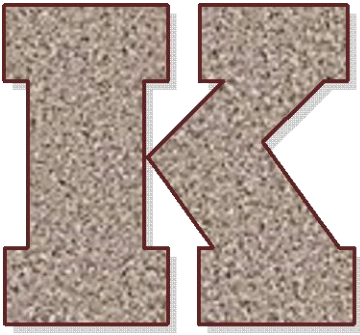


Student Name: \_\_\_\_\_



DEL HEISTAND – PRINCIPAL  
LANCE HYATT – GUIDANCE/ATHLETIC DIR.  
REBECCA POSZ-TAMEZ – SECRETARY/REGISTRAR  
TRICIA POOLE – ATTENDANCE/A.D. SECRETARY

Kittitas Secondary School  
7571 Kittitas Highway  
PO Box 599  
Kittitas, WA 98934

Phone: 855.380.8848  
Fax: 509.955.3140

## **KITTITAS SECONDARY SCHOOL REGISTRATION CHECKLIST**

**\*\* All forms and documents on this checklist must be returned completed, front/back, and signed in order for the enrollment process to begin.\*\***

To be completed by office:

### **REQUIRED FORMS/DOCUMENTS**

Student Registration Form	_____
Release of School Records	_____
Health Inventory	_____
Special Services Questionnaire	_____
Home Language Survey	_____
Residency Questionnaire	_____
Use of Image Permission	_____
Original PSE or PUD Electric Bill Or Proof of Account providing Name and address**	_____

**\*\*\*For students registering as transfers or non-residents of the Kittitas School District\*\*\***

Application for Transfer	_____
--------------------------	-------

Upon return on all requested items to the Kittitas Secondary School office enrollment will proceed with background checks on previous school(s). Upon acceptance and development of a student schedule Kittitas teaching staff are given twenty four hour notice prior to a new student beginning classes.

**\*\*Anyone unable to provide PSE or PUD documentation, for issues such as McKinney Vento, may request a private meeting with administration to address their current living situation.**





# KITTITAS SCHOOL DISTRICT STUDENT REGISTRATION FORM

Student's Last Name	First Name	Middle Name	Date of Birth	Gender	Age	Grade
Street Address	PO Box (If Applicable)	City		State	Zip Code	
Living With (Circle One):    Both Parents    Mother Only    Father Only Guardian    Other (Please Specify)			Phone: 1(_____) _____ - _____ 2(_____) _____ - _____ 3(_____) _____ - _____			
Home Email Address: _____ @ _____						
Father's Name		Employed By:	Work/Cell Phone #			
Mother's Name		Employed By:	Work/Cell Phone #			
Step-Father's Name		Employed By:	Work/Cell Phone #			
Step-Mother's Name		Employed By:	Work/Cell Phone #			
Guardian's Name (if applicable)		Employed By:	Work/Cell Phone #			
Birthplace of Student:			<b>Student Preferred Name: (ex: Andrew goes by Andy)</b>			
Other Children In family under eighteen:			Name & Address of Previous School:			
Name: _____ Age: _____			_____			
Name: _____ Age: _____			_____			
Name: _____ Age: _____			_____			
Services Received at Previous School (Circle)			Doctor: _____			
Gifted <u>Title 1</u> Special Ed <u>LAP</u> Reading                      Bilingual    Reading Math                          Migrant     Math Other (specify)              Speech       Other (specify)			Phone #: _____			
			Dentist: _____			
			Phone #: _____			
In case of an emergency and you cannot be reached, we shall notify:						
Name: _____ Relationship _____ Phone Number: _____						
Name: _____ Relationship _____ Phone Number: _____						
If a medical emergency should occur at school and a parent/guardian cannot be reached, I give the staff/administration of Kittitas Schools and the above named emergency contacts permission to transport my child to a doctor to seek any medical attention deemed necessary by school administration, emergency contact and/or doctor. In addition, my signature confirms that all information provided in this registration is true and correct.						
<b>PARENT/GUARDIAN SIGNATURE:</b> _____ <b>DATE:</b> _____						
In accordance with Kittitas School District Policy # 3141: KSD <i>may</i> accept qualified non-resident students for enrollment in the district <u>when space is available</u> as determined by the superintendent of schools. The superintendent will accept or reject an application for non-resident admission based upon several standards, including whether space is available in the grade level or classes at the building in which the student desires to be enrolled. This process will be an annual occurrence of student re-applying for admission to the superintendent via Application for student transfer to non-resident district- "Choice Form" submission to the district office. Students who move outside district boundaries during the school year shall follow the same procedure and must apply for attendance variance with the superintendent and may be asked to attend their home district in order to ensure appropriate class size within Kittitas School District buildings. Students registered based on false information (address, discipline history, etc.) may be grounds for reversal of acceptance to the district.						

Kittitas School District, in accordance with House Bill 1841, requests that all new students entering the district provide the following information. Has the enrolling student ever had:

YES	NO	
_____	_____	any history of placement in special education programs?
_____	_____	any past, current, or pending disciplinary action?
_____	_____	any history of violent behavior?
_____	_____	any history of sex offenses?
_____	_____	any history of inhaling toxic fumes?
_____	_____	any history of controlled substance violations?
_____	_____	any history of liquor violations?
_____	_____	any other criminal offense?
_____	_____	any unpaid fines or fees imposed by any other school?
_____	_____	any health conditions affecting the student's educational needs?

If you have answered 'yes' to any of these questions, please describe the incident briefly below:

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

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

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

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



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

<b>Student Name:</b>		<b>Date:</b>
<b>Birth Date:</b>	<b>Gender:</b>	<b>Grade:</b>
<b>Form Completed by:</b> Parent/Guardian Name _____ Relationship to Student _____ Parent/Guardian Signature _____ If available, in what language would you prefer to receive communication from the school? _____ <b>Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended?</b> Yes__ No__ Don't Know__		

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does <b>YOUR CHILD</b> use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever received formal education* outside of the United States? (Kindergarten – 12 <sup>th</sup> grade) ____ Yes ____ No "Formal education" does not include refugee camps or other unaccredited programs for children.	If yes, in what language(s) was instruction given?  For how many months? ____
6. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade)	_____ Month      Day      Year
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation?  ____ Yes ____ No	

**\*WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

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

May 2014

## **The Purpose of the Home Language Survey**

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

### **What is the purpose of the Home Language Survey?**

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

### **Why do you ask about the student's first language and language(s) used in the home?**

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

### **Why do you ask where the student was born?**

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

### **Why do you ask about my student's previous education?**

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.

# Kittitas School District 403

## Student Residency Questionnaire

*For inclusion in district enrollment packets*

School Name Kittitas Secondary School

Student Name \_\_\_\_\_  
First Middle Last ☐ Male ☐ Female

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Mo Day Year

**This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.**

1. Is your current residence a temporary living arrangement? ☐ Yes ☐ No
2. Is your living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Is your current residence inadequate for meeting physical and psychological needs? ☐ Yes ☐ No

**If you answered YES to any of the questions, please complete the remainder of this form.**  
**If you answered NO to all of the questions, you may stop here.**

---

Where does the student stay at night? *(Please check one box.)*

- ☐ In a motel/hotel
- ☐ In a shelter
- ☐ With more than one family in a house, mobile home, or apartment (doubled-up)
- ☐ In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Parent/Legal Guardian Name \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.**

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

**OR**

Unaccompanied Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### ***For District Personnel Only:***

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

Following records are still missing:

- ☐ Birth certificate ☐ Immunizations ☐ Medical records ☐ Prior academic records

School Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

# Kittitas School District 403

## Military Questionnaire

*For inclusion in district enrollment packets*

Student Name: \_\_\_\_\_

Is the student considered military-connected as defined in the below note? \_\_\_\_\_ (Yes or No)

***Note: A military-connected student is defined as a student enrolled in a local school administrative unit who has a parent, step-parent, sibling, or any other person who resides in the same household serving in the active or reserve components of the Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard.***

If you answered “No” to the question, please stop here and submit this form to your student’s school.  
If you answered “Yes” to the question, please provide information below and submit this form to your student’s school.

### **Military-connected Relative #1**

Relationship to student (i.e., mother, father, brother, guardian, etc.): \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Status (i.e., U.S. Armed Forces Active Duty, National Guard, Reserves, Retired Military, Disabled

Veteran, Veteran, Deceased, Deceased – Killed in Action): \_\_\_\_\_

Grade (i.e., E 1-9, O 1-10, W 1-5, Federal Civil Service): \_\_\_\_\_

Installation (last installation assigned to or most recent one): \_\_\_\_\_

Unit/Squadron Assignment: \_\_\_\_\_

### **Military-connected Relative #2**

Relationship to student (i.e., mother, father, brother, guardian, etc.): \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Status (i.e., U.S. Armed Forces Active Duty, National Guard, Reserves, Retired Military, Disabled

Veteran, Veteran, Deceased, Deceased – Killed in Action): \_\_\_\_\_

Grade (i.e., E 1-9, O 1-10, W 1-5, Civil Service): \_\_\_\_\_

Installation (last installation assigned to or most recent one): \_\_\_\_\_

Unit/Squadron Assignment: \_\_\_\_\_

- *Please contact your student’s school if another form is needed.*
- *This data collection is being conducted in compliance with RCW 28A.300.507*



**KITTITAS SCHOOL DISTRICT #403**

P.O. Box 599  
Kittitas, WA 98934

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

_____ Name of Previous School Attended			_____ Phone Number		
_____ Address			_____ Fax Number		
_____ City	_____ State	_____ Zip			

In accordance with the Family Educational Rights and Privacy Act of 1974, the above named school district is hereby authorized to release to the school named below all school records, including grades and health records as well as medical, psychological, social, educational, or developmental information regarding:

Name of child/children attending the Secondary school:

_____	M	F	Grade _____	Birth date _____
_____	M	F	Grade _____	Birth date _____
_____	M	F	Grade _____	Birth date _____
_____	M	F	Grade _____	Birth date _____

_____ Date	_____ Signature of Parent or Guardian
---------------	--

\*\*\*\*\*

REQUEST FOR TRANSFER OF SCHOOL RECORDS

Please **FAX** immunization records, transcript, grades, IEP (if applicable) discipline records and current schedule, then **MAIL** the cumulative file and the above indicated information which you may have for the above named child/children who enrolled in our school.

<p><input type="checkbox"/> Kittitas Elementary School (K-5) P.O. Box 599 Kittitas, WA 98934</p> <p>Office: 855.380.8843 Fax: 509.955.3130</p>
--

<p><input checked="" type="checkbox"/> Kittitas Secondary School (6-12) P.O. Box 599 Kittitas, WA 98934</p> <p>Office: 855.380.8848 Fax: 509.955.3140 Email: registrar@ksd403.org</p>
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## PUPIL HEALTH INVENTORY

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: Kittitas Secondary

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle)

MEDICAL HISTORY: Please check if your child has ever had any of the following conditions:

☐ **No Health Concerns**

☐ **No Change in Condition- Keep Care Plan Active.** *If student needs medication/ treatment at school- new paperwork is required each year.*

☐ **Allergies** (Circle Severity) Mild Moderate Severe  
☐ Bees ☐ Foods ☐ Medication(s) ☐ Hay fever/Pollen ☐ Other \_\_\_\_\_

☐ **Asthma** (Circle Severity) Mild Moderate Severe  
☐ Uses Inhaler or Nebulizer

- ☐ Behavioral problems
- ☐ Bleeding Problem
- ☐ Bone/orthopedic
- ☐ Cerebral Palsy
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Ear aches/infections/tubes
- ☐ Eczema/Skin problems
- ☐ Epilepsy/Seizures
  - ☐ Grand Mal ☐ Petit Mal
- ☐ Urine/bowel problem

- ☐ Frequent Headaches
- ☐ Frequent Nose Bleeds
- ☐ Hearing Problem
  - ☐ wears hearing aids
- ☐ Heart Problem/Disease
- ☐ Hepatitis
- ☐ Vision Problems
  - ☐ Wears Glasses/Contacts
- ☐ Operations
- ☐ Activity Restrictions
- ☐ Other

Please describe checked items: \_\_\_\_\_

**Is medication given at home?** ☐ Yes ☐ No **Will it be needed at school?** ☐ Yes ☐ No

If yes, describe health condition and medication your child takes: \_\_\_\_\_

NOTE: Any medication (prescription or non-prescription) taken at school **must** have written parent/guardian **and** health care provider consent. (RCW 28A.210.260) Check with the school secretary or nurse for forms.

In order to safeguard your child's health and safety during school time, it will be necessary to develop a plan of action if your child needs assistance for any health problems that may occur. Depending on the health action plan instituted, other school staff (and substitutes) may need to be involved, especially when the nurse is unavailable.

I GIVE PERMISSION FOR THIS INFORMATION TO BE SHARED WITH SCHOOL PERSONNEL.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

Contact the Kittitas District Nurse at 855-380-8843; fax 509-955-3130





Kittitas School District #403

PO Box 599  
Kittitas, WA 98934

## **Special Services Interview Form**

To use with newly enrolled students to verify/request need for special services. Please answer questions below.

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle One:      Male      Female      Grade \_\_\_\_\_

1.      At your last school, did your child receive any speech services?  
☐ Yes      ☐ No      ☐ I don't know.
  
2.      At your last school, did your child receive any occupational therapist services?  
☐ Yes      ☐ No      ☐ I don't know.
  
3.      At your last school, did your child have an IEP (individualized educational plan)?  
☐ Yes      ☐ No      ☐ I don't know.



If you answered **"NO"** to all of the above, **STOP HERE.**

If you answered **"YES"** or **"I DON'T KNOW"** to any of the above questions, **please complete the bottom of this form.**

-----  
Name of Last School: \_\_\_\_\_ District: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974, the above named school district is hereby authorized to release to **Kittitas School District** all school records including grades and health records as well as medical, psychological, social, emotional, or developmental information regarding the student named above.

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_

-----  
Secretaries: If there are any "YES" responses above, please send this form to Katie Peet to initiate the records request process.



## USE OF IMAGE PERMISSION

Kittitas School District's website can be accessed by going to [www.ksd403.org](http://www.ksd403.org). On occasion, we like to put student images on the school website and district publications, such as the district newsletter. In order to legally do this, we need approval from the student's parent or guardian.

The images we would like to use on the website could be in three forms:

1. A picture of a student participating in a class activity;
2. The written work of a student; and/or
3. The voice of a student.

The websites will be maintained and edited by Kittitas Schools. Please sign below to give approval for us to use your child's image in district publications and the district website.

I give my permission to use \_\_\_\_\_ image in Kittitas School District publications and website.  
Student's Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Electronic Information System (Network) – Informed Consent

In consideration for the privilege of using the district computer network and in consideration of having access to public computer networks, I hereby release Kittitas School District, Washington School Information Processing Cooperative, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the Kittitas School District network or systems therein.

I give my permission for \_\_\_\_\_ to access the Kittitas School  
Student's Name

District computer network and agree to hold harmless Kittitas School District from such use.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## KSD403 No-Discrimination Statement

Kittitas School District is committed to non-discrimination and equal opportunities in its admissions, educational programs, activities and employment regardless of race, color, creed, religion, sex, sexual orientation (including gender expression or identity), national origin (including language), religion, age, disability, veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.