

DAVENPORT SCHOOL DISTRICT ENROLLMENT FORM 2018-19

Date enrolled _____ Withdrawal date from previous school _____ Grade Level _____ Enrollment # _____
Is your student CHOICED into our district? Yes _____ (request or provide paperwork) No _____

Student's legal name: _____ M / F Name Student goes by: _____
Last First Middle

Birth date: _____ Birthplace: _____

Schools previously attended: _____

| FAMILY 1: Full Name of Parents/Guardians | Home phone | Work phone | E-mail address |
|---|------------|------------|----------------|
| FATHER: _____ | _____ | _____ | _____ |
| MOTHER: _____ | _____ | _____ | _____ |
| GUARDIAN: _____ | _____ | _____ | _____ |

Street Address: _____ City: _____ Zip _____

Mailing Address: _____ City: _____ Zip _____

Has this student been expelled or placed on long-term suspension within the past 12 months? Yes _____ No _____

Has this student received Special Services (Special Education, have a 504 plan)? Yes _____ No _____

Health problems school should be aware of? Yes _____ No _____

Please select those that apply:

Caucasian _____ Native American _____ Asian _____ African American _____ Hispanic or Latino _____ Other _____

Is a language other than English the primary language at home? _____ If yes, what is the language? _____

| FAMILY 2: Full Name of Parents/Guardians | Home phone | Work phone | E-mail address |
|---|------------|------------|----------------|
| FATHER: _____ | _____ | _____ | _____ |
| MOTHER: _____ | _____ | _____ | _____ |
| GUARDIAN: _____ | _____ | _____ | _____ |

Street Address: _____ City: _____ Zip _____

Mailing Address: _____ City: _____ Zip _____

EMERGENCY CONTACT(S) – when parents are unavailable:

| Name | Phone # | Relationship to student |
|-------|---------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

BROTHERS AND SISTERS (living at home):

| Name: | Birthdate: | Grade in School: |
|-------|------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I give permission for my child to be photographed for use on the school's web page & other publications. Yes _____ No _____

MEDICAL RELEASE:

In the event that a parent cannot be reached by telephone, I give my permission for school authorities to seek medical attention for my child at the nearest available medical facility. Yes _____ No _____

RESIDENCY VERIFICATION: ALL information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Legal Guardian/Parent Signature: _____

Print Name: _____

Date: _____

Davenport School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

Questions/complaints of alleged discrimination should be directed to: **Civil Rights, Compliance Coordinator/Title IX Coordinator** Mr. Jim Kowalkowski, Superintendent, 509-725-1481, 801 7th Street, Davenport, WA 99122 / **Section 504/ADA Coordinator** Mrs. Courtney Strozyk, Elementary Principal, 509-725-1261, 601 Washington Street, Davenport, WA 99122.

Information helpful to your
Kindergarten Teacher

Child Name: _____ Birthdate: _____

Address: _____ Phone: _____

Name that will be used at school and that the child will learn to write: _____

Child's Parents/Guardians: _____ Mother

_____ Father

Is child living with both parents? _____

Has child had group experiences? (Preschool, Sunday School, etc.?) _____

Other children in the family:

| Name | Age |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Is another language other than English used in the home? _____

Which hand does your child prefer? _____

What is your child's attitude towards entering school? _____

What, if any, fears does your child have? _____

Is there anything else the teacher should know that would be helpful?

Was there anything unusual about the child's birth?

Does your child have any allergies? _____ Please explain allergy and any necessary medication

Thanks for filling out this form. We look forward to having a great year. We are always happy to answer question when they arise. Feel free to call us at 725-1261. Thank you.

PLEASE USE BLACK INK AND FILL FORM OUT COMPLETELY

DAVENPORT SCHOOL DISTRICT – HEALTH REGISTRATION FORM

STUDENT NAME: _____
Last First M.I.

BIRTHDATE _____

ADDRESS: _____
Street City Zip Code

HOME PHONE: _____

| | | | | | |
|--|------------------------|---------------------|-------------------------------|-------------------------------------|---------------------|
| Student Lives with: (CIRCLE ONE) | Both Parents Agency | Mother Only Self | Father Only Legal Guardian | Mother & Stepfather Other: _____ | Father & Stepmother |
|--|------------------------|---------------------|-------------------------------|-------------------------------------|---------------------|

Father's Name: _____

Mother's Name: _____

Father's Work Phone: _____

Mother's Work Phone _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

Emergency Contact Name: _____

Relationship to Child: _____ Phone: _____

Emergency Contact Name: _____

Relationship to Child: _____ Phone: _____

Medical Insurance Co: _____

Policy #: _____ Preferred Hospital: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

HEALTH HISTORY *: Please answer by checking box

| | | | | | | | | |
|---|--------------------------|--------------------------|-------------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| | No | Yes | Glasses | Contacts | | No | Yes | Hearing Aid |
| Does student have vision problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does student have hearing problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Check YES or NO on all categories: | No | Yes | Mild | Moderate | Severe | Life Threatening | | |
| Anaphylactic Allergy: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Allergies to: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Asthma _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diabetes _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heart Problem _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seizures, type: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Has your child ever had chicken pox? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, approximate age _____ | | | | | |
| Explain if other issues exist (including learning disabilities, ADHD or ADD): _____ | | | | | | | | |

IF student has diabetes*, a life threatening allergy, or medical condition, state law requires that a care plan be in place, please contact Cindy Hansen, RN, School Nurse, at 509-725-1261.

We will need a medication and/or treatment order signed by the Licensed Health Care Professional and the Parent/Guardian. We need this at school PRIOR to admission.

Does the student take medication of any kind? NO YES If yes, list: _____

Will student need to take medications at school? ** NO YES IF yes, list: _____

Has student had any serious injuries? NO YES If yes, explain: _____

***The nurse's office will share health information with your student's teacher and other school staff. IF you do not want information shared, please call Cindy Hansen, RN Davenport School Nurse at 509-725-1261.**

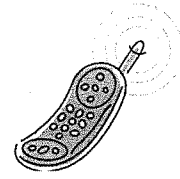
Students** requiring medication (prescription or non-prescription) at school **MUST** have a **Medication Request Form** signed by a parent/guardian and a Licensed Health Care Provider. These forms are available in every building office and from the school nurse.

In the event of a serious accident or injury we will attempt to contact the parent/guardian first. If parent/guardian cannot be reached I authorize the Davenport School District staff to contact a doctor/dentist or 911*, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital. *911 WILL BE CALLED IF DEEMED NECESSARY

****IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Davenport School District 2018-2019



In the event of an emergency causing an early release school closure during the regular school day, we want to make sure we have all contact/emergency contact information and plans for where your child(ren) would go on file. In such an event, our automated phone system would be activated with specific information on the emergency and what procedures/time frame the school district will be following.

Thank you.

Parent/Guardian Name _____

Contact & Number(s) to be called?

Does your child ride a bus? yes ___ no ___

Bus number/driver _____

Student(s) Name:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please indicate where your child(ren) would go if it was determined that the school needed to send busses or close early that day.

Student Housing Questionnaire

For distribution to all families/ students annually

School Name _____

Student Name _____ Male
 First Middle Last 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 School Personnel Use 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 _____

USER AND PARENT PERMISSION FORM

As a user of the Davenport School District computer network, I hereby agree to comply with the stated rules and policies or the internet and electronic mail and all penalties that apply as listed in the Acceptable User Policy contained in the Davenport Student Handbook.

Student Signature _____

Date _____

As a parent or legal guardian of the minor student signing above, I grant permission to access the computer network with services such as electronic mail and the internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guiding my child, and conveying the appropriate standard for selecting sharing and/or exploring information and media of the internet.

Parent/Guardian Signature _____

Date _____

****NOTE** THIS PERMISSION FORM MUST BE SIGNED AND RETURNED TO DAVENPORT ELEMENTARY AS SOON AS POSSIBLE. IF NOT RETURNED, INTERNET AND E-MAIL ACCESS WILL NOT BE MADE AVAILABLE FOR THAT STUDENT.**

ATTENTION PARENTS/GUARDIANS

STUDENT PHOTOGRAPHS

Davenport Elementary School students participate in various activities throughout the school year and may be photographed at certain times (eg., sporting events, group activities, school programs, etc.). These photographs may be chosen for use in promotional literature (eg., brochures, newspaper articles, webpage).

We ask that you complete the form below and return it to the school office IF YOU DO NOT GIVE PERMISSION for your child to be photographed.

I DO NOT give permission for my child/children to be photographed for use in promotional literature for Davenport Elementary School.

Child

Child

Date

Parent/Guardian

DAVENPORT SCHOOL DISTRICT
Google Apps for Education Acceptable Use Policy

Student Expectations for Acceptable Use:

The following are the Educational Objectives of Google Apps for Education:

- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

District educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Google Apps participants will respect the teachers' time and professionalism by supporting the same positive approach.

All Google Apps participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will not be tolerated.

No student, or other participant, may include any information on the site that could compromise the safety of him/herself or other class members. Participants should avoid specific comments about school location or schedules.

All Google Apps users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Google Apps participant may share his/her log-in information or protect information about the site with anyone who is not an authorized participant.

Student use must follow all other expectations as listed in the ***Davenport Schools Student Handbook***. *Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service.*

Parent/Guardian Expectations & Consent:

Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student's teachers will be using Google Apps for lessons, assignments, and communication. Google Apps for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of Apps when students are at school. Parents are responsible for monitoring their child's use of Apps when accessing programs from home. Students are responsible for their own behavior at all times.

I agree with the parent expectations and give my child permission to use Google Apps for Education.

Parent/Guardian Name (Print):

Parent /Guardian Signature:

Date:

Student Consent:

I agree to abide by Student Expectations of Acceptable use of Google Apps for Education.

Student Name (Print):

Student Signature:

Date:

I understand that the services I am providing are voluntary in nature and I do not expect to receive any compensation or benefits from Davenport School District.

Name (please print) Volunteer Signature/Date Principal's Signature/Date

Information (necessary for required Washington State Patrol background check)

Name (please print) Driver's License# / State DOB

Address City / State / Zip Phone

In case of emergency please notify: _____ Phone _____

Disclosure:

Pursuant to RCW 443.43.834(2), prospective employees or volunteers who will or may have unsupervised access to children under sixteen years of age during the course of his or her employment or involvement with this organization must complete this disclosure. Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the crime(s) or finding(s), the date, and the court(s) involved.

- 1. Have you ever been convicted of any crimes against children or other person as defined in RCW 43.43.830(6), and listed as follows: aggravated murder, first or second degree murder, first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 24.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography, selling or distributing erotic material to a minor; custodial assault; violation of child abuse retraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?
ANSWER _____ If "YES", explain below.

- 2. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
ANSWER _____ If "YES", explain below.

- 3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
ANSWER _____ If "YES", explain below.

- 4. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor?
ANSWER _____ If "YES", explain below.

Davenport School District #207 is authorized to request the Washington State Patrol to make available a prospective employee's or volunteer's record for convictions of offenses against children or other persons, adjudications of child abuse in a civil action, disciplinary board final decisions, and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board's final decision. Any misrepresentation or willful omission or facts shall be sufficient cause for disqualification of this application or termination of employment. RCW 42.42.830 through 43.43.845

Pursuant to RCW 9A.72.085, I certify under penalty or perjury under the laws of the State of Washington that the foregoing is true and correct.

Volunteer Signature Date Place

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

| | |
|---|---|
| <p>A REQUESTING AGENCY/ADDRESS</p> <p>_____ Agt _____ Davenport School District # 207 _____ _____ Att 801 7th Street _____ Davenport, WA 99122 _____ _____ Ad _____ _____ City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date _____</p> <p>_____ Title () Area Code/Phone Number _____</p> | <p>B PURPOSE Check appropriate box</p> <p><input checked="" type="checkbox"/> Educational School District (ESD)/School District Volunteer <i>no fee Building Use</i></p> <p><input type="checkbox"/> Non-Profit Business/Organization -- no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input checked="" type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p> |
|---|---|

Please Sign ↓

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip