

## STUDENT TRANSFERS

A student's school and resident school district is based on where the student resides. In some circumstances, a family may ask to transfer their student to a school outside of their resident district. This is called a nonresident student transfer. You may also hear it referred to as an out-of-district transfer, inter-district transfer, choice transfer, variance, waiver, or school choice.

- **Nonresident students** are those who live outside the school district boundaries of the district they are asking to attend.
- **Whether the student transfer request is accepted or denied** is determined by the school districts. The process a school district uses to determine transfer requests is established in their policies and procedures.
- **Both the student's resident district and the nonresident district** must approve a transfer prior to the student attending a nonresident district. The resident district "releases" the student, and the nonresident district "admits" the student.

*For Example: Sarah lives within the boundaries of the Green School District. Due to certain life circumstances, Sarah wants to attend a school within the Blue School District. In order for Sarah to attend school in the Blue School District, both the Green School District and the Blue School District must approve the transfer.*

### [Online Choice Transfer Request Portal](#)

The Choice Transfer Request Portal (CTRP) is used by many school districts in Washington State to process Choice Transfer requests. A Choice Transfer request is made when a student wants to attend a school outside of the school district where the student lives. For a Choice Transfer, the resident district must first release the student to start the transfer process. When you have completed your transfer application, your request will be sent to the resident school district. You can access this request at <https://eds.ospi.k12.wa/ChoiceTransferRequest>.

**Please keep in mind that your child will remain a student in the district they reside in until this process is complete.**

# GRAND COULEE DAM SCHOOL DISTRICT REGISTRATION INFORMATION

Student's **LEGAL** Name \_\_\_\_\_  
Last First Middle

Birth date \_\_\_\_\_ Male or Female Birthplace \_\_\_\_\_

Language \_\_\_\_\_ Native Language \_\_\_\_\_ City State County (If known)  
English - Hmong - Japanese - Korean - Laotian - Middle Eastern - Mien - Philippine - Russian - Samoan - Spanish - Vietnamese - Other

Grade \_\_\_\_\_ Student's Social Security # \_\_\_\_\_ Student Cell # \_\_\_\_\_

Has your child ever attended school in the Grand Coulee Dam School District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other students residing in your home enrolled in District:

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

Student Lives With: Both Parents Mother Only Father Only Guardian Mother/Stepfather Father/Stepmother Grandparents  
Grandmother Grandfather Other (Please explain) \_\_\_\_\_

## HOUSEHOLD 1 (Parent/Guardian student resides with)

\*Name of Parent/Guardian 1 \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_ City ZIP

Phone Numbers: Home \_\_\_\_\_ Cell: Parent/Guardian 1: \_\_\_\_\_ City ZIP

Parent/Guardian 1 Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Parent/Guardian 1 Email \_\_\_\_\_ Birth date \_\_\_\_\_

\*Name of Parent/Guardian 2: (residing in the same household as Guardian 1)

\_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Parent/Guardian 2 Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian 2 Email \_\_\_\_\_ Birth date \_\_\_\_\_

\*Is there another Parent/Guardian household to be considered? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**IF YES, GO TO HOUSEHOLD 2 IF NO, GO TO SCHOOL HISTORY ON BACK PAGE**

## HOUSEHOLD 2- Only use this section if you would like all student information to be sent to the person you list below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
City ZIP

Phone Numbers (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

CONTINUE

## SCHOOL HISTORY

Last school attended \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

CITY

STATE

ZIP

Has your child ever been retained? Yes No If yes, what grade level? \_\_\_\_\_

Has your child been screened or processed for special education placement but never enrolled in a class: Yes No

Has your child ever received services from the following programs? \_\_\_\_\_ Resource Room \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Speech

Has your child ever been suspended or expelled? Yes No If yes, please explain \_\_\_\_\_

## STUDENT CUSTODY INFORMATION

Are you the legal custodial parent or legal guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do any custody restrictions apply to this student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is a copy of the court order pertaining to custody on file with the School District: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*\*\*NOTICE: In order to enforce any restrictions, the school district must be provided copies of legal documents such as court order, restraining order, etc.

Are there individuals named in the court order who are legally restricted from seeing or removing your child from school grounds? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list name and address below:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

**EMERGENCY CONTACTS - Please list someone other than those listed on the front page.** In case of an emergency we will always attempt to contact a parent or guardian first.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home Work Cell

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home Work Cell

**NOTICE: Only students who physically reside within the boundaries of the Grand Coulee Dam School District and nonresident students who have obtained a release from their resident districts and have been officially accepted by the Grand Coulee Dam School District may legally attend school within the Grand Coulee Dam School District. Recognizing this legal requirement, I hereby verify that the student named above physically resides within the Grand Coulee Dam School District boundaries or has obtained a release from his/her resident district and has been officially accepted by the Grand Coulee Dam School District.**

**I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student, including withdrawal from school.**

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

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

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

**Ethnicity and Race Data Collection Form**  
**PLEASE ANSWER BOTH QUESTION 1 AND 2**

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

- |                          |                     |                          |                                     |
|--------------------------|---------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN / MEXICAN AMERICAN/ CHICANO |
| <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               |

**QUESTION 2:** What race does your child most closely identify with? (Check all that apply.)

- |                          |                         |                          |                                     |
|--------------------------|-------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> | ALASKA NATIVE                       |
| <input type="checkbox"/> | WHITE                   | <input type="checkbox"/> | CHEHALIS                            |
| <input type="checkbox"/> | ASIAN INDIAN            | <input type="checkbox"/> | COLVILLE                            |
| <input type="checkbox"/> | CAMBODIAN               | <input type="checkbox"/> | COWLITZ                             |
| <input type="checkbox"/> | CHINESE                 | <input type="checkbox"/> | HOH                                 |
| <input type="checkbox"/> | FILIPINO                | <input type="checkbox"/> | JAMESTOWN                           |
| <input type="checkbox"/> | HMONG                   | <input type="checkbox"/> | KALISPEL                            |
| <input type="checkbox"/> | INDONESIAN              | <input type="checkbox"/> | LOWER ELWHA                         |
| <input type="checkbox"/> | JAPANESE                | <input type="checkbox"/> | LUMMI                               |
| <input type="checkbox"/> | KOREAN                  | <input type="checkbox"/> | MAKAH                               |
| <input type="checkbox"/> | LAOTIAN                 | <input type="checkbox"/> | MUCKLESHOOT                         |
| <input type="checkbox"/> | MALAYSIAN               | <input type="checkbox"/> | NISQUALLY                           |
| <input type="checkbox"/> | PAKISTANI               | <input type="checkbox"/> | NOOKSACK                            |
| <input type="checkbox"/> | SINGAPOREAN             | <input type="checkbox"/> | PORT GAMBLE KLALLAM                 |
| <input type="checkbox"/> | TAIWANESE               | <input type="checkbox"/> | PUYALLUP                            |
| <input type="checkbox"/> | THAI                    | <input type="checkbox"/> | QUILEUTE                            |
| <input type="checkbox"/> | VIETNAMESE              | <input type="checkbox"/> | QUINAULT                            |
| <input type="checkbox"/> | OTHER ASIAN             | <input type="checkbox"/> | SAMISH                              |
| <input type="checkbox"/> | NATIVE HAWAIIAN         | <input type="checkbox"/> | SAUK-SUIATTLE                       |
| <input type="checkbox"/> | FIJIAN                  | <input type="checkbox"/> | SHOALWATER                          |
| <input type="checkbox"/> | GUAMANIAN or CHAMORRO   | <input type="checkbox"/> | SKOKOMISH                           |
| <input type="checkbox"/> | MARIANA ISLANDER        | <input type="checkbox"/> | SNOQUALMIE                          |
| <input type="checkbox"/> | MELANESIAN              | <input type="checkbox"/> | SPOKANE                             |
| <input type="checkbox"/> | MICRONESIAN             | <input type="checkbox"/> | SQUAXIN ISLAND                      |
| <input type="checkbox"/> | SAMOAN                  | <input type="checkbox"/> | STILLAGUAMISH                       |
| <input type="checkbox"/> | TONGAN                  | <input type="checkbox"/> | SUQUAMISH                           |
| <input type="checkbox"/> | OTHER PACIFIC ISLANDER  | <input type="checkbox"/> | SWINOMISH                           |
|                          |                         | <input type="checkbox"/> | TULALIP                             |
|                          |                         | <input type="checkbox"/> | YAKAMA                              |
|                          |                         | <input type="checkbox"/> | OTHER WASHINGTON INDIAN             |
|                          |                         | <input type="checkbox"/> | OTHER AMERICAN INDIAN/ALASKA NATIVE |



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 _____		
<b>Right to Translation and Interpretation Services</b>  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.	1. a) In what language(s) would your family prefer to receive written communication from the school? _____  b) Do you need an interpreter for meetings and phone calls (including ASL)? Parent/Guardian Name #1: _____ Interpreter Needed? ____ Yes ____ No   Language _____  Parent/Guardian Name #2: _____ Interpreter Needed? ____ Yes ____ No   Language _____	
<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.	2. What language(s) did your child first speak or understand? _____  3. What language does your child use the most at home? _____  4. What is the primary language used in the home, regardless of the language spoken by your child? _____  5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____	
<b>Prior Education</b>  Your responses about your child's birth country and previous education: • 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.  <b><i>This form is not used to identify students' immigration status.</i></b>	6. In what country was your child born? _____  7. Has your child ever received formal education outside of the United States? (K-12 <sup>th</sup> Grade) ____ Yes ____ No If yes: Number of months: _____ Language(s) of instruction: _____  8. When did your child first attend a school in the United States? (K-12 <sup>th</sup> Grade) _____ Month      Day      Year	

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.



## Military Affiliation

Reasons for collection of the data include:

- (1) The legislature finds that, nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States armed forces, reserves, or national guard. There are approximately one hundred thirty-six thousand military families in Washington state.
- (2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. **[2015 c 210 § 1.]**

For the purposes of this data collection, "students from military families" includes:

- (a) Students with a parent or guardian who is a member of the active duty United States armed forces; and
  - (b) Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard."
- Collection and updating of this data must use the United States department of education 2007 race and ethnicity reporting guidelines, including the subracial and sub-ethnic categories within those guidelines, with modifications.

Please indicate which of the status codes listed below pertains to your family and return to the school as soon as possible. Thank you.

- \_\_\_\_\_ (A) U.S. Armed Forces active duty  
\_\_\_\_\_ (G) National Guard member  
\_\_\_\_\_ (M) More than one member of Armed Forces/National Guard  
\_\_\_\_\_ (N) No affiliation  
\_\_\_\_\_ (R) U.S. Armed Forces reserves

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

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

Office use only: \_\_\_\_\_ (X) Data not available  
\_\_\_\_\_ (Z) No response/refused to state



## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202

## TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)  
Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized  
☐ State Recognized  
☐ Terminated Tribe (Documentation required. Must attach to form)  
☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_



**BUREAU OF INDIAN AFFAIRS**

School: Grand Coulee Dam School District

Please fill in all blanks as completely as possible. Use last, first, and middle names. If Parents or Grandparents are non-Indian, indicate "N/I" after tribe.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (Middle)

Sex: F / M

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

**STUDENT'S FATHER'S NAME:**

\_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_

\_\_\_\_\_  
(Tribe and Membership Number)

**FATHER'S FATHER**

\_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_

\_\_\_\_\_  
(Tribe and Membership Number)

**FATHER'S MOTHER**

\_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_

\_\_\_\_\_  
(Tribe and Membership Number)

**STUDENT'S MOTHER'S NAME:**

\_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_

\_\_\_\_\_  
(Tribe and Membership Number)

**MOTHER'S FATHER**

\_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_

\_\_\_\_\_  
(Tribe and Membership Number)

**MOTHER'S MOTHER**

\_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_\_

\_\_\_\_\_  
(Tribe and Membership Number)

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE -- FOR BIA USE ONLY\*\*\*\*\*

\_\_\_\_\_ Student is 1/4 Degree or More

\_\_\_\_\_ Student is NOT 1/4 Degree but is ENROLLED

\_\_\_\_\_ Insufficient Information provided

\_\_\_\_\_ Student is less than 1/4 Degree and NOT ENROLLED

Student's IRMS Number: \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Signature of the Superintendent \_\_\_\_\_ Date: \_\_\_\_\_

# Student Housing Questionnaire

Grand Coulee Dam School District: Lake Roosevelt Schools

503 & 505 Crest Drive, Coulee Dam, WA 99116

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 the student lives in a home/apt owned or rented by the parent or guardian, you do not need to complete this form unless there are inadequate facilities (no water, heat, electricity, etc.)**

If the student does not live in a home owned or rented by the parent or guardian, please check all that apply below. (Submit form to the district's designated McKinney-Vento liaison. Contact information can be found at the bottom of the page.)

☐ Transitional Housing

☐ In a motel

☐ In a shelter

☐ In someone else's house or apartment with another person/family

☐ Moving from place to place/couch surfing

☐ A car, park, campsite, or similar location

☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)

☐ Other \_\_\_\_\_

Name of student: \_\_\_\_\_

First

Middle

Last

Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

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

☐ Student is living with a parent or legal guardian

Address of current residence: \_\_\_\_\_

Phone number or contact phone number: \_\_\_\_\_ Name of contact: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_

(Or unaccompanied youth)

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Or unaccompanied youth)

☐ The student(s) named above have younger siblings/children (not yet school age) who are in need of developmental screening, community support, or referrals to early childhood services. The district's McKinney-Vento liaison may be able to assist you with age-appropriate resources.

**Please return completed form to:**

Carrie Derr

District McKinney-Vento Liaison

509-631-3188

Phone Number

Lake Roosevelt Schools

Location



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

**For School Personnel Only:** For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

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

### SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

## Additional Resources

Parent information and resources can be found at the following:

National Center for Homeless Education (NCHE)

National Association for the Education of Homeless Children and Youth (NAEHYC)

SchoolHouse Connection



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

INDIVIDUAL USER ACCESS INFORMED CONSENT FORM  
ELECTRONIC INFORMATION SYSTEM (NETWORKS)  
BOARD PROCEDURE 2022P

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Grand Coulee Dam School District, the K-20 Network, and other Intermediary providers, if any, and operators, and any institutions with which they are affiliated from any Network including, with limitation, the type of damages identified in the Grand Coulee Dam School District Acceptable Use Guidelines. Further, my child and I agree to abide by the District's Policy and knowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Grand Coulee Dam School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network. My child and I acknowledge and agree that any copyright my child may have in material posted on the internet through the school district's system is waived.

---

Printed Name of User

---

Printed Name of Parent/Guardian

---

Signature of User  
(If able to sign)

---

Signature of Parent/Guardian  
(Required if user is under age 18)

GRAND COULEE DAM SCHOOL DISTRICT - Student Health/Athletic Information Form

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

☐ Male ☐ Female

Please place an X on all health conditions which apply to your student.

☐ My child has no known health problems

☐ Asthma - Use inhaler at school? Yes ☐ No ☐ If answer is Yes, additional signed forms are required

☐ Bee Sting Allergy - Treat with: Benadryl ☐ Epi-pen ☐ Other ☐ : \_\_\_\_\_  
If medication is needed, additional signed forms are required

☐ Food Allergy: \_\_\_\_\_ Treat with: Benadryl ☐ Epi-Pen ☐ Other ☐ : \_\_\_\_\_  
If medication is needed, additional signed forms are required

☐ Other Allergies: \_\_\_\_\_

☐ Diabetes: \_\_\_\_\_

☐ Heart Condition - Activity Restrictions? Yes ☐ No ☐ \_\_\_\_\_

☐ Seizures - Uses seizure medication? Yes ☐ No ☐ \_\_\_\_\_

☐ Known Hearing Loss: \_\_\_\_\_

☐ Physical or birth defect: \_\_\_\_\_

☐ Head injury or Concussion (date and information): \_\_\_\_\_

☐ Other: \_\_\_\_\_

Medications used at home: \_\_\_\_\_

Are any of the above conditions life threatening? Yes ☐ No ☐

As Parent/Guardian, I agree to contact the school nurse to create an Individualized Health Care/504 Plan for my child with a life threatening condition. State law requires all students with life threatening conditions to have both medical authorization and necessary medication at school before the student will be allowed to attend school. Medication that may be required under the law include, but are not limited to: meter-dose inhalers, Epi-Pens, insulin, and medication for seizures (per RCW28A.210Sec.1).

**Consent:** I authorize and give my consent to the authorities of Grand Coulee Dam School District to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary emergency medical or surgical treatment to the above named student. District authorities are not excused from attempting to contact me before relying upon this authorization. I also authorize that the information listed above may be shared with school personnel on a need-to-know basis to facilitate the school district in providing a safe environment for my child. I authorize the 504 coordinator to evaluate my student for a 504 accommodation plan if needed. If there are any health changes to the above listed information, it will be the parent/guardian's responsibility to inform the school on the yearly update student information form.

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_