

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? _____

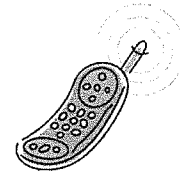
Is there anything else the teacher should know that would be helpful?

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.

Davenport School District 2019-2020



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.

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
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Information (necessary for required Washington State Patrol background check)

_____ Name (please print)	_____ Driver's License# / State	_____ DOB
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_____ Address	_____ City / State / Zip	_____ Phone
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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 restraining 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
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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>Agri _____ Davenport School District # 207 Attn 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 _____ 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 no fee Building Use</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 _____ 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>
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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 _____