



Quincy School District

Opportunities unlimited for all

Welcome to Kindergarten Registration

Lista de verificación de registro de kindergarten

Required Documents/Documentos requeridos

Please provide a copy of verification/Proof of Student residence <ul style="list-style-type: none">Rental, lease or mortgage agreementRental/lease receipt with parent or guardians name and addressUtility bill (Cell phone not acceptable)	Por Favor una Verificación/prueba de Residencia estudiantil <ul style="list-style-type: none">Contrato de alquiler, arrendamiento o hipotecadoRecibo de alquiler/arrendamiento, incluido el nombre y la dirección de los padres o tutoresLa factura de servicios públicos (teléfono celular no acceptable)
Please Provide a copy of documentation of proof of age/legal name <p>religious, hospital, or physician's certificate showing date of birth; an entry in a family bible; an adoption record; an affidavit from a parent; previously verified school records; or any other documents permitted by law</p>	Por Favor copia de prueba de edad/nombre legal <p>certificado religioso, hospitalario o médico que muestra la fecha de nacimiento; o entrada en una biblia familiar; un registro de adopción; una declaración jurada de un padre o tutor; registros escolares previamente verificados; o cualquier otro documento permitido por la ley</p>

Date /Fecha: _____

Neighborhood School /Escuela de vecindario: _____

Student's Name/Nombre de niño/a: _____ DOB: _____

Best Phone Number to Reach Parent/Guardian/Mejor número de teléfono para comunicarse con los padres/tutores: (____) _____

Preschool Information: Please Check and Provide Facility Name

Información preescolar: Por favor, compruebe y proporcione instalaciones

☐ QSD Developmental Preschool/preescolar de Desarrollo ☐ Inspire Center/Centro de inspiración

☐ Daycare/Niñera _____

☐ Private Preschool/preescolar privado:

Office Use Only

Documentation of Proof of Age/Legal Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Address: <input type="checkbox"/> Yes <input type="checkbox"/> No
Immunizations Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No Check Immunizations Needed if Not Complete <input type="checkbox"/> DTAP <input type="checkbox"/> Polio <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> HepB	<input type="checkbox"/> Deed/Mortgage Agreement <input type="checkbox"/> Current rental lease or agreement <input type="checkbox"/> Current property tax bill <input type="checkbox"/> Current utility bill with applicant's name & address (cell phones are not considered a valid utility bill) <input type="checkbox"/> Other: Clear through Administration Explain: _____
Other Comments/items needed from parent: _____	File Reviewed By (Initial): _____ Registration Packet # _____ Open Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No Choice Form <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

School: _____

Kindergarten Entrance Information

Distrito Escolar de Quincy
Información de Entrada a Kinder

Child's name (*Nombre de niño/a*) _____ Phone/teléfono: _____

Home Address (*Domicilio de casa*) _____

Daycare Provider/Niñera _____ Phone/Teléfono _____

Address/*Domicilio* _____

Morning and Afterschool Transportation information from address list above

Información de transportación de la dirección de arriba por la mañana y después de clases.

Please check the following boxes information/por favor de marcar una de las siguientes cajas.

Before & after school <i>Antes y después de clases</i>	Home <i>casa</i>	Daycare <i>Niñera</i>	Walk <i>Caminando</i>	Busing <i>Autobús</i>	Parent transportation <i>Padre/Madre lo traíra a la escuela</i>
Morning/Manana					
After school/después de clases					

Pre-Kinder Conference/ citados para una conferencia

In August before school starts you and your child will be scheduled for a conference with your child's teacher. En Agosto antes de que la escuela comience usted y su niño/a serán citados para una conferencia con la maestra de su niño/a.

Parents prefer information sent home or phone calls in: English _____ Spanish _____
Padres prefieren información enviada a casa o llamadas a casa en: Inglés _____ Español _____

Preferred time: Preferiría usted:

Morning Time 8:00am to 11:30am: _____ Afternoon Time 12:00 to 3:30: _____
Horario durante el día: _____ Horario en la tarde: _____

Parent Name (*Nombre de los padres*) _____

Cell # (*Numero*) _____



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PRESCHOOL & KINDERGARTEN STUDENT REGISTRATION 2021-2022

Name of School:				Today's Date:			
OFFICE USE ONLY	Student ID#:	Entry Date:	Medical Alert	Locker Number	Teacher	Bus	Staff Initials
	QSD Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Resident Home District:			Choice Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Address <input type="checkbox"/> Yes <input type="checkbox"/> No	

STUDENT INFORMATION							
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Has your child or a sibling ever been registered in the Quincy School District? ☐ Yes ☐ No **If Yes, what School?**

Student Legal Last Name		Student Legal First Name		Student Middle Name		Date of Birth (Month/day/year)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Place: (City, State, County, & Country)		Documentation of proof of age/legal name <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade	Migrant <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Military- 1 or both parents in the Service: <input type="checkbox"/> Yes, Branch: _____ <input type="checkbox"/> No
Has Your Child s Attended Preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of School/Preschool your child last attended: (Preschool or School District, City, & State)				

Has Your Child Received Special Services? ☐ Yes ☐ No **If yes check all that apply:** ☐ ESL/ELL ☐ Gifted/Highly Capable ☐ ESL/ELL ☐ Title 1/LAP ☐ Behavior Plan ☐ Counseling (Inside or Outside of School) ☐ Social Worker Services ☐ 504 ☐ Other: _____

Has Your Child Received Special Education Services? ☐ Yes ☐ No **If yes check all that apply:** ☐ Special Ed /IEP ☐ Speech/Language ☐ OT/PT

***REQUIRED SEE FORM: CONSENT FOR MUTUAL RELEASE FOR SEPCIAL EDUCATION EMAIL TO speterse@qsd.wednet.edu**

Attendance: Does your child have a Becca Bill Petition ☐ Yes ☐ No **If Yes, name of school:** _____
County: _____

Suspension/Expulsion: Has your child been suspended or expelled in the last calendar year? ☐ Yes ☐ No **If yes, Reason:** _____

+ PRIMARY HOUSEHOLD (Student lives with 4 or more days a week)					
Student lives with 4 or more nights per week <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Student) <input type="checkbox"/> Foster <input type="checkbox"/> Agency <input type="checkbox"/> Other: _____	Legal parent/Guardian #1 Last Name:		First Name	Date of Birth	Relationship to the student
	Primary Phone number () _____ Please check if confidential <input type="checkbox"/>		Secondary Phone Number () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Email Address	
	Legal parent/Guardian #2 Last Name:		First Name	Date of Birth	Email Address
	Primary Phone number () _____ Please check if confidential <input type="checkbox"/>		Secondary Phone Number () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Email Address:	
	Resident Street Address:			Mailing Address if different than Street Address:	
	Are there legal situations regarding the student of which QSD needs to be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No *Is there a joint-custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No *Is there a restraining order in effect: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, restraining order is against: _____ Please provide QSD with Legal Documentation for enforcement				
	SECONDARY HOUSEHOLD				
Please check one: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	Legal parent/Guardian #1 Last Name:		First Name	Date of Birth	Relationship to the student
	Primary Phone number () _____ Please check if confidential <input type="checkbox"/>		Secondary Phone Number () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Email Address	
	Legal parent/Guardian #2 Last Name:		First Name	Date of Birth	Email Address
	Primary Phone number () _____ Please check if confidential <input type="checkbox"/>		Secondary Phone Number () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Email Address:	
	Resident Street Address:			Mailing Address if different than Street Address:	

Student's Name:		Continue Page 2 of Registration Form	
SIBLINGS CURRENTLY ATTENDING QUINCY SCHOOL DIST			
Last Name	First Name	School	Grade
DAYCARE INFORMATION 10/19/2020			
Does your student attend Child Care: <input type="checkbox"/> No, if no skip <input type="checkbox"/> Yes <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Before School <input type="checkbox"/> Before & After School			
Daycare providers Last Name	First Name	Primary Phone number () _____	Secondary Phone Number () _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Message
Daycare Providers Resident Address:			
EMERGENCY CONTACT INFORMATION			
<i>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 locally during the day over the age of 18 to provide care for your child.</i>			
1 st Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student
Phone #1 () _____	Phone #2 () _____	Residential Address:	
2 nd Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student
Phone #1 () _____	Phone #2 () _____	Residential Address:	
3 rd Emergency Contact: Last Name:	First Name	Date of Birth	Relationship to the student
Phone #1 () _____	Phone #2 () _____	Residential Address:	
PARENT RELEASE & PERMISSIONS SIGNATURE			
<u>STUDENT INJURIES AND INSURANCE</u>			
I understand that the school does not provide medical insurance for student injuries but does make voluntary student insurance available. I have received the information regarding the program.			
<input type="checkbox"/> I will enroll my child in the program (Requires return of completed student insurance packet)			
<input type="checkbox"/> I will not enroll my child in the program.			
<u>WEAPON FREE/DRUG FREE POLICY AND DISTRICT HARASSMENT POLICY</u>			
•Quincy School District's property is a weapon-free zone			
•I also understand that Quincy School District must comply with Federal regulations relating to the Drug Free Workplace Act and the Drug free Schools and Communities Act. This means there are no drugs, alcohol or tobacco allowed on school district premises or events by anyone			
•The Quincy School District holds a zero-tolerance policy with regards to harassment, intimidation and bullying.			
<u>PHOTO AND VIDEO RECORDING RELEASE AUTHORIZATION:</u>			
The student's photo may be taken for inclusion in District publications, District websites, and/or other District-related websites; local newspaper articles, magazine articles and/or letters relating to school activities. The student's image or likeness may be included in recorded videos related to school or classroom activities. Please choose one of the following options for each:			
<input type="checkbox"/> Yes, I give my permission for photos to be used		<input type="checkbox"/> No, I do not give permission for photos to be used	
<input type="checkbox"/> Yes, I give my permission for my student to be included in video video recordings.		<input type="checkbox"/> No, I do not give permission for my student to be included in video recordings.	
<u>STUDENT RELEASE AUTHORIZATION/EMERGENCY:</u> ► In the event that the school is unable to contact the parent/guardian, I authorize that my child/children may be released to the person(s) listed above. The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be caused for revocation of the student's enrollment or assignment to a school in the Quincy School District. If I 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 my child (properly accompanied) for treatment to the hospital or doctor most easily accessible.			
Legal Parent/Guardian Signature _____			Date _____
*Only individuals listed on this form or parent approval will be allowed to check out student from school.			

HOW TO COMPLETE THE RACE AND ETHNICITY INFORMATION FORM

There are new federal requirements for collecting and reporting race and ethnicity data. There are now **TWO** questions that must be answered for every student and staff member.

In order for these new guidelines to best reflect the identities of our communities, it is important to understand the way the new categories work. Please be thoughtful about the most accurate way to report The identity of your child when choosing the appropriate categories.

What are the new categories?

**** Note: Please respond on the enclosed Race & Ethnicity Information Form. Do not respond on this page. ****

Question #1: ETHNICITY Are you Latino or Hispanic? **YES** or **NO** *All persons answering YES to this first question will be recorded as Latino/Hispanic, regardless of their answer to Question #2. All persons of Hispanic, Latino or Spanish origin — descended from Central or South American, Mexican, Cuban, Puerto Rican, Dominican, or other Spanish culture or origin, regardless of race — should answer YES. All persons are required to answer Question #2 even if they answered YES to Question #1.*

Question #2: RACE Select at least one of the following racial categories on your student's form. All persons who choose more than one category will be reported as multiracial.

- **American Indian or Alaska Native**
- **U.S.:** *A person having origins in any of the indigenous peoples of the continental United States or Alaska.*
- **Latin America and Canada:** *A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the Caribbean.*
- **Asian:** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*
- **Black or African American:** *A person having origins in any of the original peoples of the Black racial groups of Africa.*
- **Native Hawaiian or Other Pacific Islander:** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.*
- **White:** *A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

What are the major changes?

Race and Ethnicity Information Required: All students and staff must answer both Question #1 and Question #2. A “declined to report” response is no longer allowed by federal reporting requirements.

Latino/Hispanic Students: One of the major changes is the recognition that members of Hispanic/Latino populations can be of different races. Individuals may identify as Hispanic and White, or Latino and Central American Indian, or Hispanic and Black and Pacific Islander, or any other combination. The federal government considers “Hispanic/Latino” to be an ethnicity, not a race; this is why Hispanic/Latino is not listed as a race identification category. If you answer YES to Question #1, you will be counted as Hispanic/Latino.

Multiracial Students: You may have noticed that there is no “multiracial” category you can select. The new categories allow individuals to self-identify with more than one racial or ethnic category. Everyone who chooses more than one race in Question #2 will be reported as multiracial in our data systems.

Frequently Asked Questions

Is anyone being required to choose their race or ethnicity? The federal government requires school districts to observe identify all those who choose not to self-identify. We firmly believe that self-identification is the most beneficial option and are prepared to provide as much information and support to families and individual to encourage self-identification.

I am Latino/Hispanic. Why do I have to answer more questions? One of the major changes is the recognition that members of Latino/Hispanic populations can be of different races. The federal government would like to afford Hispanic/Latino populations the opportunity to better describe themselves according to their culture and heritage. So, yes you will be asked to select one or more races, even if you have indicated that you are Hispanic/Latino. For reporting purposes all individuals answering yes to the Latino question will be reported as Latino regardless of the racial category or categories they chose.



Name of Student/Nombre de Estudiante: _____

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s). *Por favor, seleccione tanto la etnia como la raza. Hispano Sí o No, si sí seleccione cuál(s). A continuación, seleccione las razas que puedan aplicarse. Asegúrese de notar las categorías en negrita antes de seleccionar las carreras.*

Hispanic/Hispano		Yes/Sí <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	Argentine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Belizean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bolivian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chicano	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	(Mexican American)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chilean	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Colombian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Costa Rican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dominican	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ecuadorian	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	El Salvadoran	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Falkland Islander	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	French Guianese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Guyanese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Venezuelan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hispanic (Write In)	<input type="checkbox"/>	<input type="checkbox"/>

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

Asian	
<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Bhutanese
<input type="checkbox"/>	Burmese/Myanmar
<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
<input type="checkbox"/>	Asian (Write In)

Black/ African-American Negro/Afro-Americano	
<input type="checkbox"/>	African American
<input type="checkbox"/>	African Canadian
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Anguillian
<input type="checkbox"/>	Antiguan
<input type="checkbox"/>	Bahamian
<input type="checkbox"/>	Barbadian
<input type="checkbox"/>	Barthélemois/Barthélemoises (Saint)
<input type="checkbox"/>	British Virgin Islander
<input type="checkbox"/>	Caymanian
<input type="checkbox"/>	(Cayman Island)
<input type="checkbox"/>	Cuba Dominican
<input type="checkbox"/>	Dominican (Dominican Republic)
<input type="checkbox"/>	Dutch Antillean (Netherlands Antilles)
<input type="checkbox"/>	Grenadian
<input type="checkbox"/>	Guadeloupian
<input type="checkbox"/>	Haitian
<input type="checkbox"/>	Jamaican
<input type="checkbox"/>	Martiniquais/Martiniquaise
<input type="checkbox"/>	Montserratian
<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Caribbean (Write In)
<input type="checkbox"/>	Central African
<input type="checkbox"/>	Angolan
<input type="checkbox"/>	Cameroonian
<input type="checkbox"/>	Central African (Cent. African RC)
<input type="checkbox"/>	Chadian
<input type="checkbox"/>	Congolese (RC of the Congo)
<input type="checkbox"/>	Congolese (Dem. RC of the Congo)
<input type="checkbox"/>	Equatorial Guinean
<input type="checkbox"/>	Gabonese
<input type="checkbox"/>	São Toméan
<input type="checkbox"/>	Principe
<input type="checkbox"/>	Central African (Write In)
<input type="checkbox"/>	East African
<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 (Madagascar)
<input type="checkbox"/>	Malawian
<input type="checkbox"/>	Mauritian (Mauritius)
<input type="checkbox"/>	Mahoran (Mayotte)
<input type="checkbox"/>	Mozambican
<input type="checkbox"/>	Reunionese
<input type="checkbox"/>	Rwandan
<input type="checkbox"/>	Seychellois
<input type="checkbox"/>	Seychelloise
<input type="checkbox"/>	Somali
<input type="checkbox"/>	South Sudanese
<input type="checkbox"/>	Sudanese
<input type="checkbox"/>	Ugandan
<input type="checkbox"/>	Tanzanian (United RC of Tanzania)
<input type="checkbox"/>	Zambian
<input type="checkbox"/>	Zimbabwean
<input type="checkbox"/>	East African (Write In)
<input type="checkbox"/>	West African
<input type="checkbox"/>	Beninese
<input type="checkbox"/>	Bissau-Guinean
<input type="checkbox"/>	Burkinabé (Burkina Faso)
<input type="checkbox"/>	Cabo Verdean
<input type="checkbox"/>	Ivorian (Cote d'Ivoire)
<input type="checkbox"/>	Gambian
<input type="checkbox"/>	Ghanaian
<input type="checkbox"/>	Liberian
<input type="checkbox"/>	Malian
<input type="checkbox"/>	Mauritanian
<input type="checkbox"/>	Nigerien (Niger)
<input type="checkbox"/>	Nigerian (Nigeria)
<input type="checkbox"/>	Saint Helenian
<input type="checkbox"/>	Senegalese
<input type="checkbox"/>	Sierra Leonean
<input type="checkbox"/>	Togolese
<input type="checkbox"/>	West African (Write In)

Black/African-American Negro/Afro-Americano	
<input type="checkbox"/>	South African
<input type="checkbox"/>	Botswanan
<input type="checkbox"/>	Mosotho (Lesotho)
<input type="checkbox"/>	Namibian
<input type="checkbox"/>	South African (Write In)
<input type="checkbox"/>	Black (Write In)
<input type="checkbox"/>	Latin American
<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"/>	So. Georgia/So. Sandwich Islands
<input type="checkbox"/>	Surinamese
<input type="checkbox"/>	Uruguayan
<input type="checkbox"/>	Venezuelan
<input type="checkbox"/>	Latin American (Write In)

Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/>	Hawaiano nativo/otros isleños del Pacífico
<input type="checkbox"/>	Pacific Islander
<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
<input type="checkbox"/>	Native Hawaiian (Write In)
<input type="checkbox"/>	Other Pac. Islander (Write In)

White/Blanco	
<input type="checkbox"/>	White
<input type="checkbox"/>	White
<input type="checkbox"/>	Eastern European
<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"/>	Middle Eastern and North African
<input type="checkbox"/>	Algerian
<input type="checkbox"/>	Amazigh or Berber
<input type="checkbox"/>	Arab or 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"/>	Middle Eastern (Write In)
<input type="checkbox"/>	North African (Write In)

Parent Signature/Firma de Padre: _____ Date/Fecha: _____



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

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

Student Name: _____		Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____			
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____		
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? (*) _____ 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___		
Prior Education Your responses about your child's birth country and previous education: <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>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) ___Yes ___No If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12 th 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.

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.



Forms and Translated Material from the Bilingual Education Office of the [Office of Superintendent of Public Instruction](#) are licensed under a [Creative Commons Attribution 4.0 International License](#).



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	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)									
Required Vaccines for School or Child Care Entry							<p>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.</p> <p>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.</p> <table><tr><td><input type="checkbox"/> Diphtheria</td><td><input type="checkbox"/> Hepatitis A</td><td><input type="checkbox"/> Hepatitis B</td></tr><tr><td><input type="checkbox"/> Hib</td><td><input type="checkbox"/> Measles</td><td><input type="checkbox"/> Mumps</td></tr><tr><td><input type="checkbox"/> Rubella</td><td><input type="checkbox"/> Tetanus</td><td><input type="checkbox"/> Varicella</td></tr></table> <p><input type="checkbox"/> Polio (all 3 serotypes must show immunity)</p>	<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"/> 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														
●▲ 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)																
Flu (Influenza)																
Hepatitis A																
HPV (Human Papillomavirus)																
MCV/MPSV (Meningococcal Disease types A, C, W, Y)																
MenB (Meningococcal Disease type B)																
Rotavirus																

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 Pediatix 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 November 2019



2021-2022 QUINCY SCHOOL DISTRICT NURSE ALERT FORM

Nurse initial _____

504 _____ ECP _____

**This form must be completed for each new school year.*

Name: _____ Birthdate: _____ Sex: M/ F
Last First MI (circle)

School: _____ Grade: _____ Date: _____

Doctor: _____ Clinic: _____

____ Yes, my child has a life-threatening health condition - **Please complete Section 1 and 2**

____ No, my child does not have a life-threatening health condition - **Please skip to Section 2**

Section 1 – LIFE-THREATENING HEALTH CONDITIONS

- ☐ **Asthma and requires rescue inhaler at school:** (Only Grade 6-12) has permission to self-carry ☐ Yes ☐ No
What triggers the asthma: ☐ Exercise ☐ Illness ☐ Allergies ☐ Other: _____
- ☐ **Anaphylaxis (Life-Threatening Allergy) and requiring emergency medication:** ☐ EpiPen: ☐ Yes ☐ No
(Only Grade 6-12) Student has permission to self-carry EpiPen ☐ Yes ☐ No
What causes the allergic reaction? ☐ Bee sting ☐ Food: _____ ☐ Other: _____
- ☐ **Diabetes:** Age of diagnosis: _____ ☐ Type I ☐ Type II ☐ Uses Insulin ☐ Oral Medication
- ☐ **Seizure disorder:** Type _____ Date of last seizure: _____ ☐ Uses seizure medication
- ☐ **V/P Shunt (in brain) ☐ Cardiac arrhythmia or other cardiac problems which require activity restrictions?**
- ☐ **Hemophilia/Other blood disorder** _____
- ☐ **Other Life Threatening Health Condition:** _____

Section 2 - NON-LIFE-THREATENING HEALTH CONDITIONS

- ☐ **Vision concerns?** ☐ Glasses ☐ Contacts ☐ Other: _____
- ☐ **Hearing concerns?** ☐ Wears hearing aids
- ☐ **History of Concussion(s):** Age(s) _____ Was a doctor seen? _____ Lasting Effects: _____
- ☐ **Other:** _____

Please list any other significant health concerns that the school nurse should know about (allergies, surgeries, hospitalizations, disorders, mental health disorders such as ADHD, autism, depression, anxiety, etc.)

MEDICATION

Does your child take any medication? ☐ No ☐ Yes, name of medication: _____

Will medication be needed at school? ☐ No ☐ *Yes, name of medication: _____

***If your child needs medication at school, a "Medication Authorization" form is required every year before any medication may be given. This form is available from the school office or on the district website at www.qsd.wednet.edu**

AUTHORIZATION FOR SHARING HEALTH INFORMATION/ACCESSING MEDICAL CARE

As parent/guardian, I agree to notify the school about any significant change in my child's health status. I also understand that this information will be accessible to the following people: School nurses, teachers, specialists, office staff and emergency medical personnel.

If I 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 my child (properly accompanied) for treatment to the hospital or doctor most easily accessible.

Date

Parent or legal guardian signature

02/21/18



Quincy School District 144 - 101

Improving the Life Choices for All Students

119 J Street SW Quincy, WA 98848 Phone 509/787-4571 FAX 509/787-4336

SUPERINTENDENT
John Boyd
ASST. SUPERINTENDENT
Nik Bergman
BOARD MEMBERS
Chris Baumgartner
Liliana Garcia
Tricia Lubach
Susan Lybbert
Jack Fogelsong

Truancy and Understanding the "Becca Bill"

Truancy

In our state, the law requires that children ages 6 to 17, who are enrolled in public schools, attend school Monday through Friday, unless there is a good reason for being absent. In this case, the parent or legal guardian must excuse the absence by notifying the school. When students miss school and their parents have not excused the absence, they can be considered truant. Truancy is defined as being absent from school or from the majority of a student's classes without a valid excuse.

School districts around the state have different rules and regulations about student attendance and how parents should excuse absences. Be sure to read the attendance policies in your school district and discuss them with your student.

The Becca Bill

The "Becca Bill" (SB 5439) is our state's truancy law. It is intended to stop truancy before it becomes a problem. Schools and families should work together as a team to ensure school attendance and student safety. However, if a student has unexcused absences, this law requires that schools and school districts take the following actions:

1. **One (1) unexcused absence.** The school must inform the parent when there is one unexcused absence. This is often done by a phone call home.
2. **Three (3) unexcused absences.** After the third unexcused absence, the school is required to schedule a meeting with the parent/legal guardian and student to discuss the causes of the unexcused absences and find solutions to prevent further absences. This is a team effort.
3. **Five (5) unexcused absences within 30 days.** The school must enter into a written truancy agreement with the family, where the parent, student and school agree on the necessary steps to resolve the student's attendance problem.
4. **Seven (7) unexcused absences during a month or at the tenth (10th) unexcused absence within a school year.** The school district will file a petition in juvenile court to order the student to attend school and will be referred to a *Community Truancy Board. If this court order is violated, the court will call for a Contempt Hearing and the student could be ordered to do community service or spend time in juvenile detention. The parent may be fined up to \$25.00 for each day of unexcused absence.

***Community Truancy Board** is an established pursuant to a memorandum of understanding between a juvenile court and a school district. The board is composed of members of the community and school officials who help resolve truancy cases away from the court.

Communicate with your school frequently

Ask the school about their policy and procedures on excusing absences from school.

Notify the school when your student is absent.

Respond quickly when the school notifies you of an unexcused absence.

Learn how you can check your student's attendance.

Immediately address issues of concern about your student with the school. Start with the teacher or counselor.

ACKNOWLEDGEMENT OF INFORMATION

I, _____, read and understand the Truancy Law (Becca Bill)
Parent/Guardian

STUDENT NAME _____ DATE: _____

SCHOOL _____



Quincy School District Acceptable Use of Technology

Internet access and devices provided by the Quincy School District are intended to support education. By accessing the district's internet or using a school device, students must agree to use it appropriately as listed below:

I agree to take care by:

- Telling my family if my device becomes broken, stolen, or lost.
- Coming up with a plan with my family about the consequences if I lose or break a device, and I understand those consequences.

I agree to stay safe by:

- Keeping my passwords private, or only sharing them with my family.
- Keeping personal information off the internet, including my full name, date of birth, address, phone number, or photos of myself — unless I have my family's permission to share it.
- Telling a family member if anyone or anything makes me feel uncomfortable or seems inappropriate when I am online.

I agree to think first by:

- Staying positive and kind online. I will not bully, humiliate, or upset anyone by sharing photos, videos, screenshots, rumors, gossip, or fake profiles.
- Giving proper credit to the authors or artists whose work I use, reference, or share.
- Using my school district device for education purposes only (not for political or personal gain).
- Only accessing safe and approved websites and activities. If I find a loophole in the security system on my school device, I will let my teacher know.

I agree to stay balanced by:

- Helping my family set media time limits that make sense, and then I will follow them.
- Continuing to enjoy the other activities — and people — in my life.

I agree to communicate openly by:

- Talking to my family openly and honestly about what media I use and what I do online.
- Telling my family if I'm struggling with media use, have made a mistake, or need help.

If I do not follow these terms, it may result in discipline according to QSD school board policy.

By signing below, I acknowledge that I have read and fully understand the Acceptable Use Guidelines for Students. I accept responsibility to repair or replace devices that are intentionally damaged, lost or stolen.

Student First and Last Name: _____ ID #: _____

Student Signature: _____

Parent/Guardian First and Last Name: _____

Signature: _____



Quincy School District

District-Owned Equipment Checkout for Students

This form is also available digital by clicking on your school below:

[QIA](#) [Monument](#) [QMS](#) [QHS](#) [Mt. View](#) [George](#) [Pioneer](#) [Ancient Lakes](#)

The Quincy School District realizes that there may be times when students would benefit from the use of district-owned devices at home. To allow students this opportunity, they must agree to use the device appropriately as listed in the Acceptable Use Guidelines for Students (see above).

The District will repair accidental damage or damage due to normal wear and tear to devices. Students and/or guardians will be responsible to repair or replace devices for issues of intentional damage, loss, or theft.

Circle Device(s) being checked out

Chromebook

Hotspot

District Tag Number(s): _____

Note any defects or surface damage: _____

By signing below, I acknowledge that I have read and fully understand the Acceptable Use Guidelines for Students. I accept responsibility to repair or replace devices that are intentionally damaged, lost or stolen.

Student First and Last Name: _____ ID #: _____

Student Signature: _____

Parent/Guardian First and Last Name: _____

Signature: _____

Quincy School District **Optional Media Release Authorization**

Grades K-5: Please mark the boxes below to opt-in to photo and video permissions.

Grades 6-12: Students will have the option to opt-out of video recording at any time.

Photo Release	_____ Yes, my student's photo may be taken for use in District publications, District websites, or other District-related websites; local newspaper articles, magazine articles and/or letters relating to school activities.
Video Release	_____ Yes, my student's image or likeness may be included in videos related to school or classroom activities.

PARENTAL PERMISSION FOR FUNDRAISING ACTIVITIES

Date 2020- 2021 SCHOOL YEAR

SCHOOL _____

Dear Parents/Guardians:

Our school is planning for fundraising activities within this school year. Proceeds from our student fundraising helps to offset the price or completely pay for an activity, for instance a field trip. Take note that at this time specific fundraisers are not listed. This is a general permission slip allowing your child to participate in any ASB Fundraising activity. Please know students are encouraged to participate in the fun activities through the year and only those who have an approved or signed parent permission form will be allowed to participate.

As the year progresses you will receive information on specific fundraisers and the activities associated with the fundraiser.

The State of Washington requires that any fundraising/ticket sale programs be part of the school's ASB account. Every sale must be accounted for, as well as all funds. There are also certain guidelines we must follow. It is a requirement that every student involved in the fundraising have written permission. We ask that you read this carefully and review it with your son or daughter before any fundraising activity begins.

1. Your student will have total responsibility selling a product or a ticket and turning in matching funds. If monies are lost or stolen, the student is responsible.
2. All money from sales must be turned in daily, during school collection days. All orders must have funds to match and must be reconciled on a daily basis.
3. Any tickets purchased must have the matching monies showing the purchase and documentation of the ticket(s) sold. Every ticket must be numbered for reconciling.
4. Without a signed permission slip, students may not participate in any of the fundraising activity or event.
5. **Money collected should be turned in exactly as collected. Please do not deposit to a personal account and write a check for the total amount.**

Sincerely,

Principal

I have read the above sale guidelines and agree to allow my son/daughter to participate in the fundraiser.

(Parent Signature)

(Student Signature)

(Date)

(Parent Printed)

(Student Printed)

(Date)



Quincy School District
Family Questionnaire

Student Name: _____ School: _____

Address: _____ Phone: _____

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire

1. Select current living situation:

- ☐ Rent/Own my own home
- ☐ Temporarily staying in someone else's house or apartment with another family
- ☐ Student living with an adult that is not a parent or legal guardian
- ☐ Student living alone without an adult
- ☐ In a hotel/motel
- ☐ Emergency Housing
- ☐ In a vehicle/RV or campground
- ☐ In a residence without water, heat, or electricity, ect
- ☐ Other

2. Are you living in these circumstances due to loss of housing or economic hardship?

- ☐ Yes
- ☐ No

3. Have you or an immediate family moved and engaged in AGRICULTURAL or FISHING work within the last 36 months?

- ☐ Yes
- ☐ No

***If you have any questions about this form please contact the district McKinney Vento Liaison: Tessa Poortinga at 787-1678**

Print Parent/Guardian Name

Date

Signature of Parent/Guardian

Date



Quincy School District 144 - 101

Opportunities Unlimited for All

SUPERINTENDENT
John Boyd

BOARD MEMBERS
Chris Baumgartner
Jack Foglesong
Susan Lybbert
Tricia Lubach
Liliana Garcia

119 J Street SW Quincy, WA 98848 Phone 509/787-4571 FAX 509/787-4336

Dear Quincy School District community,

It's almost time to begin planning classroom assignments for next year. Here at the Quincy School District, we go through a very careful and thoughtful process to determine the placement for each student for fall.

Our goal is to provide the best possible learning environment for all students. To accomplish this, we will work with your child's current teacher and counselor (if possible) to determine a classroom placement for next year. We consider many factors during this process including academic needs, social interaction, learning style, gender and any other special needs. In addition, we will focus on forming the best possible combinations for students to work together. Setting up classes is, at best, a difficult and time-consuming task. Our main concern is that we have balanced classes that serve the welfare of all students.

As a partner in our education process, you have valuable insight into your child's needs. In place of a teacher request form, we invite you to complete a **Parent Input for Student Placement Form** on the following page. The information you provide can be valuable help to us with our placement process. Please note, as the form explains, specific teacher requests are not accepted. The mix in the classroom can be unbalanced if we honor individual teacher request. In addition, staffing can change over the summer and specific requests leave no guideline for change. This form is simply a way for you to give input.

While we begin the class placement process in the spring, the class list does not become final until our enrollment becomes stable. We recognize that changes after the school year has begun can be difficult. Please know that while we try to plan ahead, changes in room assignment after the school year has started are always a possibility due to enrollment.

The Parent Input form must be returned by May 1, 2021 for consideration. We appreciate your understanding and respect for the placement process.

Thank you



QUINCY SCHOOL DISTRICT

PARENT INPUT FOR KINDERGARTEN PLACEMENT

Child's name: _____ School: _____

Date of birth: _____ Age: _____

How many siblings does your child have? _____ Ages: _____

Did your child attend preschool? ☐ Yes ☐ No If yes, where and how often? _____

Preschool teacher: _____

What words describe your child's personality? _____

What are your child's strengths and special interests? _____

Do you have any concerns for your child? _____

Any allergies or health concerns? _____

Is there anything else we should know about your child? We take many factors into considerations as we build class groups including abilities, age, gender, personalities and friendships. *Specific teacher requests are not accepted.* _____

SKILLS INFORMATION

Please check the boxes for things that your child is able to do MOST or ALL of the time.

- | | |
|---|---|
| <input type="checkbox"/> Counts 1-10 from memory | <input type="checkbox"/> Says ABCs or sings ABC song |
| <input type="checkbox"/> Counts 11-20 from memory | <input type="checkbox"/> Writes his or her first name |
| <input type="checkbox"/> Counts 10 objects accurately | <input type="checkbox"/> Knows first and last name |
| <input type="checkbox"/> Identifies basic colors | <input type="checkbox"/> Knows the letters in his/her name |
| <input type="checkbox"/> Identifies basic shapes | <input type="checkbox"/> Sits and listens to a storybook |
| <input type="checkbox"/> Cuts scissors on a line | <input type="checkbox"/> Is completely independent in toileting |

Parent Signature

Phone

Submit between February 1 - May 1, 2021
2021-2022 school year

Staff Initials