

STUDENT NAME: _____

PLEASE DO NOT WRITE ON THIS PAGE,
THIS PAGE IS FOR ADMINISTRATIVE
USE ONLY

NEW RETURNING

APPLICATION DATE: _____

ENROLLMENT PROCESS

- **FRONT OFFICE** _____
 - COMPLETED APPLICATION
 - SUPPORTING DOCUMENTS
 - BIRTH CERTIFICATE
 - PROOF OF TRIBAL ENROLLMENT : _____
 - C.I.S FORM
 - COMPLETED FDA NUTRITION PAPERWORK
 - OSPI REQUIRED DOCUMENTS.
 - RACE/ETHNICITY
 - HEALTH
 - MILITARY SERVICE
 - HOME LANGUAGE
 - MCKINEY VINTO (OPTIONAL)

- **TRANSPORTATION** _____

- **SPECIAL SERVICES** _____
 - STUDENT HAS IEP
 - STUDENT HAS 504 PLAN
 - OBTAINED SUPPORTING DOCUMENTS
 - DATE RECEIVED: _____

- **COMPLIANCE** _____
 - OSPI DOCUMENTS COMPLETE
 - COMPLETED APPLICATION

- **PRINCIPAL** _____
 - APPROVAL
 - START DATE: _____
 - DENIAL
 - PARENT CONTACTED: _____



WA HE LUT INDIAN SCHOOL

ENROLLMENT APPLICATION

FOR ADMINISTRATIVE OFFICE ONLY

SY: **2022-2023**

START DATE: _____

Student Legal Last Name <small>(Must match birth certificate on file)</small>	First Name	Middle Name	Tribal Affiliation	Enrollment #
			<input type="checkbox"/> Male	<input type="checkbox"/> Other
			<input type="checkbox"/> Female	

Nickname or Other Name child goes by	Date of Birth	Age	Grade level
--------------------------------------	---------------	-----	-------------

DOES YOUR STUDENT:

Have a 504 Plan? Yes No Receive Special Education Services? Yes No (if yes for Special Education, please check below)

Resource Self-contained Speech Hearing-impaired Visually Impaired OI/PT Other

STUDENT LIVES WITH: (Please Check) Both Parents Mother Father Grandparent

Legal Guardian Other: Please explain: _____

Are there any court orders that the school should have on file? YES NO if yes, please provide legal documentation to the school.

Court Order: _____ Caseworker Phone: _____

Is there a second or shared non-household guardian? YES NO if yes, please provide legal documentation (Parenting Plan) to the school and include the shared guardians name and contact information below.

Student Lives With:

Mother, Father, Step-parent or Court Ordered Legal Guardian <i>(Please Print Name)</i>	Daytime Phone #	Phone Type
Mother, Father, Step-parent or Court Ordered Legal Guardian <i>(Please Print Name)</i>	Daytime Phone #	Phone Type
Primary Home Address	Apt	City
Mailing Address (if different from above)	Apt	City
Primary Home Phone #	Cell Phone #	E-Mail Address

NON- HOUSEHOLD EMERGENCY CONTACTS AND PICKUP: I give permission to the following to pick up my child:

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

TRIBAL INFORMATION

TRIBAL/Ethnic AFFILIATION: _____ **TRIBALLY ENROLLED:** YES NO

ENROLLMENT NUMBER: _____ **YEAR OF ENROLLMENT:** _____

PROOF OF ENROLLMENT ON FILE? YES NO

LEGAL GUARDIAN MEDIA CONSENT

"I hereby consent to and authorize the use and reproduction by Wa He Lut Indian School Agency or anyone authorized by Wa He Lut Indian School Agency, of any and all photographs that have been taken of me and/or my children. All negatives, positives, together with prints are owned by the school. Wa He Lut Indian School Agency reserves the right to use these photographs in any of its prints or electronic publications." **CONSENT** YES, I CONSENT NO, I DO NOT CONSENT

NATIVE LANGUAGE INSTRUCTION

"I give permission for my child to receive Native Language instruction for the purpose of English proficiency maintenance or restoration and enhancement."

CONSENT YES, I CONSENT NO, I DO NOT

⇒ **LEGAL GUARDIAN SIGNATURE** _____ **DATE** _____

WA HE LUT Indian School Agency is an equal opportunity employer and 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, marital status, identity, disability, or the use of a trained dog guide or service animal and provides equal access to designated youth groups, except as provided under the Indian Preference Act (Title 25, U.S. Code section 472 and 473). The following employee(s) have been designated to handle questions and complaints of alleged discrimination, Harvey Whitford, Harvey.whitford@bie.edu; Section 504 and Civil Rights Coordinator, Aly Nelko, aly.nelko@wahelutindianschool.org (360-456-1311) at 11110 Conine Ave SE, Olympia, WA 98513

TRANSPORTATION INFORMATION

STUDENT NAME: _____ **GRADE:** _____

Pick my child up at **home** address Drop my child off at **home** address

My child's pick up/drop off address is somewhere other than home. Please explain and provide information below:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

FIELD TRIP PERMISSION FORM

My Child, _____, is permitted to participate in all field trips for the 20__-20__ school year.

Throughout the year, WA HE LUT INDIAN SCHOOL offers field trips for student participation. Notifications and permission slips will be sent home prior to each trip or parents/guardians will be notified by a school official. In the event your student does not return their permission slip, we will use this form as permission for them to attend.

Transportation will be provided by First Student School Buses or Wa He Lut Indian School Shuttles. Students will leave from the school and return to the school during regular school hours unless previously notified.

I give permission for my child to be seen by a medical team and be transported to a local hospital for immediate care if needed.

As parent/guardian of the above named student, I promise to hold Wa He Lut Indian School harmless from any liability that may incur from the above named student in connection with the above described excursion, except as might arise because of negligence on the part of the school.

The following **ALLERGIES** or **SPECIAL HEALTH PROBLEMS** should be noted:

Parent/Guardian Name: _____ Phone Number: _____

Chaperone Information:

_____ Yes, I would like to be contacted to chaperone one or more field trips.
 _____ No, I will not be able to chaperone any school field trips.

I understand that I may not bring additional siblings/children along due to my supervision responsibilities and insurance liability restrictions. I understand that all chaperones must be at least 18 years old to attend. I promise to hold Wa He Lut Indian School harmless from any liabilities that may incur from the above described excursion except as might arise because of negligence on the part of the school.

BY SIGNING THIS FORM YOU ARE GRANTING PERMISSION FOR THE ABOVE NAME CHILD TO PARTICIPATE IN ALL SCHOOL FIELD TRIPS.

PARENT/GUARDIAN SIGNATURE _____
 (THIS FORM IS VALID UNLESS YOU NOTIFY THE SCHOOL IN WRITING)

Verification of Student History

Student Name: _____ Birthdate: _____

Address: _____

Name of Last School Attended: _____

City _____ State _____ Enrolled from _____ to _____

Does the student have a history of any of the following?

	YES	NO
<i>Placement in a Special Education Program</i>		
<i>Placement in Remedial/ LAP Math</i>		
<i>Placement in Remedial/ LAP Reading</i>		
<i>Special accommodations for a 504 Plan</i>		
<i>Health conditions affecting the student's educational needs</i>		
<i>Unpaid fines and fees from other schools</i>		
<i>Past, current, or pending suspensions from school for 10 or more days</i>		
<i>Past, current, or pending expulsions from school</i>		
<i>Conviction, Adjudication or a diversion agreement related to any of the following:</i>		
<i>Violent offense</i>		
<i>Assault</i>		
<i>Sexual offense</i>		
<i>Harassment, extortion, or stalking</i>		
<i>Arson or vandalism</i>		
<i>Inhaling toxic fumes</i>		
<i>Drug offense</i>		
<i>Liquor violation</i>		
<i>Currently on probation under the court system of this or any other state</i>		

If you answered **YES** to any of the above, please provide an explanation on the reverse side of this form.

Parent/ Guardians Name: _____

What is your relationship to the student? Parent Guardian Other: _____

Signature: _____

Wa He Lut Indian School Policy requires completion of this form for students who are enrolling for the first time or re-enrolling after an absence from the district. Answering yes to any of the above questions does not result in automatic denial of enrollment. However, failure to accurately complete this form may result in denial of student application. Parents/Guardians needing assistance with this form should call the front office: 360-456-1311.

Use this form for explanation of any conditions marked as YES on the reverse side of this form.

Parent/ Guardians Name: _____

What is your relationship to the student? Parent Guardian Other: _____

Signature: _____



WA HE LUT INDIAN SCHOOL

2022 - 2023 PARENT PARTNERSHIP AGREEMENT

Wa He Lut Indian School Agency works to nurture students to become lifelong, active participants in their own education, develop a sense of self and community, and become responsible and compassionate members of society. Wa He Lut welcomes and values parent involvement in pursuit of the school's mission.

As a parent, you are an essential part of your child's education. The school needs you as an educational partner to support your child's learning. As a Wa He Lut parent or guardian, you have the following rights and responsibilities:

Parent/Guardian Rights

- My child will learn in a safe and healthy environment.
- I will have opportunities to observe my child's learning environment and provide staff with feedback.
- My concerns, if any, will be heard and addressed. This does not mean my point of view will always prevail, but my concerns will always be taken seriously.
- I will be kept informed about my child's progress and needs.
- I will have opportunities to understand the school's approach to teaching and learning and classroom expectations for students and families.
- My child and I will be treated with respect and care in our interactions with school staff.

Parent/Guardian Responsibilities

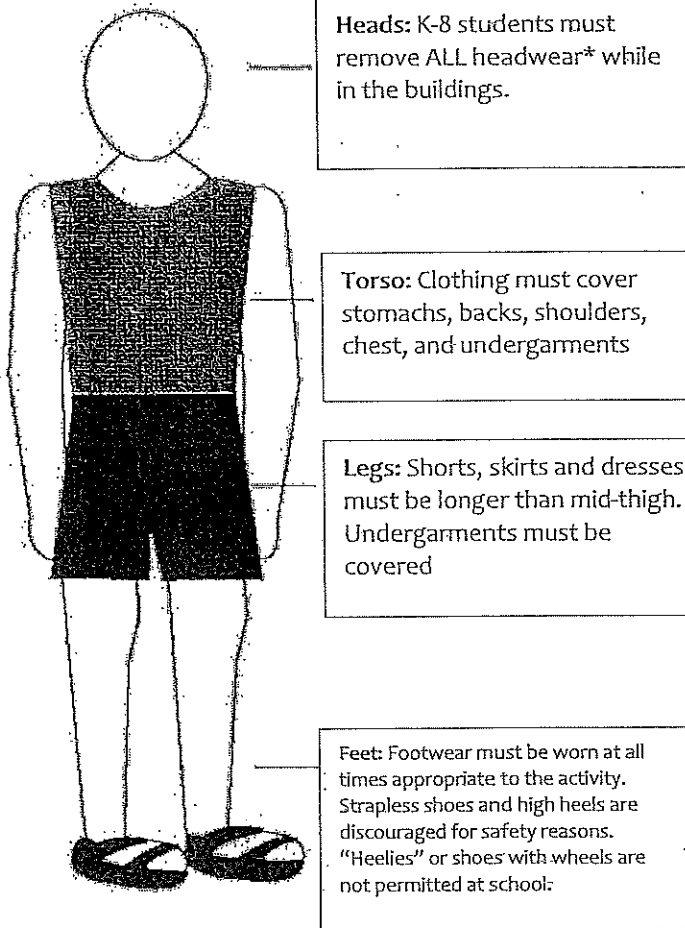
- I will support the mission and goals of Wa He Lut Indian School Agency.
- I will be an active partner with the teachers and my child in my child's education. I will attend parent-teacher conferences, monitor my child's progress, and let my child's teachers know right away if I notice any problems.
- I will support my child at home by providing an environment conducive to learning.
- I will ensure that my child attends school regularly and arrives on time.
- I will provide absence notes to the front desk upon my child's return; and will provide a doctor's note if there are 3 or more consecutive days of absence. Excuse notes must be submitted within 5 days of absence for consideration for absence(s) to be excused.
- I will raise any concerns I have directly with the appropriate staff or the principal.
- I will treat staff, other parents, and students with respect.

Parent Signature: _____ Date: _____

WA HE LUT INDIAN SCHOOL

STUDENT DRESS CODE

The shaded portion of this figure represents front and back views. These parts of the body must be covered in all positions (sitting, standing, bending, reaching) while attending school.



Other Guidelines

- *Headwear includes hats, hoods, bandanas, and head-wraps. (Exceptions will be made for medical, religious, and other approved reasons).
- Clothing that promotes drugs, alcohol, tobacco, violence, is sexually suggestive, or displays inappropriate pictures or writing is prohibited.
- Any clothing worn in a manner identified as gang-related is prohibited.
- Jewelry that can pose safety hazards is prohibited.
- Exceptions to dress code standards may be made for PE or school activities.
- Students should not paint, mark or wear temporary tattoos on their face or neck

Students violating the dress code will be given alternate clothing or a parent/guardian will be called to bring a change of clothes or pick student up. Repeated violations will result in disciplinary action.



WAHHE LUT INDIAN SCHOOL

Parent Notice: Immunization Requirements

It's that time of year to turn in updated immunization paperwork for school! Due to a recent law change effective on August 1, 2020, there are now additional paperwork requirements.

1. All immunization paperwork must be medically verified. This means the Certificate of Immunization Status (CIS) form must have a valid health care practitioner signature, or have immunization records from the practice attached to the CIS. You can also sign up for a MyIR account (<https://wa.myr.net/register>) to view your family's immunization records online and order a CIS yourself.
2. Every year when we re-certify immunization records, we need a new Certificate of Immunization Status form for your child. Providing updated records allows us to make sure your child meets immunization requirements and protects the children in our care.
3. All new or returning children must have appropriate immunization paperwork turned in to us on or before the first day of attendance.

We appreciate your time and look forward to caring for your child!



DOH 348-744 January 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2022-2023



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influ- enzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses (depending on vaccine)	1 dose	4 doses	3 doses	1 dose**
Preschool/ Transitional Kindergarten Age ≥4 years on 09/01/2022	5 doses DTaP*	3 doses	3 or 4 doses (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses* (Not required at age ≥5 years)	4 doses	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**
7th through 9th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**
10th through 12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required*	4 doses	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

LIFE- THREATENING ALLERGIES AND HEALTH CONDITIONS

REQUIRED INFORMATION

Must be completed at time of enrollment

IMPORTANT HEALTH INFORMATION FOR PARENT/GUARDIAN:

SERIOUS HEALTH CONDITIONS: In accordance with Washington State Law, RCW28A.210.320, students who have a life-threatening health condition must have a health care plan along with any need medication or treatment order (and supplies) in place prior to attending school. Life-threatening means a health condition that will put the child in danger of death during the school day if the above requirements are not met.

Office Staff: Please notify School Nurse for any "yes" responses

PARENT/ GUARDIAN PLEASE COMPLETE THE FOLLOWING:

Student Name: _____

Date of Birth: _____

Does your child have: _____

- Severe Allergies YES NO
 - If yes, allergy to: _____
 - Describe Reaction: _____
- Severe Asthma YES NO
- Heart Condition YES NO
- Seizure Disorder YES NO
- Diabetes YES NO
- Other Life-Threatening Health Condition(s) YES NO
 - If yes, describe: _____

- I understand that it is my responsibility to inform the school if there are changes in my child's health.
- I also understand that indicating a health condition on this form does not constitute a health care plan.
- I understand that above information may be shared with school staff as needed to protect the health and safety of the student and to plan for a safe environment conducive to learning.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____

Forms reviewed by: _____ Date: _____
(School Staff)

Washington State Vaccine Requirements

WAC CHAPTER 246-105

Students must have the required immunization to protect them and others. Certificate of Immunization Status or CIS forms are accepted by hand delivery, mail, fax, or email. Please send completed vaccination report as soon as possible.

If a student has incomplete shot records, you have 30 days to start the required immunizations. If not completed within 30 days, the student will be sent home until immunized.

IF YOUR FAMILY DECIDES TO DECLINE IMMUNIZATIONS FOR YOUR STUDENT ON THE BASIS OF EXEMPTION PLEASE SEE THE OFFICE FOR NECESSARY PAPERWORK REGARDING EXEMPTIONS.

ANNUAL HEALTH HISTORY

Student Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade	School	Date
--------------	---------------	--	-------	--------	------

The following information is required to plan an appropriate program for your child and to be prepared for any emergency situation should arise. This information may be shared with school staff on a "need to know basis."

MEDICAL HISTORY

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Speech difficulty |
| <input type="checkbox"/> hay fever | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> nosebleeds |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Seizures/Spells | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Bone disease | <input type="checkbox"/> Color blindness |
| <input type="checkbox"/> Vision problem | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Other _____ |

ALLERGIES

- Plants Foods Bees Insects
 Drugs Animals Other (specify)

Please describe allergic reactions: _____

MEDICATION (Medication requires physician and parent permission)

Does your child take medications?

At home? Yes No At school? Yes No

Name of medication: _____

Is medication needed for any other condition? _____

Signature of Parent: _____ Date: _____

If a medical condition is diagnosed or there is a change in medication during the school year, please notify the school nurse.

MEDICAL INFORMATION

Students Doctor or Clinic Information:

Doctor Name: _____

Address: _____

Phone Number: _____

Physical education activity: Limited Not Limited

If activity is to be limited, please explain: _____

Does your student wear: Contact lenses Glasses Hearing aids

Last eye exam: _____ Dental exam: _____ Medical Exam: _____

Is there anything else you would like to share to help school staff to better understand the needs of your child medically? Or in the event of a medical emergency? Please explain:



Wa He Lut Indian School

11110 Conine Ave SE, Olympia, WA 98513
360-456-1311

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- In a motel
- In a shelter
- Moving from place to place/couch surfing
- In someone else's house or apartment with another family
- In a residence with inadequate facilities (no water, heat, electricity, etc.)
- A car, park, campsite, or similar location
- Transitional Housing
- Other _____

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate (Month/Day/Year): _____ Age: _____

Gender: _____
 Student is unaccompanied (not living with a parent or legal guardian)
 Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

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

Please return completed form to:

Lori McNeal
District Liaison

360-456-1311
Phone Number

Wa He Lut Indian School
Location

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

McKinney-Vento Act 42 U.S.C. 11435

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)

WA HE LUT INDIAN SCHOOL ETHNICITY AND RACE DATA COLLECTION FORM

STUDENT LEGAL LAST NAME:		STUDENT LEGAL FIRST NAME:	
BIRTHDATE:	GENDER: M/F	GRADE LEVEL:	PARENT SIGNATURE:

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

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

<input type="checkbox"/> ASIAN INDIAN
<input type="checkbox"/> CAMBODIAN
<input type="checkbox"/> CHINESE
<input type="checkbox"/> FILIPINO
<input type="checkbox"/> HMONG
<input type="checkbox"/> INDONESIAN
<input type="checkbox"/> JAPANESE
<input type="checkbox"/> KOREAN
<input type="checkbox"/> LAOTIAN
<input type="checkbox"/> MALAYSIAN
<input type="checkbox"/> PAKISTANI
<input type="checkbox"/> SINGAPOREAN
<input type="checkbox"/> TAIWANESE
<input type="checkbox"/> THAI
<input type="checkbox"/> VIETNAMESE
<input type="checkbox"/> OTHER ASIAN

<input type="checkbox"/> NATIVE HAWAIIAN
<input type="checkbox"/> FIJIAN
<input type="checkbox"/> GUAMANIAN or CHAMORRO
<input type="checkbox"/> MARIANA ISLANDER
<input type="checkbox"/> MELANESIAN
<input type="checkbox"/> MICRONESIAN
<input type="checkbox"/> SAMOAN
<input type="checkbox"/> TONGAN
<input type="checkbox"/> OTHER PACIFIC ISLANDER | <input type="checkbox"/> ALASKA NATIVE
<input type="checkbox"/> CHEHALIS
<input type="checkbox"/> COLVILLE
<input type="checkbox"/> COWLITZ
<input type="checkbox"/> HOH
<input type="checkbox"/> JAMESTOWN
<input type="checkbox"/> KALISPEL
<input type="checkbox"/> LOWER ELWHA
<input type="checkbox"/> LUMMI
<input type="checkbox"/> MAKAH
<input type="checkbox"/> MUCKLESHOOT
<input type="checkbox"/> NISQUALLY
<input type="checkbox"/> NOOKSACK
<input type="checkbox"/> PORT GAMBLE KLALLAM
<input type="checkbox"/> PUYALLUP
<input type="checkbox"/> QUILEUTE
<input type="checkbox"/> QUINAULT
<input type="checkbox"/> SAMAMISH
<input type="checkbox"/> SAUK-SUIATTLE
<input type="checkbox"/> SHOALWATER
<input type="checkbox"/> SKOKOMISH
<input type="checkbox"/> SNOQUALMIE
<input type="checkbox"/> SPOKANE
<input type="checkbox"/> SQUAXIN ISLAND
<input type="checkbox"/> STILLAGUAMISH
<input type="checkbox"/> SUQUAMISH
<input type="checkbox"/> SWINOMISH
<input type="checkbox"/> TULALIP
<input type="checkbox"/> YAKAMA
<input type="checkbox"/> OTHER WASHINGTON INDIAN
<input type="checkbox"/> OTHER AMERICAN INDIAN |
|---|--|

TRIBE: _____

PARENT/ GUARDIAN MILITARY SERVICE

School districts are now required by the state of Washington to collect data regarding active duty military families as well as active reserves, all branches, and the Washington National Guard. Please help Wa He Lut Indian School collect this required data by answering a few short questions requiring the military status of the parent/guardian(s) in your family. We greatly appreciate your participation.

Student's Name: _____ Grade: _____

For the purpose of data collection, please mark all that apply:

No parent or guardian currently serving as an active duty member of the U.S. Armed forces, reserves of the U.S. Armed Forces, or in the Washington National Guard.

Yes a parent/guardian is a current member of the **ACTIVE DUTY** U.S. Armed Forces.

Start Date: _____

Yes a parent/guardian is a current member of the **RESERVES** of the U.S. Armed Forces.

Start Date: _____

Yes a parent/guardian is a current full-time member of the **NATIONAL GUARD**

Start Date: _____

Yes more than one parent or guardian is currently either a member on active duty in the U.S. Armed Forces, reserves of the U.S. Armed Forces, or full-time National Guard.

Start Date: _____ Start Date: _____

No Response/Refuse to State

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Note: If at any time throughout the school year the military status changes, please contact your child's school to report the change.



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

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 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? _____</p>	
<p>Eligibility for Language Development Support 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? _____</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 ___ No ___ Don't Know ___</p>	
<p>Prior Education 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 style="margin-left: 40px;">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 style="margin-left: 40px;">_____ 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.

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.



