

# WISHRAM SCHOOL DISTRICT #94

## REGISTRATION FORM

DATE \_\_\_\_\_

DO NOT WRITE IN THIS AREA - FOR OFFICE USE ONLY			HOMEROOM NUMBER		MEDICAL ALERT	
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	GEOGRAPHICAL CODE			LOCKER NUMBER	BUS ROUTE
						AM _____ PM _____

STUDENTS LAST NAME		FIRST NAME		MIDDLE NAME	
STUDENT LEGAL LAST NAME (IF DIFFERENT FROM ABOVE)		SEX	ENTERING GRADE LEVEL	BIRTHDATE (MONTH) (DAY) (YEAR)	
STUDENT SOCIAL SECURITY NUMBER (OPTIONAL)		ETHNIC CODE (CHECK ONE)		PLACE OF BIRTH:	
		<input type="checkbox"/> A-ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> B-BLACK NOT OF HISPANIC ORIGIN <input type="checkbox"/> I-AMERICAN INDIAN OR ALASKA NATIVE		<input type="checkbox"/> H-HISPANIC <input type="checkbox"/> W-WHITE, NOT OF HISPANIC ORIGIN	
ARE THERE ANY RESTRAINING ORDER IN EFFECT? (LEGAL PAPERS MUST BE ON FILE WITH THE SCHOOL)		LANGUAGES SPOKEN AT HOME			
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, AGAINST <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER _____					

LIVES WITH (CHECK ONE) <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> SELF <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> FATHER/STEP-MOTHER <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> MOTHER/STEP-FATHER <input type="checkbox"/> AGENCY <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER _____	HOME PHONE	PHONE STATUS <input type="checkbox"/> Unlisted <input type="checkbox"/> Works Nights <input type="checkbox"/> No Phone	PRIMARY CONTACT PARENT/GUARDIAN
PARENT/GUARDIAN TITLE (CHECK ONE) <input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MR./MRS.	PARENT/GUARDIAN FIRST NAME	PARENT/GUARDIAN LAST NAME	PARENT/GUARDIAN WORK PHONE
PARENT/GUARDIAN TITLE (CHECK ONE) <input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MR./MRS.	PARENT/GUARDIAN SPOUSE FIRST NAME	PARENT/GUARDIAN SPOUSE LAST NAME	PARENT/GUARDIAN SPOUSE WORK PHONE
PARENT/GUARDIAN MAILING ADDRESS		CITY	ZIP CODE
PARENT/GUARDIAN STREET ADDRESS		CITY	ZIP CODE
LOCAL EMERGENCY CONTACT (Other than parent)		RELATIONSHIP TO CHILD	PHONE
SECOND EMERGENCY CONTACT (Other than parent)		RELATIONSHIP TO CHILD	PHONE
DAY CARE NAME	ADDRESS		PHONE

IF STUDENT HAS PARENT/GUARDIAN NOT LIVING AT ADDRESS SHOWN ABOVE, PLEASE SEE OTHER SIDE

PREVIOUS SCHOOL NAME	PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL CITY/STATE
HAS CHILD PREVIOUSLY ATTENDED A WISHRAM SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, GRADE LEVEL ATTENDED	DATE LAST ATTENDED (Month/Year)
HAS YOUR CHILD EVER BEEN SCREENED FOR OR ENROLLED IN ANY SPECIAL PROGRAMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE LIST SERVICES RECEIVED AND DATES OF SCREENING OR PLACEMENT	
HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, AT WHAT GRADE LEVEL(S)	

### AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parents and authorized physician named (on the Health Card) cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the pupil (properly accompanied) to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any services rendered.

LEGAL PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

IF STUDENT HAS PARENT/GUARDIAN NOT LIVING AT ADDRESS SHOWN ABOVE, PLEASE FILL OUT THE SECTION BELOW

ALTERNATE PARENT/GUARDIAN, RELATIONSHIP TO CHILD (CHECK ONE) <input type="checkbox"/> FATHER <input type="checkbox"/> STEPPATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> GUARDIAN  <input type="checkbox"/> OTHER:	ALTERNATIVE PARENT/GUARDIAN HOME PHONE		PHONE STATUS <input type="checkbox"/> UNLISTED <input type="checkbox"/> WORKS NIGHTS <input type="checkbox"/> NO PHONE
PARENT/GUARDIAN TITLE (CHECK ONE) <input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MR./MRS.	ALTERNATE PARENT/GUARDIAN FIRST NAME	ALTERNATE PARENT/GUARDIAN LIST NAME	ALTERNATIVE PARENT/GUARDIAN WORK PHONE
PARENT/GUARDIAN TITLE (CHECK ONE) <input type="checkbox"/> DR. <input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MR./MRS.	ALTERNATE PARENT/GUARDIAN SPOUSE FIRST NAME	ALTERNATE PARENT/GUARDIAN LIST SPOUSE LAST NAME	ALTERNATIVE PARENT/GUARDIAN WORK PHONE
ALTERNATIVE PARENT/GUARDIAN MAILING ADDRESS		CITY	ZIP CODE
ALTERNATIVE PARENT/GUARDIAN MAILING ADDRESS		CITY	ZIP CODE

PLEASE LIST OTHER SIBLINGS THAT ARE CURRENTLY ATTENDING WISHRAM SCHOOL

NAME	SCHOOL	GRADE	DOB

# WISHRAM SCHOOL

Wishram School District #94

P.O. Box 8

Wishram, WA 98673

(509) 748-2551

(509) 748-2127 (fax)

## REQUEST FOR PUPIL'S RECORDS

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

RE: \_\_\_\_\_  
Student's Name                      Date of Birth                      Current Grade

THE ABOVE NAMED STUDENT HAS ENROLLED IN OUR SCHOOL. PLEASE FORWARD TO US THE RECORDS LISTED BELOW, TO THE EXTENT THAT THEY EXIST:

Thank you,

\_\_\_\_\_  
Registrar's Signature

- \* Permanent Record
- \* Health Record File
- \* Special Education Records
- \* Withdrawal Grades

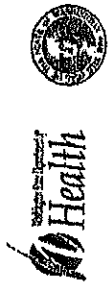
- \* Certificate of Immunization
- \* Physical Exam
- \* Behavioral Records

I hereby give my permission for any and all of my child's records, including confidential records, to be sent to:

Wishram School  
P.O. Box 8  
Wishram, WA 98673

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

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

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Symbols below:   
 Required for School and Child Care (Preschool)   
 Required for Child Care (Preschool) only

Vaccine	Dose	Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
● Rotavirus (RV) (RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)	1			
	2			
● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
● Pneumococcal (PCV) (PPSV)	1			
	2			
	3			
	4			

Vaccine	Dose	Month	Day	Year
◆ Polio (IPV) (OPV)	1			
	2			
	3			
	4			
Influenza (Flu) (Inactivated)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (Chickenpox) (Var) (Vaccine)				
	1			
	2			
◆ Hepatitis A (Hep A)				
	1			
	2			
◆ Meningococcal (MCV) (MPSV)				
	1			
	2			
◆ Human Papillomavirus (HPV)				
	1			
	2			
	3			

Printed Staff Name	Date	Printed Staff Name	Date

Office Use Only:   
 Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_   
 Signed Caregiver/Exemption on file?  Yes  No

I certify that the information provided on this form is correct and verifiable.

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

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below - see, back #5.

- Chickenpox disease verified by printout from CHLD Profile Immunization Registry. Must be marked by printout (not by hand) to be valid.
- Chickenpox disease verified by Health Care Provider (HCP). If you choose this box, mark 2A OR 2B below.   
 2A)  Signed note from HCP attached OR   
 2B)  HCP signed here and print name below:

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_   
 HCP Printed Name: \_\_\_\_\_

- Chickenpox disease verified by school staff from CHLD Profile Immunization Registry. If you choose this box, staff must initial that parent or guardian approves: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

- Chickenpox disease verified by parent. If you choose this box, fill in the date or child's age when he or she had the disease: \_\_\_\_\_ Age/Date of disease: \_\_\_\_\_   
 \*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

### Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

- |                                      |                                    |                                |
|--------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Mumps     | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio     |                                |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella   |                                |
| <input type="checkbox"/> Hib         | <input type="checkbox"/> Tetanus   |                                |
| <input type="checkbox"/> Measles     | <input type="checkbox"/> Varicella |                                |

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_   
 (MD, DO, ND, PA, ARNP)   
 HCP Printed Name: \_\_\_\_\_

## Student Health Registration Form

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

### MEDICAL

Does your child have a doctor or nurse practitioner? Yes \_\_\_ No \_\_\_

Name of child's doctor or nurse practitioner \_\_\_\_\_ phone number \_\_\_\_\_

In the past 12 months, did you have problems obtaining medical care for your child? Yes \_\_\_ No \_\_\_

### DENTAL

Does your child have a dentist? Yes \_\_\_ No \_\_\_ Name of child's dentist \_\_\_\_\_ phone number \_\_\_\_\_

Did your child receive a dental exam in the last 12 months? Yes \_\_\_ No \_\_\_ Don't know \_\_\_

Describe the condition of your child's teeth? Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Don't know \_\_\_

In the past 12 months, did you have problems obtaining dental care for your child? Yes \_\_\_ No \_\_\_

### INSURANCE

Does your child have medical insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_

Does your child have dental insurance coverage? Yes \_\_\_ No \_\_\_ Don't know \_\_\_ Name of provider \_\_\_\_\_

Does Medicaid insure him/her? (Apple Health for kids) Yes \_\_\_ No \_\_\_ Don't know \_\_\_

### MEDICAL HISTORY

Have you ever been told by a physician or health care professional that your child has:

\_\_\_ Asthma                      \_\_\_ Seizure disorder                      \_\_\_ Bleeding disorder                      \_\_\_ ADD/ADHD  
\_\_\_ Diabetes                      \_\_\_ Bone/muscle disease                      \_\_\_ Skin condition                      \_\_\_ Learning disability  
Heart condition                      \_\_\_ Mental health condition (i.e., depression, anxiety, eating disorder) \_\_\_\_\_

Does your child experience any of the following?

\_\_\_ Nose bleeds                      \_\_\_ Frequent ear aches                      \_\_\_ Overweight for age                      \_\_\_ Physical disability  
\_\_\_ Poor appetite                      \_\_\_ Frequent stomach                      \_\_\_ Frequent headaches                      \_\_\_ Fainting spells  
\_\_\_ Tires easily                      \_\_\_ Emotional concerns                      \_\_\_ Underweight for age                      \_\_\_ Other \_\_\_\_\_

Do any of the above condition(s) limit/affect your child at school? \_\_\_\_\_

### LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes \* \_\_\_ No \_\_\_ Describe: \_\_\_\_\_

\*If yes, a meeting with the school nurse is required. Washington State Law requires medication or treatment orders and a health care plan be in place prior to starting school.

### ALLERGIES

Plants \_\_\_ Animals \_\_\_ Food \_\_\_ Molds \_\_\_ Drugs \_\_\_ Bees \_\_\_ Other \_\_\_\_\_

Please describe the allergic reaction and the treatment for each checked allergy \_\_\_\_\_

Do you plan for your child to receive school prepared meals? Yes \* \_\_\_ No \_\_\_

\*an additional form must be completed for food allergies

### MEDICATION

Does your child take any medication? Yes \_\_\_ No \_\_\_ If yes, name of medication: \_\_\_\_\_

Purpose \_\_\_\_\_ Will medication be needed at school? Yes\* \_\_\_ No \_\_\_

\*If your child needs to take medication at school, please contact the office for the necessary authorization form. This form must be completed prior to any medication being brought to school.

### HEARING/VISION

Do you have concerns about your child's hearing? Yes \_\_\_ No \_\_\_ Does your child wear hearing aides? Yes \_\_\_ No \_\_\_

Do you have concerns about your child's vision? Yes \_\_\_ No \_\_\_ Does your child wear glasses or contacts? Yes \_\_\_ No \_\_\_

### SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes \_\_\_ No \_\_\_ Do others have difficulty understanding your child?

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

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

Parent Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_



WISHRAM SCHOOL  
New Student Questionnaire

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

School Last Attended \_\_\_\_\_ City \_\_\_\_\_

Please list any health condition which may affect the student's educational needs:

\_\_\_\_\_  
\_\_\_\_\_

Any fines due to your previous school may make it difficult to have student records transferred. Please list any unpaid fines that may be due to any previous school: \_\_\_\_\_

\_\_\_\_\_

Indicate briefly whether or not this student has any history of placement in a special education program.

\_\_\_\_\_  
\_\_\_\_\_

Does this student have a history of violent behavior or convictions, adjudications or diversion agreements related to a violent offense, a sex offense, inhaling toxic fumes, a drug offense, a liquor violation, assault, kidnapping, harassment, stalking or arson? If yes, explain briefly.

\_\_\_\_\_  
\_\_\_\_\_

Has this student had any past or does he/she currently have any pending disciplinary actions?

\_\_\_\_\_  
\_\_\_\_\_

Wishram School District  
Photo Release Form

Dear Parents/Guardians:

We have been using video technology to improve our teaching. Now we have the opportunity to use video technology more frequently in our school for classroom projects, recording field trips, and in the after-school program. During the course of these projects, there will be times when pictures or videos of your child may be taken, or when he or she may be interviewed. With your permission, these pictures, videos, and interviews may be displayed in the school, shown during a school event, or may appear on our school website or the Confluence Project web site (<http://www.confluenceproject.org/education/>)

You may have already signed a limited photo release form which permits the school to use photos and videos within the classroom and school context only. This form is a broader release for other purposes.

↓ **Please check ONE of the boxes below and sign. THANK YOU!**

I give my **permission** for my child to be photographed or videotaped **with name published** for all school purposes, including websites.

I give my **permission** for my child to be photographed and videotaped **without** any personal identifiers (**without using his/her name**) for all school purposes, including the websites.

**I DO NOT** give my permission for any photographs, videotapes, or interviews of my child to be published or used for any purpose.

Child's name: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

Permission continues as long as your child is a student here unless you want us to make a change.

Thank you.



**Back Packs for Kids Permission Form**

Dear Parent/Guardian:

In collaboration between the Wishram School District and the Back Packs for Kids program, we have great news to share! All eligible students will receive food to take home on Friday afternoons right after school ends. Volunteers will place a plastic sack filled with food to eat over the weekend in students' backpacks. The sacks will have healthy non-perishable, child friendly, ready to eat foods. We understand how important nutrition is for a healthy body. We also know that when children are healthy, they do better at school.

Please initial the appropriate line and return to the school office as soon as possible.

Student(s)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_\_\_ Yes, my child can receive food sacks.

\_\_\_\_\_ No, I do not want my child to receive food sacks.

Parent/Guardian signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*I understand that some food items may contain possible allergen-containing ingredients, for example peanuts. Parents and guardians concerned with food allergies need to be aware of this risk. Wishram School District and the Back Packs for Kids program will not assume any liability for adverse reactions to foods consumed. By signing this form I agree to assume any and all risks associated with my child's/children's participation in the Back Packs for Kids program including any adverse reaction my child/children may have to food consumed.

The Back Packs for Kids program is a registered 501(c)3. The mission of the program is to help meet the needs of hungry children by providing them with nutritious and easy-to-prepare food on weekends and during school vacations when other resources are not available.

## PUPIL TRANSPORTATION

### RULES FOR STUDENTS RIDING SCHOOL BUSES

1. The bus driver is in full charge of the bus and pupils. Pupils must obey the driver promptly and willingly.
2. Unless by written permission of school authorities, no pupil shall be permitted to leave the bus except at his or her regular stop.
3. Each pupil may be assigned a seat in which he will be seated at all times, unless permission to change is given by the school principal and/or driver.
4. Outside of ordinary conversation, classroom conduct must be observed.
5. Pupils are to assist in keeping the bus clean by keeping their waste paper off the floor. Pupils must refrain from throwing refuse out of the windows.
6. No pupil will have possession of or use a tobacco product on the school bus.
7. No pupil shall, at any time, extend his or her head, hands, or arms out of the windows, whether the school bus is in motion or standing still.
8. No pupil shall open a window on the school bus without first getting permission from the school bus driver.
9. Pupils must see that they have nothing in their possession that may cause injury to another, such as sticks, breakable containers, or any type of firearms or straps or pins extending from their clothing. Also, no animal is permitted on the bus, except for "seeing eye" dogs.
10. Each pupil must see that his/her books and personal belongings are kept out of the aisle. Because of different storage space on each school bus, special permission must be granted by school authorities to transport any large items.
11. No pupil will be allowed to talk to the driver more than necessary.
12. No pupil shall sit in the driver's seat, nor shall any pupil be located to the immediate left or right of the driver.
13. Pupils are to remain seated while the bus is in motion and in between stops. Pupils staying on the bus are also required to remain seated unless the bus driver gives permission to move. They are not to get on or off the bus until it has come to a full stop.
14. Pupils must leave the bus in an orderly manner and must obey the orders of the school bus driver on duty. They must not cross the highway until given

consent by the school bus driver. (The bus driver will give a hand motion). When boarding or leaving the bus, pupils should be in view of the driver at all times.

15. Pupils must cross the highway only in front of the school bus and never behind.
16. Pupils must not stand or play in the roadway while waiting for the bus. Pupils should leave home early enough to arrive at the bus stop before the bus is due.
17. Self-discipline should be exercised by pupils at the bus loading area. Students should refrain from pushing or shoving other students.
18. Pupils who have to walk some distance along the highway to the bus loading zone, where practical, must walk on the left-hand side facing the oncoming traffic. This will also apply to pupils leaving the bus loading zone in the evening. Students getting off at a designated bus stop, that do not have to cross the road, need to walk on the shoulder of the road until they reach their destination.
19. Student misconduct on a bus will be sufficient reason to discontinue providing bus transportation to those students involved.
20. In the event of an actual emergency, emergency exit procedures, as established by the emergency exit drills, will be followed.
21. Parents of students damaging school buses will be responsible for proper reimbursement to the school district.
22. Pupils are not to run errands between the bus stop and their homes.
23. Pupils who disobey rules and regulations of bus safety will receive a written warning. After two warnings the student will be suspended from all bus riding privileges for either a temporary suspension pending a parent conference, or a permanent suspension.
24. All students must wear seatbelts on buses that provide them.
25. Bus riding privileges will be revoked without further warning for any of the following:
  - a. bringing prohibited materials on the bus
  - b. throwing anything on or from the bus
  - c. putting any part of the body out the window while the bus is in motion
  - d. spitting out the window
  - e. sitting in the driver's seat or any unauthorized adjustment of the driver's controls
  - f. unauthorized use of the emergency exit

- g. failure to comply with instructions
- h. Indecent exposure
- i. excessive display of affection

### "AWAY FROM HOME" CONDUCT RULES

Students will be held responsible for the rules of student conduct as stated in the parent/student handbook.

No student is allowed to leave the school grounds or the school building without permission from a supervising teacher.

Students are expected to watch the game and not be running around while it is being played.

Students are expected to conduct themselves in a courteous manner at all times and get along with others, thus creating no problems for themselves or other students.

I HAVE READ AND UNDERSTAND THE ABOVE RULES AND REGULATIONS

PARENT SIGNATURE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

**Military Parent or Guardian Affiliation**  
**(Please mark all that apply)**

Parent/Guardian(s) Name(s):		Student Name(s):	
<input type="checkbox"/>	N - No parent or guardian of the above children is currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard		
<input type="checkbox"/>	A - A parent or guardian of the children above is a current member of the active duty U.S. Armed Forces		
<input type="checkbox"/>	R - A parent or guardian of the children above is a current member of the reserves of the U.S. Armed Forces		
<input type="checkbox"/>	G - A parent or guardian of the children above is a current member of the Washington National Guard		
<input type="checkbox"/>	Z - No Response/Refused to State		

**Please return completed forms to the school office.**

## Family Income Survey 2016-17

Dear Parent/Guardian:

Schools receive certain federal and state funding (learning assistance programs, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child's school a way to collect household income information. This information makes sure your child's school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to Wishram School office.

**Part 1. ELIGIBILITY:** Figure out your total household income. Then look at the income chart below. Find your household size. If your total household income is equal to or less than the amount listed for your household size, check the box.

**Income Chart**  
Effective from July 1, 2016 through June 30, 2017

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$ 21,978	\$ 1,832	\$ 916	\$ 846	\$ 423
<input type="checkbox"/>	2	29,637	2,470	1,235	1,140	570
<input type="checkbox"/>	3	37,296	3,108	1,554	1,435	718
<input type="checkbox"/>	4	44,955	3,747	1,874	1,730	865
<input type="checkbox"/>	5	52,614	4,385	2,193	2,024	1,012
<input type="checkbox"/>	6	60,273	5,023	2,512	2,319	1,160
<input type="checkbox"/>	7	67,951	5,663	2,832	2,614	1,307
<input type="checkbox"/>	8	75,647	6,304	3,152	2,910	1,455
<input type="checkbox"/>	9	83,343	6,946	3,473	3,206	1,603
<input type="checkbox"/>	10	91,039	7,588	3,794	3,502	1,751
<input type="checkbox"/>	11	98,735	8,230	4,115	3,798	1,899
<input type="checkbox"/>	12	106,431	8,872	4,436	4,094	2,047
<input type="checkbox"/>	For each add'l household member	+ 7,696	+ 642	+ 321	+ 296	+148
<input type="checkbox"/>	Household does not qualify					

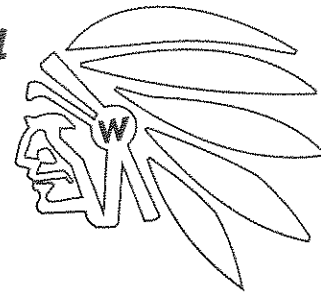
**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you're applying for a household with a foster child, you may include the foster child in the total household size.

Turn over for Page 2



# WISHRAM SCHOOL DISTRICT NO. 94

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Dear Parent/Guardian:

The Wishram School District needs to have your consent to allow calls, emails or texts to your mobile phone. Please sign below and return to the school office, if you **(do not)** allow the school to inform you of via **automated** text, telephone call, and/or email regarding school closures, emergencies, missing assignments and other information.

---

Parent/Guardian Signature

---

Date