

Welcome to Kindergarten Enrollment

Children entering kindergarten in the fall must be **5** years old by midnight August 31



Kindergarten parents / guardians,

Below is Everett Public Schools (EPS) **Kindergarten Full Enrollment Packet**.

Kindly complete and deliver this packet with the required documentation to your student's home school.

For an easier and faster process, you can complete your student's enrollment online, scan and upload the documentation.

For **online enrollment**, visit: www.everettsd.org/kindergartenenrollment, select language, and click on the relevant button:

ENROLL ONLINE

INSCRIBIRSE EN LÍNEA

Зарегистрироваться онлайн

ĐĂNG KÝ TRỰC TUYẾN

If you **currently have a student enrolled in EPS**, log in to your [Home Access Center](#) to complete and submit your kindergarten student's online enrollment. For assistance, email: lmsstaff@everettsd.org.

Families with Current Students



You can log in through [Home Access Center](#) to start New Student Enrollment, you can access the application forms using the Enroll New Student button at the top right of your screen.

Log into Home Access Center by clicking the Info Icon.

Following are the **documents required** to ensure approval of your student's enrollment: a confirmation email will be sent to you when required information and documents are submitted:

- o Proof of your child's age: birth certificate, passport, adoption record, or any other document permitted by law
- o Current proof of address: a recent utility bill, rental agreement, insurance policy in your name / address
- o Immunization record (must be provided before Everett Ready program if your student will be attending in August)
- o If applicable, upload any proof of guardianship, health plan, parenting plan, or court order that your school staff need to be aware of.

If the enrollment is submitted with missing information or documentation, the school office manager will send you an email advising you of any discrepancy. Contact the school for any assistance or follow-up: www.everettsd.org, click on 'Our Schools' (on the upper right corner), select your school for address, contact number, etc.

To find your student's home school, visit: www.everettsd.org/busroutes, click on 'Find My School Route', select grade 'KK', and enter your residence address. For assistance, contact the Transportation Department directly at 425-385-4144.

For information on [EPS Choice Programs](#), visit the website or contact the school directly:

- o [Dual Language Spanish Immersion Program](#) - Emerson & Silver Lake Elementary Schools- phone: 425-385-6200 & 425-385-6900
- o [Port Gardner Parent Partnership](#) - Port Gardner - phone: 425-385-5150 -
- o [The Lighthouse Elementary Cooperative](#) - Jefferson Elementary School - phone: 425-385-7400 -

In EPS, kindergarten starts with **Everett Ready**, a one week-program held in August designed to help your student transition successfully into kindergarten. Reserve your student's place in **Everett Ready** by registering on the form provided below or visit www.everettsd.org/everettready.

GET READY FOR
KINDERGARTEN

Thank you for completing your student's enrollment.

We are looking forward to meeting you and your student for an exciting kindergarten year!

Parent/guardian, kindly complete the bottom section of this flyer and return it to the school office with the enrollment packet.



EVERETT READY



Kindergarten in **Everett Public Schools** begins with **Everett Ready**! This program is designed to help your student transition successfully into kindergarten.

Children participate in a four-day, morning program designed to:

- introduce them to their new school and familiarize them with the campus
- meet their teachers and classmates
- learn routines and procedures before the start of the school year

Date and time: **Monday, August 18 to Thursday, August 21, 2025** for **3 hours** in the morning

Location: The school where your child is enrolled for kindergarten

Transportation: Bus transportation provided if eligible; routes and bus stop information will be sent to families two weeks prior to program start

Meals: Snack will be provided - students should eat breakfast before their arrive at school; they will be home in time for lunch

Family meeting: A family meeting will be held at each school while students are engaged in **Everett Ready**. Date and time will be communicated by the school principal. Be sure to attend to learn more about your child's school and meet other families in your community.

***Kindly complete the form below and return it to your school office
to reserve your child's space in **Everett Ready*****

www.everettsd.org/everettready



EVERETT READY



Monday, August 18 to Thursday, August 21, 2025

Student name (print): _____ **School (print):** _____

Parent/guardian name (print): _____ **Phone number:** _____

My child will attend **Everett Ready:** **Yes** --- **No** --- **Unknown at this time** ---

Parent/guardian signature: _____ **Date:** _____

For **Everett Public Schools Office staff,**

For students attending **Everett Ready**, provide the Student ID#: _____ and
email this form to P-5EarlyLearning@everettsd.org.



Kindergarten questionnaire (Confidential)

School office staff: Please give completed form to this student's classroom teacher

Child's name: _____
Last First Middle

Birthdate (mm/dd/yyyy): _____

Getting to know your child:

My child speaks _____. In our home we speak _____ what language/s

My child is: ☐ left-handed ☐ right-handed ☐ uses both to draw/write

My child has had preschool experience: ☐ yes ☐ no

If yes, please list the name of the program(s): _____

Describe your child's attitude about beginning kindergarten: _____

What personal responsibilities does your child take upon themselves?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> dresses self | <input type="checkbox"/> ties shoes | <input type="checkbox"/> zips coat | <input type="checkbox"/> asks for help if needed |
| <input type="checkbox"/> buttons coat | <input type="checkbox"/> knows phone # | <input type="checkbox"/> knows address | <input type="checkbox"/> toilets self |
| <input type="checkbox"/> will answer question when asked | <input type="checkbox"/> washes hands | | |

Does your child enjoy books? _____

How often do you or someone else read to your child?

- ☐ never ☐ infrequently ☐ 2 to 3 times per week ☐ once a day/more

Please check all that describe your child:

- | | | |
|---|--|--|
| <input type="checkbox"/> a leader | <input type="checkbox"/> easily motivated | <input type="checkbox"/> good sense of humor |
| <input type="checkbox"/> quiet | <input type="checkbox"/> cooperative | <input type="checkbox"/> sensitive to others |
| <input type="checkbox"/> likes to learn | <input type="checkbox"/> fearful | <input type="checkbox"/> active |
| <input type="checkbox"/> artistic | <input type="checkbox"/> easily distracted | <input type="checkbox"/> plays well with others |
| <input type="checkbox"/> happy | <input type="checkbox"/> a follower | <input type="checkbox"/> short attention span |
| <input type="checkbox"/> social | <input type="checkbox"/> good self-control | <input type="checkbox"/> teases |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> destructive | <input type="checkbox"/> prefers not to be touched |
| <input type="checkbox"/> shy | <input type="checkbox"/> easily excitable | <input type="checkbox"/> persists on challenging tasks |
| <input type="checkbox"/> immature | <input type="checkbox"/> anxious | <input type="checkbox"/> takes things which are not theirs |
| <input type="checkbox"/> easily upset | <input type="checkbox"/> stubborn | <input type="checkbox"/> affectionate |

Please mark the skills you feel your child already has:

- | | |
|--|--|
| <input type="checkbox"/> prints name | <input type="checkbox"/> colors and cuts with ease |
| <input type="checkbox"/> recognizes numerals 0-10 in random order | <input type="checkbox"/> counts to 30 |
| <input type="checkbox"/> counts up to 10 objects | <input type="checkbox"/> recognizes alphabet letters in random order |
| <input type="checkbox"/> retells familiar stories | <input type="checkbox"/> recognizes and draws basic shapes |
| <input type="checkbox"/> is able to concentrate on a story or project for 5 minutes | <input type="checkbox"/> holds a pencil correctly |
| <input type="checkbox"/> recognizes and expresses feelings | <input type="checkbox"/> engages in conversation |
| <input type="checkbox"/> waits for a turn | <input type="checkbox"/> adapts to a larger group environment |
| <input type="checkbox"/> tells a story about another time/place including major details and in an order that makes sense | <input type="checkbox"/> rhymes words |

What would you say are your child's interests and strengths? (Please be specific.)

What would you say are areas for growth for your child? (Please be specific.)

Individual child needs: *mark all that apply*

Has your child received special education services through an IFSP or IEP? ☐ yes ☐ no
If so, where and what services? _____

Does your child have health concerns the school should be aware of? (Include food allergies.) ☐ yes ☐ no
If so, what? _____

Has there been a divorce, death, illness or other change which might affect your child? ☐ yes ☐ no
Please explain. _____

Are there any legal documents or a parenting plan that should be on file at school? ☐ yes ☐ no
If so, what? _____

Parent/Guardian Name (please print)

Signature of Parent/Guardian

Date



Kindergarten Transportation

Name of student:	Residence (neighborhood) school:
Student's address:	
Name of parents/guardians:	Phone #:
<input type="checkbox"/> Student will need transportation <input type="checkbox"/> Parents/Guardians will provide transportation <input type="checkbox"/> Student will walk to and from school <input type="checkbox"/> Transportation will be needed to/from childcare provider <input type="checkbox"/> Transportation will be provided by childcare provider	

Childcare Provider Information	
Name of provider: _____	Contact name: _____
Address: _____	Provider's phone number: _____
Days and times student attends childcare: _____	
Student needs transportation: To school _____ From school _____ Both _____	

Kindergarten Transportation

- Transportation is provided to the residence school for students who live outside the one-mile radius of the school or students who would have to walk on a roadway declared unsafe under state criteria.
- Transportation is provided to the **residence** school assigned by the district only. If the parent or guardian selects a school other than the residence school, transportation will not be provided by Everett Public Schools; it will be the parent or guardian's responsibility.
- Arrangements for transportation do not guarantee that the student will be picked up or dropped off at the exact address you provide, but rather, at the district bus stop closest to the address provided.

See [Everett Public Schools Policy/Procedure 6600 – Routes and Schedules section](#).

Transportation to childcare: Transportation can be provided to a student's childcare provider if the provider is located within the residence school attendance area *and* more than one mile from the school. If you need transportation to childcare, please complete the childcare provider section above.

First two weeks of school: The school will provide name tags for your student. Please make sure your student has the correct information on their name tag (i.e. name, address, and bus stop) and wears the name tag each day for the first two weeks of school.

Meeting children at the bus stop: All kindergarten students must be met at the bus stop by a parent or guardian

- If you wish to allow your child to walk home with an older sibling, you must notify the bus driver in writing.
- If your child does not have permission to walk home, and there is no parent or guardian present at drop off, your student will be returned to their school. You will then be responsible for picking up your child at the school office.

Transportation schedule: Bus routes and schedules are available on the [Transportation page](#) of the district website. You may also contact Transportation at (425) 385-4144.

Everett Public Schools Student Enrollment Information



School: _____ Date of Entry: _____

DO NOT WRITE IN SHADED AREAS – FOR OFFICE USE ONLY

SSID #

STUDENT ID

MEDICAL ALERT

HOMEROOM #

TEACHER NAME

BUS ROUTE

AM ____ PM ____

STUDENT INFORMATION SECTION

STUDENT: Legal LAST Name

Legal First Name

Legal Middle Name

Also known as (Nickname)

Preferred Name Information

Preferred LAST Name

Preferred First Name

Preferred Middle Name

☐ Same as Above

Gender

☐ Female

☐ Male

☐ Non-Binary (X)

Grade

First USA School Entry Date

First WA School Entry Date

Birthdate (mm/dd/yyyy)

Country of Birth

State/Province of Birth

City of Birth

School Related Student Services

Special Education/IEP

☐ Current ☐ Previous

English Language Services

☐ Current ☐ Previous

Speech

☐ Current ☐ Previous

Section 504 Plan

☐ Current ☐ Previous

Occupational/Physical Therapy

☐ Current ☐ Previous

Everett Public Schools Resident ☐ Y ☐ N

District of Residence:

Approved Variance ☐ Y ☐ N

STUDENT CONTACT INFORMATION SECTION

Phone (###)###-####

Home

Student Cell

Student Email:

Resident Address

Street

Apt/Lot

City

State

Zip

☐ Verified

Mailing Address

Street

Apt/Lot

PO Box

City

State

Zip

☐ Same as Above

Lives with:
(Check one)

☐ Both Parents

☐ Mother Only

☐ Father Only

☐ Mother/Stepfather

☐ Father/Stepmother

☐ Grandparents

☐ Stepfather/Stepmother

☐ Agency*

*Documentation required.

☐ Foster Parents*

☐ Self (If under 18*)

☐ Other: _____

Legal Documents:

(copies required, if applicable)

Custody/Parenting Plan

☐ Y ☐ N

Guardianship

☐ Y ☐ N

Restraining Order

☐ Y ☐ N

Other: _____

☐ Y ☐ N

FEDERAL FUNDING AND MILITARY FAMILY CONNECTIONS

State law requires us to request the military connected status of all students each year.

Additionally, Public Law No. 874 allows school districts to receive additional funding for students of families who live or work on Federal Land.

US MILITARY FAMILIES
Please account for all Parents/Guardians, including those who do not live with the student.

☐ One Active Duty Parent/Guardian

☐ One Parent Guardian in the Reserves

☐ One National Guard Parent/Guardian

☐ More than one Parent/Guardian in any Armed Forces branch/branches

☐ N/A / Retired / Not Affiliated

☐ Prefer not to state

FEDERAL FUNDING

☐ Lives on Federal Land

☐ Works on Federal Land

☐ Both

☐ N/A

PREVIOUS SCHOOL INFORMATION SECTION

Last two schools, including preschool.

Last School Name:

Entry Date:

Withdrawal Date:

Address:

Phone:

(###)###-####

Prior School Name:

Entry Date:

Withdrawal Date:

Address:

Phone:

(###)###-####

SIBLING INFORMATION SECTION				
Does the student have siblings who reside in the same household? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please list siblings below.				
Child's Name	Date of Birth	Grade	Current School/Preschool/Child Care	Attends Everett Schools?
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
PARENT/GUARDIAN INFORMATION SECTION				
Parent/Guardian (G1)				
<i>This parent guardian holds primary responsibility for all record updates, has online access to student records, and should live with the student. For students in Foster Care, G1 should reflect their caseworker, and foster parents as G2 and G3. Attach the school form to the enrollment paperwork.</i>				
Name		Relationship		
Last		First		
Mailing Address			City, State	Zip
<input type="checkbox"/> Same as Student				
Phone Information	Home (H)	Mobile (M)	Work (W)	Exclude from messaging
				<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> W
Communication Preferences	Preferred Language:	Should receive mailings:	Email Address:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian (G2)			Online Record Access <input type="checkbox"/> Y <input type="checkbox"/> N	
Name		Relationship		
Last		First		
Mailing Address			City, State	Zip
<input type="checkbox"/> Same as G1				
Phone Information	Home (H)	Mobile (M)	Work (W)	Exclude from messaging
				<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> W
Communication Preferences	Preferred Language:	Should receive mailings:	Email Address:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian (G3)			Online Record Access <input type="checkbox"/> Y <input type="checkbox"/> N	
Name		Relationship		
Last		First		
Mailing Address			City, State	Zip
Same as <input type="checkbox"/> G1 <input type="checkbox"/> G2				
Phone Information	Home (H)	Mobile (M)	Work (W)	Exclude from messaging
				<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> W
Communication Preferences	Preferred Language:	Should receive mailings:	Email Address:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian (G4)			Online Record Access <input type="checkbox"/> Y <input type="checkbox"/> N	
Name		Relationship		
Last		First		
Mailing Address			City, State	Zip
Same as <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G3				
Phone Information	Home (H)	Mobile (M)	Work (W)	Exclude from messaging
				<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> W
Communication Preferences	Preferred Language:	Should receive mailings:	Email Address:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
CHILD CARE INFORMATION SECTION				
Does student attend child care? <input type="checkbox"/> Y <input type="checkbox"/> N		Child Care Address:		Phone Number(s):
Child Care Facility Name:				()
Child Care Contact Name:				()

EMERGENCY CONTACT INFORMATION SECTION

Persons listed as emergency contacts are authorized to pick up students in the case of an **emergency only**. Release of students in **non-emergency** situations requires the **express consent** of a guardian. It is the Parent/Guardian's responsibility to notify emergency contacts that the school may contact them in the case of an emergency. **(Please list each contact individually.)**

Emergency Contact (C1) (required) Parent/Guardian of an Everett Public Schools Student? ☐ Y ☐ N

Name Last First Relationship

Address City, State Zip

Contact Information Home Mobile Work Email Address:

Emergency Contact (C2) Parent/Guardian of an Everett Public Schools Student? ☐ Y ☐ N

Name Last First Relationship

Address City, State Zip
☐ Same as C1

Contact Information Home Mobile Work Email Address:

Emergency Contact (C3) Parent/Guardian of an Everett Public Schools Student? ☐ Y ☐ N

Name Last First Relationship

Address City, State Zip
Same as ☐ C1 ☐ C2

Contact Information Home Mobile Work Email Address:

Emergency Contact (C4) Parent/Guardian of an Everett Public Schools Student? ☐ Y ☐ N

Name Last First Relationship

Address City, State Zip
Same as ☐ C1 ☐ C2 ☐ C3

Contact Information Home Mobile Work Email Address:

STUDENT TRAVEL INFORMATION SECTION

☐ Regular Bus from Home ☐ Parent ☐ Walker ☐ Special Bus Needed

☐ Regular Bus from Child Care ☐ Child Care provides Transportation ☐ Public Transit ☐ Car

ATTENDANCE/DISCIPLINE INFORMATION SECTION

Has this student been referred under the **Washington State BECCA Law** guidelines for truancy problems? ☐ Y ☐ N

Is this student **currently on a suspension (short or long term), or expulsion** from his/her previous school? ☐ Y ☐ N

If yes, effective what date? _____ For how long? _____

DIRECTORY RELEASE INFORMATION/INTERNET ACCESS

Refer to and complete, if applicable, the Everett Public Schools' Directory Information form. The form includes federal Family Educational Rights & Privacy Act (FERPA) release information. This opt-out form is attached to *Student Responsibilities and Rights Policies and Parental Notifications* handbook.

PARENT/GUARDIAN SIGNATURE

I understand that by signing this form I authorize the release of my students to emergency contacts in the case of an emergency.

I attest to the accuracy of this information on this form.

I understand that if incorrect information is provided it may be grounds for revocation of enrollment.

Parent/Guardian Signature

Date

Relationship to Student

This page left intentionally blank.

Ethnicity and Race Reporting Questionnaire

*You may choose not to answer this questionnaire,
but if you do not provide this information then we are required to make a
selection for you using the best information* available.*

Name: _____

ID: _____

QUESTION 1: Is your child of Hispanic or Latino origin? ☐ Yes ☐ No

(Check all that apply.)

(Note: if you indicate that your child is Hispanic/Latino and do not choose a race in Question 2, then we are required to make a race selection on your behalf.)

- | | | | | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Argentine | <input type="checkbox"/> Bolivian | <input type="checkbox"/> Brazilian | <input type="checkbox"/> Chicano (Mexican American) | <input type="checkbox"/> Chilean | <input type="checkbox"/> Colombian | <input type="checkbox"/> Costa Rican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Dominican | <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Honduran | <input type="checkbox"/> Jamaican |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Mestizo | <input type="checkbox"/> Native | <input type="checkbox"/> Nicaraguan | <input type="checkbox"/> Panamanian | <input type="checkbox"/> Paraguayan | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadorian | <input type="checkbox"/> Surinamese | <input type="checkbox"/> Spaniard | <input type="checkbox"/> Uruguayan | <input type="checkbox"/> Venezuelan | <input type="checkbox"/> Other |

QUESTION 2: What race(s) do you consider your child?

(Check all that apply.)

AMERICAN INDIAN / ALASKA NATIVE (only Washington Tribes are collected by tribal affiliation)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Chinook Tribe | <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | <input type="checkbox"/> Confederated Tribes of the Colville Reservation |
| <input type="checkbox"/> Cowlitz Indian Tribe | <input type="checkbox"/> Duwamish Tribe | <input type="checkbox"/> Hoh Indian Tribe | <input type="checkbox"/> Jamestown S'Klallam Tribe |
| <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | <input type="checkbox"/> Kikiallus Indian Nation | <input type="checkbox"/> Lower Elwha Tribal Community | <input type="checkbox"/> Lummi Tribe of the Lummi Reservation |
| <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | <input type="checkbox"/> Marietta Band of Nooksack Tribe | <input type="checkbox"/> Muckleshoot Indian Tribe | <input type="checkbox"/> Nisqually Indian Tribe |
| <input type="checkbox"/> Nooksack Indian Tribe of Washington | <input type="checkbox"/> Port Gamble S'Klallam Tribe | <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation | <input type="checkbox"/> Quileute Tribe of the Quileute Reservation |
| <input type="checkbox"/> Quinault Indian Nation | <input type="checkbox"/> Samish Indian Nation | <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington | <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| <input type="checkbox"/> Skokomish Indian Tribe | <input type="checkbox"/> Snohomish Tribe | <input type="checkbox"/> Snoqualmie Indian Tribe | <input type="checkbox"/> Snoqualmoo Tribe |
| <input type="checkbox"/> Spokane Tribe of the Spokane Reservation | <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation | <input type="checkbox"/> Steilacoom Tribe | <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation | <input type="checkbox"/> Swinomish Indian Tribal Community | <input type="checkbox"/> Tulalip Tribes of Washington | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> Other American Indian | | | |

ASIAN

☐ Other Asian (not listed below)

- | | | | | | |
|---|---------------------------------------|--------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Asian (non-specific) | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Burmese (MMR) | <input type="checkbox"/> Cambodian/Khmer |
| | <input type="checkbox"/> Cham | <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"/> Lao | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Mien |
| | <input type="checkbox"/> Mongolian | <input type="checkbox"/> Nepali | <input type="checkbox"/> Okinawan | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Punjabi |
| | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Thai | <input type="checkbox"/> Tibetan |
| | <input type="checkbox"/> Vietnamese | | | | |

NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

☐ Other Pacific Islander (not listed below)

- | | | | | | |
|---|-------------------------------------|------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Native Hawaiian and/or Pacific Islander (non-specific) | <input type="checkbox"/> Carolinian | <input type="checkbox"/> Chamorro | <input type="checkbox"/> Chuukese | <input type="checkbox"/> Fijian | <input type="checkbox"/> i-Kiribati/Gilbertese |
| | <input type="checkbox"/> Kosraean | <input type="checkbox"/> Maori | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Ni-Vanuatu |
| | <input type="checkbox"/> Palauan | <input type="checkbox"/> Papuan | <input type="checkbox"/> Pohpeian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Solomon Islander |
| | <input type="checkbox"/> Tahitian | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Tuvaluan | <input type="checkbox"/> Yapese |

(continued on reverse)

BLACK / AFRICAN AMERICAN				<input type="checkbox"/> Other Black (not listed below)	
<input type="checkbox"/> Black / African-American (non-specific)		<input type="checkbox"/> African American		<input type="checkbox"/> African Canadian	
<input type="checkbox"/> Caribbean (non-specific)	<input type="checkbox"/> Anguillian	<input type="checkbox"/> Antiguan	<input type="checkbox"/> Bahamian	<input type="checkbox"/> Barbadian	<input type="checkbox"/> Barthélemois(es)
	<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Caymanian	<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Dominican	<input type="checkbox"/> Dutch Antillean
	<input type="checkbox"/> Grenadian	<input type="checkbox"/> Guadeloupian	<input type="checkbox"/> Haitian	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Martiniquais(e)
	<input type="checkbox"/> Montserratian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other		
<input type="checkbox"/> Central African (non-specific)	<input type="checkbox"/> Angolan	<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Central African (CAF)	<input type="checkbox"/> Chadian	<input type="checkbox"/> Congolese (COG)
	<input type="checkbox"/> Congolese (COD)	<input type="checkbox"/> Equatorial Guinean	<input type="checkbox"/> Gabonese	<input type="checkbox"/> São Toméan	<input type="checkbox"/> Principe
	<input type="checkbox"/> Other				
<input type="checkbox"/> East African (non-specific)	<input type="checkbox"/> Burundian	<input type="checkbox"/> Comoran	<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Eritrean	<input type="checkbox"/> Ethiopian
	<input type="checkbox"/> Kenyan	<input type="checkbox"/> Malagasy	<input type="checkbox"/> Malawian	<input type="checkbox"/> Mauritian	<input type="checkbox"/> Mahoran
	<input type="checkbox"/> Mozambican	<input type="checkbox"/> Reunionese	<input type="checkbox"/> Rwandan	<input type="checkbox"/> Seychellois(e)	<input type="checkbox"/> Somali
	<input type="checkbox"/> South Sudanese	<input type="checkbox"/> Sudanese	<input type="checkbox"/> Tanzanian	<input type="checkbox"/> Zambian	<input type="checkbox"/> Zimbabwean
	<input type="checkbox"/> Other				
<input type="checkbox"/> Latin American (non-specific)	<input type="checkbox"/> Argentine	<input type="checkbox"/> Belizean	<input type="checkbox"/> Bolivian	<input type="checkbox"/> Brazilian	<input type="checkbox"/> Chilean
	<input type="checkbox"/> Colombian	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> Falkland Islander
	<input type="checkbox"/> French Guianese	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Honduran	<input type="checkbox"/> Mexican
	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Panamanian	<input type="checkbox"/> Paraguayan	<input type="checkbox"/> Peruvian	<input type="checkbox"/> South Georgia & the South Sandwich Islands
	<input type="checkbox"/> Surinamese	<input type="checkbox"/> Uruguayan	<input type="checkbox"/> Venezuelan	<input type="checkbox"/> Other	
<input type="checkbox"/> South African (non-specific)	<input type="checkbox"/> Botswanan	<input type="checkbox"/> Mosotho (LSO)	<input type="checkbox"/> Namibian	<input type="checkbox"/> South African (ZAF)	<input type="checkbox"/> Swazi
	<input type="checkbox"/> Other (not listed)				
<input type="checkbox"/> West African (non-specific)	<input type="checkbox"/> Beninese	<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Burkinabé (BFA)	<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Ivorian (CIV)
	<input type="checkbox"/> Gambian	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Liberian	<input type="checkbox"/> Malian	<input type="checkbox"/> Mauritanian
	<input type="checkbox"/> Nigerien (NER)	<input type="checkbox"/> Nigerian (NGA)	<input type="checkbox"/> Saint Helenian	<input type="checkbox"/> Senegalese	<input type="checkbox"/> Sierra Leonean
	<input type="checkbox"/> Togolese	<input type="checkbox"/> Other			
WHITE				<input type="checkbox"/> White (not listed below)	
<input type="checkbox"/> Eastern European (non-specific)	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Polish	<input type="checkbox"/> Romanian	<input type="checkbox"/> Russian
	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Other			
<input type="checkbox"/> Middle Eastern / North African (non-specific)	<input type="checkbox"/> Algerian	<input type="checkbox"/> Amazigh/Berber	<input type="checkbox"/> Arab/Arabic	<input type="checkbox"/> Assyrian	<input type="checkbox"/> Bahraini
	<input type="checkbox"/> Bedouin	<input type="checkbox"/> Chaldean	<input type="checkbox"/> Copt	<input type="checkbox"/> Druze	<input type="checkbox"/> Egyptian
	<input type="checkbox"/> Emirati	<input type="checkbox"/> Iranian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Jordanian
	<input type="checkbox"/> Kurdish Kuwaiti	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Libyan	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Omani
	<input type="checkbox"/> Palestinian	<input type="checkbox"/> Qatari	<input type="checkbox"/> Saudi Arabian	<input type="checkbox"/> Syrian	<input type="checkbox"/> Tunisian
	<input type="checkbox"/> Yemeni	<input type="checkbox"/> Other Middle Eastern		<input type="checkbox"/> Other North African	
<input type="checkbox"/> Western European (non-specific)	<input type="checkbox"/> Dutch	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Greek
	<input type="checkbox"/> Italian	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Swedish	<input type="checkbox"/> Other
<input type="checkbox"/> American (non-specific)	<input type="checkbox"/> American (USA)	<input type="checkbox"/> Canadian	<input type="checkbox"/> Central American	<input type="checkbox"/> South American	

**The background information available to Everett Schools about race and ethnicity may include: A review of our internal records and/or records we have received from other schools, or talking with members of our staff who have had contact with you or your student and may be able to provide insight.*



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>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</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(s) did your child first speak or understand? _____</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</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? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>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.





KIT Office Use: Date _____ New _____ Update _____ Code _____
_____ F&N _____ Transportation _____ Office Update _____

Student Housing Questionnaire

Student ID# _____

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 unless there are inadequate facilities (no water, heat, electricity, etc.)

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/hotel/Air B&B ☐ A car, park, campsite, or similar location
☐ In a shelter ☐ Moving from place to place/couch surfing
☐ In someone else's house or apartment with another family
☐ Transitional Housing (a program going from homeless to independent living usually within 24 months)
☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
☐ Other _____

Name of Student: _____
First Last

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

☐ Student is unaccompanied (not living with a parent or legal guardian) ☐ Student lives with a parent/legal guardian

Please list siblings or other children in the home:

Name:	Age:	School (if any):	Student ID:	Grade:
Name:	Age:	School (if any):	Student ID:	Grade:
Name:	Age:	School (if any):	Student ID:	Grade:
Name:	Age:	School (if any):	Student ID:	Grade:

Address of current residence: _____

Phone/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. (If school staff received this information via phone/email, etc, they may note that and sign in lieu.)*

Person sending this form to KIT Office:

Staff Name: _____ Building/ Dept: _____ Date: _____

Please email completed form to: KIToffice@everettsd.org

KIT (Kids in Transition) Office 425-385-4032

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 \(NAEH CY\)](#)

[SchoolHouse Connection](#)



Student Health History and Medication Authorization Information

Dear Kindergarten Parent:

Welcome to kindergarten in Everett Public Schools. The health and safety of your child is of highest priority to us. For this reason, we have a team of experienced and skilled registered nurses (RNs) who oversee health services in the schools. We also have health room assistants (HRAs) in each school, who function under the supervision of the registered nurse, to attend to the daily health needs of all students. The RN is always available for consultation for health issues that arise. The school's HRA or office manager can assist in scheduling a time for you to discuss your child's health issue with the RN.

Annual Health History Form

To ensure the safety of your child, we require an Annual Health History Form each school year. A copy is included in this enrollment packet. We strongly recommend that you provide us any health information or health concerns on this form. Information on this form is kept confidential and is used by our RNs to determine the health needs of your child.

Does your child have a life-threatening health condition?

Washington State defines a "life-threatening condition" as a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing health care plan are not in place. Examples of health conditions considered life-threatening include any allergy requiring epinephrine, asthma, diabetes, and/or a seizure disorder. The following is a list of requirements that a child with a life-threatening health condition must have in place before they can attend school, which includes attendance at Everett Ready in August:

- A completed Medication Authorization Form signed by the child's medical provider, and/or
- A completed Treatment Authorization Form signed by the child's medical provider, and
- A completed nursing health care plan individualized to your child.
- A supply of the ordered medication, in its original and properly labeled container.

My child needs medication(s) at school. What do I need to do?

Under normal circumstances medication should be dispensed before and/or after school hours under the supervision of the parent or guardian. Medication is defined as any medication prescribed or non-prescribed; including over-the-counter items, vitamins, homeopathic, creams and/or oils. Medication should be given at school only when absolutely necessary. If a student has a valid health reason which requires medication administration during the hours when school is in session, the parent/guardian must:

- Submit a completed Medication Authorization Order Form to the school health room.
- Supply the ordered medication in its original and properly labeled container.

As a reminder, **no medication can be given at school without meeting the above requirements.**

We welcome any questions about health issues and urge you to contact your school if you would like to speak with your school's nurse. Additionally, please notify your child's school throughout the year regarding any change in contact numbers or health conditions.

Sincerely,
The Everett Public Schools Health Services Team



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib (<i>Haemophilus influenzae type b</i>)							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ OPV (Polio)							
●▲ MMR (Measles, Mumps, Rubella)							
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---	---

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 June 2021

**ANNUAL HEALTH HISTORY
FOR THE _____ - _____ SCHOOL YEAR**

 RN Reviewed _____
 (For office use only)

Student name: _____			Birth date: _____		
Last	First	MI			
School: _____		Grade: _____	Student ID# _____		

We require an updated Annual Health History each school year, the information provided will be shared with pertinent staff members to ensure your student's safety at school.

Students with life-threatening conditions are required to have a medication/treatment order, medication and a health plan in place **PRIOR** to the start of school per [RCW 28A.210.320](#) and [WAC 392-380-045](#). **Please contact your School Nurse.**

1. ☐ **NO** medical conditions or medical concerns
☐ **YES** the following medical conditions or medical concerns

Life-Threatening Conditions	
(Please check the appropriate box and complete the questions after it.)	
<input type="checkbox"/> Asthma	Does your child use a rescue inhaler more than once a week? _____ Has your child been hospitalized for asthma symptoms in the past year? _____ Has your child used steroids for asthma symptoms in the past year? _____
<input type="checkbox"/> Allergy	(Please check only if <u>severe</u> and <u>epinephrine</u> is prescribed. Ex: peanuts, bees, tree nuts, etc.) Allergen(s) _____
<input type="checkbox"/> Diabetes	Diagnosis date: _____ <input type="checkbox"/> Type 1 OR <input type="checkbox"/> Type 2 CGM: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pump OR <input type="checkbox"/> Injections <input type="checkbox"/> Manages independently OR <input type="checkbox"/> Needs assistance
<input type="checkbox"/> Seizures	Type: _____ How often: _____ Do your child's seizures require medication? _____ Does your child require emergency seizure medication at school? _____
Any other medical conditions or medical concerns	
that could affect your child at school. (Examples: medication allergies, ADHD, anxiety, encopresis, heart conditions, migraines, Crohn's, diet concerns, genetic, history of concussions, Cerebral Palsy, depression, PKU, enuresis, blood disorders, etc.) Please list below.	

2. **Medications** (includes prescription, supplements, and over-the-counter medications)

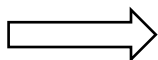
My student requires medication(s) at school: ☐ NO ☐ YES*

*A physician order and signed parent consent must be on file, as outlined in EPS Policy 3416, before any medications will be allowed at school.

Medication(s) name	Diagnosis or symptoms requiring medication

3. **Emergency contact information**

Parent/guardian 1: _____ **Home:** _____ **Cell:** _____
Work: _____ **Email:** _____
Parent/guardian 2: _____ **Home:** _____ **Cell:** _____
Work: _____ **Email:** _____
Emergency contact: _____ **Phone #1:** _____ **Phone #2:** _____
Healthcare provider: _____ **Phone:** _____ **FAX:** _____



(Printed name and signature of parent/guardian completing form)

(Today's date)



STUDENT TECHNOLOGY USE AGREEMENT

Student Information

Student Name	Student ID	Grade
--------------	------------	-------

Student Agreement

- I have read the Everett Public Schools Student Technology Use Agreement ([3245P](#)).
- I have read the Parent/Student Technology Handbook.
- I will bring my device to school each day with a full charge and ready to use.
- I will not leave my device unattended at any time while at school or in a public place.
- I will not remove the district barcode label or mark my device in any way with markers, stickers, scratches, engravings, etc.
- I will not attempt to remove, alter or repair any hardware, install any unapproved software, remove any pre-installed district software, and/or modify my device's operating system in any way.
- If I have problems with my device, I will stop using it and ask my teacher or a technician for assistance.
- I understand that I may lose my technology equipment privileges as a result of inappropriate behavior and may be financially responsible for damage to or loss of any district issued device.
- I understand stolen or missing devices must be reported to school administration within 24 hours, or on the next school day.
- I will return the equipment when requested by the district and at the end of the school year.
- I understand that if the device is not returned a report will be filed with local law enforcement in order to activate the tracking feature to recover the device.
- I understand that I will be charged for any missing or damaged equipment including the tablet, keyboard, power supply and cable, and digital inking pen(s).

<i>Student Name (Printed)</i>	<i>Student Signature</i>	<i>Date</i>
-------------------------------	--------------------------	-------------

Parent Agreement

- I have read the Everett Public Schools Student Technology Use Agreement ([3245P](#))
- I have read the Parent/Student Technology Handbook.
- I will ensure my student brings his/her device to school each day with a full charge and ready to use.
- I understand that my student may lose his/her technology equipment privileges as a result of inappropriate behavior, damage, neglect, or loss.
- The district reserves the right to charge the user the full cost for repair or replacement of the device when damage or loss occurs due to negligence as determined by school administrators. ([RCW 28A.635.060](#))
- If the device is not returned or missing, you acknowledge your responsibility for the cost.
- I understand stolen or missing devices must be reported to school administration within 24 hours, or on the next school day.
- I understand my student must return the equipment when requested by the district and at the end of the school year.
- I understand that if the device is not returned a report will be filed with local law enforcement in order to activate the tracking feature to recover the device.
- I understand that I will be charged for any missing or damaged equipment including the tablet, keyboard, power supply and cable, and digital inking pen(s).
- I accept responsibility to monitor and ensure appropriate use of the internet and websites when my student accesses the internet outside of the district's network.
- I understand my student may not attempt to remove, alter or repair any hardware, install any software not approved by the district, remove any pre-installed district software, and/or modify the device's operating system in any way.

<i>Parent/Guardian Name (Printed)</i>	<i>Parent/Guardian Signature</i>	<i>Date</i>
---------------------------------------	----------------------------------	-------------

Adopted: June 2017
Revised: July 2018
Revised: June 2019



TWO reasons you might want to return this form by Oct. 1	1.	You don't want your child's photo or information used as explained in SECTION 1
	2.	You have a high school student – SECTION 2

NOTE: Any non-returned forms or blank boxes will imply permission to release the student's information.

The Family Educational Rights and Privacy Act (FERPA) Form

1. Your permission to use student's photo, name and student work

The district never releases phone numbers and addresses without your permission. The district does release student photos, names and student work under the following circumstances. If you do not want that information released, check NO in the box provided. ***If you leave a box blank or do not return this form, we assume we have your permission to release the information below.***

Do you want your child's name and/or photo shared in the following kinds of district and non-district methods?

School newspaper, graduation program, school or district recognitions, print and online media; also, parent groups, such as the PTA, which frequently write stories about student accomplishments, school programs and events.

☐ YES
☐ NO

Do you want your child's name and/or photo in your school's yearbook?

Note: Some schools publish their yearbook online and some yearbooks are created by parent groups, such as the PTA.

☐ YES
☐ NO

2. Your permission to share high school student information with the military and colleges

If you leave an item blank, we assume we have your permission to release the information.

CHECK NO if you don't want your high school student's information shared with:

**Military
recruiters:**

☐ YES
☐ NO

**Colleges and
trade schools:**

☐ YES
☐ NO

3. Your permission to share your (parent) email, phone and address.

Senate Bill 5593 created new requirements for school districts to share high school parent information with the Office of Superintendent of Public Instruction (OSPI). Through this contact information, Washington's higher education institutions can communicate with students and families to increase awareness about college opportunities.

If you leave an item blank, we assume we have your permission to release the information.

CHECK NO if you don't want your information shared with:

**Washington
higher
education
institutions:**

☐ YES
☐ NO

Student ID number

Student name

Parent/guardian name

Parent/guardian signature

Date

If you have any questions, call the Everett Public Schools communications office at 425-385-4040.

Explanations

The federal Family Educational Rights and Privacy Act (FERPA) allows school districts to define “directory information,” and then share only that information unless you request the information not be shared.

If you check “NO” for an item on the first page, we cannot and will not share the information you specified. When we are asked for “directory information” about a student, we share only the information needed for that purpose. We usually only share the student’s name, age or grade and school.

1. Information used in district publications, online and by outside media

Directory information is: student’s name, grade level, dates of enrollment, degrees and awards, participation in officially recognized activities and sports, weight and height of members of athletic teams, schools attended in the district, school work, and photographs per [Policy 3250](#).

We share good news about student achievement and honors. This includes showing student work in print and online. It can mean displaying student work in a public place and sharing student achievement information with news outlets. We never knowingly release information about a student to anyone who wants to use it for commercial reasons. We only share student addresses or phone numbers when such requests come from the military or institutions of higher learning (as explained below).

2. Information for military and colleges (applies to high school students only)

The military and institutions of higher learning request high school students’ directory information, and, by federal law, we must also provide the student’s address and phone number. In addition, we participate in [guaranteed admissions programs \(GAP\)](#) and data sharing agreements with colleges and universities. Email addresses on record, the student’s cumulative GPA, and a copy of the student’s transcript and standardized test scores are provided to the institutions participating in the GAP program and data sharing agreements. We provide that information on or about October 15 each year to these groups. If you check “NO” in Section 3 on the first page, and if we receive your form by October 1, we will not release your student’s directory information. If your student’s form is returned after October 1, be aware that we may have already released your student’s information per [Policy 3250](#).

All district policies and procedures are available [online](#).

- [Policy 3245](#) and [Procedure 3245P](#) – “Technology.” Internet Access information is under section *Student Access and Use of District Technology*.
- [Policy 3250](#) – “Release of Student Directory Information” includes more details about student directory information.
- For more information about directory information, call the communications department at 425-385-4040.



Student name (please print):	
Student ID number:	Grade:

**Please sign and return this page
to your student's school.**

I understand that the Everett Public Schools Student Rights and Responsibilities handbook is accessible to me online at <https://www.everettsd.org/domain/1493>. Print copies of the handbook are available upon request from school offices. My signature on this form acknowledges that I have accessed and reviewed the handbook either online, or a print copy I have requested from the school for the current school year.

I have also read the attached Family Educational Rights and Privacy Act (FERPA) form which I understand must be returned to my student's school if I wish to restrict release of information about my student.

I acknowledge I am aware of and understand the district's attendance policies and procedures <https://www.everettsd.org/Page/24310>.

Parent/guardian signature:	Date:
Student signature:	Date:
Print student name:	

- This handbook is also available in Arabic, Russian, Spanish and Vietnamese. Contact your school office for copies or access online at <http://www.everettsd.org/domain/1493>.
يتوفر الدليل أيضا باللغة العربية، الروسية، الأسبانية والفيتنامية. اتصل بمكتب المدرسة الخاص بك من أجل النسخ.
- Это руководство также переведено на арабский, русский, испанский и вьетнамский языки. Свяжитесь с офисом вашей школы, чтобы получить экземпляр.
- Este manual también está disponible en árabe, ruso, español y vietnamita. Comuníquese con la oficina de su escuela para obtener copias.
- Cuốn sổ tay hướng dẫn này được dịch ra tiếng Ả-rập, tiếng Nga, tiếng Tây Ban Nha và tiếng Việt. Vui lòng liên hệ với văn phòng trường quý vị để nhận bản dịch.