

Registration Form

For Office Use Only:

Student ID # _____ New { } Transfer { }

Start date _____ Pre-registered date _____

Neighborhood School _____ Housing Development _____

Student Information	(Student Legal Name Required)			
	Student First Name _____		Middle Name _____	Last Name _____
	Also known as: _____		WA State _____	For 9 th -12 th _____
	Grad Yr _____		Grade _____	Home Phone (____) _____
	Residence Address _____		Apt No. _____	City, State _____
	Birthdate _____		Birthplace—City _____	State _____
	USA—Country _____		USA—School _____	WA—School _____
	Entry Date _____		Entry Date _____	Entry Date _____
	Gender [] Male [] Female		Kindergarten First Time Enrollment: Birth Certificate [] Other []	

Parent / Guardian Information	Who has legal custody?	
	Both Parents	[]
	Father	[]
	Mother	[]
	Joint Custody	[]
	*Parenting Plan	[]
	Father/Stepmother	[]
	Mother/Stepfather	[]
	Grandparent(s)	[]
	*Guardian(s)	[]
	*Ward of Court	[]
	Independent / Self	[]
	Other	[]
	Student lives with...	
	Both Parents	[]
	Father	[]
	Mother	[]
	Joint Custody	[]
	Father/Stepmother	[]
	Mother/Stepfather	[]
	Stepmother-Stepfather	[]
	Grandparent(s)	[]
	Guardian(s)	[]
	Agency/Social Services	[]
	Alone	[]
	Student Spouse	[]
	Other Relatives	[]
	*Restraining Order []	
	* Copy of Court Orders or other legal documents may be required.	

Sibling Information	Please list all school age members of household that are currently attending Marysville Schools.		
	Name _____	Grade _____	School _____
	_____	_____	_____
	_____	_____	_____

Media Permission	My student's picture can be included in Marysville School District publications, releases, videos, websites, etc.
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Information for Primary Guardian / Household #1	
Guardian #1 / Relationship	
To student _____	Employer _____
Last name of _____	(Area Code) _____
Parent / Guardian _____	Work phone / Ext. _____
First name of _____	(Area Code) _____
Parent / Guardian _____	Home phone _____
_____	(Area Code) _____
Email Address _____	Cell Phone _____
Guardian #2 / Relationship	
To student _____	Employer _____
Last name of _____	(Area Code) _____
Parent / Guardian _____	Work phone / Ext. _____
First name of _____	(Area Code) _____
Parent / Guardian _____	Home phone _____
_____	(Area Code) _____
Email Address _____	Cell Phone _____
Check all boxes that apply:	
[] Living with Student [] Emergency contact [] Address same as student's	
Parent / guardian address if different from student's address	
Address _____ City, State, Zip _____	

Information for Primary Guardian / Household #2	
Guardian #1 / Relationship	
To student _____	Employer _____
Last name of _____	(Area Code) _____
Parent / Guardian _____	Work phone / Ext. _____
First name of _____	(Area Code) _____
Parent / Guardian _____	Home phone _____
_____	(Area Code) _____
Email Address _____	Cell Phone _____
Guardian #2 / Relationship	
To student _____	Employer _____
Last name of _____	(Area Code) _____
Parent / Guardian _____	Work phone / Ext. _____
First name of _____	(Area Code) _____
Parent / Guardian _____	Home phone _____
_____	(Area Code) _____
Email Address _____	Cell Phone _____
Check all boxes that apply:	
[] Living with Student [] Emergency contact [] Address same as student's	
Parent / guardian address if different from student's address	
Address _____ City, State, Zip _____	

Please release student to the persons listed below in the event of emergency only when custodial parent/guardian cannot be reached.

Emergency Contact Information	Emergency Contact Information #1	Emergency Contact Information #2
	Last name _____	Last name _____
	First name _____	First name _____
	Relationship _____	Relationship _____
	Home Phone (_____) _____	Home Phone (_____) _____
	Work Phone (_____) _____	Work Phone (_____) _____
	Cell Phone (_____) _____	Cell Phone (_____) _____

Previous School Information	Name of Last School Attended: _____	During the past 5 years, student has also attended these schools: <table border="1"> <thead> <tr> <th>Mo/Yr</th> <th>Name of School</th> <th>City/State</th> <th>Phone Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Mo/Yr	Name of School	City/State	Phone Number																				
	Mo/Yr		Name of School	City/State	Phone Number																					
Address: _____																										
City, State _____																										
Zip _____																										
Grade _____																										
Date of Entry _____																										
Date of Withdrawal _____	Has this student been referred under the WA State Becca Law guidelines for truancy problems? [] Yes [] No Student is currently on short-term suspension, long-term suspension or expulsion from his/her previous school? If "Yes", effective what date? _____ For how long? _____																									
Ever been retained? [] Yes [] No																										

School Programming and Services	1- Has your student ever received Special Education Services? [] Yes [] No 2- Is your student currently on an IEP (Individualized Education Plan)? (i.e. speech, behavioral, reading, etc.) [] Yes [] No If yes, which service (s) do they receive? _____ 3- Is your student on a 504 Plan? If "Yes", check all that apply: Reading [] Math [] Additional Information: _____	Please check the box if your student has previously received services for: <input type="checkbox"/> ELL Services <input type="checkbox"/> Migrant <input type="checkbox"/> McKinney-Vento

Medical Information	Physician Name _____ Phone (_____) _____
	During school hours, does your child require medication or help with a medical procedure? [] Yes [] No
	If you answered "Yes", please fill out the supplemental health form and contact your school nurse.

Before and After School Care	Student Travel	Child Care: Does your student attend child care? [] Yes [] No
	Bussed from Home []	Before School [] After School [] Before & After School []
	Bussed from Daycare []	Child Care
	Daycare provides Trans []	Provider Name _____
	Parent []	Business Name _____
	Special Bus []	Address _____
	Transit []	City _____ Phone (_____) _____
	Walker []	
Car [Parking Permit] []		

Signature	<i>I authorize the request of this student's records from the previous school and I certify that all of the information I have provided on this form is true and accurate. I understand that:</i>	
	<ul style="list-style-type: none"> <i>falsification of any information or submission of misleading information will be cause for revoking the student's school assignment,</i> <i>it is my responsibility to keep Marysville School District informed of any changes,</i> <i>failure to provide supporting documentation may delay the processing of this application, and</i> <i>my child may be excluded from school if immunizations are not current.</i> 	
	Parent/Guardian Signature _____	Date _____
	Please print name _____	

Date: March, 2020
 To: Parents/Guardians of Marysville School District Students
 From: Marysville School District
 Re: New Ethnicity and Race Categories

Dear Parent or Guardian, **this memo pertains to the Race/Ethnicity Form (next form in this packet)**

The way we report race and ethnicity has changed. Instead of reporting one of five racial/ethnic categories we are now required to report on 57 categories.

You will be asked to identify your student as Hispanic or not Hispanic and by one or more of the 57 racial categories.

We are required to report the *total number* of students in each category. We *do not* report on any individual student.

These reports help us know how well students from different groups are learning and how to get better at serving students.

If you have questions regarding this form, please contact your school office. For more information about the student data reporting categories, please see:

<http://www.k12.wa.us/CEDARS/default.aspx>.

Date: января, 2020
 To: Родителям/Опекунам Учащихся Мерисвиллского Школьного Округа
 From: Мерисвиллский Школьный Округ
 Re: Новые Категории Этнической и Расовой Принадлежности

Уважаемые родители и опекуны:

Категории этнической и расовой принадлежности, по которым мы сообщаем данные, изменились. Вместо того чтобы сообщать об одной из пяти категорий расовой/этнической принадлежности, теперь мы обязаны сообщать о 57 категориях.

Просим вас сообщить, принадлежит ли ваш ребенок к категории лиц латиноамериканского происхождения и определить его/ее принадлежность к одной или нескольким из 57 расовых групп.

Мы обязаны сообщать об *общем числе* учащихся в каждой категории. Мы *не* сообщаем личные сведения о конкретных учащихся.

Эти сведения помогают нам следить за тем, как хорошо учатся учащиеся из различных групп, и что мы можем делать лучше в обучении учащихся.

Если у вас есть вопросы по поводу этой формы, обращайтесь в офис вашей школы.

За дополнительной информацией о категориях учащихся, которые используются в сборе данных, обращайтесь к вебсайту: <http://www.k12.wa.us/CEDARS/default.aspx>.

Fecha: Marzo, 2020
 A: Padres/Apoderados de estudiantes de el Distrito Escolar de Marysville
 De: Distrito Escolar de Marysville
 Re: Categorías de Raza y etnicidad

Estimado Padre o Guardián:

Hemos cambiado la manera de reportar raza y etnicidad. En lugar de informar una de las cinco categorías raciales / étnicas, ahora estamos obligados a informar en 57 categorías.

Se le pedirá que identifique a su estudiante como hispano o no hispano, y por uno o más de las 57 categorías raciales.

Estamos obligados a informar el número total de estudiantes en cada categoría. No reportamos sobre ningún estudiante individual.

Estos informes nos ayudan a saber, qué tan bien están aprendiendo los estudiantes de los diferentes grupos y cómo llegar a servir mejor a los estudiantes.

Si usted tiene preguntas sobre este formulario, por favor contacte la oficina de la escuela de su hijo. Para más información acerca de reporte de categorías de estudiantes, por favor vea:

<http://www.k12.wa.us/CEDARS/default.aspx>.

Ethnicity and Race Data Collection Form

Instructions: This form is to be filled out by the student's parents or guardians, and all questions must be answered. Question 1 asks about the student's ethnicity and Question 2 asks about the student's race.

Student Name _____ Student Grade ____ Student School _____

Question 1:

For Office Use Only:
[] Ify [] Obs

Is your child of Hispanic or Latino origin?

If yes, check all that apply.

Question 2:

For Office Use Only:
[] Ify [] Obs

What race(s) do you consider your child?

Check all that apply.

Please circle O your primary choice.

Question 3:

What is your child's birth country?

☐ Not Hispanic / Latino

☐ Cuban

☐ Dominican

☐ Spaniard

☐ Puerto Rican

☐ Mexican /

Mexican American / Chicano

☐ Central American

☐ South American

☐ Latin American

☐ Other Hispanic / Latino

☐ African American/Black

☐ White

☐ Asian Indian

☐ Cambodian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Indonesian

☐ Japanese

☐ Korean

☐ Laotian

☐ Malaysian

☐ Pakistani

☐ Singaporean

☐ Taiwanese

☐ Thai

☐ Vietnamese

☐ Other Asian

☐ Native Hawaiian

☐ Fijian

☐ Guamanian or Chamorro

☐ Mariana Islander

☐ Melanesian

☐ Micronesian

☐ Samoan

☐ Tongan

☐ Other Pacific Islander

☐ Alaska Native

☐ Chehalis

☐ Colville

☐ Cowlitz

☐ Hoh

☐ Jamestown

☐ Kalispel

☐ Lower Elwha

☐ Lummi

☐ Makah

☐ Muckleshoot

☐ Nisqually

☐ Nooksack

☐ Port Gamble Clallam

☐ Puyallup

☐ Quileute

☐ Quinault

☐ Samish

☐ Sauk-Suiattle

☐ Shoalwater

☐ Skokomish

☐ Snoqualmie

☐ Spokane

☐ Squaxin Island

☐ Stillaguamish

☐ Suquamish

☐ Swinomish

☐ Tulalip

☐ Upper Skagit

☐ Yakama

☐ Other Washington

Indian

☐ Other American

Indian / Alaska Native

☐ United States

☐ Other

(Please specify):

Printed Name

Relationship

Signature

Date



Office of Superintendent of Public Instruction Home Language Survey

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

Student Name:	Date:	Grade:	School:
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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:

- 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.

This form is not used to identify students' immigration status.

6. In what country was your child born? _____

7. Has your child ever received formal education outside of the United States? (Kindergarten – 12th 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 – 12th grade)

Month Day Year

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school. **Note to district:** This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children. [Forms and Translated Material](#) from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a [Creative Commons Attribution 4.0 International License](#).



ACTIVE DUTY MILITARY INFORMATION

Marysville School District No. 25 | 4220 80th Street NE | Marysville, WA 98270 (360)965-0096

- ▶ The Washington State Legislature passed a law requiring Washington State Public Schools to collect information on family military affiliation (SB5163).
- ▶ Resources and Information from Washington Office of Superintendent of Public Instruction (OSPI) for Military Kids can be found @ <https://www.k12.wa.us/student-success/access-opportunity-education/military-kids>
- ▶ Please ① Review ② Answer ③ Sign ④ Date
- ▶ Please Return the Completed Survey to Your Child's School or email to Marysville School District at: impactaid@msvl.k12.wa.us

1 STUDENT INFORMATION

Please Use Separate Form If More Than 3 Students in Household

#1 STUDENT INFORMATION (Living in Same Household)

Last Name	First Name	MI	Grade	Date of Birth	School
Street Address		City	State	Zip	Best Contact Phone Number

#2 STUDENT INFORMATION (Living in Same Household)

Last Name	First Name	MI	Grade	Date of Birth	School
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#3 STUDENT INFORMATION (Living in Same Household)

Last Name	First Name	MI	Grade	Date of Birth	School
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2 US ACTIVE DUTY UNIFORMED PERSONNEL

SECTION 2 : ACTIVE DUTY PARENT(S)/GUARDIAN(S) INFORMATION

Is Parent/Guardian employed on Federal Property Located in WA or US Active Duty Uniformed Personnel or Accredited Foreign Government Official or Foreign Military Officer ?

Active Duty in the Uniformed Services of the United States includes: Air Force, Army, Navy, Marine Corps, Coast Guard, NOAA Corps, and US Public Health Service Commissioned Corps. This applies to members stationed anywhere in the world.

#1 ACTIVE DUTY PARENT/GUARDIAN INFORMATION (Living in Same Household)

Military Parent/Guardian Last Name	Military Parent/Guardian First Name	Military Rank (Required)	Military Grade (Required)
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Branch of Service (Please Select)	Name of Duty Station that holds Service Record:
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☐ Air Force
 ☐ Army
 ☐ Coast Guard
 ☐ Marines
 ☐ Navy
 ☐ US Public Health Service Commissioned Corps
 ☐ NOAA Corps
 ☐ Reserves or
 ☐ National Guard mobilized by Presidential Executive Order 13223 and Title 10 USC (Attach Copy of Activation Orders)

#2 ACTIVE DUTY PARENT/GUARDIAN INFORMATION (Living in Same Household)

Military Parent/Guardian Last Name	Military Parent/Guardian First Name	Military Rank (Required)	Military Grade (Required)
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Branch of Service (Please Select)	Name of Duty Station that holds Service Record:
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☐ Air Force
 ☐ Army
 ☐ Coast Guard
 ☐ Marines
 ☐ Navy
 ☐ US Public Health Service Commissioned Corps
 ☐ NOAA Corps
 ☐ Reserves or
 ☐ National Guard mobilized by Presidential Executive Order 13223 and Title 10 USC (Attach Copy of Activation Orders)

ACCREDITED FOREIGN GOVERNMENT OFFICIAL AND FOREIGN MILITARY OFFICER

Parent/Guardian Last Name	Parent/ Guardian First Name	Branch of Service	Military Rank (Required)
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3 SIGN & DATE

PARENT/GUARDIAN SIGNATURE - Certifies all typed or written information on this form is accurate and complete:

Parent/Guardian Signature	Date
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Marysville School District No. 25
4220 80th Street N.E., Marysville, Washington 98270
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 District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <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 (Month/Day/Year): _____ Age: _____

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.

Secretaries: Please return completed form to: the building counselor AND please send a scanned copy to McKinney-Vento@msd25.org

For questions please contact:

Categorical Programs Department, phone: 360-965-0049, Service Center, Marysville School District

For School Personnel Only: For data collection purposes and student information system coding

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

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



FOR SCHOOL OFFICE USE ONLY:

School Entry Date _____

School _____

Grade _____

Please scan and email completed form to:

migrant_form@msd25.org

Migrant Education

Student Name: _____

Birthdate: _____

Previous School: _____

City: _____

The Washington State Office of Superintendent of Public Instruction (OSPI) funds programs designed to help children 0 through 21 years of age who have moved on their own or with their parents, within the past three years, to seek or obtain temporary or seasonal work as a principal means of livelihood in activities related to:

Please check all that apply:

☐ Agriculture

☐ Forestry

☐ Beef

☐ Packing/ Warehouses

☐ Berry Picking

☐ Poultry

☐ Dairy

☐ Root Picking

☐ Fishing

☐ Shellfish

We would appreciate your cooperation in answering the following questions:

Yes ☐ No ☐ Have you or your family moved within the past three (3) years?

Yes ☐ No ☐ Did the family cross school district boundaries?

Yes ☐ No ☐ Was the move made for the purpose of seeking or obtaining agricultural or fishing related employment?

What is the best way to contact you?

☐ Phone: () - ☐ Email Address: _____

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: “The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)”.

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA’s school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child’s parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior’s list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child’s eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

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STUDENT DIRECTORY INFORMATION

Please complete **ONLY** if you also completed:
Title VI ED 506 Indian Student Eligibility Certification Form

*For federally
enrolled/identified
**Native American
Students ONLY***

The Marysville School District, in partnership with the Tulalip Tribes, is working toward improving the academic performance and attendance rates of Native American students. As a result of this effort, **we will be sharing directory information**, which can include: student's name, photograph, address, telephone number, date of birth, dates of attendance, participation in officially-recognized activities and sports, members of athletic teams, grade in school, academic performance (including assessment or test scores), diplomas and awards received, and the most recent previous school attended by the student.

Please note: Student directory information is not released for commercial purposes. However, it can be released to provide educational services, scholarships, incentives, awards, or to the news media.

If you have questions about completing this form, please call the Equity, Diversity & Indigenous Education Department 360-965-0058.

Student information may be shared if this form is not returned.

Please read and select the boxes based on your choice regarding your student's information for directory purposes:

- ☐ No, I did not complete the Title VI ED 506 Indian Student Eligibility Certification Form.
Stop Here – you do not need to complete this Student Directory Information form.

- ☐ Yes, I have read **and** completed the Title VI ED 506 Indian Student Eligibility Certification Form and my student meets eligibility. **AND – please select #1 or #2 below:**

- ☐ **#1** I give permission for my student's information to be shared for educational services, scholarships, incentives, awards, or to the news media.

OR

- ☐ **#2** I **do not** want student directory information released.

Please Print

Student First Name: _____ Middle Name: _____ Last Name: _____

Parent/Guardian Name: _____ Phone: (____) _____

Address: _____
(Street/City/State/Zip)

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

Completed forms will be sent to the Equity, Diversity & Indigenous Education Department.

FOR SCHOOL OFFICE USE ONLY:

Please scan and email a copy to: Equity, Diversity & Indigenous Education Department - Attn: Office Manager
Please retain this form in student's cumulative file.



Marysville School District
Health Services
4220 80th ST NE
Marysville, WA 98271
Phone 360-965-2059 / Private Nurse Fax 360-965-2046

New Immunization Verifications Requirements

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. **Your child cannot attend school until you provide these records.**

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](https://www.doh.wa.gov/SCCI) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](https://wa.myir.net/register) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption (COE).

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact your school.

Sincerely,
Health Service Staff



DOH 348-744 January 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Student Name: (Last, First) _____ Birthdate: _____ M ☐ F ☐ X ☐ (not exclusively male or female)

Parent Phone: _____ School _____

State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes or seizures have a care plan completed prior to the first day of school. Contact the school nurse as soon as possible to complete the proper forms.

MEDICAL HISTORY (check all that apply)**Life-Threatening Conditions:** (Care plan is REQUIRED)

- EG ☐ **Anaphylaxis (Epi-pen prescribed)**
Allergen/s:
 EK ☐ **Diabetes Type 1**
 NP ☐ **Seizures – (Emergency medication required)**
 RG ☐ **Asthma – Severe**
☐ **Other Life-Threatening Condition:**

Congenital / Genetic

- AH ☐ Down Syndrome
 AJ ☐ Fetal Alcohol Spectrum Disorder
☐ Please list:

Blood / Hematology

- BA ☐ Anemia
 BB ☐ Hemophilia
 BC ☐ Sickle Cell Disease Trait
 OJ ☐ History of Severe Nosebleeds
☐ Other Blood Condition:

Cardiac / Heart

- CC ☐ Heart Birth Defect
 CD ☐ Heart Murmur
☐ Other Cardiovascular Condition:

Allergy, Immune, Endocrine, Metabolic and Nutritional

- ED ☐ Allergy – Food
 EE ☐ Allergy – Insect
☐ Allergy – Other List:
 EL ☐ Diabetes Type 2
☐ Other Endocrine, Immune, Nutritional or Metabolic:

Gastrointestinal, Dental and Oral

- GA ☐ Celiac
 GG ☐ Food Intolerance List:
 GL ☐ Lactose Intolerance
 GF ☐ Encopresis
 GO ☐ Chronic Constipation
 GH ☐ Gastric Reflux
 GJ ☐ Inflammatory Bowel Disease
 GK ☐ Irritable Bowel Syndrome
☐ Other Gastrointestinal, Liver, Dental, Oral Condition

Musculoskeletal

- MC ☐ Juvenile Rheumatoid / Idiopathic Arthritis
☐ Please list:

Cancer / Tumor

- ☐ Please list:

Nervous System

- NB ☐ ADHD / ADD diagnosed by:
 NC ☐ Autism Spectrum Disorder
 NE ☐ Cerebral Palsy
 NF ☐ Developmental Disability
 NH ☐ Migraines
 NI ☐ Headaches, Recurring
 NP ☐ Seizure Disorder ☐ Current ☐ History Type:
 NU ☐ Traumatic Brain Injury/Severe Concussion
☐ Other Neurological Condition:

Transplant

- OD ☐ List organ:

Mental or Behavioral Health

- PA ☐ Anxiety
 PC ☐ Depression
 PH ☐ Sleep Disorder
☐ Other Mental or Behavioral Health Condition

Respiratory / Breathing

- RG ☐ Asthma – Current
 RH ☐ Asthma – Ever Diagnosed
 RA ☐ Asthma – Exercised Induced
 RE ☐ Reactive Airway Disease
 RF ☐ Other Respiratory Condition:

Skin

- SB ☐ Eczema or Contact Dermatitis or Psoriasis
☐ Other Skin Condition:

Renal / Kidney

- ☐ Please list:

Ear / Hearing

- YA ☐ Chronic Ear Infections ☐ Currently ☐ Historically
 YB ☐ Hearing Impaired ☐ Hearing Aid/s Cochlear Implant
☐ Other Ear Condition:

Eye / Vision

- YF ☐ Wears glasses / contacts
 YE ☐ Color Vision Deficit
 YD ☐ Visually Impaired
☐ Other Eye Condition:

Other Health Concerns:

- ☐ Please list:



Student Name: (Last, First) _____ Birthdate: _____

MEDICATIONS

Please report all medications that your student takes at home and/or at school.

Is medication needed at home? ☐ No ☐ Yes Please list: _____Is medication needed at school? ☐ No ☐ Yes Please list: _____**Complete REQUIRED paperwork
for medication at school.***State law requires written permission from guardian and a health care provider before any medication (prescription and over-the-counter) may be taken at school. Forms are available from your school office or on our district website and must be completed annually.***Medical Devices**

- OLA ☐ Vagal Nerve Stimulator
 OLB ☐ Automatic Internal Cardiac Defibrillator
 OLC ☐ Pacemaker
 OLD ☐ Gastrostomy tube
 OLE ☐ Jejunostomy tube
☐ Brace
☐ Prosthesis List:
☐ Other medical devices:

Stoma

- OKA ☐ Gastrostomy
 OKB ☐ Colostomy
 OKD ☐ Tracheostomy
 OKE ☐ Urostomy
 OK ☐ Other:

Physical Activity / Mobility Issues:

- ☐ Wheelchair
☐ Crutches
☐ Other List:

I understand that the information I provided will be shared with appropriate school staff who need to know in order to provide for the health and safety of my student. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered. **I understand that Washington law requires that my student's immunizations are complete or conditional before starting school.** I give permission to my child's school to add immunization information to the Immunization Information System to help the school maintain my child's school record.

Parent/Legal Guardian Signature: _____ Date: _____

Physician/Clinic: _____ Phone: _____

IMMUNIZATION VERIFICATION (Office use only)WAIIS (WA Immunization Information System)# _____ CIS Series: ☐ Preschool ☐ Grade K-6 ☐ Grade 7 ☐ Grade 8-12☐ Immunization Status is COMPLETE on the WAIIS Certificate of Immunization Status (CIS).**OR**

- ☐ Immunization Status is CONDITIONAL on the WAIIS CIS and the conditional status expiration date is after the first day of attendance.
☐ Parent/Guardian has signed the conditional status acknowledgement on the CIS.

OR

- ☐ Student is not in WAIIS. **Medically verified immunization records must be provided.**
☐ Medically verified immunization records provided ☐ Permission to enter statement signed

OR

- ☐ Certificate of Exemption (COE) provided for all vaccines not in compliance on WAIIS CIS or in WAIIS.
☐ COE is fully completed ☐ Permission to enter statement signed

OR

- ☐ Immunization Status is NOT COMPLETE on the WAIIS CIS **Student may not start school until documentation of missing immunizations is received that will change the CIS status to COMPLETE or CONDITIONAL.**

Staff who verified immunizations: _____ Date: _____



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____

Signed COE on File? ☐ Yes ☐ No

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

Child's Last Name: _____		First Name: _____		Middle Initial: _____		Birthdate (MM/DD/YYYY): _____	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.					
X		Parent/Guardian Signature _____		Date _____		X Parent/Guardian Signature Required if Starting in Conditional Status Date _____	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider. I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib (<i>Haemophilus influenzae type b</i>)							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ 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 Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							▲
Licensed Health Care Provider Signature Date _____							
Printed Name _____							

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.	

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

To print with the immunization information filled in:
Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). 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.myrir.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.

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). 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.myr.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 and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YYYY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. 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 health care 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. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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 (PV5)
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		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

What You Need to Know About Truancy And Understanding the Becca Bill

Truancy

Under state law (RCW 28A.225), students are required to attend school full-time, without unexcused absences, skips or tardies. It is important that you understand our school 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 from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children that are 6- or 7-years-old are not required to be enrolled in school. However, if parents enroll their 6- or 7-year-old, the student must attend full-time.

When students miss school and their parents have not excused the absence, they can be considered truant. Truancy is defined as being absent from school or from the majority of a student's classes without a valid excuse.

The Becca Bill

The "Becca Bill" is our state's truancy law. It is intended to stop truancy before it becomes a problem. Schools and families should work together as a team to ensure school attendance and student safety. However, if a student has unexcused absences, this law requires that schools and school districts take the following actions:

1. **One (1) unexcused absence.** The school must inform the parent when there is one unexcused absence. This is done by a phone call.
2. **Three (3) unexcused absence.** After the third unexcused absence, the school is required to schedule a meeting with the parent/legal guardian and student to discuss the causes of the unexcused absences and find solutions to prevent further absences. This is a team effort.
3. **Five (5) unexcused absences.** The school must enter into a written truancy agreement with the family, where parent, student and school agree on the necessary steps to resolve the student's attendance problem.
4. **Seven (7) unexcused absences during a month or at the tenth (10th) unexcused absence within a school year.** The student may be referred to a Community Truancy Board which is a group of citizens who help resolve truancy cases away from the court. The school district may also file a petition in juvenile court to order the student to attend school. If this court order is violated, the court will call for a Contempt Hearing and the student will receive a court order which can include essays, study club, community service, detention alternatives and detention. Parent fines may also be imposed of up to \$25.00 for each day of unexcused absence from school.

Preventing Truancy

Student safety and academic progress are important to both parents and educators. If you are concerned about your child's attitude toward school and about his/her attendance record, contact your child's teacher, counselor and/or school principal. With the combined insights into your child's needs and interests, we can work together to design an individualized plan to help your child stay in school.



Becca Notification and Attendance Requirements Agreement

Under state law (RCW 28A.225), students are required to attend school full-time, without unexcused absences, skips or tardies. It is important that you understand our school 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 from ages 8 to 17 to attend a public school, private school, or a district-approved home school program. While children who are 6- or 7-years-old are not *required* to be enrolled in school, if parents have enrolled their students, the student must attend full-time.

We understand and agree to the following:

Communication: For each absence from school a written note, email or call to the school will be made to verify the absence. We will make it a priority to verify absences as soon as possible but no later than three (3) days of return to school. A school principal or designee **has the authority to determine if a verified absence meets the criteria for an excused absence.**

Unexcused: After seven (7) days of unexcused absences in any month (one day consists of more than half a school day) or ten (10) days of unexcused absences in a school year, an intervention meeting and/or community truancy board meeting may take place along with a Becca petition being filed with juvenile court if needed.

Excused: I understand that when I accumulate fifteen (15) days of excused absences in a year, documentation from a Licensed Health Care Practitioner (LHP) will be required to excuse future absences due to illness/medical condition. Without documentation, the absence will be considered unexcused.

Withdrawal: Withdrawal from school will occur after twenty (20) consecutive days of absence. If the school secretary or registrar does not receive a request for records within ten (10) days of withdrawal from school, a re-engagement letter or phone call will be made to determine the best course of action in order to avoid juvenile court proceedings

I, _____, will attend all scheduled classes every day, on time, without any unexcused absences
Student Name skips or tardies.

Student Signature

Parent/Guardian Signature

School Name

Date

Excused absence criteria

- A. Absences due to illness, health condition, family emergency or religious purposes
- B. Court, judicial proceeding, court-ordered activity, or jury service
- C. Post-secondary, technical school or apprenticeship program visitation, or scholarship interview
- D. State-recognized search and rescue activities consistent with RCW [28A.225.055](#)
- E. Absence directly related to the student's homeless or foster care/dependency status
- F. Absences related to deployment activities of a parent or legal guardian who is an active duty member consistent with RCW [28A.705.010](#)
- G. Absences due to suspensions, expulsions or emergency expulsions
- H. Absences due to student safety concerns, including absences related to threats, assaults, or bullying
- I. Absences due to a student's migrant status
- J. An approved activity that is consistent with district policy and is mutually agreed upon by the principal or designee and a parent, guardian, or emancipated youth

Marysville School District

Student Acceptable Use Policy/Parent Opt Out Form

Introduction

We are pleased to offer students of Marysville School District access to the district computer network resources, electronic mail, and the Internet. Parents, please review this document carefully, with your son/daughter. Families have the right to restrict the use of Internet and e-mail by completing this form and returning it to your school. The request for restriction is recorded in the student information system, and the form is kept on file. Any questions or concerns about this permission form or any aspect of the computer network should be referred to your school's Library Media Specialist and/or building secretary. A copy of Board policy regarding student access to networked information resources (2022) and this document are available on the Marysville School District web site, www.msvl.k12.wa.us.

OPT-OUTS remain in effect for the current school year.
If no documentation is on file, it will be assumed that permission for Internet and e-mail usage has been granted.

General Network Use

The network is provided for students to conduct research, complete assignments, and communicate with others. Access to network services is given to students who act in a considerate and responsible manner. Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Access is a privilege - not a right, and entails responsibility. As such, general school rules for behavior and communications apply, and users must comply with district standards. Beyond the clarification of such standards, the district is not responsible for restricting, monitoring, or controlling the communications of individuals utilizing the network.

District staff may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on district servers will be private.

Internet / E-mail Access

Access to the Internet and e-mail will enable students to use thousands of libraries and databases. Within reason, freedom of speech and access to information will be honored. Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. Filtering software is in use, but no filtering system is capable of blocking 100% of the inappropriate material available on the Internet. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the Marysville School District support and respect each family's right to decide whether or not to restrict access (see page 2).

Publishing to the Internet

Parents, your daughter or son's work may be considered for publication on the Internet, specifically on his/her school's web site. The work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to the student's parent/guardian.

Photos of students may be published on school/district websites, illustrating student projects and achievements. In addition, your daughter or son's full name may be considered for publication on his/her school's web site. If published, his/her name will appear on pages with a clear school related purpose and will be included to further instructional and/or co-curricular activities. Permission for such publishing does not grant permission to share any other information about your son/daughter beyond that implied by their inclusion on the web page(s). **If you do not want your child's work, photo or name to be published on the website**, please indicate this on the RESTRICTION OF RELEASE OF DIRECTORY INFORMATION, which can be found on the Student Emergency Information Card located in your students school office.

Maryville School District

Student Acceptable Use Policy/Parent Opt Out Form

Unacceptable network use includes but is not limited to:

- Sending, storing, or displaying offensive messages or pictures
- Using obscene language
- Giving personal information, such as complete name, phone number, address, or identifiable photo, without permission from teacher and parent or guardian
- Cyber bullying, hate mail, harassing, insulting or attacking others, discriminatory jokes and remarks
- Damaging or modifying computers, computer systems, or computer networks – downloading, installing, and using games, audio files, video files, or other applications including shareware or freeware
- Violating copyright laws
- Sharing or using others' logons or passwords or other confidential information
- Trespassing in others' folders, work, or files
- Intentionally wasting limited resources
- Posting information, sent or stored online, that could endanger others
- Employing the network for nonacademic or personal commercial or political purposes, financial gain, or fraud
- Attaching unauthorized equipment to the district network

Violations may result in a loss of access (Board policy and procedures 3200 on student rights and responsibilities). Additional disciplinary action may be determined at the building level. When applicable, law enforcement agencies may be involved.

Parent/Guardian Opt Out:

Check below if you DO NOT want your student to have access to one or more of the following:

_____ e-mail systems

_____ Internet

OPT-OUTS remain in effect for the current school year.

If no documentation is on file, it will be assumed that permission has been granted for access to the Internet and e-mail usage.

Parent/Guardian Signature _____ Date _____

Student Name _____ School _____ Grade _____

Marysville School District #25
Request for Transfer of Educational Records
Elementary Level

Please send the requested records directly to the school identified with a check.

<input type="checkbox"/> Allen Creek Elementary	6505 60 th Drive NE, Marysville, WA 98270	360-965-1100/ Fax 360-965-1104
<input type="checkbox"/> Cascade Elementary	5200 100 th St NE, Marysville, WA 98270	360-965-1200/ Fax 360-965-1204
<input type="checkbox"/> Grove Elementary	6510 Grove Street NE, Marysville, WA 98270	360-965-1700/ Fax 360-965-1704
<input type="checkbox"/> Kellogg Marsh Elementary	6325 91 st Street NE, Marysville, WA 98270	360-965-1900/ Fax 360-965-1904
<input type="checkbox"/> Liberty Elementary	1919 10 th Street, Marysville, WA 98270	360-965-1800/ Fax 360-965-1804
<input type="checkbox"/> Marshall Elementary	4407 116 th Street, Marysville, WA 98270	360-965-1600/ Fax 360-965-1604
<input type="checkbox"/> Pinewood Elementary	5115 84 th Street NE, Marysville, WA 98270	360-965-1300/ Fax 360-965-1304
<input type="checkbox"/> Quil Ceda Tulalip Elementary	2415 74 th Street NE, Marysville, WA 98271	360-965-3100/ Fax 360-965-3104
<input type="checkbox"/> Shoultes Elementary	13525 51 st Avenue NE, Marysville, WA 98271	360-965-1400/ Fax 360-965-1404
<input type="checkbox"/> Sunnyside Elementary	3707 Sunnyside Blvd., Marysville, WA 98270	360-965-1500/ Fax 360-965-1504
<input type="checkbox"/> SHoPP	7204 27th Avenue NE, Marysville, WA 98271	360-965-3000/ Fax 360-965-3004

Student's start date at the above school: _____

By federal definition, public school districts must "monitor" students that leave to other educational programs, including but not limited to, both public and private institutions, home-school and out-of-country programs.

The parental signature below gives permission to transfer requested educational records or information to the above checked school.

NOTICE: Student records obtained under this request remain subject to the requirement of the federal "Family Educational Rights and Privacy Act of 1974." The received records will not be shared with any other party without the written consent of the parent(s) or adult student.

Marysville School District is requesting the following, but not limited to, educational records:

☐ **Cumulative Student Record File Folder that includes attendance, immunization, withdrawal grades, discipline, assessments, academic performance, special placement**

☐ **Other: [i.e., ELL, IEP, 504] (Please describe) _____**

School Name (last school of attendance) _____

Address _____ City, State, Zip _____

Phone () _____ Fax () _____

Student Name _____ Grade _____ Birthdate _____

Parent/Guardian Signature

Date

Marysville School District Representative Signature

Date

Marysville School District Office Use Only – Required for Special Education Students

Is this student on an IEP? Yes ☐ No ☐

IEP Case Coordinating Teacher Signature: _____ Date: _____