

# Welcome to Prescott School District No. 402-37

Home of the TIGERS



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We are pleased that you have chosen our school for your children. It is our goal to enable our students to become lifetime learners. At Prescott, our students are our top priority. We believe our responsibility is to create an educational atmosphere in which all students can and will succeed. We believe that students need to value education and realize the hard work it takes to achieve. We have dedicated ourselves to providing a quality learning environment.

Please return the following items to the office for registration.

- Enrollment packet
- A copy of student's birth certificate or other age verification
- A copy of student's Immunization records
- Certificate of Immunization Status signed and filled out by healthcare provider
- Verification of Residency (Most recent utility bill)

**Together, students, parents, and school staff can achieve anything!**

**PRESCOTT SCHOOL DISTRICT # 402-37  
ENROLLMENT FORM**

Name of Student: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ X \_\_\_\_\_

Student's legal name (if different than above) \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Military:  Yes  No

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student Lives With: Mother Father Both Parents Guardian Other \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Cell: \_(\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Employment: \_\_\_\_\_

Work Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Cell: \_(\_\_\_\_\_) \_\_\_\_\_

Please list any persons authorized to pick up your child/children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

In case of an accident or illness and parents cannot be reached, I authorize the school to call:

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone

Number: \_\_\_\_\_

**I/We hereby give permission for any qualified hospital, and the doctor(s) on duty to treat, and administer the necessary emergency first aid care in case of an emergency. When authorized people noted above cannot be reached, school personnel have my/our permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my/our child. This includes transporting my/our child to the hospital by ambulance if necessary.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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

<b>Student Name:</b> _____	<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p><b>Right to Translation and Interpretation Services</b></p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No   Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No   Language _____</p>	
<p><b>Eligibility for Language Development Support</b></p> <p>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.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>	
<p><b>Prior Education</b></p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><i><b>This form is not used to identify students' immigration status.</b></i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12<sup>th</sup> Grade) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12<sup>th</sup> Grade)</p> <p>_____</p> <p>Month      Day      Year</p>	

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.



**STUDENT NAME:** \_\_\_\_\_

**PLEASE ANSWER QUESTIONS 1A OR 1B AND QUESTION 2**

**QUESTION 1A** Is your child of hispanic or Latino origin? (If so, check all that apply)

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> CUBAN        | <input type="checkbox"/> MEXICAN/MEXICAN AMERICAN/CHICANO |
| <input type="checkbox"/> DOMINICAN    | <input type="checkbox"/> CENTRAL AMERICAN                 |
| <input type="checkbox"/> SPANIARD     | <input type="checkbox"/> LATIN AMERICAN                   |
| <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> OTHER HISPANIC/LATINO            |

**QUESTION 1B** 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"/> ALASKAN NATIVE        |
| <input type="checkbox"/> WHITE                   | <input type="checkbox"/> CHEHALIS              |
| <input type="checkbox"/> ASIAN INDIAN            | <input type="checkbox"/> COLVILLE              |
| <input type="checkbox"/> CAMBODIAN               | <input type="checkbox"/> COWLITZ               |
| <input type="checkbox"/> CHINESE                 | <input type="checkbox"/> HOH                   |
| <input type="checkbox"/> FILIPINO                | <input type="checkbox"/> JAMESTOWN             |
| <input type="checkbox"/> HMONG                   | <input type="checkbox"/> KALISPEL              |
| <input type="checkbox"/> INDONESIAN              | <input type="checkbox"/> LOWER ELWHA           |
| <input type="checkbox"/> JAPANESE                | <input type="checkbox"/> LUMMI                 |
| <input type="checkbox"/> KOREAN                  | <input type="checkbox"/> MAKAH                 |
| <input type="checkbox"/> LAOTIAN                 | <input type="checkbox"/> MUCKLESHOOT           |
| <input type="checkbox"/> MALAYSIAN               | <input type="checkbox"/> NISQUALLY             |
| <input type="checkbox"/> PAKISTANI               | <input type="checkbox"/> NOOKSACK              |
| <input type="checkbox"/> SINGAPOREAN             | <input type="checkbox"/> PORT GAMBLE KLALLAM   |
| <input type="checkbox"/> TAIWANESE               | <input type="checkbox"/> PUYALLUP              |
| <input type="checkbox"/> THAI                    | <input type="checkbox"/> QUILEUTE              |
| <input type="checkbox"/> VIETNAMESE              | <input type="checkbox"/> QUINALT               |
| <input type="checkbox"/> OTHER ASIAN             | <input type="checkbox"/> SAMISH                |
| <input type="checkbox"/> NATIVE HAWAIIAN         | <input type="checkbox"/> SAUK-SUIATTLE         |
| <input type="checkbox"/> FIJIAN                  | <input type="checkbox"/> SHOALWATER            |
| <input type="checkbox"/> GUAMANIAN OR CHAMORRO   | <input type="checkbox"/> SKOKOMISH             |
| <input type="checkbox"/> MARIANA ISLANDER        | <input type="checkbox"/> SNOQUALMIE            |
| <input type="checkbox"/> MELANESIAN              | <input type="checkbox"/> SPOKANE               |
| <input type="checkbox"/> MICRONESIAN             | <input type="checkbox"/> SQUAXIN ISLAND        |
| <input type="checkbox"/> SAMOAN                  | <input type="checkbox"/> STILLAGUAMISH         |
| <input type="checkbox"/> TONGAN                  | <input type="checkbox"/> SUQUAMISH             |
| <input type="checkbox"/> OTHER PACIFIC ISLANDER  | <input type="checkbox"/> SWINOMISH             |
|  | <input type="checkbox"/> TULALIP               |
|  | <input type="checkbox"/> YAKAMA                |
|  | <input type="checkbox"/> OTHER WA INDIAN       |
|  | <input type="checkbox"/> OTHER AMERICAN INDIAN |

# Student Transfer Parental Certification

**As a parent of a student who is transferring from another school district, Prescott School District requires that you provide the following information as per RCW 28A.225.330. Additionally, Senate House Bill 1153, passed during the 1999 legislative session, requires parents to provide schools with information in writing whether or not their student has a violent or disruptive behavior history. If a parent fails to provide accurate information, the school district may suspend, transfer, or expel the student if the school district could have denied the student admission based upon the information or would have placed the student in an alternative placement.**

In accordance with these regulations, please provide the information requested below.

Student Name: \_\_\_\_\_ Current Grade  
Level: \_\_\_\_\_

Previous Schools Attended:

Name of School	School District	City, State
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your student ever had:

- A. Any history of placement in special education programs
- B. Any past, current or pending disciplinary action
- C. Any history of violent behavior or criminal behavior
- D. Any unpaid fines or fees imposed by other schools
- E. Any health conditions affecting the student's educational needs

Was the student served by any special program(s) at his/her previous school? Yes / No If the answer was yes, please list the programs.

\_\_\_\_\_

Please indicate this student's standing at the time he/she checked out of his/her previous school.

A student in good standing     Disciplinary action     Suspension     Expulsion  
 Other (please explain)

If any of these are relevant to your student, please provide a detailed explanation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

♦ If your child **CANNOT** be photographed please sign here: \_\_\_\_\_

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

## School Nurse Health Information 2020-2021

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade for 2020-21: \_\_\_\_\_ Date: \_\_\_\_\_

### **SERIOUS HEALTH CONDITIONS (check box below):**

If your child has a **SERIOUS health condition, TELL YOUR SCHOOL NURSE NOW**. State Law (RCW 28A.210.320) says medication, medical orders, and a health care plan must be in place **before** the start of school.

Washington State law (Substitute House Bill 2834) requires children with life threatening conditions to have a completed packet of information on file prior to attending school. The packet includes a physician's authorization to administer medication, a treatment plan, and an emergency care plan.

### **My child**

**does not** have a life threatening condition.

has the following SERIOUS health condition(s) - check boxes below:

Allergy (life threatening: requires an epinephrine prescription such as Epi-Pen or Auvi-Q?  Yes  No

Allergic to: \_\_\_\_\_ Date of last reaction: \_\_\_\_\_

Asthma - Will your child require a rescue inhaler (such as Albuterol) at school?  Yes  No

Heart condition and restrictions (if any): \_\_\_\_\_

Diabetes (Date of diagnosis): \_\_\_\_\_

Insulin pump  Insulin pen  Insulin via syringe

Seizure Disorder (Date of diagnosis): \_\_\_\_\_ (Date of last seizure): \_\_\_\_\_

Type: \_\_\_\_\_ Rescue Medication?  Yes  No

Other, including overnight hospitalizations in past 12 months: -- Please describe condition:  
\_\_\_\_\_

### **OTHER HEALTH CONDITIONS (check appropriate box below):**

My child does not have any other health conditions that will affect them at school.

History of a concussion (diagnosed by a healthcare provider) - Date of concussion: \_\_\_\_\_

Hearing concerns?  Does your child wear hearing aids?  Does your child have known hearing loss?

Vision Concerns?  Glasses  Contacts

Food Sensitivity: \_\_\_\_\_  Other Allergies (e.g. medication, pollen): \_\_\_\_\_

Other: \_\_\_\_\_

### **MEDICATIONS: Prescription, supplements, over-the-counter (pills, eye drops, ointments, etc.):**

Does your child need to take medication every day at school?

Does your child need to take medication at school sometimes?

If Yes, a signed medical order form must be at school, for all medications (RCW 28A.210.206)

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

# PRESCOTT SCHOOL DISTRICT

207 SA ST PRESCOTT, WA 99348 Student Housing

## Questionnaire

The answers to the following questions can help determine the services a student may be eligible to receive under the McKinneyAct-Vento Act. The McKinneyAct-Vento Act provides services and support to children and youth who are homeless.

Use one form per student. Return it to the school's registration office within 14 days of receipt. If you need more copies, contact your school or the Student Services Department of Prescott School District.

**If you rent, lease, or own your current place of residence, you DO NOT have to complete this form.**

If you do not rent, lease or own your current place of residence, check all that apply.

- In a motel
- In a shelter
- A vehicle, park, camp, or similar location
- Transitional housing
- Moving from place to place/sleeping on the couch
- Other: \_\_\_\_\_
- In someone's house or apartment with another family
- In a residence with inadequate facilities (without water, heating, electricity, etc.)

Name of the student: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of birth : \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

The student is not accompanied (does not live with a parent or guardian)

The student lives with a parent or guardian

CURRENT ADDRESS OF RESIDENCE \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

E-mail address (if applicable): \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Or unaccompanied youth)

\* Signature parents /guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Or unaccompanied youth)

\*I declare under penalty of perjury under the laws of the state of Washington that the information I include here is true and correct.

**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

**Washington State Title I Migrant Education Program  
Eligibility Survey**

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Dear Parents/Legal Guardians:

The Washington State Office of Superintendent of Public Instruction funds programs designed to help children 0 through 21 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:

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Agriculture        | <input type="checkbox"/> Poultry   | <input type="checkbox"/> Packing/Warehouses |
| <input type="checkbox"/> Commercial Fishing | <input type="checkbox"/> Forestry  | <input type="checkbox"/> Beef               |
| <input type="checkbox"/> Dairy              | <input type="checkbox"/> Shellfish |   |

**We would appreciate your cooperation in answering the following questions;**

1. <b>Have you or your family moved recently or within the past three years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2. <b>Was the purpose of the move to work in the <u>activities listed above, or any other related activities</u> as a principal means of livelihood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3. <b>If yes, may we contact you for further information?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments:</b>

If you or your children moved to seek or obtain temporary or seasonal work as a principal means of livelihood, you or your children may qualify to receive the following services:

- Transfer of Educational and Health Information (nationwide)
- Educational/Health Services
- Free Breakfast and Lunch

**PLEASE FILL OUT THE NEEDED INFORMATION BELOW**

**When completed, return this form to: Prescott School District**

**Name of Parent(s) or Legal Guardian(s):** \_\_\_\_\_

**Address (Street):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

***Thank You. Let's work together to improve our children's education!***