



REQUEST for SKYWARD FAMILY ACCESS

STUDENT INFORMATION

Previous School				Has your student ever attended College Place Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Legal First Name				Today's Date		/		/									
Legal Middle Name				Gender				<input type="checkbox"/> M		<input type="checkbox"/> F		<input type="checkbox"/> X					
Legal Last Name				Student's Language													
Preferred Name				Does Your Student Have Any Health Concerns? <input type="checkbox"/> EPI Pen <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Other <input type="checkbox"/> None													
Birthdate				/		/										Race	
Home Address																	
City and Zip Code				Military Family				<input type="checkbox"/> No		<input type="checkbox"/> Yes (select branch below)							
Military Branch				<input type="checkbox"/> Armed Forces (Active) <input type="checkbox"/> Armed Forces (Reserves) <input type="checkbox"/> National Guard Member <input type="checkbox"/> More Than One <input type="checkbox"/> Prefer not to Disclose													

FAMILY # 1 PARENT/GUARDIAN INFORMATION

Guardian 1																	
First Name				Primary Phone				-		-							
Last Name				2 nd Phone				-		-							
Language Spoken At Home				Work Phone				-		-							

FAMILY # 1 PARENT/GUARDIAN INFORMATION

Guardian 2																	
First Name				Primary Phone				-		-							
Last Name				Work Phone				-		-							

FAMILY # 2 PARENT/GUARDIAN INFORMATION

Guardian 1																	
First Name				Primary Phone				-		-							
Last Name				Work Phone				-		-							

A copy of this request form is required for each student attending College Place Schools. *If your student is a nonresident transferring into College Place School District, by initialing this form you agree that your student will attend classes offered at College Place Schools no less than 50% FTE or the Choice Transfer agreement may be revoked. (Board Policy 3141) Initial _____*

I understand that in order to maintain confidentiality, I must not reveal my username and password to anyone other than another parent or legal guardian of my child and College Place School District is not responsible for Internet access to grades by individuals to whom I provide my username and password.

By signing below, I certify that I am the child's parent or legal guardian.

SIGNATURE AND ACCEPTANCE OF TERMS BY GUARDIAN / PARENT																	
Signature				Date				/		/							

The district will provide equal educational opportunity and treatment for all students in all aspects of the academic and activities program without discrimination based on race, religion, creed, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation, gender expression or identity, marital status, the presence of any sensory, mental or physical disability, or the use of a trained dog guide or service animal by a person with a disability. The district will provide equal access to school facilities to the Boy Scouts of America. District programs will be free from sexual harassment. Auxiliary aids and services will be provided upon request. Compliance and/or grievance procedures may be directed to the school district's Title IX compliance officer and/or Section 504/ADA coordinator, Jim Fry, jfry@cpps.org
 1755 South College Avenue, College Place, Washington, 99324, (509) 525-4827.



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

Student Name:		Grade:	Date:
Parent/Guardian Name		Parent/Guardian Signature	
<p>Right to Translation and Interpretation Services</p> <p>Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school? <i>(FAMILY Home Language field)</i></p> <p>_____</p>		
<p>Eligibility for Language Development Support</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 did your child learn first? _____ <i>(PROFILE Native Language field)</i></p> <p>3. What language does your child use the most at home? _____ <i>(PROFILE Home Language field)</i></p> <p><i>Which language is most dominant?</i> English _____ Spanish _____ Equal _____</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 ___ No ___ Don't Know ___</p>		
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <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. <p><i>This form is not used to identify students' immigration status.</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? (Kindergarten – 12th grade) ___ Yes ___ No ___</p> <p>If yes: Number of months: _____ Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten – 12th grade)</p> <p>_____</p> <p>Month Day Year</p> <p>9. Did your child attend Preschool? Yes _____ No _____</p> <p>Name of Preschool _____</p> <p><i>If yes, what was the language of instruction?</i> English _____ Spanish _____ Both _____</p> <p>10. Would you prefer to have your child learn to <u>read & write</u> in English or Spanish first? English _____ Spanish _____</p> <p>Has your child ever received formal education in Spanish before? Yes _____ No _____</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.

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.

