



BELLINGHAM PUBLIC SCHOOLS

Has your child ever attended Bellingham Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of school(s) attended:		Dates attended:	
Student Legal Last Name:		Legal First Name:		Legal Middle Name:	
Student Preferred Last Name:		Preferred First Name:		Preferred Middle Name:	
Student Birthdate (MM/DD/YY):					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Pref. Gender <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Female	Grade	Birthplace: City	State	Country
If your child was born outside the United States:		Date of Initial Enrollment in US Public School (mm/dd/yy)		Number of Months of K-12 Schooling Outside US	
Ethnicity & Race Info – see additional page		Language Student Currently Speaks:		Language First Spoken By Student:	
				Lang. Spoken at Home:	

Name of Last School(s) Attended:	Date Last Attended:	Previous School Location (City & State):
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#1 Primary Household (where student resides)						
Last Name		First Name		Relationship to Student		
Home Phone: <input type="checkbox"/> Unlisted		Cell Phone:		Work Phone:		
Email:						
Last Name		First Name		Relationship to Student		
Cell Phone:		Work Phone:				
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State

#2 Second Household						
Last Name		First Name		Relationship to Student		
Home Phone: <input type="checkbox"/> Unlisted		Cell Phone:		Work Phone:		
Email:						
Last Name		First Name		Relationship to Student		
Cell Phone:		Work Phone:				
Email:						
Street Address	Street Address (Include Apt#)			Mailing Address	Street/PO Box#	
	City	State	Zip		City	State

Is there a joint custody or parenting plan in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Attached (If yes, copy must be on file with school)
Is there a restraining order in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Attached (If yes, copy must be on file with school)



BELLINGHAM PUBLIC SCHOOLS

Student Registration Form Middle and High School

If yes, restraining order is against:

Does your student have health insurance? Yes No Provider: _____

Primary Physician: _____ Name: _____ Phone: _____

Emergency Contacts – Please list adults you trust who are available during the day to pick up and provide care for your child in the event we can't reach a parent/guardian.

Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

1. _____

2. _____

3. _____

Student Home Email: _____ Student Cell Phone: _____

Has this student taken the MSP, HSPE, EOC, or another state standardized test? Yes No

If yes, indicate the school where test was taken: _____ Month/Year: _____

Has this student been suspended or expelled? Yes No

Date of most recent incident: _____ For weapons or dangerous behavior? Yes No

Was student returned to school? Yes No

Has your child ever qualified for or received Special Education services? Yes No Current IEP? Yes No

Has your child ever qualified for or had a 504 plan? Yes No

Has your child ever received Chapter/LAP services? Yes No If yes, Math Reading

Has your child ever participated in: Gifted/HCL Title1 ESL Other _____

Has your child ever been retained? Yes No If yes, at what grade level(s): _____

Has your child ever received migrant services? Yes No

Does your child have a parent or guardian who is EITHER a member of the active duty US Armed Forces; OR a member of the reserves of the US Armed Forces; OR a member of the Washington National Guard? Yes No

Please list other siblings attending Bellingham Public Schools

Last Name _____ First Name _____ School _____ Grade _____

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 Bellingham Public Schools.

Legal Parent/Guardian Signature: _____ Date: _____

Staff use only – please do not write in gray boxes

StuId#: _____ Address Verification: _____ Health Alert _____ AM Bus _____ Transfer: Y N

Entry Date: _____ Immunizations: _____ Y N PM Bus _____ Approved: _____



AFFIDAVIT OF STUDENT RESIDENCE

For the purpose of determining a students' legal residence relative to school attendance areas in Bellingham Public Schools, the legal definition of residence reads as follows:

WAC 392-137-115 Student residence-Definition. As used in this chapter, the term "student residence" means the physical location of a students' principal abode – i.e., the home, house, apartment, facility, structure, or location, etc. – where the student lives the majority of the time. The following shall be considered in applying this section:

- 1. The mailing address of the student – e.g. parents' address or post office box-may be different than the student's principal abode.*
- 2. The student's principal abode may be different than the principal abode of the student's parent(s).*
- 3. The lack of a mailing address for a student does not preclude residency under this section.*
- 4. If students are expected to reside at address for twenty consecutive days or more.*

A copy of a current gas or electric bill (sewer and/or water bills are not accepted as proof of address) with your name, and current address, must be attached in order to complete the registration process and have a scheduling packet available for your student.

I hereby certify, pursuant to the Washington Administrative Code (WAC 392-137-115 Definitions) that:

Name of student _____

legally resides at _____

I understand that if it should be determined that the student does not reside at the above listed address, he/she may be transferred to his/her resident school.

Signature of Parent/Legal Guardian

Date



Ethnicity and Race Data Collection Form

Student Name: _____

PLEASE ANSWER QUESTIONS 1A OR 1B AND QUESTION 2

QUESTION 1. A. Is your child of Hispanic or Latino origin? (if so, check all that apply)

<input type="checkbox"/> CUBAN <input type="checkbox"/> DOMINICAN <input type="checkbox"/> SPANIARD <input type="checkbox"/> PUERTO RICAN	<input type="checkbox"/> MEXICAN/ MEXICAN AMERICAN/ CHICANO <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> LATIN AMERICAN <input type="checkbox"/> OTHER HISPANIC/LATINO
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QUESTION 1. B. Child is not Hispanic/Latino

NOT HISPANIC/LATINO

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

<input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> HMONG <input type="checkbox"/> INDONESIAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> MALAYSIAN <input type="checkbox"/> PAKISTANI <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> TAIWANESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> FIJIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> MARIANA ISLANDER <input type="checkbox"/> MICRONESIAN <input type="checkbox"/> SAMOAN <input type="checkbox"/> TONGAN <input type="checkbox"/> OTHER PACIFIC ISLANDER	<input type="checkbox"/> ALASKA NATIVE <input type="checkbox"/> CHEHALIS <input type="checkbox"/> COLVILLE <input type="checkbox"/> COWLITZ <input type="checkbox"/> HOH <input type="checkbox"/> JAMESTOWN <input type="checkbox"/> KALISPEL <input type="checkbox"/> LOWER ELWHA <input type="checkbox"/> LUMMI <input type="checkbox"/> MAKAH <input type="checkbox"/> MUCKLESHOOT <input type="checkbox"/> NISQUALLY <input type="checkbox"/> NOOKSACK <input type="checkbox"/> PORT GAMBLE KLALLAM <input type="checkbox"/> PUYALLUP <input type="checkbox"/> QUILEUTE <input type="checkbox"/> QUINALT THAI <input type="checkbox"/> SAMISH <input type="checkbox"/> SAUK-SUIATTLE <input type="checkbox"/> SHOALWATER <input type="checkbox"/> SKOKOMISH <input type="checkbox"/> SNOQUALMIE <input type="checkbox"/> SPOKANE <input type="checkbox"/> SQUAXIN ISLAND <input type="checkbox"/> STILLAGUAMISH <input type="checkbox"/> SUQUAMISH <input type="checkbox"/> TULALIP <input type="checkbox"/> YAKAMA <input type="checkbox"/> OTHER WASHINGTON INDIAN <input type="checkbox"/> OTHER AMERICAN INDIAN
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This information is required by the Washington State Office of the Superintendent of Public Instruction (OSPI), per Bulletin No. 004-10 Assessment and Student Information

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT.

Signature _____
Date



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

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____		Parent/Guardian Signature _____	
School Name: _____			
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	

**Note to district: A response of a language other than English to question #2 OR #3 triggers ELL placement testing.*

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

Additional Questions:

- Have you and/or your family moved in the last 3 years? Yes___ No___
- Was the purpose of your move to work in agriculture or the fishing industry? Yes___ No___
- Or are you currently working in either of the industries above? Yes___ No___



ANNUAL STUDENT HEALTH CONCERNS DOCUMENT

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your student's safety or learning.

Student Name _____ School Year _____

School _____ Grade _____ Sex _____ Date of Birth _____

LIFE THREATENING ALLERGY

Requiring an Epinephrine Auto Injector in school and medical follow-up. ** Must contact school nurse

Life threatening allergy to: _____

Other Allergies, Not Life-Threatening but needs to avoid:

ASTHMA:

- Intermittent:- Student who has symptoms of wheezing and coughing no more than 2 days a week, with nighttime flare-ups twice a month or less. Outside of these few episodes, free of symptoms.
- Mild –Symptoms occur more than twice a week but less than once a day, flare-ups may effect activity.
- Moderate –Symptoms occur daily, flare-ups usually last several days. Symptoms disrupt normal activities and make it difficult to sleep.
- Severe –Symptoms occur daily and often, also curtail the student's activities and disrupt sleep.
- Inhaler/medications at school *see instructions below

ATTENTION DEFICIT DISORDER:

- Medication at school *see instructions below
- Medication at home
- Diagnosed, un-medicated

DIABETES:

****must contact the school nurse**

- Insulin dependent and will need a school program set up
- Not insulin dependent and will need school program set up

HEARING CONCERNS:

- History of hearing loss: right ear ____ left ear ____
- Wears hearing aid in left and/or right ear (circle one)

VISION PROBLEMS:

- Blind in one eye: right eye ____ left eye ____
- Other vision issue: _____
- Wears Glasses Wears Contacts

SEIZURES:

**** must contact school nurse**

- Medication at school * see instructions below
- Medication at home
- History of seizures, but not presently medicated

Date of Last Seizure: _____

PHYSICAL RESTRICTIONS THAT WOULD LIMIT ACTIVITY:

- Skeletal (bone) or muscular limitations: _____

OTHER HEALTH OR MEDICATION NEEDS:

- Medication your child needs at school not listed: *see instructions below

ADDITIONAL HEALTH CONCERNS THAT WOULD AFFECT SCHOOL PERFORMANCE:

* **MEDICATION AT SCHOOL:** Must submit Authorization for Administration of Medication at School, which can be obtained from the school office or on the BSD website. This form must be completed by a Licensed Health Care Provider before medication can be given.

** **LIFE-THREATENING CONDITION:** Must contact school nurse! A healthcare plan and all medications must be in place with the school before the student can attend school.

AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parents and Licensed Health Care Provider named on the registration record 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 my child (properly accompanied) to the hospital or Licensed Health Care Provider most easily accessible. I understand that I will assume full responsibility for the payment of any service rendered.

The above checked health concerns may be shared with school personnel on a "need to know" basis.

Parent/Guardian Signature: _____

Date: _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:
_____	_____	_____	_____	_____

<p>I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.</p> <p> _____</p> <p>Parent/Guardian Signature Required Date</p>	<p>I certify that the information provided on this form is correct and verifiable.</p> <p> _____</p> <p>Parent/Guardian Signature Required Date</p>
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- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

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

Documentation of Disease Immunity
Healthcare provider use only

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

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

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

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

Printed Name _____

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

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

To fill out the form by hand:

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

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

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

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

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

Reference guide for vaccine abbreviations in alphabetical order

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

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

Reference guide for vaccine trade names in alphabetical order

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

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

OPT-OUT OF RELEASE OF STUDENT DIRECTORY INFORMATION

Parents/guardians should only complete this Form 4011F-1 if they do not want information shared about their child per policy and procedure 4011/P. If restriction is desired, please submit this form to your school or District Office, 1306 Dupont St., Bellingham, WA 98225. This form must be submitted annually to keep the restriction active.

HIGH SCHOOL ONLY: MILITARY RECRUITMENT OPT-OUT

- Please do not release student directory information (name, phone, address, etc.) to military recruiters as required by law.

STUDENT DIRECTORY INFORMATION OPT-OUT

- Please do not publicly recognize my child for awards or release their name, photo or other student directory information.

Checking this box restricts your child's name, photo and directory information from being published in staff-produced district and school newsletters and publications (including event, activities and athletic programs), recognition, public displays of student work with names or photo, honor roll and graduation lists, district/school websites and social media, district/school photos and video, classroom video recording by higher education/practicum students, etc. Parents/guardians may not authorize certain parts of school-related publicity and not others while having an active 4011F-1 on file. Customized parent permission forms are not to be used for this purpose.

If no documentation is on file, it will be assumed that permission for release of directory information has been granted.

Please be aware that ensuring **student privacy is not possible at school-or-district-sponsored public performances or athletic/activities events where cameras are permitted.** Other students, parents, community members and news media may record/photograph/film at events and publicly share this information. By choosing to have their children participate in such activities and programs, parents/guardians are agreeing to this condition. Also, student-produced news is not legally considered student directory information. Parents/guardians who do not want their children included in student-produced news should not have their children pose for these photos or participate in student media. In addition, the district does not have control of outside news media/ publications. News media access to non-public locations and events, such as inside a classroom, will be conditioned upon agreement to honor parent/guardian preferences.

YEARBOOK OPT-OUT

- Please do not include my child (name, phone, etc.) in the elementary, middle or high school yearbook/annual.

PTA DIRECTORY INFORMATION OPT-OUT

- Please do not release student directory information (name, phone, address, etc.) to parent organizations for school directories. By checking this box, your family will not be listed in the school directory.

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____

SIGNATURE OF PARENT/GUARDIAN OR SIGNATURE OF STUDENT IF 18 YEARS OF AGE OR OLDER _____ DATE _____

(File in student's cumulative folder.)



1306 Dupont Street
Bellingham, Washington 98225
(360) 676-6400
www.bellinghamschools.org

Student Housing Questionnaire

Please use one form per family. Return to school registration office within 14 days of receipt. If you require additional copies, please contact your school.

NAME OF STUDENT: _____
FIRST MIDDLE LAST

NAME OF SCHOOL: _____ GRADE: _____ BIRTH DATE: _____ / _____ / _____ AGE: _____
MONTH DAY YEAR

OTHER CHILDREN LIVING IN THE HOME:

Name: _____ School: _____
Name: _____ School: _____
Name: _____ School: _____

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.

- 1. Is this student's home address a temporary living arrangement, other than rental? Yes No
- 2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
- 3. Is this student in a temporary foster care placement or awaiting foster care? Yes No
- 4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is this student currently living? (check box)

- In a motel Transitional housing (through community agency)
- In a shelter "Awaiting" Foster Care
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park or campsite

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL /SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

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

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

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



1306 Dupont Street
Bellingham, Washington 98225
(360) 676-6400
bellinghamschools.org

Required Attendance Form for All Families

SEE REVERSE FOR SIGNATURE AREA.

Please use one form per family.

Parents/guardians, please sign the reverse and return to your school of ce within 14 days of receipt. Please retain a copy for your records. This information is online at bellinghamschools.org/attendance.

Consistent attendance helps children do well in school, college and at work. Attending school regularly also helps children feel better about school—and themselves. Your child can start building this habit at any age, but the earlier the better so they learn right away that going to school on time, every day is important.

We ask for your help in ensuring that your child attends regularly and is successful in school. **If your child is going to be absent, please contact your school's of ce as soon as possible. Ideally, this would be the day prior or the morning of the absence.**

We track attendance daily to notice when your student is missing from class, and we will communicate with you to understand why they were absent and to identify barriers and supports.

SCHOOL POLICIES, NEW STATE LAWS

It is important that you understand our policies and procedures, as well as Washington state law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children to attend a public school, private school, or a district-approved home school program.

- If your student has three unexcused absences in one month, state law requires we schedule a conference

with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

- In elementary school, after five excused absences in any month, or ten or more excused absences in the school year, the district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your child. A conference is not required if your child has provided a doctor's note, or pre-arranged the absence in writing, and the parent, child and school have made a plan so your child does not fall behind academically. If your child has an Individualized Education Plan or a 504 Plan the team that created the plan needs to reconvene.
- If your child has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed and your child and family may be referred to a Community Truancy Board, or you and your child may need to appear in Juvenile Court. If your child continues to be truant, you may need to go to court.

If you have questions about attendance or need support, please talk with your school principal.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind.
- By ninth grade, regular and high attendance is a better predictor of graduation rates than eighth grade test scores.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- Being late to school may lead to poor attendance.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Missing 10 percent (or about 18 days) increases the chance that your child will not read or master math at the same level as their peers.
- By sixth grade, absenteeism is one of three signs that a child may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a child is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.

WHAT YOU CAN DO

- Set a regular bed time and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day and time school starts and monitor the school calendar closely.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your child's attendance. Missing more than nine days could put your student at risk of falling behind.
- Talk to your child about the importance of attendance.
- Talk to your child's teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful after-school activities, including sports and clubs.

Excused absence criteria (Please refer to policy and procedure 3122 for more details):

- | | | | | | |
|--|---|--|--|--|--|
| 1. Participation in school-approved activity or instructional program | 2. Absence due to illness, health condition, family emergency, religious purpose, etc. | 3. Absence for parental-approved activities | 4. Absence resulting from disciplinary actions or short-term suspension | 5. Extended illness or health condition | 6. Excused absence for chronic health condition |
|--|---|--|--|--|--|

For more information about the Becca bill and Common School Provisions Title 28A, visit app.leg.wa.gov/RCW.

Bellingham Public Schools has provided me with a copy of this attendance information for families. Please sign and return to your school of ce within 14 days of receipt:

PARENT/GUARDIAN SIGNATURE

DATE

CHILD'S NAME (PRINT)

GRADE

CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)

CHILD'S NAME (PRINT)

GRADE

CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)

CHILD'S NAME (PRINT)

GRADE

CHILD'S SIGNATURE (HIGH SCHOOL STUDENTS ONLY)

STAFF SIGNATURE

DATE RECEIVED

2018-19 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS
 Bellingham Public Schools

Complete, sign, and return this application to: 1306 Dupont Street, Bellingham, WA 98225-3118

Check here if you received meal benefits last year:

Homeless

Migrant

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

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

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

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

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

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Public Assistance/ Child Support/ Alimony			Pensions/ Retirement/ Social Security (SSI)			Any Other Income Not Already Listed	Monthly	2 X Month	Monthly
			Monthly	Bi-Weekly	Weekly	Monthly	Bi-Weekly	Weekly				
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): Last Four Digits of Social Security Number (SSN) of Check if no SSN:

(total listed must equal number of household members listed above) Primary Wage Earner or Other Household Member

Contact Information & Signature – Complete, sign, and return this application to: A Bellingham District School or 1306 Dupont Street, Bellingham, WA 98225-6400

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

Printed Name of Adult Household Member _____

Adult Household Member Signature _____

E-mail Address _____

Mailing Address _____

City, State & Zip Code _____

Daytime Phone _____

Date _____

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

Mark one or more racial identities:
 American Indian or Alaska Native
 Asian
 Mark one ethnic identity:
 Hispanic or Latino

Black, or African American
 Native Hawaiian or Other Pacific Islander
 Not Hispanic or Latino

White

7. **Other Benefits – To qualify for a reduction in fees for ASB and sports/athletics, you can share your child's free or reduced meal status. Check the box(es) to share with the following programs:**

Sport/Athletic Fees
 Associated Student Body Fees

By signing here, I allow the information contained on this application to be shared with the programs indicated above.

_____ Date
 Parent/Guardian Signature

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

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

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

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

This institution is an equal opportunity provider.

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

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

Income Household
 Total Household Income \$ _____

APPLICATION APPROVED FOR:
 Free Meals
 Income Over Allowed Amount
 Other: _____

Reduced-Price Meals
 Incomplete/Missing Information

Date Notice Sent

Signature of Approving Official

Date



Bellingham Public Schools

1306 Dupont Street • Bellingham WA 98225-3118
(360)676-6400 • <https://bellingshamschools.org>

Student Device Check-Out Form

School:

Student Information 2018-2019 School Year

Student Name		Grade	
Student Number		Birthdate	

Before taking a laptop home, students and parents/guardians will need to read the acceptable use form and student/family responsibility overview and digitally sign in Skyward.

I, _____, have read and agree to the following:

- I agree to follow teachers'/building/district instructions when using technology as stated in my school Student Handbook and the District "Student and Family 1:1 Technology Handbook".
- I agree to be polite, considerate, and to use appropriate language.
- I agree to report and/or help prevent any bullying, abuse, or harm of others.
- I agree to tell an adult if I read, see, or access something inappropriate, or if I witness inappropriate use of technology.
- I agree to follow all filters and security measures.
- I agree to use technology carefully, take care of equipment, and to conserve district resources.
- I agree not to share my passwords, except with my teacher or parent/guardian (**Family Educational Rights and Privacy Act or FERPA**)
- I agree to use only my own files, folders and account. I will not access another individual's files, folders or account without their permission.
- I agree not to reveal or post personal information belonging to myself or another person (i.e., passwords, addresses, or telephone numbers).
- I agree to follow copyright laws.

Following Federal, State and local laws, Bellingham Public Schools will protect student and employee data. However, I understand that my use of any district technology (computer, network, internet, resources, etc.) will be monitored and is neither private nor confidential to district/authorized personnel. I understand that if I violate this agreement, the district's policies and procedures, or my student handbook, I may not be allowed to continue to use technology or I may receive other appropriate consequences.

Student Name:	Student's Signature	Date:
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With our signature/acceptance below as the Guardian(s) of _____, we agree and acknowledge that we have read and agree to the following:

- I understand that Bellingham Public Schools Electronic Resource Acceptable use Procedure 2022 explains student requirements for appropriate and responsible use of technology.
- I understand that the district will cover the costs associated with repair/replacement for accidental damage, loss, or theft.
- I understand that the district reserves the right to charge the user full cost of repair or replacement when damage or loss is intentional or due to gross negligence as determined by building administrators.
- I understand that my student must return the equipment when requested at the end of the school year or prior to transferring from Bellingham Public Schools.
- I understand that I will be charged for any missing or lost pen, case, or power cord.
- I accept responsibility to support my student following the student technology equipment use agreement and the appropriate use of technology resources outside the school day.

Parent/Guardian Name		Parent/Guardian's Signature	Date:
Parent/Guardian Name		Parent/Guardian's Signature	Date: