Welcome to the Davenport Gorilla Family!

We are looking forward to the 2022-23 school year and the two early childhood learning opportunities Davenport School District has to offer our families.

- PreKindergarten (PK): 3 and 4-year-olds (3rd or 4th birthday by August 31, 2022)
- Transitional Kindergarten (TK): 4-year-old (4th birthday by August 31, 2022)

Both programs are free to families and are Monday-Friday from 8:00 AM to 2:30 PM. Both programs support families of our district's youngest students by providing quality early childhood education for each child and resources for parents about the growth and development of this age group. Additionally, both programs will help your child grow their social, emotional, physical, and academic skills in preparation for kindergarten.

Please complete and submit the attached application to help Davenport School District and the Early Childhood Education and Assistance Program begin the enrollment process for your child. Once the initial application screening process is complete, families will be contacted to gather any further information that may be needed to determine a child's best placement in coordination with each family.

We appreciate your help in providing all relevant information. If you have any questions about the application process, please contact Davenport Elementary School Principal, Noelle Carstens at 509-725-1261/nccarstens@davenportsd.org or the Family Coordinator for Early Childhood Education and Assistance Program (ECEAP), Natalie Wagner at 509-435-7967/nwagner@esd101.net.

We look forward to working with you and your child!

Stephanie Angell
sacord-angell@esd101.net

Taunya Van Pevenage
tvanpevenage@davenportsd.org
DAVENPORT SCHOOL DISTRICT ENROLLMENT FORM

Student's legal name: ___________________________ M / F Name Student goes by: ___________________________

Birth date: _______________ Birthplace: _______________

Date enrolled _______________ Withdrawal date from *previous school* _______________ Grade Level _______________

Is this student CHOICE into our district? No _____ Yes _____ (Please contact the District Office for additional paperwork)

*Previous School Attended:
Name of District: ___________________________ Name of School Attended: ___________________________
Address of School: ___________________________ Phone #: ___________________________ FAX #: ___________________________

Has this student been expelled or placed on long-term suspension within the past 12 months? Yes _____ No _____
Has this student received Special Services (Special Education, have a 504 plan)? Yes _____ No _____
Health problems school should be aware of? Yes _____ No _____

HOMELESS Yes _____ No _____
If yes, where are you living: ___ shelter, ___ hotel/motel, ___ doubled up with family/friends, ___ unsheltered – living in car, tent, camper, on the streets. Homeless have the right to access all educational services including but not limited to preschool, after school activities transportation, school meals, assistance in accessing other state and local agencies.

LEGAL INFORMATION (if applicable)
Is there a joint-custody or parenting plan in effect? ____ Yes _____ No _____ If yes, plan must be on file with the school for enforcement.
Is there a restraining order in effect? ____ Yes _____ No _____ If yes, legal papers must be on file with the school for enforcement.
Restraint Order is against: Name: ___________________________ Relationship: ___________________________

I give permission for my child to be photographed for use on the school’s web page & other publications. Yes _____ No _____

PRIMARY CONTACT –
This individual WILL receive ALL automatic messages from the School, and will be the initial contact if a parent or guardian needs to be contacted by a school official.

Name: ___________________________ Relationship to student: ___________________________ Phone # (only one): ___________________________ E-mail: ___________________________

PARENT/GUARDIAN CONTACTS – Household One
Physical address: ___________________________ City: ___________________________ Zip: ___________________________
Mailing address: ___________________________ City: ___________________________ Zip: ___________________________
Employed by the Armed Forces? ____ Yes _____ No _____ No Response
If yes, what branch? ___________________________ Relationship to student: ___________________________

Name: ___________________________ Home Phone #: ___________________________ Receive Automatic Messages? Yes____ No____
Home Phone #: ___________________________ Work Phone #: ___________________________ Receive Automatic Messages? Yes____ No____
Cell Phone #: ___________________________ Receive Automatic Messages? Yes____ No____
E-mail: ___________________________ Receive Automatic Messages? Yes____ No____

Name: ___________________________ Relationship to student: ___________________________
Home Phone #: ___________________________ Receive Automatic Messages? Yes____ No____
Work Phone #: ___________________________ Receive Automatic Messages? Yes____ No____
Cell Phone #: ___________________________ Receive Automatic Messages? Yes____ No____
E-mail: ___________________________ Receive Automatic Messages? Yes____ No____
**PARENT/GUARDIAN CONTACTS – Household Two**

<table>
<thead>
<tr>
<th>Physical address:</th>
<th>City:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address:</td>
<td>City:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

Employed by the Armed Forces? [ ] Yes [ ] No [ ] No Response

If yes, what branch? [ ] Active Duty [ ] Retired [ ] Reserves [ ] National Guard

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone #:</td>
<td>Receive Automatic Messages? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Work Phone #:</td>
<td>Receive Automatic Messages? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Cell Phone #:</td>
<td>Receive Automatic Messages? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>E-mail:</td>
<td>Receive Automatic Messages? [ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone #:</td>
<td>Receive Automatic Messages? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Work Phone #:</td>
<td>Receive Automatic Messages? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Cell Phone #:</td>
<td>Receive Automatic Messages? [ ] Yes [ ] No</td>
</tr>
<tr>
<td>E-mail:</td>
<td>Receive Automatic Messages? [ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

**MEDICAL RELEASE:**

In the event that a parent/guardian cannot be reached by telephone, I give my permission for school authorities to seek medical attention for my child at the nearest available medical facility.

[ ] Yes [ ] No

**EMERGENCY CONTACTS**

These contacts WILL NOT receive ANY automatic messages from the school, and will only be contacted in the event all parents/guardians could not be contacted. Please list in calling order.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Phone # (only one)</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BROTHERS AND SISTERS (living at home):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Grade in School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RESIDENCY VERIFICATION:** ALL information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Legal Guardian/Parent Signature: ________________________________________

Print Name: __________________________ Date: ____________

Updated: March 202
 RTE - ETHNICITY DATA COLLECTION 2022-2023

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

**Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)**

<table>
<thead>
<tr>
<th>Ethnicity/Origin</th>
<th>Costa Rican</th>
<th>Mexican</th>
<th>Cuban</th>
<th>Medardo</th>
<th>Dominican</th>
<th>Nicaarguan</th>
<th>Salvadoran</th>
<th>Spanish</th>
<th>Surinamese</th>
<th>Uruguayan</th>
<th>Venezuelan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>Asian Indian</td>
<td>Lao</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>Anguillan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latin American</td>
<td>Argentine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islander/Native Hawaiian</td>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>Palauan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 2: What race(s) do you consider your child? (Please check ALL that apply)**

<table>
<thead>
<tr>
<th>Middle Eastern/North African</th>
<th>Algerian</th>
<th>Amazigh or Berber</th>
<th>Jordanian</th>
<th>Arabian</th>
<th>Assyrian</th>
<th>Bashri</th>
<th>European</th>
<th>Eritrean</th>
<th>Ethiopian</th>
<th>Hausani</th>
<th>Icelandic</th>
<th>Jordanian</th>
<th>Kazakh</th>
<th>Kuwaiti</th>
<th>Lao</th>
<th>Maldagasy</th>
<th>Maltese</th>
<th>Maldivian</th>
<th>Mauritius</th>
<th>Mahorani</th>
<th>Mayotte</th>
<th>Minang</th>
<th>Mozambique</th>
<th>North African (Write-in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East African</td>
<td>Burundian</td>
<td>Comoran</td>
<td>Rwandan</td>
<td>Djiboun</td>
<td>Ethiopian</td>
<td>Kenyan</td>
<td>Malagasy</td>
<td>Reunionese</td>
<td>Somali</td>
<td>South Sudanese</td>
<td>Sudanese</td>
<td>Ugandan</td>
<td>Tanzanian</td>
<td>United Kingdom of Tanzania</td>
<td>Zambian</td>
<td>Zimbabwean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West African</td>
<td>Benelesus</td>
<td>Bissau-Guinean</td>
<td>Malian</td>
<td>Burkinabé</td>
<td>Cabo Verde</td>
<td>Ivorian (Cote d’Ivoire)</td>
<td>Gambian</td>
<td>Senegalese</td>
<td>Sierre Leone</td>
<td>Togolese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South African</td>
<td>Botswanan</td>
<td>Mosotho (Lesotho)</td>
<td>South African</td>
<td>Swazi</td>
<td>Namibian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We use this information to place children seeking early childhood learning opportunities in our district. Please respond to anything that may apply to your child or family. **All responses will be kept confidential.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this child on an Individualized Education Program (IEP) though a School District? Does this child have a suspected developmental delay or disability?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Is this child’s family <em>actively</em> involved in Child Protective Services (CPS), Family Assessment Response (FAR), or Indian Child Welfare (ICW), or law enforcement/court system regarding child abuse, neglect, or sexual assault?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Is this child in official foster care? <em>This means there is a caregiver authorization from a state or tribe that says this is a foster care placement.</em></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Is this child in kinship care with a relative or suitable other, with or without a grant?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Was this child adopted after foster care, kinship care, or after living in an orphanage in another country (<em>this does not include other adoptions</em>).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does this child have a chronic physical or mental health condition that: Severeely impacts child development or attendance? or Moderately impacts child development or attendance?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does this child have a household family member who has a chronic physical or mental health condition that: Severeely impacts their ability to engage in work, school, or family life? or Moderately impacts their ability to engage in work, school, or family life?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does this child have a parent who was under age 18 when this child was born?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does this child have a parent who is a migrant or seasonal agricultural worker? (51% or more of family income from agricultural work)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does this child have a parent currently on active duty in the U.S. Military?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does this child have a parent currently a member of a National Guard unit or Military Reserve?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does this child have a military parent deployed currently, or within the past 12 months, or for a total of 19 or more months within the child’s lifetime?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Does this child have a parent who is incarcerated in jail, prison or detention center?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has this child experienced the loss of a parent, such as by death, abandonment, or deportation?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has this child experienced the divorce or separation of their parents?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has this child experienced homelessness within the last 12 months?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has this child lived in a household with domestic violence, including in-utero?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has this child lived in a household with substance abuse, including in-utero?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has this family received CPS/FAR/ICW services or been involved with law enforcement/court system regarding child abuse, neglect, or sexual assault in the past?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has this child been reunited with parents after foster or kinship care in the past 12 months?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Has this child been previously enrolled in another early learning or birth to three programs? Name of program:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Preschool received a professional referral for this family. If yes, which agency made the referral?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>After reviewing the income eligibility sheet, please tell us what annual gross income range your family falls within (for example: family of 4- $38,940.) or circle on the income eligibility sheet.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
## 2022 ECEAP Income Eligibility Levels

State Median Income (SMI) – Effective for ECEAP April 1, 2022

<table>
<thead>
<tr>
<th>Family Size</th>
<th>13% SMI</th>
<th>36% SMI</th>
<th>50% SMI</th>
<th>85% SMI</th>
<th>100% SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$7,312</td>
<td>$20,248</td>
<td>$28,122</td>
<td>$47,807</td>
<td>$56,244</td>
</tr>
<tr>
<td>2</td>
<td>$9,561</td>
<td>$26,477</td>
<td>$36,774</td>
<td>$62,516</td>
<td>$73,548</td>
</tr>
<tr>
<td>3</td>
<td>$11,811</td>
<td>$32,707</td>
<td>$45,426</td>
<td>$77,224</td>
<td>$90,852</td>
</tr>
<tr>
<td>4</td>
<td>$14,062</td>
<td>$38,940</td>
<td>$54,084</td>
<td>$91,943</td>
<td>$108,168</td>
</tr>
<tr>
<td>5</td>
<td>$16,311</td>
<td>$45,170</td>
<td>$62,736</td>
<td>$106,651</td>
<td>$125,472</td>
</tr>
<tr>
<td>6</td>
<td>$18,561</td>
<td>$51,399</td>
<td>$71,388</td>
<td>$121,360</td>
<td>$142,276</td>
</tr>
<tr>
<td>7</td>
<td>$18,982</td>
<td>$52,566</td>
<td>$73,008</td>
<td>$124,114</td>
<td>$146,016</td>
</tr>
<tr>
<td>8</td>
<td>$19,404</td>
<td>$53,733</td>
<td>$74,630</td>
<td>$126,870</td>
<td>$149,259</td>
</tr>
</tbody>
</table>

For each additional family member add:
- 13% SMI: $421
- 36% SMI: $1,166
- 50% SMI: $1,620
- 85% SMI: $2,754
- 100% SMI: $3,240

<table>
<thead>
<tr>
<th>Family Size</th>
<th>13% SMI</th>
<th>36% SMI</th>
<th>50% SMI</th>
<th>85% SMI</th>
<th>100% SMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$609</td>
<td>$1,687</td>
<td>$2,344</td>
<td>$3,984</td>
<td>$4,687</td>
</tr>
<tr>
<td>2</td>
<td>$797</td>
<td>$2,206</td>
<td>$3,065</td>
<td>$5,210</td>
<td>$6,129</td>
</tr>
<tr>
<td>3</td>
<td>$984</td>
<td>$2,726</td>
<td>$3,786</td>
<td>$6,435</td>
<td>$7,571</td>
</tr>
<tr>
<td>4</td>
<td>$1,172</td>
<td>$3,245</td>
<td>$4,507</td>
<td>$7,662</td>
<td>$9,014</td>
</tr>
<tr>
<td>5</td>
<td>$1,359</td>
<td>$3,764</td>
<td>$5,228</td>
<td>$8,888</td>
<td>$10,456</td>
</tr>
<tr>
<td>6</td>
<td>$1,547</td>
<td>$4,283</td>
<td>$5,949</td>
<td>$10,113</td>
<td>$11,898</td>
</tr>
<tr>
<td>7</td>
<td>$1,582</td>
<td>$4,380</td>
<td>$6,084</td>
<td>$10,343</td>
<td>$12,168</td>
</tr>
<tr>
<td>8</td>
<td>$1,617</td>
<td>$4,478</td>
<td>$6,219</td>
<td>$10,572</td>
<td>$12,438</td>
</tr>
</tbody>
</table>

For each additional family member add:
- 13% SMI: $35
- 36% SMI: $97
- 50% SMI: $135
- 85% SMI: $230
- 100% SMI: $270

<table>
<thead>
<tr>
<th>2021-2022 ECEAP Age Eligibility</th>
<th>2022-2023 ECEAP Age Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-year-olds must have been born</td>
<td>3-year-olds must have been born</td>
</tr>
<tr>
<td>between 9/1/2017 and 8/31/2018</td>
<td>between 9/1/2018 and 8/31/2019</td>
</tr>
<tr>
<td>4-year-olds must have been born</td>
<td>4-year-olds must have been born</td>
</tr>
<tr>
<td>between 9/1/2016 and 8/31/2017</td>
<td>between 9/1/2017 and 8/31/2018</td>
</tr>
</tbody>
</table>

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Revised Date: March 1, 2022
Early Learning Division
Approved for Distribution by Markisha Lynch, ECEAP
ADDITIONAL ADMISSION INFORMATION

Students Name: ____________________________

LEGAL:

1. Do you have legal guardianship of this child? (circle the appropriate answer)
   • no
   • yes

2. Are there any court orders or legal issues we should be aware of concerning this child?
   • no
   • yes ____________________________

3. Is your child a convicted sex offender:
   • no
   • yes Risk Level: ____________________________

BEHAVIOR:

4. Has your child been involved in any weapons violations?
   • No
   • Yes ____________________________

5. Has your child been expelled or suspended from school?
   • No
   • Yes ____________________________

6. Has your child been sent to the office for minor behavior disruptions?
   • No
   • Yes ____________________________

7. Has your child been accused of Harassment/Intimidation/Bullying? Has your child been the victim of Harassment/Intimidation/Bullying?
   • No
   • Yes ____________________________

8. Does your child have a record of good and consistent attendance?
   • No
   • Yes ____________________________

9. Has your child had an athletic training rule violation?
   • No
   • Yes ____________________________
ACADEMIC:

10. Do you have a copy of an unofficial transcript?
   • No
   • Yes If so, please provide a copy when registering your student.

11. Do you have a copy of the most recent WASL (Washington Assessment of Student Learning Results?)
   • No
   • Yes If so, please provide a copy when registering your student.

12. Does your child have their State Assessment Scores?
   • No
   • Yes If so, do you have a copy of it? ________________________________

SPECIAL SERVICES/504 PLAN:

13. Has your child been referred to special education or assessed for special education?
   • No
   • Yes

14. Has your child been enrolled in Special Education Services or have a 504 Plan?
   • No
   • Yes

15. Do you have a copy of your child’s IEP/504 Plan?
   • No
   • Yes ________________________________

HEALTH:

16. Is your child on any medications that will need to be administered at school?
   • No
   • Yes ________________________________

17. Does your child have any health conditions that may affect their educational program?
   • No
   • Yes ________________________________

__________________________  ________________________
Parent Signature              Date
**Required Student Health Registration Form and Annual Update**

**Name:**
- Last
- First
- M.I. (Legal Name if Different)

**Birthdate:**

**Grade:**

**Address:**
- Street
- City
- State
- Zip Code
- Home Phone:

**Student Lives with:**
- Both Parents
- Mother
- Father
- Mother & Stepfather
- Father & Stepmother
- Agency
- Self
- Legal Guardian
- Other:

**Is this a new address and/or phone number?**
- Yes
- No

**Gender:**

**Father’s Name:**

**Mother’s Name:**

**Father’s Cell Phone:**

**Mother’s Cell Phone:**

**Father’s Work Phone:**

**Mother’s Work Phone:**

**Emergency Contact:**
- Name
- Relationship to child
- Phone

**Emergency Contact:**
- Name
- Relationship to child
- Phone

**Doctor:**

**Dentist:**

**Current Health History:** (Please answer by checking)
- No health problems to my knowledge

**Severe allergy:**

**Food intolerance:**

**Asthma:**

**Diabetes:**

**Cardiac condition:**

**Seizure disorder:**

**Bleeding disorder:**

**Other:**

**Does student have vision problem?**
- Yes
- No

**Contacts:**
- Glasses:

**Does student have hearing problem?**
- Yes
- No

**Hearing aid:**

**For students with life threatening health conditions, RCW 28A.210.320, requires that a licensed health care provider (LHP) order, medication and a nursing care plan be in place before the student attends school.**

**MEDICATION (prescription or non-prescription):**

**Does your child take any medication?**
- Yes
- No

**Name of medication:**

**Purpose:**

**Will medication be needed at school?**
- Yes
- No

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

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Davenport School District (DSD) staff to contact health care professionals, including 911, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that (XSD), its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I give permission to my child’s school to add immunization information into the Immunization Information System to help the school maintain my child’s record.

*IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR.*

**Parent/Guardian Signature**

**Date**

**RN Initials**
Davenport School District

In the event of an emergency causing an early release school closure during the regular school day, we want to make sure we have all contact/emergency contact information and plans for where your child(ren) would go on file. In such an event, our automated phone system would be activated with specific information on the emergency and what procedures/time frame the school district will be following.

Thank you.

Parent/Guardian Name ________________________________

Contact & Number(s) to be called?

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Does your child ride a bus? yes____ no____

Bus number/driver ______________________

____________________________________________________

____________________________________________________

Student(s) Name:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Please indicate where your child(ren) would go if it was determined that the school needed to send busses or close early that day.

____________________________________________________

____________________________________________________

____________________________________________________
Student Housing Questionnaire
For distribution to all families/students annually

School Name__________________________________________

Student Name________________________________________
First                                      Middle                                 Last
□ Male                                            □ Female

Birth Date _____ / _____ / _____  Age_____
Mo  Day  Year

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is your current residence a temporary living arrangement? □ Yes  □ No
2. Is your living arrangement due to loss of housing or economic hardship? □ Yes  □ No
3. Is your current residence inadequate for meeting physical and psychological needs? □ Yes  □ No

If you answered YES to any of the questions, please complete the remainder of this form.
If you answered NO to all of the questions, you may stop here.

Where does the student stay at night? (Please check one box.)
□ In a motel/hotel
□ In a shelter
□ With more than one family in a house, mobile home, or apartment (doubled-up)
□ In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address__________________________________________ Phone____________
Street                      City                     Zip

Parent/Legal Guardian Name__________________________________________

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

Parent/Guardian Signature__________________________ Date______

OR

Unaccompanied Youth Signature________________________ Date______

For School Personnel Use Only

If student is missing enrollment records, please contact the student’s previous school for records.
Following records are still missing:
□ Birth certificate        □ Immunizations        □ Medical records        □ Prior academic records

School Personnel Signature__________________________ Date______

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature________________________ Date______

Office of Superintendent of Public Instruction
DAVENPORT SCHOOL DISTRICT
Internet, Google Apps for Education, and E-Mail Acceptable Use Policy

Student Expectations for Acceptable Use:

The following are the Educational Objectives of Google Apps for Education:
- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

District educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Internet, Google Apps, and E-Mail participants will respect the teachers’ time and professionalism by supporting the same positive approach.

All Internet, Google Apps, and E-Mail participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will not be tolerated.

No student, or other participant, may include any information on the site that could compromise the safety of him/herself or other class members. Participants should avoid specific comments about school location or schedules.

All Internet, Google Apps, and E-Mail users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Internet, Google Apps, and E-Mail participant may share his/her log-in information or protect information about the site with anyone who is not an authorized participant.

Student use must follow all other expectations as listed in the Davenport Schools Student Handbook. Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service.

Parent/Guardian Expectations & Consent:

Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student’s teachers will be using Internet, Google Apps, and E-Mail for lessons, assignments, and communication. Google Apps for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of Internet, Google Apps, and E-Mail when students are at school. Parents are responsible for monitoring their child’s use of Internet, Google Apps, and E-Mail when accessing programs from home. Students are responsible for their own behavior at all times.

I agree with the parent expectations and give my child permission to use Internet, Google Apps for Education, and E-Mail.

Parent/Guardian Name (Print): ___________________________ Parent /Guardian Signature: ___________________________ Date: ________________

Student Consent:

I agree to abide by Student Expectations of Acceptable use of Internet, Google Apps for Education, and E-Mail.

Student Name (Print): ___________________________ Student Signature: ___________________________ Date: ________________
Child’s Name: ___________________________ Date: ___________________________
Site Name: _____________________________ □ Part-Day □ School-Day □ Working-Day
Family Member(s): ______________________

When is the best time for you to participate in parent-guardian/teacher meetings? ________________________

Tell us about your child

Is this your child’s first social experience? □ Yes □ No
Is this your child’s first experience in being away from you? □ Yes □ No
Does your child have any fears or anxieties? ______________________________________________________
______________________________________________________________
What are some of your child’s favorite songs, stories and games? _______________________________________
______________________________________________________________
What are some of your child’s favorite foods and snacks? _____________________________________________
______________________________________________________________
What are some ways that you comfort your child? _____________________________________________________
______________________________________________________________
Is there anything else that you would like us to know about your child? ________________________________
______________________________________________________________

Tell us how you would like to be involved

At Home:
□ By supporting my child’s learning
□ By preparing materials (for example, collecting items, sewing, making/drawing posters, cutting things out, etc.)

At preschool:
□ Helping in the classroom (doing puzzles, reading activities, etc.)
□ Sharing my family tradition, special skills, interests, or occupation (for example, cooking, science, carpentry, music)

What would you like to share:
□ Helping with parent newsletter or calendar
□ Helping plan family activities (monthly gatherings, events etc.)
□ Participating in Policy Council or Health Services Committee (HSAC) as a parent representative
**Tell us about yourself**

This is an opportunity for you to note your interests and any resources that you would like to know more about. This will help us plan family activities and events.

**What family activities or resources would you like to focus on?**

*Please √ all that apply.*

<table>
<thead>
<tr>
<th>Well Being and Family Stability Topics</th>
<th>Parenting enrichment topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Family well being</td>
<td>□ Child development</td>
</tr>
<tr>
<td>□ Mental wellness/Stress management</td>
<td>□ Getting school ready/Kindergarten transition</td>
</tr>
<tr>
<td>□ CPR/First Aid</td>
<td>□ Communicating with your child</td>
</tr>
<tr>
<td>□ Preparing for an emergency</td>
<td>□ Your child’s social &amp; emotional development</td>
</tr>
<tr>
<td>□ Accessing and using the healthcare system</td>
<td>□ Positive child guidance &amp; parent child relationship</td>
</tr>
<tr>
<td>□ Drug and alcohol abuse prevention</td>
<td>□ Single parenting support</td>
</tr>
<tr>
<td>□ Taking care of children’s teeth</td>
<td>□ Brain development and executive function</td>
</tr>
<tr>
<td>□ Immunizations</td>
<td>□ Importance of men in children’s lives</td>
</tr>
<tr>
<td>□ Family health, safety and nutrition</td>
<td>□ Grandparents raising children</td>
</tr>
<tr>
<td>□ Family exercise, activities and outings</td>
<td>□ Brothers and sisters getting along</td>
</tr>
<tr>
<td>□ Healthy meals and snacks/Groceries on a budget</td>
<td>□ Fun learning activities for families</td>
</tr>
<tr>
<td>□ Feeding your children – choices/challenges</td>
<td>□ Other (please specify)</td>
</tr>
<tr>
<td>□ Other (please specify)</td>
<td>□ Other (please specify)</td>
</tr>
</tbody>
</table>

**Employment, Financial Resources, Education and Training**

- □ Community employment, education and training resources
- □ Finding a new job/career (job search skills)
- □ Financial: Advancing job skills and wages; exploring a new direction/Savings and/or debt resources
- □ Family self sufficiency and executive function (Families Moving Forward Curriculum)
- □ Other (please specify)

**We want family activities and events to meet your learning style. How do you learn best?**

*Please √ all that apply.*

□ One-on-one
□ Small groups/classes (face to face)
□ Virtual (like Zoom)
□ Written information
□ Email
□ Other (please specify)

**When are the most convenient times for you to attend a family activity or event?**

*Please √ all that apply.*

□ Monday    □ Tuesday    □ Wednesday    □ Thursday    □ Friday
□ Morning    □ Afternoon   □ Evening
Notification to Parents – Title I, Part A
Right to Ask for Teacher’s and Paraeducator’s Qualifications

Davenport School District

Dear Parents/Guardians,

In compliance with the requirements of the Every Student Succeeds Act (ESSA) the Davenport School District would like to inform you that you may request information about the professional qualifications of your student’s teacher(s) or instructional paraprofessional(s).

A. The following information may be requested for teacher(s):
   1. Whether the teacher has met Washington teacher certification requirements for the grade level and subject areas in which the teacher provides instruction.
   2. Whether the teacher is teaching under an emergency or other provisional status through which Washington qualifications or certification criteria have been waived.
   3. The college major and any graduate certification or degree held by the teacher.
   4. Whether the student is provided services by paraprofessionals, and if so, their qualifications.

B. The following information may be requested for instructional paraprofessional(s):
Paraprofessionals must work under the supervision of a certified teacher. In schools that operate a schoolwide program, all paraprofessionals must meet professional qualifications. In a Targeted Assistance program, any paraprofessional who is the direct supervision of a certificated teacher must meet the professional qualifications.
Paraeducators can provide a copy of their high school diploma — transcripts are not necessary. Schools that operate a Title I, Part A program must have a high school diploma or GED and completed the following:
   1. Completed at least two years of study at an institution of higher education; or
   2. Obtained an associate’s or higher degree; or
   3. Pass the ETS Para Pro Assessment. The assessment measures skills, and content knowledge related to reading, writing and math;
   4. Completed previously the apprenticeship requirements and must present a journey card or certificate. The portfolio and apprenticeships are no longer offered for enrollment; however, the Office of Superintendent of Public Instruction (OSPI) will continue to honor this pathway.

If you wish to request information concerning your child’s teacher’s and instructional paraprofessional’s qualification, please contact the school principal at (509) 725-1481.

Sincerely,

The Davenport School District
Jim Kowalkowski, Title I Director
Technology User Agreement and Fee Schedule 2022-2023

The educational program at DSD includes a Chromebook that will be issued to your student for their use at school and home.

Like textbooks, team uniforms, and other school property issued to your student, there is a responsibility to take appropriate care of these valuable resources. The Chromebooks are no different, but they do represent an increased cost to the district and liability to students and parents. We know that loss and accidents will happen. District policies, regulations and practices require that a fee be levied to cover the repair or replacement cost of district property.

<table>
<thead>
<tr>
<th>Repair/Replacement Fees</th>
<th>First Claim</th>
<th>Second Claim</th>
<th>All Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAMAGE</td>
<td>None</td>
<td>Full Cost to Replace</td>
<td>Full Cost to Replace</td>
</tr>
<tr>
<td>Theft (with police Report)</td>
<td>None</td>
<td>Full Cost to Replace</td>
<td>Full Cost to Replace</td>
</tr>
<tr>
<td>Lost</td>
<td>$50 deductible</td>
<td>Full Cost to Replace</td>
<td>Full Cost to Replace</td>
</tr>
</tbody>
</table>

**Full Replacement Cost Schedule**

Chromebook: $150
Broken Screen: $50
Missing Keys/Broken Keyboard: $75
Lost/Stolen/Broken Power Adapter: $40

Because we cannot repair the power adapter, students must always cover the cost of damage to, or loss of the power supply/cord.

**THEFT:** If Chromebook is stolen, DSD will require that a police report be submitted. Fraudulent reporting of theft will be turned over to the police for investigation. A student making a false report will also be subject to disciplinary action.

**LOSS:** If the Chromebook is lost, the district will cover the cost for the loss minus a $50 deductible. If subsequent loss occurs, the student will be issued a replacement only after a full payment is received. In the event that the technology is recovered in working condition, the replacement cost previously paid by the student/parent will be refunded. Any Chromebook lost or stolen will be remotely disabled and all functionality removed until the Chromebook is returned.

STUDENT NAME: ____________________________________

DATE: __________________

PARENT NAME: ____________________________________

DATE: __________________