

# Welcome to Cascade Middle School!

*Here is some information we hope will be of interest to you.*

## Cascade Middle School

905 McGarigle Road  
Sedro-Woolley, Washington 98284

Phone: 360-855-3520  
Fax: 360-855-3521  
Office Hours: 7:30 a.m. to 3:30 p.m.  
School Hours: 7:39 a.m. to 2:15 p.m.  
Bus Information: 360-855-3504

**Principal:** Laura Davis  
**Asst. Principal:** Stephanie Bachmeier  
**Secretaries:** Cheryl Bolden, Holly Doyle, Vivian Churape, Lisa Mast  
**Nurse:** Rose Torset  
**Counselors:** Lynn Wade, Amy Collins, Julia VanPutten  
**Psychologist:** Nathan Cattarin

Cascade Middle School's purpose is to create and foster a supportive learning environment for all students, with a clear and shared focus, emphasizing student achievement.

## Programs

Our school offers, or has available, the following special programs:

* Integrated Special Education	* Physical Therapist
* Remedial Education	* Counseling Services
* Music Specialists	* Speech/Language Therapist
* AVID	* Hot Lunches and Breakfast

**On-line grading system link:** <http://family.sedro-woolley.wa-k12.net>. Parents can view student's assignments and grades, lunch account balance, discipline and attendance. User name and passwords are available through the office.

## Sport Seasons

Fall: Cross Country, Girls Soccer  
Fall/Winter: Girls Volleyball  
Winter: Boys Basketball  
Winter/Spring: Girls Basketball, Wrestling  
Spring: Track, Boys Soccer

## Parent Volunteers Needed

Volunteers are always welcome at CMS. If you have a specific time of day and interest in helping out, please contact the office at 855-3520.

**We will keep in touch with you through our monthly Newsletter and our Daily Announcements that can be found on the CMS website.**

## Programs during the school day:

**Advisory** is a class where students begin their academic journey with a mentor in a small, individualized class setting. They will conduct a student led conference twice a year. During this time, students share with parents their portfolio, their short and long term goals for their academic success as well as their personal goals, and much more.

**AVID** (Advancement Via Individual Determination) - AVID is a program at CMS that takes the place of an elective class. AVID helps students prepare for college by introducing them to college preparatory programs. AVID is on an application basis only. For more information or an application, please call the office.



**CASCADE MIDDLE SCHOOL**  
**905 MC GARIGLE RD**  
**SEDRO-WOOLLEY WA 98284**  
 PHONE # 1-360-855-3520 FAX # 1-360-855-3521

**REQUEST FOR TRANSFER OF EDUCATIONAL RECORDS BETWEEN SCHOOLS**

The following student is enrolling at Cascade Middle School:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**SCHOOL TRANSFERRING FROM:**

School Name \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 School District \_\_\_\_\_ County \_\_\_\_\_

**URGENT:**

**The above named student is enrolling at Cascade Middle School. Please indicate if the student has an IEP or if the student has been expelled for a weapons violation in the last year.**

Please send by mail:

- \_\_\_ Report card showing student's academic progress
- \_\_\_ Copies of test scores and SBAC scores (if applicable)
- \_\_\_ Health record and dates of immunization: \_\_\_ Please fax or email ASAP, thank you.
- \_\_\_ Student's cumulative file
- \_\_\_ Copy of attendance and disciplinary records
- \_\_\_ Copy of student's Section 504 Accommodation Plan
- \_\_\_ Has student completed Washington State History for Milestone? \_\_\_yes \_\_\_no
- \_\_\_ Please send student's sports physical if on file.

School Official \_\_\_\_\_ Date \_\_\_\_\_  
 Cheryl Bolden [cbolden@swsd.k12.wa.us](mailto:cbolden@swsd.k12.wa.us) Phone: 360-855-3080

# NEW STUDENT ENROLLMENT FORM

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

Previous School \_\_\_\_\_ Previous School Phone \_\_\_\_\_

\*Please mark "yes" on the following areas that apply:

Does your child receive services for?

Concerns in any of these areas?

\_\_\_\_\_ Special Education

\_\_\_\_\_ Attendance

\_\_\_\_\_ Title I/LAP

\_\_\_\_\_ Behavior

\_\_\_\_\_ Reading

\_\_\_\_\_ ESL

\_\_\_\_\_ Retention

\_\_\_\_\_ Math

\_\_\_\_\_ Speech

\_\_\_\_\_ Physical/Occupational Therapy

Math level – 7<sup>th</sup> 8<sup>th</sup> Algebra

(Circle one)

Has student ever been suspended or expelled?

Yes

No

If 'yes', please state reason below:

\*This information will help us in placing your child and assist in determining the need to send for other necessary information from the previous school.

## Elective Registration Form

Print Student First and Last Name \_\_\_\_\_

All students will have a full year of:

\*Science

\*Math

\*Social Studies

\*Wellness

\*Language Arts

Pick one year long elective:

\_\_\_\_\_ First Year Band

\_\_\_\_\_ Second Year Band

\_\_\_\_\_ Choir

\_\_\_\_\_ Orchestra

\_\_\_\_\_ Encore Electives - May include  
Technology, Art, Music *You will get  
one class each semester.*

If you are interested in Avid, please pick up an application in the office.

**STUDENT REGISTRATION/ENROLLMENT FORM**

Revised 3/2016

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City State Country County		GRADE LEVEL
ETHNICITY / RACE INFORMATION PLEASE SEE ADDITIONAL PAGE		PRIMARY LANGUAGE PLEASE SEE ADDITIONAL PAGE		ACTIVE MILITARY FAMILY <input type="checkbox"/> Yes <input type="checkbox"/> No
CUSTODY OF STUDENT <input type="checkbox"/> Joint <input type="checkbox"/> Not Applicable FOSTER CARE <input type="checkbox"/> Yes <input type="checkbox"/> No			PHYSICIAN/PHONE	

PRIMARY HOUSEHOLD (parent/guardian where student resides) <i>Parent Name (Last, First)</i>		RELATIONSHIP TO STUDENT	HOME PHONE ( )	WORK PHONE ( )	CELL PHONE ( )
EMPLOYER NAME					
<i>Parent Name (Last, First)</i>		RELATIONSHIP TO STUDENT	HOME PHONE ( )	WORK PHONE ( )	CELL PHONE ( )
EMPLOYER NAME					
RESIDENT ADDRESS	<i>Street/Apt #</i> <input type="checkbox"/> Please check if change of address from previous year	<i>City</i>	<i>State</i>		<i>ZIP</i>
MAILING ADDRESS	<i>P/O Box Number or Street/Apt# (if different from above)</i>	<i>City</i>	<i>State</i>		<i>ZIP</i>
EMAIL 1:		EMAIL 2:			

SECOND HOUSEHOLD (non-custodial parent not residing with child) <i>Last Name First Name</i>		RELATIONSHIP TO STUDENT	HOME PHONE ( )	WORK PHONE ( )	CELL PHONE ( )
<i>Last Name First Name</i>		RELATIONSHIP TO STUDENT	HOME PHONE ( )	WORK PHONE ( )	CELL PHONE ( )
SECOND HOUSEHOLD ADDRESS <i>(Street/P.O. Box, City, State, ZIP)</i>					

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT/LOCATION PREVIOUSLY ATTENDED
HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what grade level(s) _____	
HAS STUDENT EVER ATTENDED SCHOOL IN THE SEDRO-WOOLLEY SCHOOL DISTRICT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF SCHOOL ATTENDED	DATE ATTENDED (Month/Year)
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers <u>must</u> be on file with the school for enforcement) Restraining order is against <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
IS THERE A CUSTODIAL ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers <u>must</u> be on file with the school for enforcement)	

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL ED PROGRAM?  Yes  No

HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN?  Yes  No

HAS YOUR CHILD EVER PARTICIPATED IN:

Title- Reading Math  LAP- Reading Math  Gifted  ELL  Speech  Physical Therapy

Occupational Therapy  Other \_\_\_\_\_

DO YOU HAVE CONCERNS FOR YOUR CHILD IN ANY OF THE FOLLOWING AREAS:

Attendance  Behavior  Retention  Recommendation for Testing  Other \_\_\_\_\_

DOES STUDENT ATTEND CHILD CARE?	CHILD CARE PROVIDER	Name	Address	Phone Number
<input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before and after school				

ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

PLEASE LIST OTHER SIBLINGS ATTENDING IN THE SEDRO-WOOLLEY SCHOOL DISTRICT			
Last Name	First Name	School	Grade

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

FIRST CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	HOME PHONE (    )	WORK PHONE (    )	CELL PHONE (    )
FIRST CONTACT ADDRESS	<i>Street</i>	<i>City,</i>	<i>State,</i>	<i>ZIP</i>
SECOND CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	HOME PHONE (    )	WORK PHONE (    )	CELL PHONE (    )
SECOND CONTACT ADDRESS	<i>Street</i>	<i>City,</i>	<i>State,</i>	<i>ZIP</i>
THIRD CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	HOME PHONE (    )	WORK PHONE (    )	CELL PHONE (    )
THIRD CONTACT ADDRESS	<i>Street</i>	<i>City,</i>	<i>State,</i>	<i>ZIP</i>

**SIGNATURE PAGE**

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:** I, the undersigned, do hereby authorize officials of the Sedro-Woolley School District to contact directly the persons named on this registration form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**DIRECTORY INFORMATION:** Certain information, known as "Directory Information", is defined by the Federal Family Rights and Privacy Act and may be released about your child unless you request, in writing, that such information not be released. We do not release any "Directory Information" for commercial purposes or for other purposes not related to the conduct of school business.

**PHOTOGRAPHY/ VIDEO:** Occasionally, photographs may be taken of students for use in the news media or in district-produced publications. Unless you put a request in writing, your child's picture/video will be taken.

**SCHOOL MESSENGER:** I give consent to receive occasional messages from my child's school and the district on my registered phone number from the district's school messenger (auto-dial) service.

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Military Information**

**Is the parent/guardian one of the following?**

- No parent/guardian currently serving as a member of the active duty U.S. Armed Forces, Reserves of the U.S. Armed Forces or Washington National Guard (N)
- Parent/guardian is a current member of the active duty U.S. Armed Forces (A)
- Parent/guardian is a current member of the reserves of the U.S. Armed Forces (R)
- Parent/guardian is a current member of the Washington National Guard (G)
- Student has more than one parent/guardian who is currently either a member of the active duty U.S. Armed Forces, Reserves of the U.S. Washington National Guard (M)
- Refuse to state

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**VERIFICATION:** The information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area. It is the responsibility of the parent/guardian to notify the school of a change of address or telephone number **in person or in writing.**

*Legal Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_



# Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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

Child's Last Name:

First Name:

Middle Initial:

Birthdate (MM/DD/YYYY):

Sex:

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required

Date

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

Parent/Guardian Signature Required

Date

- Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Date	Date	Date	Date	Date	Date
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

<ul style="list-style-type: none"> <li>DTaP / DT (Diphtheria, Tetanus, Pertussis)</li> <li>Tdap (Tetanus, Diphtheria, Pertussis)</li> <li>Td (Tetanus, Diphtheria)</li> <li>Hepatitis B               <ul style="list-style-type: none"> <li>2-dose schedule used between ages 11-15</li> </ul> </li> <li>Hib (<i>Haemophilus influenzae</i> type b)</li> <li>IPV / OPV (Polio)</li> <li>MMR (Measles, Mumps, Rubella)</li> <li>PCV / PPSV (Pneumococcal)</li> <li>Varicella (Chickenpox)               <ul style="list-style-type: none"> <li>History of disease verified by IIS</li> </ul> </li> </ul>									
Recommended Vaccines (Not Required for School or Child Care Entry)									
Flu (Influenza)									
Hepatitis A									
HPV (Human Papillomavirus)									
MCV / MPSV (Meningococcal)									
MenB (Meningococcal)									
Rotavirus									

Office Use Only:

Reviewed by:

Date:

Signed Cert. of Exemption on file?  Yes  No

### Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox),
  - laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers 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 healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)

Printed Name \_\_\_\_\_

SEDRO-WOLLEY SCHOOL DISTRICT HEALTH INFORMATION

NAME \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade \_\_\_  
Last First Middle

\_\_\_ CHECK HERE IF THERE ARE NO KNOWN HEALTH PROBLEMS

Conditions which your child has:

- |                |                                  |                               |
|----------------|----------------------------------|-------------------------------|
| ___ ADD/ADHD   | ___ Fainting spells              | ___ Mental/Emotional problems |
| ___ Asthma     | ___ Frequent Headaches/Migraines | ___ Orthopedic/Bone problems  |
| ___ Autism     | ___ Hearing problems             | ___ Seizures/Convulsions      |
| ___ Counseling | ___ Heart condition              | ___ Vision problems           |
| ___ Diabetes   | ___ Kidney/Bladder disease       | ___ Other                     |

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Allergy to: \_\_\_ Medications \_\_\_ Bee Stings \_\_\_ Foods \_\_\_ Other  
Please describe allergic reaction and the treatment \_\_\_\_\_

Are any of the above conditions life-threatening? \_\_\_ Yes\* \_\_\_ No EpiPen? \_\_\_ Yes \_\_\_ No

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

Has a Doctor diagnosed any of the above conditions? \_\_\_ Yes \_\_\_ No  
Doctor's name \_\_\_\_\_ Phone number \_\_\_\_\_

Does your child have medical insurance coverage? \_\_\_ Yes \_\_\_ No  
If not, would you like information about free or low-cost health insurance? \_\_\_ Yes \_\_\_ No

Does your child have a physical condition, which limits participation in classroom activities or physical education? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Does your child take any medication on a daily basis? \_\_\_ Yes \_\_\_ No

Medication	Dosage	For (Diagnosis)	Taken at Home/School/Both
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY A LICENSED HEALTH PROFESSIONAL AND PARENT OR LEGAL GUARDIAN OF THE CHILD BEFORE MEDICATION WILL BE GIVEN AT SCHOOL (RCW 28A.210.260). YOU CAN OBTAIN THE FORM FROM THE SCHOOL OR DOCTOR'S OFFICE. ALL MEDICATIONS NEED TO BE BROUGHT TO SCHOOL BY AN ADULT. YOUR CHILD CANNOT BRING IN ANY MEDICATION, PRESCRIPTION OR OVER-THE-COUNTER.**

This information is considered confidential and is for use of the nurse, teachers, principal, or other staff who will be in contact with and responsible for your child during the school day.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian's signature



Sedro-Woolley School District  
Washington State – Ethnicity/Race & Language Data Collection Form

*New federal requirements state that "Unknown" "Multiracial" and "Not Provided" are no longer valid responses to ethnicity or race identification questions. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation or prior ethnicity and race data.*

**Please identify the ethnicity and race of the student by answering BOTH questions.**

Student Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_  
(please print) (please print)

**Question 1. Is your child of Hispanic or Latino origin?**

No, check all that apply for Question 2

Yes, check all that apply for Question 1 **and** Question 2

<input type="checkbox"/> Cuban	<input type="checkbox"/> Central American
<input type="checkbox"/> Dominican	<input type="checkbox"/> South American
<input type="checkbox"/> Spaniard	<input type="checkbox"/> Latin American
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other Hispanic/Latino
<input type="checkbox"/> Mexican/Mexican American/Chicano	

**Question 2. What race(s) do you consider your child? (check all that apply)**

<input type="checkbox"/> African / African American / Haitian / Black	<input type="checkbox"/> Caucasian / European / Russian / Middle Eastern / North African / White	
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<p><b>Asian</b></p> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Malaysian <input type="checkbox"/> Pakistani <input type="checkbox"/> Singaporean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<p><b>Native Hawaiian or Other Pacific Islander</b></p> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Fijian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Melanesian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Muckleshoot <input type="checkbox"/> Nisqually <input type="checkbox"/> Nooksack <input type="checkbox"/> Port Gamble Klallam <input type="checkbox"/> Puyallup <input type="checkbox"/> Quileute <input type="checkbox"/> Quinault <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater <input type="checkbox"/> Skokomish <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Spokane <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Suquamish <input type="checkbox"/> Swinomish <input type="checkbox"/> Tulalip <input type="checkbox"/> Upper Skagit <input type="checkbox"/> Yakama <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Other North, Central or South American Indian
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<p><b>American Indian or Alaskan Native</b></p> <input type="checkbox"/> Alaska Native <input type="checkbox"/> Chehalis <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz <input type="checkbox"/> Hoh <input type="checkbox"/> Jamestown <input type="checkbox"/> Kalispel <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Lummi <input type="checkbox"/> Makah		
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**Please identify the language of the student by answering the following question.**

**Question 3. Language**

Language (Language student currently speaks):  English  Spanish  Other \_\_\_\_\_

Native Language (The first language spoken by the student):  English  Spanish  Other \_\_\_\_\_

Home Language (The language the student speaks at home):  English  Spanish  Other \_\_\_\_\_

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

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



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

The Home Language Survey is given to *all* students enrolling in Washington schools.

<b>Student Name:</b> _____	<b>Grade:</b> _____	<b>Date:</b> _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p><b>Right to Translation and Interpretation Services</b>                  Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>All parents have the right to information about their child's education in a language they understand.</p> <p>1. In what language(s) would your family prefer to communicate with the school?                  _____</p>	
<p><b>Eligibility for Language Development Support</b>                  Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first?                  _____</p> <p>3. What language does your child use the most at home?                  _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child?                  _____</p> <p>5. Has your child received English language development support in a previous school? Yes___ No___ Don't Know___</p>	
<p><b>Prior Education</b>                  Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> <li>• Give us information about the knowledge and skills your child is bringing to school.</li> <li>• May enable the school district to receive additional federal funding to provide support to your child.</li> </ul> <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (Kindergarten - 12<sup>th</sup> grade) ___Yes ___No</p> <p style="margin-left: 40px;">If yes: Number of months: _____                  Language of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (Kindergarten - 12<sup>th</sup> grade)</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Month            Day            Year</p>	

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

*Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.*



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# SEDRO-WOLLEY SCHOOL DISTRICT #101

## Student Residency Questionnaire

(For inclusion in district enrollment packets for parent/guardian completion)

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of Ensuring Student Success Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

Student Name \_\_\_\_\_  
First Middle Last

Male  
 Female

School Name \_\_\_\_\_ Grade \_\_\_\_\_

1. Is this student's home address a temporary living arrangement, other than rental?  Yes  No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship?  Yes  No
3. Is this student awaiting foster care?  Yes  No
4. As a student, are you living with someone other than your parent or legal guardian?  Yes  No

If you answered **NO** to **ALL** of the questions, you may **STOP** here.  
If you answered **YES** to **ANY** question, please complete the remainder of this form.

Where does the student stay at night?

- With more than one family in a house, mobile home, or apartment
- In the care of someone other than parent or guardian (relative, friend)
- In a motel/hotel
- In a shelter
- In a car, RV, park, campsite, or location not usually used for sleeping accommodations
- Transitional housing (through a community agency)
- Moving from place to place

Your student may qualify for additional support or services under the federal McKinney-Vento Act. Program services are confidential and voluntary – you may refuse services at any time. Please provide contact information below and program staff will be in touch with you.

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Parent/Legal Guardian Name \_\_\_\_\_

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

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

Date \_\_\_\_\_

OR

Unaccompanied Youth Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact Laurinda Shelton @ 855-3879 with and questions regarding the McKinney-Vento Program

Office Staff: send this form to Laurinda Shelton District McKinney-Vento Liaison, @ Admin Annex  
2017-18