

# Olympia School District STUDENT REGISTRATION FORM

AM Bus: Route # \_\_\_\_\_

PM Bus: Route # \_\_\_\_\_

SCHOOL # \_\_\_\_\_

**ALERT FLAG**

Legal  Medical

Please check here if you have recently registered students at another school or have/will have other students attending another school within our district.

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY					
<b>STUDENT SCHOOL NUMBER</b>	<b>SCHOOL ENTRY DATE (M/D/Y)</b>	<b>TEACHER/ADVISOR</b>	<b>HOMEROOM NUMBER</b>	<b>LOCKER NUMBER</b>	<b>WITHDRAWAL DATE (M/D/Y)</b>

<b>STUDENT'S NAME: LEGAL LAST NAME</b>		<b>LEGAL FIRST NAME</b>		<b>LEGAL MIDDLE NAME</b>		<b>BIRTHDATE: (M/D/Y)</b>	
<b>RESIDENT ADDRESS: (where student resides) Street</b>				<b>Apt.#</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
				<b>GENDER (M/F)</b>		<b>GRADE LEVEL</b>	
<b>BIRTHPLACE:</b> City State Country		<b>ETHNIC CODE</b> Are you Hispanic/Latino or not Hispanic/Latino? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Please see the attached <i>Ethnicity and Race Data Collection Form</i> and select all that apply, based on your response to the above question.				District Resident <input type="checkbox"/> Yes <input type="checkbox"/> No, Transfer Student <input type="checkbox"/> Out-of-District Transfer <input type="checkbox"/> Within-District Transfer	

<b>STUDENT LIVES WITH:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____	<b>PRIMARY GUARDIAN 1</b> (parent/legal guardian where student resides)  Last Name _____  First Name _____	<b>PRIMARY GUARDIAN 1 PHONE</b> (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____
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<b>MAILING ADDRESS</b> (If different from above) (Street/Apt. #, City, State, Zip)	<b>PRIMARY GUARDIAN 2</b> (parent/legal guardian where student resides)  Last Name _____  First Name _____	<b>PRIMARY GUARDIAN 2 PHONE</b> (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____ <input type="checkbox"/> Email Address _____
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<b>MILITARY?</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both			
<b>PRIMARY GUARDIAN 1 EMPLOYER</b> (Company Name)	<b>Employer Phone</b>	<b>PRIMARY GUARDIAN 2 EMPLOYER</b> (Company Name)	<b>Employer Phone</b>

<b>SECOND HOUSEHOLD</b> (non-custodial parent not residing with student) Last Name _____ First Name _____	<b>RELATIONSHIP TO STUDENT</b> <input type="checkbox"/> Father <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other _____	<b>SECOND HOUSEHOLD PHONE</b> (include area code) <input type="checkbox"/> Home _____ <input type="checkbox"/> unlisted <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Email Address _____
<b>SECOND HOUSEHOLD</b> (non-custodial parent not residing with student) Last Name _____ First Name _____		
<b>SECOND HOUSEHOLD ADDRESS</b> (Street/Apt #, City, State, ZIP)		<b>Additional Mailings Requested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SCHOOL PREVIOUSLY ATTENDED</b>	<b>SCHOOL DISTRICT PREVIOUSLY ATTENDED</b>	<b>PREVIOUS SCHOOL LOCATION</b> (City and State)
<b>HAS STUDENT EVER ATTENDED OLYMPIA SCHOOL DISTRICT SCHOOLS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WA SSID#: _____		<b>DATE ATTENDED</b> (Month/Year)
<b>HAS YOUR CHILD EVER BEEN ENROLLED IN A PRESCHOOL PROGRAM?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>HAS STUDENT EVER ATTENDED A WASHINGTON STATE SCHOOL?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE PROVIDE WA SSID#: _____		

<b>IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide a copy for your child's school file.)	
<b>IS THERE A RESTRAINING ORDER IN EFFECT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement.) Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	

<b>HAS YOUR CHILD EVER QUALIFIED FOR, OR BEEN ENROLLED IN, A SPECIAL ED PROGRAM?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>HAS YOUR CHILD EVER QUALIFIED FOR, OR HAD, A-504 PLAN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>HAS YOUR CHILD EVER PARTICIPATED IN:</b> <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> Other _____ <b>HAS YOUR CHILD EVER BEEN ENROLLED IN AN, ENGLISH LANGUAGE LEARNER (ELL) PROGRAM?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>PRIMARY LANGUAGE SPOKEN AT HOME:</b> _____ <b>IS YOUR CHILD CURRENTLY LIVING IN A SHELTER, CAR, MOTEL, DOUBLED-UP WITH FRIENDS/RELATIVES, IN TEMPORARY FOSTER CARE OR GROUP HOME, OR CAMPGROUND?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HAS YOUR CHILD EVER BEEN RETAINED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s)? _____ <b>PROMOTED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s)? _____
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<b>DOES STUDENT ATTEND CHILDCARE?</b> <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school	<b>CHILDCARE PROVIDER</b> Name _____ Address _____ Phone Number _____
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**ADDITIONAL CHILDCARE ARRANGEMENTS** (Please provide information to school in writing.)  Yes  No

PLEASE LIST OTHER SIBLINGS				
Last Name	First Name	School	Grade	Age

<b>STUDENT'S MEDICAL HISTORY</b> (Check appropriate boxes and complete the health card for a more detailed description of the concerns.)	
DOCTOR or CLINIC NAME: _____	DOCTOR or CLINIC PHONE NUMBER: (    ) _____
<input type="checkbox"/> ALLERGIES: _____	<input type="checkbox"/> OTHER HEALTH CONCERNS: _____

**When injury, illness or emergency situations (earthquake, fire, etc.) occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/legal guardian, please list persons you trust who are available during the day to provide care for your child (it would be helpful if one contact was from outside of the area).**

<b>PRIMARY CONTACT</b> (other than parent/legal guardian) Last Name                      First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT ADDRESS                      Street	City	State	ZIP
<b>SECONDARY CONTACT</b> (other than parent/legal guardian) Last Name                      First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>THIRD CONTACT</b> (other than parent/legal guardian) Last Name                      First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>FOURTH CONTACT</b> (other than parent/legal guardian) Last Name                      First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>FIFTH CONTACT</b> (other than parent/legal guardian) Last Name                      First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>SIXTH CONTACT</b> (other than parent/legal guardian) Last Name                      First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of accident or illness, every effort will be made to contact parent/legal guardian immediately. If parent/legal guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Yes                       No

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/legal guardian, I authorize that my child may be released to the person(s) listed above.

Yes                       No

**AS THE PARENT/LEGAL GUARDIAN, WOULD YOU BE WILLING TO VOLUNTEER?**

Yes     No

**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 Olympia School District.

**Legal Parent/Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# Home Language Survey

## Olympia School District

1113 Legion Way SE • Olympia, WA 98501 • <http://osd.wednet.edu>

<b>Student Name:</b> _____		<b>Date:</b> _____
<b>School:</b> _____		
<b>Birth Date:</b> _____	<b>Gender:</b> _____	<b>Grade:</b> _____
Form Completed by: _____		
<b>Parent/Guardian Name:</b> _____		<b>Relationship to Student:</b> _____
<b>Parent/Guardian Signature:</b> _____		
If available, in what language would you prefer to receive communication from the school? _____ <b>English</b> _____ <b>Other:</b> _____		
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended (ELL/ESL/ELD/Bilingual Ed.)? _____ <b>Yes</b> _____ <b>No</b> _____ <b>Don't Know</b>		
1. In what <u>country</u> was your child born? _____ <b>United States</b>	<b>List non-U.S. country:</b> _____	
2. What language did your child <u>first</u> learn to speak as an infant?*( (Native language) _____ <b>English</b> _____ <b>Other language</b>	<b>List non-English language:</b> _____ *Response of a language other than English requires ELL placement testing	
3. What language does <u>YOUR CHILD</u> use the most at home?*( (Language) _____ <b>English</b> _____ <b>Other language</b>	<b>List non-English language:</b> _____ *Response of a language other than English requires ELL placement testing	
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child? (Home language) _____ <b>English</b> _____ <b>Other language</b>	<b>List non-English language(s):</b> _____ _____	
5. Has your child <u>ever</u> received "formal education" outside of the United States? (Kindergarten – 12 <sup>th</sup> grade) "Formal education" does not include refugee camps or other unaccredited programs for children. _____ <b>Yes</b> _____ <b>No</b>	If <b>yes</b> , in what language(s) was instruction given? _____ For how many months? _____	
6. When did your child <u>first</u> attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade)	_____ <b>Month Day Year</b>	
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation?	_____ <b>Yes</b> _____ <b>No</b>	

Note to office staff: Send a copy to ELL teacher if response of a non-English language to question #2 OR question #3 OR "Yes" to #7.

## Ethnicity and Race Data Collection Form

**QUESTION 1.** Is your child of Hispanic or Latino origin? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> NOT HISPANIC/LATINO<br><input type="checkbox"/> CUBAN<br><input type="checkbox"/> DOMINICAN<br><input type="checkbox"/> SPANIARD<br><input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> MEXICAN / MEXICAN AMERICAN/ CHICANO<br><input type="checkbox"/> CENTRAL AMERICAN<br><input type="checkbox"/> SOUTH AMERICAN<br><input type="checkbox"/> LATIN AMERICAN<br><input type="checkbox"/> OTHER HISPANIC/LATINO |
|--|---|

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

- |   |  |
|---|--|
| <input type="checkbox"/> AFRICAN AMERICAN/ BLACK<br><br><input type="checkbox"/> WHITE<br><br><input type="checkbox"/> ASIAN INDIAN<br><input type="checkbox"/> CAMBODIAN<br><input type="checkbox"/> CHINESE<br><input type="checkbox"/> FILIPINO<br><input type="checkbox"/> HMONG<br><input type="checkbox"/> INDONESIAN<br><input type="checkbox"/> JAPANESE<br><input type="checkbox"/> KOREAN<br><input type="checkbox"/> LAOTIAN<br><input type="checkbox"/> MALAYSIAN<br><input type="checkbox"/> PAKISTANI<br><input type="checkbox"/> SINGAPOREAN<br><input type="checkbox"/> TAIWANESE<br><input type="checkbox"/> THAI<br><input type="checkbox"/> VIETNAMESE<br><input type="checkbox"/> OTHER ASIAN<br><br><input type="checkbox"/> NATIVE HAWAIIAN<br><input type="checkbox"/> FIJIAN<br><input type="checkbox"/> GUAMANIAN or CHAMORRO<br><input type="checkbox"/> MARIANA ISLANDER<br><input type="checkbox"/> MELANESIAN<br><input type="checkbox"/> MICRONESIAN<br><input type="checkbox"/> SAMOAN<br><input type="checkbox"/> TONGAN<br><input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> ALASKA NATIVE<br><input type="checkbox"/> CHEHALIS<br><input type="checkbox"/> COLVILLE<br><input type="checkbox"/> COWLITZ<br><input type="checkbox"/> HOH<br><input type="checkbox"/> JAMESTOWN<br><input type="checkbox"/> KALISPEL<br><input type="checkbox"/> LOWER ELWHA<br><input type="checkbox"/> LUMMI<br><input type="checkbox"/> MAKAH<br><input type="checkbox"/> MUCKLESHOOT<br><input type="checkbox"/> NISQUALLY<br><input type="checkbox"/> NOOKSACK<br><input type="checkbox"/> PORT GAMBLE KLALLAM<br><input type="checkbox"/> PUYALLUP<br><input type="checkbox"/> QUILEUTE<br><input type="checkbox"/> QUINAULT<br><input type="checkbox"/> SAMISH<br><input type="checkbox"/> SAUK-SUIATTLE<br><input type="checkbox"/> SHOALWATER<br><input type="checkbox"/> SKOKOMISH<br><input type="checkbox"/> SNOQUALMIE<br><input type="checkbox"/> SPOKANE<br><input type="checkbox"/> SQUAXIN ISLAND<br><input type="checkbox"/> STILLAGUAMISH<br><input type="checkbox"/> SUQUAMISH<br><input type="checkbox"/> SWINOMISH<br><input type="checkbox"/> TULALIP<br><input type="checkbox"/> YAKAMA<br><input type="checkbox"/> OTHER WASHINGTON INDIAN<br><input type="checkbox"/> OTHER AMERICAN INDIAN/ALASKA NATIVE |
|---|--|

Student's Name: \_\_\_\_\_ Parent/Legal Guardian's Signature: \_\_\_\_\_

B.D. \_\_\_\_\_

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

## OSD Student Housing Questionnaire

**PURPOSE OF THIS DOCUMENT:** To address the McKinney-Vento Education Assistance Improvements Act 42 U.S.C. 11435.

**INSTRUCTIONS:** Please complete this form fully and return to your school office or counselor.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
OSD School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
Previous School & District (School/District of Origin): \_\_\_\_\_

**1. Please indicate if any of the following situations apply to your student:**

- Student is sharing a residence with one or more families
- Student is living in a motel or hotel.  
Address of Motel/Hotel: \_\_\_\_\_
- Student is living in a shelter. (Domestic violence, emergency, or transitional housing unit.)  
Address or Name of Shelter: \_\_\_\_\_
- Student is living in a car, park, campground, or public place.  
General Area of residence: \_\_\_\_\_
- Student is "Couch Surfing"  
Current address where couch surfing: \_\_\_\_\_
- Student is living in a place without adequate facilities. (No running water, no heat, no electricity.)  
Address/Location of residence: \_\_\_\_\_
- None of the above apply or  Rent/Own Home. (No further action is needed. You do not need to return this form.)

**2. Is this temporary living arrangement due to loss of housing or economic hardship?**  Yes  No

**3. Please briefly explain your current situation:** \_\_\_\_\_  
\_\_\_\_\_

**4. Is the student living with parent or legal guardian?**  Yes  No

Parent/Legal Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I declare under penalty of perjury that the information provided herein is true and correct.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or) Unaccompanied Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For School Personnel Use Only

*If student is missing enrollment records, please contact the student's previous school for records.*

The following records missing:  Birth Certificate  Immunization/Health Records  Prior Academic Records  
School Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT HEALTH INFORMATION**

Graduation Year \_\_\_\_\_  
Last School Attended \_\_\_\_\_

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian's Name:	Home/Msg Phone	Cellular Phone	Work Phone
Parent/Legal Guardian's Name:			

Student lives with:  Both Parents

- Father only     Mother only     Self  
 Father/Stepmother     Mother/Stepfather     Agency

- Legal Guardian     Grandparents  
 Stepfather/Stepmother     Other: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance:

- Medical Coupons     Private     Military     None

**LIFE-THREATENING CONDITIONS**

RCW 28A.210.320 requires every public school to prohibit the attendance at school for any and all purposes for any student with a "Life-Threatening Condition" who does not have medication or treatment orders and a nursing care plan on file at the school. A "Life-Threatening Condition" is defined as a health condition that will put the child in danger of death during the school day if medication or treatment orders and a nursing care plan are not in place. Students who are not in compliance with RCW 28A.210.320 are prohibited from attendance until such time that they come into complete compliance. Any parent/legal guardian who contests the schools decision has the right to due process procedures as found in Olympia School District Policy 3200.

Does your child have a Life-Threatening Allergy?     Yes     No

Allergic to: \_\_\_\_\_

Describe Reaction: \_\_\_\_\_

Date of Last Reaction: \_\_\_\_\_

Seizures: Type \_\_\_\_\_

Cardiac: Describe \_\_\_\_\_

Diabetes: Type \_\_\_\_\_

Does your child have severe Asthma?     Yes     No  
Hospitalized / Emergency Treatment within past year.     Yes     No

**OTHER HEALTH CONDITIONS**

Allergies - please list: \_\_\_\_\_

Mild Reactions: \_\_\_\_\_

Asthma:     with inhaler     without inhaler  
Describe: \_\_\_\_\_

Other Health Conditions: \_\_\_\_\_

**MEDICATIONS**

If your child needs to take any medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.

**Medication(s):**

Currently Used

1. \_\_\_\_\_ Taken At:     School     Home  
 2. \_\_\_\_\_     School     Home  
 3. \_\_\_\_\_     School     Home

If your child is ill/injured at school, we will contact the parent/legal guardian or emergency contact person if at all possible and call 911, if the injury or illness warrants it. I consent to the release of medical information related to my child, to school personnel, as needed, to ensure his/her safety at school. I understand that it will be my responsibility to arrange for payment for medical care, should my child be ill/injured. I have read and understand this form.

Parent/Legal Guardian Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Olympia School District  
STUDENT/FAMILY EMERGENCY RELEASE FORM

This form will be used in the event of a school emergency or natural disaster. Students will not be dismissed from school unless a parent/legal guardian or someone on this student's emergency release form comes for him/her. **ONLY ONE FORM PER FAMILY.**

Please list below all children within your family who attend this school.

STUDENT'S NAME	GRADE	TEACHER

Remember, adults must sign students out at the designated release station (this would be the office unless the building has been deemed structurally unsafe in which case signs will indicate the location of a release area). Students will be released only to those adults listed below and only at the student release station.

If circumstances warrant, the building principal or his/her designee, may give permission, based on judgment of particular situations, for specific students to be released or moved to an alternate location. On your battery-operated radio, tune in to the local radio station (KGY 1240 AM / KGY 96.9 FM) and listen for school closure information during power outages and other school closure or early dismissal information. During non-outages, you can listen to the radios station or visit the District's website at <http://kids.osd.wednet.edu> for details.

Parent/Legal Guardian		Parent/Legal Guardian	
Name		Name	
Work Phone		Work Phone	
Home Phone		Home Phone	
Cell		Cell	
Pager		Pager	

I hereby give my permission, that in the case of an emergency, my child(ren) may be released to any of the individuals listed below.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

It would be helpful if you included a contact who resides outside of the local area as well.

Emergency Contact Name	Address	Phone (include all possible numbers)
		Home: Work: Cell:
		Home: Work: Cell:
		Home: Work: Cell:
		Home: Work: Cell:
		Home: Work: Cell:

The following signature is required prior to releasing the student(s). The signature will be the parent, legal guardian or any of the authorized emergency contacts listed above.

\_\_\_\_\_  
Signature of Emergency Contact Pickup

\_\_\_\_\_  
Date of Emergency

\_\_\_\_\_  
Time





Avanti High School  
Discipline Policy  
General Discipline Policy Contract

Discipline Policy

The following are general guidelines for the Avanti Discipline Policy for Avanti High School. This policy covers behaviors that are NOT considered "exceptional misconduct" as defined by the Olympia School district policies on Student Conduct. In cases of "exceptional misconduct," the acts will result in either suspension or expulsion.

General Guidelines

Any student who has received a warning about inappropriate behavior at Avanti High School could upon the 2<sup>nd</sup> offense have his/her schedule reduced or modified. Upon a 3<sup>rd</sup> violation of school rules/policies, a student's continued enrollment at Avanti will be up for review and may result in one or more of the following: a Behavior Contract (known as a Student Improvement Plan); loss of on-campus privileges in which a reduction of schedule occurs AND coursework is completed off campus only. In these cases, student progress and effort will be assessed and a case for continued enrollment will be evaluated by staff at the end of each month.

Students that do not meet all of the conditions of their Behavior Contracts or Modified Schedule (reduced schedule off campus) could be *referred out* or *returned to the student's home high school of residence*. Students have one opportunity to appeal a referral out. Appeals must be in writing and submitted no later than 7 days after a referral out. The appeal should include the following considerations related to the offense; a) an explanation of any mitigating circumstances; b) reflections of personal accountability, ownership, and implications; c) a personal plan for improvement; d) an explanation of reason(s) why the student should remain at Avanti.

Discipline offenses are cumulative, from year to year, and will remain a part of a student's discipline file while in high school.

I have read and understand the Avanti Discipline Policy's general guidelines. I understand the meaning and implications of its content, including the process involved if school rules and policies are violated. I also understand that any student that has been disciplined must abide by all of the conditions provided by school staff in order to maintain enrollment at Avanti and be returned to the status of a student in "good standing".

Student Name (print clearly): \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

# Avanti High School

## Orientation Program Exiting Criteria

All new students are required to successfully complete the Orientation Program prior to being enrolled in regular classes at Avanti. The exiting criteria for the Orientation Program are as follows:

- Successfully complete all assignments and tests
- Demonstrate the ability to complete at least 25 hours of school related work each week
- Demonstrate a commitment to attending school through daily participation and by arriving to school on time and attending each day
- Follow all school district guidelines regarding student behavior

A student should be able to complete the Orientation Program in the 3 week time period allotted. If a student does not meet all the requirements for completing the Orientation within this time, she/he will be referred back to his/her home high school or to another educational setting that might prove to be more successful for the student.

I understand the Orientation Program exiting criteria as explained to me above:

Student Name (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

In accordance with the Alternative Learning Experience (ALE) rule (WAC 392-121-182) section (6) (j), parent(s) or guardian shall, prior to enrollment, be provided with and sign documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience.

Provided on the front and back of this form are summary and narrative descriptions of the difference between home-based instruction and an ALE. Please read these descriptions and sign below.

Summary Description

**Home-Based Instruction**

- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A.225.010.
- Students are not enrolled in public education.
- Students are not subject to the rules and regulations governing public schools, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student's education.

**Alternative Learning Experience**

*(Avanti High School)*

- Is authorized under WAC 392-121-182.
- Students are enrolled in public education either full-time or part-time.
- Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.
- Learning experiences are:
  - Supervised, monitored, assessed, and evaluated by certificated teachers.
  - Provided via a written student learning plan.
  - Provided in whole, or part outside the regular classroom.

**Part-time Enrollment of Home-Based Instruction Students**

Home-based instruction students may enroll in public school programs, including ALE programs, on a part-time basis and retain their home-based instruction status. In the case of part-time enrollment in ALE, the student will need to comply with the requirements of the ALE written student learning plan, but not be required to participate in state assessments or meet state graduation requirements.

I have read the summary and detailed descriptions of home-based instruction and alternative learning experience provided and I understand the difference between home-based instruction and the alternative learning experience program in which my child is enrolling.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of Student(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy placed in student file  
Copy placed in student file  
Copy placed in student file



Olympia School District  
Student Records and Privacy Form

Federal and state laws and district policies govern the information we request about your student and what we are permitted to do with that information. Your student also has certain rights pertaining to his or her information. Under the federal Family Rights to Privacy Act (FERPA), institutions like colleges and universities, the military and yearbook companies may request the following student information: name, address, telephone number, date and place of birth, participation in recognized activities and sports, weight and height of athletic team members, diplomas issued and awards received, schools attended and dates of attendance. However, you have the right to choose whether your student's information is released or not. **If you do not want to have information about your student released, please check the appropriate boxes below, sign the form and return it to your student's school by October 1.**

**FOR FAMILIES OF HIGH SCHOOL JUNIORS AND SENIORS**

**U.S. Military:**

Under federal law, the military may request the names, telephone numbers and addresses of high school juniors and seniors, unless the parent/legal guardian or eligible student checks the box below. The military typically requests this information in October of each academic year. **If you do not want information released to the military, you must check the box below and return this form by October 1 in order to ensure that your preferences are registered in time.** Note: checking the box below does not prohibit the military from gathering student information from other non-school district sources or from having military recruiters speak with your student while on campus.

Please do not release my child's information to the U.S. military. (Military Use)

**FOR ALL FAMILIES**

**Higher Education Institutions:**

Under federal law, institutions of higher education may have access to your student's name, address and telephone number upon request. Most frequently, this information is used for distributing college promotional materials. **If you do not want to have this information released to institutions of higher learning, please check the box below.**

Please do not release my child's information to institutions of higher learning.  
(Higher Ed. Use)

**Visual Image and Directory Information for Other Uses:**

The Olympia School District receives requests for information or photos of students from a variety of groups. **Please read carefully the choices below and check any box if you would not like to have your child's visual image or directory information shared with any of these groups.**

Please do not release my child's visual image or directory information for school yearbooks.  
(Local Use)

Please do not release my child's visual image or directory information for school or school district publications, school or district websites and school sports team rosters.  
(District Use)

Please do not release my child's visual image or directory information to PTA/Parent groups.  
(Public Use)

Please do not release my child's visual image or directory information to vendors like class ring companies, school picture photographers and graduation announcement companies.  
(Vendor Use)

Please do not release my child's visual image or directory information to local newspapers, television stations, social media (Internet publication beyond District websites) or other media outlets.  
(Media Use)

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(student may sign form if he/she is 18 or older)