if applicable) ☐ Yes ☐ No

Legal Documentation on File with School? ☐ Yes ☐ No

First Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? ☐ Yes ☐ No Has Custody? ☐ Yes ☐ No

Address (if different from Student's) _____

List as an Emergency Contact? ☐ Yes ☐ No Primary Language _____

Email Address _____ Employer _____ Bus. Phone. (____) _____

Primary Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

2nd Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

Educational Rights: ☐ Yes ☐ No Student Contact Allowed? ☐ Yes ☐ No

Second Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? ☐ Yes ☐ No Has Custody? ☐ Yes ☐ No

Address (if different from Student's) _____

List as an Emergency Contact? ☐ Yes ☐ No Primary Language _____

Email Address _____ Employer _____ Bus. Phone. (____) _____

Primary Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

2nd Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

Receive Mailings? ☐ Yes ☐ No Educational Rights: ☐ Yes ☐ No Student Contact Allowed? ☐ Yes ☐ No

Third Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? ☐ Yes ☐ No Has Custody? ☐ Yes ☐ No

Address (if different from Student's) _____

List as an Emergency Contact? ☐ Yes ☐ No Primary Language _____

Email Address _____ Employer _____ Bus. Phone. (____) _____

Primary Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

2nd Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

Receive Mailings? ☐ Yes ☐ No Educational Rights: ☐ Yes ☐ No Student Contact Allowed? ☐ Yes ☐ No

Fourth Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? ☐ Yes ☐ No Has Custody? ☐ Yes ☐ No

Address (if different from Student's) _____

List as an Emergency Contact? ☐ Yes ☐ No Primary Language _____

Email Address _____ Employer _____ Bus. Phone. (____) _____

Primary Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

2nd Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

Receive Mailings? ☐ Yes ☐ No Educational Rights: ☐ Yes ☐ No Student Contact Allowed? ☐ Yes ☐ No

DAYCARE PROVIDER: ☐ Before School ☐ Both Before and After School ☐ After School

Provider Name (Last, First) _____

Address _____

Daycare Phone (____) _____ Cell Phone (____) _____ Pager (____) _____

Comments _____

OTHER EMERGENCY CONTACTS (List at least one local Emergency Contact. May list additional Emergency Contacts on the last page.)

First Emergency Contact — Must be local

Last Name _____ First Name _____

Relationship to Student _____ Primary Language _____

Address _____

Primary Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No Email Address _____

2nd Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

Second Emergency Contact

Last Name _____ First Name _____

Relationship to Student _____ Primary Language _____

Address _____

Primary Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No Email Address _____

2nd Contact Phone #(____) _____ Home ☐ Cell ☐ Unlisted? ☐ Yes ☐ No

SIBLING INFORMATION (Use a separate sheet for additional siblings.)

Name	Relationship	Age	Gender	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL / HEALTH INFORMATION

In case of emergency, 911 will be called to evaluate your child. Parent/Guardian will be notified as soon as possible.

My child has a life threatening condition that requires a medication or treatment during the school day. ☐ Yes ☐ No

Chapter 28A.210 RCW: Requires orders to be in place before starting school.

PREVIOUS SCHOOL INFORMATION (List most recently attended school first. All fields must be completed.)

#1 School Name _____	Entry Date (mm/dd/yy) _____
District _____	Withdrawal Date (mm/dd/yy) _____
Address _____	Grades attended _____
City _____	
State _____ Zip _____	

#2 School Name _____	Entry Date (mm/dd/yy) _____
District _____	Withdrawal Date (mm/dd/yy) _____
Address _____	Grades attended _____
City _____	
State _____ Zip _____	



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 _____	
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.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____		
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.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___		
Prior Education Your responses about your child's birth country and previous education: <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. <i>This form is not used to identify students' immigration status.</i>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12 th grade) _____ Month Day Year		

Parent/Guardian Signature Required

_____	_____
Parent / Guardian Signature	Today's Date

STUDENT ENROLLMENT FORM -- RACE AND ETHNICITIES

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES: Please complete Part I and Part II

Part I: HISPANIC OR LATINO Is your student of Hispanic or Latino origin? ☐ yes ☐ no (If "yes" please check all that apply)

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

Please note: These race and ethnicity categories are provided by the State of Washington and the Northshore School District is mandated to collect this information for every student under applicable state and federal laws. If you do not self-identify, you will be contacted by the school who needs to collect this information for every student under applicable state and federal laws.

Part II: What race(s) do you consider your student? You may check categories and use write-in (check all that apply)

AMERICAN INDIAN or ALASKAN NATIVE Washington State Tribes

- | | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Chinook Tribe | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation |
| <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | <input type="checkbox"/> Quinault Indian Nation |
| <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | <input type="checkbox"/> Samish Indian Nation |
| <input type="checkbox"/> Confederated Tribes of the Colville Reservation | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington |
| <input type="checkbox"/> Cowlitz Indian Tribe | <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| <input type="checkbox"/> Duwamish Tribe | <input type="checkbox"/> Skokomish Indian Tribe |
| <input type="checkbox"/> Hoh Indian Tribe | <input type="checkbox"/> Snohomish Tribe |
| <input type="checkbox"/> Jamestown S'Klallam Tribe | <input type="checkbox"/> Snoqualmie Indian Tribe |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Snoqualmoo Tribe |
| <input type="checkbox"/> Kikiallus Indian Nation | <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| <input type="checkbox"/> Lower Elwha Tribal Community | <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | <input type="checkbox"/> Steilacoom Tribe |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| <input type="checkbox"/> Marietta Band of the Nooksack Tribe | <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| <input type="checkbox"/> Muckleshoot Indian Tribe | <input type="checkbox"/> Swinomish Indian Tribal Community |
| <input type="checkbox"/> Nisqually Indian Tribe | <input type="checkbox"/> Tulalip Tribes of Washington |
| <input type="checkbox"/> Nooksack Indian Tribe of Washington | |
| <input type="checkbox"/> Port Gamble S'Klallam Tribe | <input type="checkbox"/> Alaska Native Write in: _____ |
| <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation | <input type="checkbox"/> American Indian Write in: _____ |

ASIAN

- | | |
|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mien |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Mongolian |
| <input type="checkbox"/> Burmese/Myanmar | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Okinawan |
| <input type="checkbox"/> Cham | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Singaporean |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Lao | <input type="checkbox"/> Vietnamese |

☐ **Asian** Write in: _____

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

- | | |
|--------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Carolinian | <input type="checkbox"/> Palauan |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Papuan |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Pohpeian |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> i-Kiribati / Gilbertese | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Kosraean | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Ni-Vanuatu | <input type="checkbox"/> Yapese |

☐ **Pacific Islander** Write in: _____

STUDENT ENROLLMENT FORM -- RACE AND ETHNICITIES

WASHINGTON STATE RACE AND ETHNICITY CATEGORIES (continued): check all that apply

BLACK or AFRICAN AMERICAN

☐ Black/ African American

☐ African American

☐ African Canadian

Caribbean

- ☐ Anguillian
- ☐ Antiguan
- ☐ Bahamian
- ☐ Barbadian
- ☐ Barthélemois/Barthélemoises (Saint Barthélemy)
- ☐ British Virgin Islander
- ☐ Caymanian (Cayman Island)
- ☐ Cuba Dominican
- ☐ Dominican (Dominican Republic)
- ☐ Dutch Antillean (Netherlands Antilles)
- ☐ Grenadian
- ☐ Guadeloupian
- ☐ Haitian
- ☐ Jamaican
- ☐ Martiniquais/Martiniquaise
- ☐ Montserratian
- ☐ Puerto Rican

☐ Caribbean Write in: _____

☐ Black Write in: _____

Central African

- ☐ Angolan
- ☐ Cameroonian
- ☐ Central African (Central African Republic)
- ☐ Chadian
- ☐ Congolese (Republic of the Congo)
- ☐ Congolese (Democratic Republic of the Congo)
- ☐ Equatorial Guinean
- ☐ Gabononese
- ☐ São Toméan
- ☐ Principe
- ☐ Central African Write in: _____

South African

- ☐ Botswanan
- ☐ Mosotho (Lesotho)
- ☐ Namibian
- ☐ South African
- ☐ Swazi
- ☐ South African Write in: _____

East African

- ☐ Burundian
- ☐ Comoran
- ☐ Djiboutian
- ☐ Eritrean
- ☐ Ethiopian
- ☐ Kenyan
- ☐ Malagasy (Madagascar)
- ☐ Malawian
- ☐ Mauritian (Mauritius)
- ☐ Mahoran (Mayotte)
- ☐ Mozambican
- ☐ Reunionese
- ☐ Rwandan
- ☐ Seychellois/Seychelloise
- ☐ Somali
- ☐ South Sudanese
- ☐ Sudanese
- ☐ Ugandan
- ☐ Tanzanian (United Republic of Tanzania)
- ☐ Zambian
- ☐ Zimbabwean

☐ East African Write in: _____

Latin American

- ☐ Argentine
- ☐ Belizean
- ☐ Bolivian
- ☐ Brazilian
- ☐ Chilean
- ☐ Colombian
- ☐ Costa Rican
- ☐ Ecuadorean
- ☐ El Salvadoran
- ☐ Falkland Islander
- ☐ French Guianese
- ☐ Guatemalan
- ☐ Guyanese
- ☐ Honduran
- ☐ Mexican
- ☐ Nicaraguan
- ☐ Panamanian
- ☐ Paraguayan
- ☐ Peruvian
- ☐ South Georgia and the South Sandwich Islands
- ☐ Surinamese
- ☐ Uruguayan
- ☐ Venezuelan

☐ Latin American Write in: _____

West African

- ☐ Beninese
- ☐ Bissau-Guinean
- ☐ Burkinabé (Burkina Faso)
- ☐ Cabo Verdean
- ☐ Ivorian (Cote d'Ivoire)
- ☐ Gambian
- ☐ Ghanaian
- ☐ Liberian
- ☐ Malian
- ☐ Mauritanian
- ☐ Nigerien (Niger)
- ☐ Nigerian (Nigeria)
- ☐ Saint Helenian
- ☐ Senegalese
- ☐ Sierra Leonean
- ☐ Togolese

☐ West African Write in: _____

WHITE

☐ White

Eastern European

- ☐ Bosnian
- ☐ Herzegovinian
- ☐ Polish
- ☐ Romanian
- ☐ Russian
- ☐ Ukrainian

☐ Eastern European Write in: _____

Middle Eastern and North African

- ☐ Algerian
- ☐ Amazigh or Berber
- ☐ Arab or Arabic
- ☐ Assyrian
- ☐ Bahraini
- ☐ Bedouin
- ☐ Chaldean
- ☐ Copt
- ☐ Druze
- ☐ Egyptian
- ☐ Emirati
- ☐ Iranian
- ☐ Iraqi
- ☐ Israeli
- ☐ Jordanian
- ☐ Kurdish Kuwaiti
- ☐ Lebanese
- ☐ Libyan
- ☐ Moroccan
- ☐ Omani
- ☐ Palestinian
- ☐ Qatari
- ☐ Saudi Arabian
- ☐ Syrian
- ☐ Tunisian
- ☐ Yemeni

☐ Middle Eastern Write in: _____

☐ North African Write in: _____

☐ White Write in: _____

By law, a student (or the parent/guardian on behalf of the student) is not required to identify their race and/or ethnicity on school forms. However, if a student (or parent/guardian on behalf of the student) does not complete the two-part question on race and ethnicity, by law, school personnel must use 'observer identification' to select the race and ethnicity of the student.

Chris Bigelow, Director (425-408-7726)

Administrative Center
3330 Monte Villa Parkway
Bothell, WA 98021-8972

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to Office Staff at your student's school)

- | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____
☐ Student is unaccompanied (not living with a parent or legal guardian)
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

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

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

*I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Please return completed form to:
To your students office staff

For School Personnel Only: Forward completed questionnaire to the MV Liason, Dr. Chris Bigelow.

For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels



Northshore
School District

Health and School Nurse Services

IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE 2019-2020

3330 Monte Villa Parkway
Bothell, WA 98021-8972
425-408-7728

For the protection of your student, Washington State's School Immunization Law requires documentation of immunization at the time of school registration. **A Certificate of Immunization Status (CIS), signed by the parent/guardian with immunization dates (month, day and year) must be on file at the school on or before the student's first day at school.** It is the responsibility of the parent/guardian to obtain the **required healthcare provider verified documentation AND** complete the form.

The CIS form is available at your school or on-line at: <http://www.doh.wa.gov/YouandYourFamily/Immunization>

Minimum ENTRY requirements for school attendance are:

DTaP/DPT/Td: Diphtheria, Tetanus, Pertussis (Whooping Cough)

- **Preschool:** (4) doses
- **Grades K-12:** (5) doses or (4) acceptable of DPT/DTaP, with the last dose received on or after the fourth birthday.

Tdap: Vaccine booster for adolescent protection against Diphtheria, Pertussis and Tetanus

- **Grades 6-12:** (1) dose and student is at least 11 yrs old.

Polio: Oral polio vaccine (OPV-Sabin) or inactivated polio vaccine (IPV) any combination

- **Preschool:** (3) doses.
- **K-Grade 7:** (4) doses if last dose on or after the 4th birthday and dose 3 & 4 separated by 6 months. (3) doses acceptable if last dose on or after the 4th birthday.
- **Grades 8-12:** (4) doses if all doses given before the 4th birthday. (3) doses acceptable with the last dose on or after the 4th birthday.

MMR: Measles, Mumps and Rubella are combined into one vaccine

- **Preschool:** (1) dose on or after the first birthday
- **Grades K-12:** (2) doses of MMR. First dose on or after 1st birthday. Dose #2 at least 28 days after the first dose

Hepatitis B

- **Preschool-Grade 12:** (3) doses. Dose 3 must be given on or after 24 weeks of age; minimum interval between Dose 1 and 3 of 16 weeks

Varicella: Chickenpox

- **Preschool:** (1) dose on or after 1st birthday OR proof of illness/immunity with signed note from Health Care Provider
- **Grades K-12:** (2) doses on or after 1st birthday and at least 28 days apart OR proof of illness/immunity with signed note from Health Care Provider.

Hib: Haemophilus Influenzae Type B

- **Preschool ONLY:** Number of doses depends on age and when the vaccine is given. The recommended schedule is 2 or 3 doses before 15 months OR 1 dose after 15 months.

PCV: Pneumococcal

- **Preschool ONLY:** 2-4 doses depending on age if given before 24 months. 1 dose if only dose given after 24 months.

IMMUNIZATIONS 2019-2020

Immunization Record Sharing with the Washington State Department of Health: Washington State Immunization Information System (WAIIS)

The Northshore School District is part of a state immunization record tracking system that includes immunization data from area doctors' offices and health care providers. The district is transitioning all immunization documentation and record keeping to the Washington State Immunization System (WAIIS). This information system makes it much easier for us to get copies of your child's immunization record, a requirement for school entry under Washington State law. This information is used solely to help protect your child and prevent disease by improving the quality and timeliness of records and services in our community. The information can only be shared with entities authorized by Washington law (RCW 70.02) to receive it, such as doctors, nurses, public health entities and schools (Family Educational Records Privacy Act). In addition, the information can **only** be used for immunization record keeping. Parent permission is required to share immunization information with WAIIS which can be provided by signing the CIS form. In an effort to update the WAIIS with your child's current immunization records, **we require healthcare provider verified documentation of some or all of your child's immunizations.**

Parents and guardians have access to the WAIIS through a new web portal called MyIR. This secure online system pulls data from the WA Immunization Information System (WAIIS) and will auto populate your child's Certificate of Immunization Status (CIS) with immunizations contained in the IIS. Parents can print, sign, and submit the CIS to the school or preschool/child care. Information about this new system can be found at <http://www.doh.wa.gov/YouandYourFamily/Immunization>.

Exemptions

A child may be exempted from the legal requirement of having any or all of the required doses of vaccines under exceptional circumstances. EXEMPTIONS are claimed as Medical, Religious or Personal. A certificate of exemption form is available from the school nurse or school office upon request. Medical and personal exemptions require the signature of parents/guardians AND a health care provider. Students who have been exempted are susceptible to the disease(s) for which they did not receive adequate vaccine(s). Therefore, in the event of a disease outbreak, they may be excluded from school attendance for the duration of the outbreak.

WHERE TO OBTAIN IMMUNIZATIONS:

Immunizations may be obtained from your private health provider, certain pharmacies or Community Health Centers. The Public Health and Community Centers have sliding fee scales and accept medical coupons. They do not accept private insurance. Contact the specific center for hours and fees. ****BRING YOUR IMMUNIZATION RECORDS WITH YOU.** You may also contact the school nurse at the school your child will attend for more information or assistance for any health needs.

Community Health Centers

The Community Health Centers offer immunizations as part of a clinical visit. Call for information and/or appointment for medical services. Services are available on a sliding-fee scale, insurance and Apple Health accepted.

HealthPoint - Bothell

10414 Beardslee Blvd Suite 100
Bothell, WA 98011 (425) 486-0658

HealthPoint - Redmond

16225 NE 87th St. Together Center Bldg B Redmond, WA 98052 (425) 882-1697

The Community Health Access Program is a resource for medical/dental care for students and families in King County. Call 800-756-5437 or chap@kingcounty.gov for assistance with accessing health care & health care coverage for your family.



Northshore
School District

3330 Monte Villa Pkwy
Bothell, WA 98021

Health Services

HEALTH REGISTRATION FORM

Student Name _____ Grade _____ Birthdate _____

Parent/Guardian Name _____ Home Phone _____ Work Phone _____

Medical Insurance ☐ Yes ☐ No

The following information is considered confidential and is for the use of teachers, principal, school nurse, or other staff who will be in contact with and responsible for your child during the school day. Please contact your School Nurse if you prefer to discuss the following statements personally.

MY CHILD HAS A LIFE THREATENING CONDITION ☐ Yes ☐ No

If YES, Washington State law requires that medication or treatment orders and a health care plan be in place prior to the start of school. Students with a Life Threatening Condition will have an Emergency Care Plan, as qualified for under Section 504 of the Rehabilitation Act. The school nurse will develop the plan with input from the parents, health care provider and other school staff as needed prior to school attendance. Your signature on this form grants permission to initiate this process.

Allergies ☐ None OR ☐ Plants ☐ Foods ☐ Bees / Insects ☐ Animals ☐ Other

Please describe reaction _____

Asthma ☐ No ☐ Yes Provoked by _____

	NO	YES	EXPLAIN
Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Autism	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Health (e.g. depression / anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bone, Joint, Muscle Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Stomach/Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Problems (glasses / contacts)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does the student take medication of any kind? ☐ None OR ☐ Home ☐ School Explain: _____

Students requiring medication (prescription or non-prescription) at school must have a written physician order and written parent consent. **ALL Medication Orders must be renewed EACH SCHOOL YEAR.**

Forms are available in the school office or www.nsd.org

Parent/Guardian Signature _____ Date _____



Northshore School District

Health/Nursing Services

Rebecca Cavanaugh, MN, RN, NCSN
Health and Nursing Supervisor

3330 Monte Villa Parkway
Bothell, WA 98021
425-408-7728

Children With Life-Threatening Conditions

In order to provide a safe learning environment, the state of Washington passed a law that requires students with life threatening conditions to have medical orders and a nursing care plan in place **BEFORE the first day of school attendance.** (Chapter 101, Laws of 2002, amending Chapter 28A.210 RCW)

The law defines life-threatening condition as “a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.” Children with life-threatening conditions such as severe bee sting or food allergies, severe asthma, severe seizures, etc., are now required to have a medication or treatment order in place before they start school.

At the time of enrollment, complete the health information form and if your child has a life-threatening health condition requiring medical services at school, notify your school nurse. Students with life-threatening conditions qualify for a 504 Accommodation/Emergency Care Plan. The nurse will provide with you with the necessary forms for your doctor or health care provider to complete and schedule a time to meet with you to develop a health care plan. It is advisable to get medical appointments/orders completed well before school begins.

If you have any questions or would like further clarification, you may call the district nursing supervisor at 425-408-7728 or call the nurse at your school.



Northshore School District

Salud/ Servicios de Enfermería

De: Rebecca Cavanaugh, MN, RN, NCSN y Supervisor de Salud y Enfermería

Administrative Center
3330 Monte Villa Parkway
Bothell, WA 98021-8972

A: Padres/ Tutores

Niños con condiciones de Vida en riesgo.

Para proveer un ambiente de aprendizaje sano la legislatura del Estado de Washington ha pasado un nuevo requerimiento para niños con condiciones de vida en riesgo (capítulo 101, enmienda de leyes del 2002 capítulo 28 A.210 RCW)

Efectivo el 13 de junio 2002, la asistencia de un niño con condiciones de riesgo de vida a las escuelas públicas en Washington dependerá de que una escuela reciba ordenes de medicamento o tratamiento antes de que el niño asista a la escuela o el primer día en que asista a la escuela.

La ley define condición de vida en riesgo como: Una condición de salud que podría poner al niño en peligro de muerte durante el día de escuela, si no se cuenta con medicamento o indicaciones para tratamiento y un plan de cuidados.

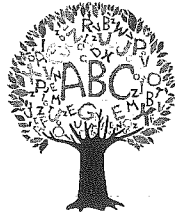
Niños con condición de vida en riesgo como; picadura severa de abeja, alergia a comidas, asma severa, diabetes inestable, convulsiones severas, etc. Ahora requieren tener medicamento o indicaciones de tratamiento en la escuela, antes de que asistan a ella.

"Orden de medicina o tratamiento "quiere decir la autoridad que una enfermera registrada obtiene bajo RCW 18.79.260 (2). (la ley). Esto es cubierto cuando el medico o doctor del niño llena la y completa forma de autorización para medicamento o tratamiento para que los servicios médicos se proporcionen en la escuela.

Si un medicamento u orden de tratamiento no es proveído, el director de la escuela debe excluir al niño de ingresar a la escuela hasta que no se obtenga esta orden. Este requisito aplica a alumnos con condición de vida en riesgo que sean nuevos en el distrito escolar, y para alumnos que ya están asistiendo a la escuela. Los procedimientos para excluir a un alumno van de acuerdo con las normas (WACs) de la Asociación de Educación del Estado.

Es vital, por la seguridad de tu niño durante el tiempo que asiste a la escuela cada día, que **si tu niño tiene una condición de vida en riesgo y requiere servicios médicos en la escuela que inmediatamente le hagas saber a la enfermera de la escuela.** Las formas necesarias serán proporcionadas y se hará una cita para que te unas con la enfermera de la escuela.

Si tienes alguna pregunta o te gustaría aclarar alguna cosa, me puedes llamar al (425) 489-6217 o llama a la enfermera de la escuela.



Kindergarten HiCap Information

2019 - 2020 Kindergarten Highly Capable Eligibility Process

The Kindergarten eligibility process incorporates two steps – Screening AND Assessment.
Parents and teachers do not nominate or register students.

Step 1: Screening

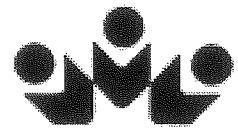
All Kindergarten students will be screened for potential Fall 2019.
Screening tools are typically a cognitive measure of student ability.

Those students meeting the criteria threshold on the screening tool will move on to assessment.
Parents of students moving on to the assessment level will be notified.
Per WA state law, parent permission is required to assess a student if the measure is not being administered to all students in the grade level.

Step 2: Assessment

Assessments will occur during the school day and will be administered by classroom teachers and/or trained proctors. Assessment tools typically measure academic achievement and/or creative achievement.

Please be assured that your Kindergarten student will be automatically screened for potential highly capable eligibility. To learn more about the Highly Capable Services at Kindergarten, please reference Northshore's Highly Capable website, Holistic Services.



Northshore
School District

Elementary Education

2421P
3300 Monte Villa Parkway
Bothell, WA 98021
(425) 408-7705

Kindergarten Readiness Survey

Please complete the following survey. Your answers will help your student's teacher provide the best possible Kindergarten experience for your child.

Student's Name _____

Please list your child's strengths and weaknesses in the following areas:

Emotional _____

Social _____

Academic _____

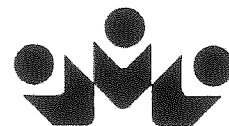
	Very Well			Not Well
How well does your child separate from you?	1	2	3	4
How well does your child get along with others?	1	2	3	4
How well is your child able to sit and listen?	1	2	3	4
How well does your child follow directions?	1	2	3	4
How well does your child recognize letters?	1	2	3	4
How well does your child recognize letter sounds?	1	2	3	4
Does your child tend to be shy or talkative? (Comments) _____				

Would your child rather play with others or by himself/herself? (Comments) _____

Does your child have any special friends or neighbors entering Kindergarten? (Comments) _____

Are there any social, emotional, or health issues we should be aware of? (Comments) _____

Other concerns? _____



Distrito Escolar
de Northshore

Educación Primaria

2421P

3300 Monte Villa Parkway
Bothell, WA 98021
(425) 408-7705

Encuesta de Preparación para el Kínder

Por favor complete la siguiente encuesta. Sus respuestas ayudaran al maestro a proporcionar a su hijo con la mejor experiencia posible en el Kínder.

Nombre del Estudiante _____

Favor enlistar las fortalezas y debilidades de su hijo en las siguientes áreas:

Emocional _____

Social _____

Académica _____

	Muy Bien			No Bien
¿Cómo actúa su hijo al separarse de usted?	1	2	3	4
¿Cómo se lleva su hijo con otros?	1	2	3	4
¿Cómo actúa su hijo al sentarse prestar atención?	1	2	3	4
¿En qué medida sigue su hijo instrucciones?	1	2	3	4
¿Qué tan bien reconoce su hijo las letras?	1	2	3	4
¿Qué tan bien reconoce su hijo los sonidos de las letras?	1	2	3	4

¿Tiende su hijo a ser tímido o hablador? (Comentarios) _____

¿Prefiere su hijo jugar con otros o solo? (Comentarios) _____

¿Tiene su hijo amigos especiales o vecinos que van a entrar al Kínder? (Comentarios) _____

¿Hay algún problema social, emocional o de salud que debemos tener en cuenta? (Comentarios) _____

¿Otros motivos de preocupación? _____



Northshore
School District

Elementary Education

3300 Monte Villa Parkway
Bothell, WA 98021
(425) 408-7705

Parent Involvement Survey

Welcome! We are looking forward to a positive and productive partnership in helping your child be a successful and motivated learner. Research shows that parent involvement at school has a positive impact on student achievement. We want to provide a variety of opportunities for you to be involved. Please note that your follow up at home applying, discussing, and enriching skills and concepts learned at school has the most significant impact on achievement. In addition to help at home, your involvement at school, regardless of what form it takes, demonstrates that you value their education. The information below will help us plan productive opportunities for your involvement.

Student Name: _____

Parent/Guardian Name(s) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email _____

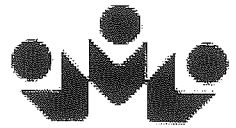
Please indicate areas in which you are able to help:

- ☐ At-home activities related to school learning (cutting out projects, labeling, etc.)
- ☐ Organize and/or coordinate special events (field trips, parties, etc.)
- ☐ Assist with special events (field trips, parties, etc.)
- ☐ PTSA activities and programs that support our school?

If yes on any above, please indicate your preference to help.

- ☐ Occasionally or as needed
- ☐ Monthly
- ☐ Weekly
- ☐ Other _____

Please share any special areas of interest or background that might help us plan how to best utilize your time:



Northshore
School District

Elementary Education

2421P

3330 Monte Villa Parkway
Bothell, WA 98021
(425) 408-7705

Kindergarten Before and After School Plans

Please provide the information below for transportation to and from school. It is **very important** that this information is **complete and correct**. If you do not have this information at registration time, please take this form with you and return it just as soon as you can.

Student's Name _____ Pupil No. (School use) _____

Home Address _____

Parent/Guardian Name/s _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email Address _____

To School:

- | | | |
|----------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> from home | <input type="checkbox"/> from daycare | |
| <input type="checkbox"/> by school bus | <input type="checkbox"/> by daycare | <input type="checkbox"/> parent transports |

After School:

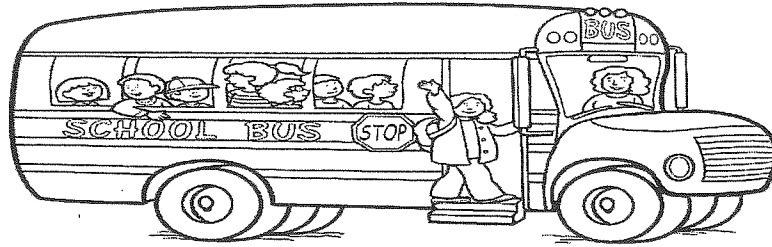
- | | | |
|----------------------------------------|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/> to home | <input type="checkbox"/> to daycare | |
| <input type="checkbox"/> by school bus | <input type="checkbox"/> by daycare | <input type="checkbox"/> parent transports |

Daycare Information:

Daycare Name _____

Daycare Address _____

Daycare Phone _____



**PARENTS OF NEW KINDERGARTNERS AND
NEW NORTHSORE FAMILIES
Are Invited to Attend a
Bus Transportation Orientation
August 2019**

Safely transporting students to and from school is extremely important to Northshore. To ensure that both students and parents understand bus procedures and safety rules, two orientation sessions are scheduled prior to the 2019-2020 school year.

You are invited to bring your kindergartner or new Northshore student to the

Barney Bus Safety Assembly

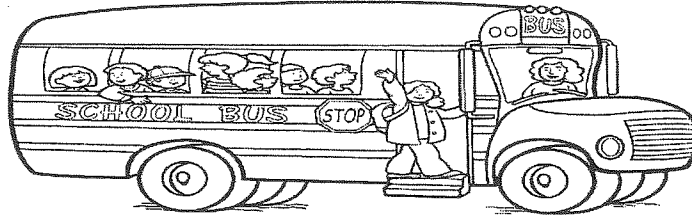
The assembly will feature a mechanized mini bus "Barney" who will review and demonstrate bus safety practices. A real bus will also be on hand to demonstrate and practice safe loading, safe crossing in front of the bus, and other key safety issues.

Two regional assemblies are scheduled:

When: Thursday, August 8, at 10:00 AM
Where: Lockwood Elementary Cafeteria
24118 Lockwood Road
Bothell, WA 98021

AND

When: Friday, August 9, at 10:00 AM
Where: Cottage Lake Elementary Gym
15940 Avondale Rd NE
Woodinville, WA 98077



PADRES DE FAMILIA DE NIÑOS NUEVOS AL JARDIN DE NIÑOS (KINDER) Y NUEVAS FAMILIAS DE NORTHSHORE

Están invitadas a asistir a una Orientación de Transporte Escolar En agosto de 2019

La transportación segura de los estudiantes a la escuela y de la escuela es extremadamente importante para Northshore. Para asegurarnos que tanto estudiantes como padres de familia entiendan los procedimientos y las reglas de seguridad del transporte, están programadas dos sesiones de orientación previas al año escolar de 2019-20.

Por favor traiga a su estudiante del Kinder o nuevo de estudiante de Northshore a la

Asamblea de Seguridad del Camión Escolar Barney

La asamblea presentará un mini camión escolar mecanizado de "Barney" en el que se revisarán y demostrarán las prácticas seguras del camión escolar. Un camión escolar real también estará presente para demostrar y practicar la carga segura, cruce seguro enfrente del camión escolar y otras cuestiones claves de seguridad.

Las dos asambleas regionales están programadas:

Cuándo:	Jueves 8 de agosto a las 10:00 AM
Dónde:	Cafetería de la Primaria Lockwood 24118 Lockwood Road Bothell, WA 98021
Cuándo:	Viernes, 9 de agosto a las 10:00 AM
Dónde:	Gimnasio de la Primaria Cottage Lake 15940 Avondale Rd NE Woodinville, WA 98077