

OMAK SCHOOL DISTRICT - ENROLLMENT FORM

Revised 3/11/21

STUDENT INFORMATION

Proof of Age Yes No

PROOF OF PHYSICAL ADDRESS MUST BE PROVIDED

Proof of Residency Yes No

Legal Last Name _____ Legal First Name _____

Middle Name _____ Date of Birth _____

Grade Level _____ Gender M F X Birth City _____ Birth State _____ Birth Country _____

Has your student ever attended Paschal Sherman Indian School? Yes No

Has your student ever attended North or East Elementary, Middle School, High School or Highlands High School? Yes No

Has your student ever attended WAVA (Washington Virtual Academy) Elementary, Middle School or High School? Yes No

Special Programs (Check all special programs or services in which the student has participated.)

None Apply

Special Education / IEP / OT / PT / Speech Therapy

ESL / ELL

Gifted / Highly Capable

Reading or Math Support (LAP / Title I)

Head Start

Native American Education

International Baccalaureate

Summer School

Other: _____

PREVIOUS SCHOOL INFORMATION (All fields must be completed.)

#1 School Name _____ Entry Date (mm/dd/yy) _____

District _____ Withdrawal Date (mm/dd/yy) _____

Address _____ Grades attended _____

City _____ State _____ Zip _____

For Race and Ethnicity please see back pages (You must check at least one in both categories*)

1. What language does YOUR CHILD use most at home? _____

2. What language did your CHILD first learn to speak? _____

3. What language do parent/guardians use the most when you speak to your child? _____

“First Language” is the language your child learned when first beginning to talk. If the answer to this question is a language other than English, your student will be given a Washington State Language Proficiency Placement Test.

Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes No Don't Know

If student's Country of Birth is other than the United States, please complete the following:

A. _____ How many months has the student attended public school in the U.S. (grades K-12) prior to enrolling in Omak School District?

B. _____ How many months has the student received formal education outside the U.S. in his/her native language (grades K-12) prior to enrolling in Omak School District? This does not include refugee camp schools or other unaccredited programs for children. Native language refers to the family's dominant language.

C. _____ The date the student first enrolled in public education anywhere in the United States.

MEP: Have you moved within the past three years to seek or obtain agricultural or fishing employment? Yes No

PARENT INFORMATION

Custody

- Both Parents
- Father Only
- Foster Family
- Grandparent Only
- Joint Custody
- Legal Guardian
- Mother Only
- Self / Independent Adult
- Social Agency

Student lives with

- Agency
- Both Parents
- Father
- Father / Stepparent
- Foster Parent(s)
- Grandparent(s)
- Guardian
- Host Parents
- Mother
- Mother / Stepparent
- Other
- Self
- Stepfather / Stepmother

Restrictions for Custody (if applicable) Yes No

Legal Documentation on File with School? Yes No

PARENT/GUARDIAN (List the parents/guardians the student LIVES WITH first.)(Proof of physical address must be provided)

Household #1

First Parent / Guardian

Mr./Mrs./Ms./ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No

Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Primary Language _____ Speaks English? Yes No

Employer _____ Business Phone (____) _____ Ext. _____ Available at work? Yes No

Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____

Email Address _____

Please check appropriate box: Parent/ Guardian: Has no active military affiliation Is a member of active duty U.S. Armed Forces
 Is a member of the reserves of the U.S. Armed Forces Is a member of the Washington National Guard
 More than one parent/guardian is a member of the active duty U.S. Armed Forces or Reserves of the U.S. Armed Forces or Washington National Guard

Second Parent / Guardian

Mr./Mrs./Ms./ Last Name _____ First Name _____

Relationship to Student _____ Lives with Student? Yes No Copy of Corresp.? Yes No

Address (if different from Student's) _____

Primary Language _____ Speaks English? Yes No

Employer _____ Business Phone (____) _____ Ext. _____ Available at work? Yes No

Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____

Email Address _____

Please check appropriate box: Parent/ Guardian: Has no active military affiliation Is a member of active duty U.S. Armed Forces
 Is a member of the reserves of the U.S. Armed Forces Is a member of the Washington National Guard
 More than one parent/guardian is a member of the active duty U.S. Armed Forces or Reserves of the U.S. Armed Forces or Washington National Guard

Household #2

First Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____
Relationship to Student _____ Lives with Student? Yes No Copy of Corresp.? Yes No
Address (if different from Student's) _____
List as an Emergency Contact? Yes No Primary Language _____ Speaks English? Yes No
Employer _____ Business Phone (____) _____ Ext. _____ Available at work? Yes No
Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____
Email Address _____

Please check appropriate box: Parent/ Guardian: Has no active military affiliation Is a member of active duty U.S. Armed Forces
Is a member of the reserves of the U.S. Armed Forces Is a member of the Washington National Guard
More than one parent/guardian is a member of the active duty U.S. Armed Forces or Reserves of the U.S. Armed Forces or Washington National Guard

2nd Parent / Guardian

Mr./Mrs./Ms./_____ Last Name _____ First Name _____
Relationship to Student _____ Lives with Student? Yes No Copy of Corresp.? Yes No
Address (if different from Student's) _____
List as an Emergency Contact? Yes No Primary Language _____ Speaks English? Yes No
Employer _____ Business Phone (____) _____ Ext. _____ Available at work? Yes No
Home Phone (____) _____ Unlisted? Yes No Cell Phone (____) _____
Email Address _____

Please check appropriate box: Parent/ Guardian: Has no active military affiliation Is a member of active duty U.S. Armed Forces
Is a member of the reserves of the U.S. Armed Forces Is a member of the Washington National Guard
More than one parent/guardian is a member of the active duty U.S. Armed Forces or Reserves of the U.S. Armed Forces or Washington National Guard

OTHER EMERGENCY CONTACTS (List at least one local Emergency Contact. May list additional Emergency Contacts on the last page.)

First Emergency Contact — Must be local

Last Name _____ First Name _____
Relationship to Student _____ Primary Language _____
Home Phone (____) _____ Unlisted Yes No Work Phone (____) _____ Ext. _____
Email Address _____ Cell Phone (____) _____ Pager (____) _____

Second Emergency Contact

Last Name _____ First Name _____
Relationship to Student _____ Primary Language _____
Home Phone (____) _____ Unlisted Yes No Work Phone (____) _____ Ext. _____
Email Address _____ Cell Phone (____) _____ Pager (____) _____

Additional Notes:

MEDICAL / HEALTH INFORMATION

In case of emergency, 911 will be called to evaluate your child. Parent/Guardian will be notified as soon as possible.

Physician Name _____ Phone Number (_____) _____

Dentist Name _____ Phone Number (_____) _____

My child has a life threatening condition that requires a medication or treatment during the school day. Yes No

Chapter 28A.210 RCW: Requires orders to be in place before starting school.

SIBLING INFORMATION *(Use a separate sheet for additional siblings.)*

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Gender</u>	<u>School Attending</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DAYCARE PROVIDER: Before School Both Before and After School After School

Provider Name (Last, First) _____

Address _____

Daycare Phone (_____) _____ Cell Phone (_____) _____ Pager (_____) _____

Comments _____

PUBLICATION POLICY: Throughout the year, there are various events in which your child may be photographed (classroom activities, school events, etc.) We would like your permission to use these pictures or video and the child's name in newsletters, on the district's website, social media, area newspapers or displays. Yes, I give permission. No, I do not give permission.

NOTIFICATION POLICY: The district now uses **SchoolMessenger** to contact parents/guardians regarding emergencies. We also send automated notices in the case of unexcused absences to the primary number given. We would also like to send general announcements (event reminders, etc.) to your primary number. Yes, I give permission. No, I do not give permission.

Note: If at any time you wish to change the number used for these announcements, contact the district communication office at 509-826-0320.

PERMISSION: I give Omak School District permission to request all records from previous schools to include transcripts, Special Ed records, immunizations, and permanent files. Yes, I give permission. No, I do not give permission.

VERIFICATION: 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 cause for revocation of the student's enrollment.

Please complete this survey. It asks you to tell us the race and ethnic heritage of each of your children.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

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.

PLEASE ANSWER BOTH QUESTIONS 1 & 2

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

H01	<input type="checkbox"/> Not Hispanic/Latino	H08	<input type="checkbox"/> Costa Rican	H16	<input type="checkbox"/> Mexican	H24	<input type="checkbox"/> Salvadorian
H00	<input type="checkbox"/> Hispanic	H09	<input type="checkbox"/> Cuban	H17	<input type="checkbox"/> Mestizo	H25	<input type="checkbox"/> Spaniard
H02	<input type="checkbox"/> Argentine	H10	<input type="checkbox"/> Dominican	H18	<input type="checkbox"/> Native	H26	<input type="checkbox"/> Surinamese
H03	<input type="checkbox"/> Bolivian	H11	<input type="checkbox"/> Ecuadorian	H19	<input type="checkbox"/> Nicaraguan	H27	<input type="checkbox"/> Uruguayan
H04	<input type="checkbox"/> Brazilian	H12	<input type="checkbox"/> Guatemalan	H20	<input type="checkbox"/> Panamanian	H28	<input type="checkbox"/> Venezuelan
H05	<input type="checkbox"/> Chicano (Mexican American)	H13	<input type="checkbox"/> Guyanese	H21	<input type="checkbox"/> Paraguayan	H29	<input type="checkbox"/> Other Hispanic/Latino
H06	<input type="checkbox"/> Chilean	H14	<input type="checkbox"/> Honduran	H22	<input type="checkbox"/> Peruvian		
H07	<input type="checkbox"/> Colombian	H15	<input type="checkbox"/> Jamaican	H23	<input type="checkbox"/> Puerto Rican		

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

	Black/African American		Black/African American – Central African (cont.)		Black/African American – East African (cont.)
B00	<input type="checkbox"/> Black/African American	B22	<input type="checkbox"/> Cameroonian	B45	<input type="checkbox"/> Seychellois/Seychelloise
B01	<input type="checkbox"/> African American	B23	<input type="checkbox"/> Central African (Central African Rep)	B46	<input type="checkbox"/> Somali
B02	<input type="checkbox"/> African Canadian	B24	<input type="checkbox"/> Chadian	B47	<input type="checkbox"/> South Sudanese
	Black/ African American – Caribbean	B25	<input type="checkbox"/> Congolese (Republic of the Congo)	B48	<input type="checkbox"/> Sudanese
B03	<input type="checkbox"/> Anguillan	B26	<input type="checkbox"/> Congolese (Democratic Republic of the Congo)	B49	<input type="checkbox"/> Ugandan
B04	<input type="checkbox"/> Antiguan	B27	<input type="checkbox"/> Equatorial Guinean	B50	<input type="checkbox"/> Tanzanian (United Republic of Tanzania)
B05	<input type="checkbox"/> Bahamian	B28	<input type="checkbox"/> Gabonese	B51	<input type="checkbox"/> Zambian
B06	<input type="checkbox"/> Barbadian	B29	<input type="checkbox"/> São Tomé	B52	<input type="checkbox"/> Zimbabwean
B07	<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy)	B30	<input type="checkbox"/> Principe	B53	<input type="checkbox"/> East African (Write in)
B08	<input type="checkbox"/> British Virgin Islander	B31	<input type="checkbox"/> Central African (Write in)		Black/African American – Latin America
B09	<input type="checkbox"/> Caymanian (Cayman Island)		Black/African American – East African	B54	<input type="checkbox"/> Argentine
B10	<input type="checkbox"/> Cuba Dominican	B32	<input type="checkbox"/> Burundian	B55	<input type="checkbox"/> Belizean
B11	<input type="checkbox"/> Dominican (Dominican Republic)	B33	<input type="checkbox"/> Comoran	B56	<input type="checkbox"/> Bolivian
B12	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)	B34	<input type="checkbox"/> Djiboutian	B57	<input type="checkbox"/> Brazilian
B13	<input type="checkbox"/> Grenadian	B35	<input type="checkbox"/> Eritrean	B58	<input type="checkbox"/> Chilean
B14	<input type="checkbox"/> Guadeloupien	B36	<input type="checkbox"/> Ethiopian	B59	<input type="checkbox"/> Colombian
B15	<input type="checkbox"/> Haitian	B37	<input type="checkbox"/> Kenyan	B60	<input type="checkbox"/> Costa Rican
B16	<input type="checkbox"/> Jamaican	B38	<input type="checkbox"/> Malagasy (Madagascar)	B61	<input type="checkbox"/> Ecuadorian
B17	<input type="checkbox"/> Martiniquais/Martiniquaise	B39	<input type="checkbox"/> Malawian	B62	<input type="checkbox"/> El Salvadoran
B18	<input type="checkbox"/> Montserratian	B40	<input type="checkbox"/> Mauritian (Mauritius)	B63	<input type="checkbox"/> Falkland Islander
B19	<input type="checkbox"/> Puerto Rican	B41	<input type="checkbox"/> Mahoran (Mayotte)	B64	<input type="checkbox"/> French Guianese
B20	<input type="checkbox"/> Caribbean (Write in)	B42	<input type="checkbox"/> Mozambican	B65	<input type="checkbox"/> Guatemalan
	Black/African American – Central African	B43	<input type="checkbox"/> Reunionese	B66	<input type="checkbox"/> Guyanese
B21	<input type="checkbox"/> Angolan	B44	<input type="checkbox"/> Rwandan	B67	<input type="checkbox"/> Honduran



Races (continued)

	Black/African American – Latin America (cont.)		White – White		White – White (cont.)
B68	<input type="checkbox"/> Mexican	W00	<input type="checkbox"/> White	W36	<input type="checkbox"/> White (Write in) _____
B69	<input type="checkbox"/> Nicaraguan		White – Eastern European		American Indian/Alaska Native – WA State Tribes
B70	<input type="checkbox"/> Panamanian	W01	<input type="checkbox"/> Bosnian	N00	<input type="checkbox"/> American Indian/Alaskan Native
B71	<input type="checkbox"/> Paraguayan	W02	<input type="checkbox"/> Herzegovinian	N01	<input type="checkbox"/> Chinook Tribe
B72	<input type="checkbox"/> Peruvian	W03	<input type="checkbox"/> Polish	N02	<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation
B73	<input type="checkbox"/> South Georgia and the South Sandwich Islands	W04	<input type="checkbox"/> Romanian	N03	<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation
B74	<input type="checkbox"/> Surinamese	W05	<input type="checkbox"/> Russian	N04	<input type="checkbox"/> Confederated Tribes of the Colville Reservation
B75	<input type="checkbox"/> Uruguayan	W06	<input type="checkbox"/> Ukrainian	N05	<input type="checkbox"/> Cowlitz Indian Tribe
B76	<input type="checkbox"/> Venezuelan	W07	<input type="checkbox"/> Eastern European (Write in)	N06	<input type="checkbox"/> Duwamish Tribe
B77	<input type="checkbox"/> Latin American (Write in)		White – Middle Eastern & North African	N07	Hoh Indian Tribe
	Black/African American – South African	W08	<input type="checkbox"/> Algerian	N08	<input type="checkbox"/> Jamestown S'Klallam Tribe
B78	<input type="checkbox"/> Botswanan	W09	<input type="checkbox"/> Amazigh or Berber	N09	<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation
B79	<input type="checkbox"/> Mosotho (Lesotho)	W10	<input type="checkbox"/> Arab or Arabic	N10	<input type="checkbox"/> Kikiallus Indian Nation
B80	<input type="checkbox"/> Namibian	W11	<input type="checkbox"/> Assyrian	N11	<input type="checkbox"/> Lower Elwha Tribal Community
B81	<input type="checkbox"/> South African	W12	<input type="checkbox"/> Bahraini	N12	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation
B82	<input type="checkbox"/> Swazi	W13	<input type="checkbox"/> Bedouin	N13	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation
B83	<input type="checkbox"/> South African (Write in)	W14	<input type="checkbox"/> Chaldean	N14	<input type="checkbox"/> Marietta Band of Nooksack Tribe
	Black/African American – West African	W15	<input type="checkbox"/> Copt	N15	<input type="checkbox"/> Muckleshoot Indian Tribe
B84	<input type="checkbox"/> Beninese	W16	<input type="checkbox"/> Druze	N16	<input type="checkbox"/> Nisqually Indian Tribe
B85	<input type="checkbox"/> Bissau-Guinean	W17	<input type="checkbox"/> Egyptian	N17	<input type="checkbox"/> Nooksack Indian Tribe of Washington
B86	<input type="checkbox"/> Burkinabé (Burkina Faso)	W18	<input type="checkbox"/> Emirati	N18	<input type="checkbox"/> Port Gamble S'Klallam Tribe
B87	<input type="checkbox"/> Cabo Verdean	W19	<input type="checkbox"/> Iranian	N19	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation
B88	<input type="checkbox"/> Ivorian (Cote d'Ivoire)	W20	<input type="checkbox"/> Iraqi	N20	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation
B89	<input type="checkbox"/> Gambian	W21	<input type="checkbox"/> Israeli	N21	<input type="checkbox"/> Quinault Indian Nation
B90	<input type="checkbox"/> Ghanaian	W22	<input type="checkbox"/> Jordanian	N22	<input type="checkbox"/> Samish Indian Nation
B91	<input type="checkbox"/> Liberian	W23	<input type="checkbox"/> Kurdish Kuwaiti	N23	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of WA
B92	<input type="checkbox"/> Malian	W24	<input type="checkbox"/> Lebanese	N24	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
B93	<input type="checkbox"/> Mauritanian	W25	<input type="checkbox"/> Libyan	N25	<input type="checkbox"/> Skokomish Indian Tribe
B94	<input type="checkbox"/> Nigerien (Niger)	W26	<input type="checkbox"/> Moroccan	N26	<input type="checkbox"/> Snohomish Tribe
B95	<input type="checkbox"/> Nigerian (Nigeria)	W27	<input type="checkbox"/> Omani	N27	<input type="checkbox"/> Snoqualmie Indian Tribe
B96	<input type="checkbox"/> Saint Helenian	W28	<input type="checkbox"/> Palestinian	N28	<input type="checkbox"/> Snoqualmoo Tribe
B97	<input type="checkbox"/> Senegalese	W29	<input type="checkbox"/> Qatari	N29	<input type="checkbox"/> Spokane Tribe of the Spokane Res.
B98	<input type="checkbox"/> Sierra Leonean	W30	<input type="checkbox"/> Saudi Arabian	N30	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
B99	<input type="checkbox"/> Togolese	W31	<input type="checkbox"/> Syrian	N31	<input type="checkbox"/> Steilacoom Tribe
C01	<input type="checkbox"/> West African (Write in) _____	W32	<input type="checkbox"/> Tunisian	N32	<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
	Black/African American – Black	W33	<input type="checkbox"/> Yemeni	N33	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
C02	<input type="checkbox"/> Black (Write in) _____	W34	<input type="checkbox"/> Middle Eastern (Write in)	N34	<input type="checkbox"/> Swinomish Indian Tribal Community
		W35	<input type="checkbox"/> North African (Write in)	N35	<input type="checkbox"/> Tulalip Tribes of Washington

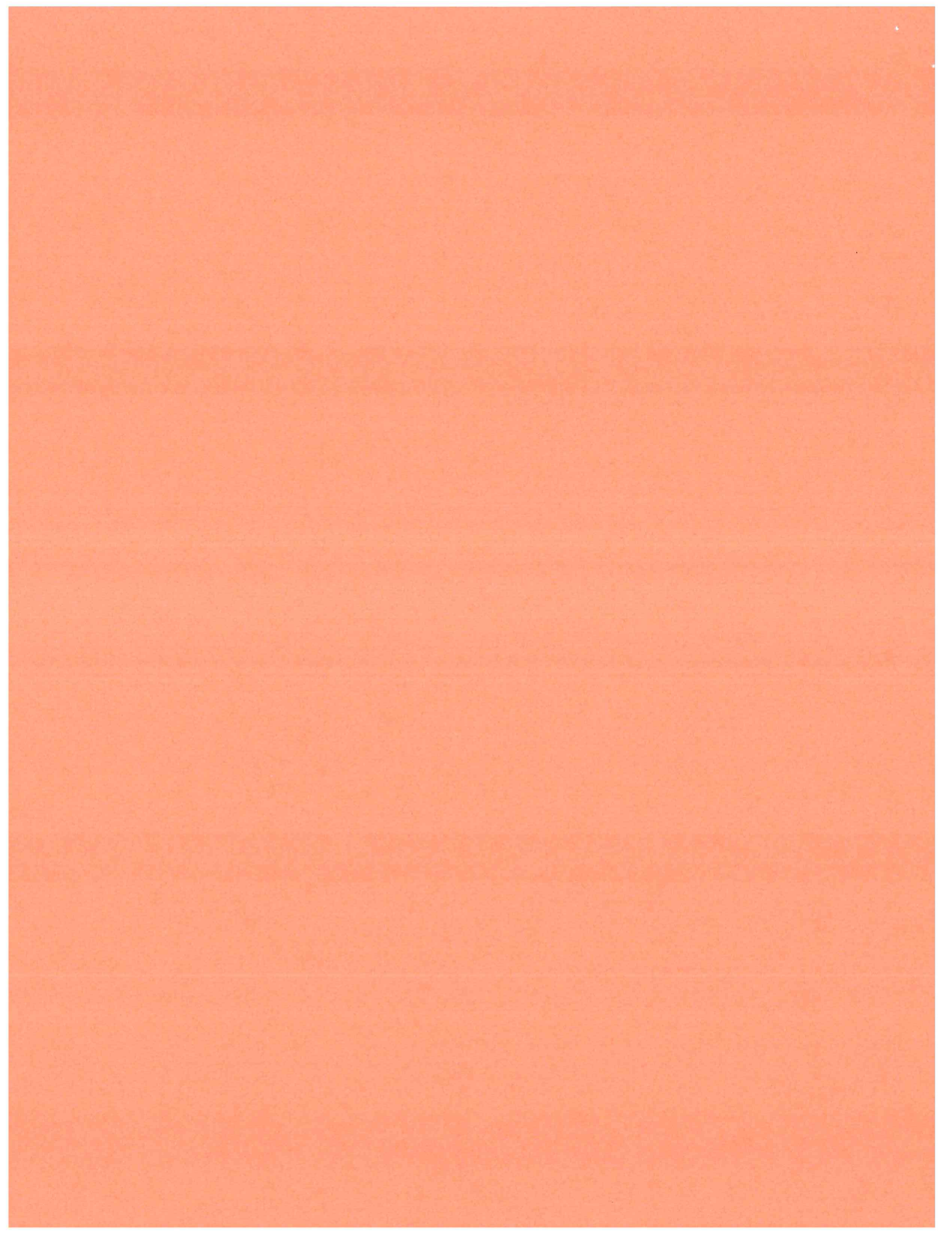
Races (continued)

N36	American Indian/Alaskan Native – Alaska Native (cont.) <input type="checkbox"/> Alaska Native (Write in)	A15	Asian – Asian (cont.) <input type="checkbox"/> Mien	P04	Native Hawaiian/Other Pacific Islander – Pacific Islander (cont.) <input type="checkbox"/> Fijian
	American Indian/Alaska Native – American Indian <input type="checkbox"/> American Indian (Write in)	A16	<input type="checkbox"/> Mongolian	P05	<input type="checkbox"/> i-Kiribati/Gilbertese
N37	<input type="checkbox"/> American Indian (Write in)	A17	<input type="checkbox"/> Nepali	P06	<input type="checkbox"/> Kosraean
	Asian – Asian	A18	<input type="checkbox"/> Okinawan	P07	<input type="checkbox"/> Maori
A00	<input type="checkbox"/> Asian	A19	<input type="checkbox"/> Pakistani	P08	<input type="checkbox"/> Marshallese
A01	<input type="checkbox"/> Asian Indian	A20	<input type="checkbox"/> Punjabi	P09	<input type="checkbox"/> Native Hawaiian
A02	<input type="checkbox"/> Bangladeshi	A21	<input type="checkbox"/> Singaporean	P10	<input type="checkbox"/> Ni-Vanuatu
A03	<input type="checkbox"/> Bhutanese	A22	<input type="checkbox"/> Sri Lankan	P11	<input type="checkbox"/> Palauan
A04	<input type="checkbox"/> Burmese/Myanmar	A23	<input type="checkbox"/> Taiwanese	P12	<input type="checkbox"/> Papuan
A05	<input type="checkbox"/> Cambodian/Khmer	A24	<input type="checkbox"/> Thai	P13	<input type="checkbox"/> Pohpeian
A06	<input type="checkbox"/> Cham	A25	<input type="checkbox"/> Tibetan	P14	<input type="checkbox"/> Samoan
A07	<input type="checkbox"/> Chinese	A26	<input type="checkbox"/> Vietnamese	P15	<input type="checkbox"/> Solomon Islander
A08	<input type="checkbox"/> Filipino	A27	<input type="checkbox"/> Asian (Write in)	P16	<input type="checkbox"/> Tahitian
A09	<input type="checkbox"/> Hmong		Native Hawaiian/Other Pacific Islander	P17	<input type="checkbox"/> Tokelauan
A10	<input type="checkbox"/> Indonesian	P00	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	P18	<input type="checkbox"/> Tongan
A11	<input type="checkbox"/> Japanese		Native Hawaiian/Other Pacific Islander – Pacific Islander	P19	<input type="checkbox"/> Tuvaluan
A12	<input type="checkbox"/> Korean	P01	<input type="checkbox"/> Carolinian	P20	<input type="checkbox"/> Yapese
A13	<input type="checkbox"/> Lao	P02	<input type="checkbox"/> Chamorro	P21	<input type="checkbox"/> Pacific Islander (Write in)
A14	<input type="checkbox"/> Malaysian	P03	<input type="checkbox"/> Chuukese		

Parent/Guardian Signature Required

 Parent / Guardian Signature	 Today's Date
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Yes, I have received a copy of the student handbook _____ (Initial)



Omak Middle School
14 S. Cedar St., Omak, WA 98841
(509)826-2320



OMAK SCHOOL DISTRICT
CREATING A FUTURE FOR EVERY CHILD SINCE 1912

Records Request

Date: _____

Releasing School: _____ Fax: _____

Phone: _____

Student: _____ Grade: _____ Birthdate: _____

Parent/Guardian Signature: _____

School Official Signature: _____

Office Use Only:

***Mail Cumulative File to:**
Omak Middle School
Attn: *Elizabeth Campos*
619 W. Bartlett
Omak, WA 98841
509-826-8303

***Send SPED & Psychological records to:**
Omak School District
Attn: *Special Ed Dept.*
619 W. Bartlett
Omak, WA 98841
509-826-0320

Please fax 509-826-7696 or email ecampos@omaksd.org items marked:

- Immunizations
- Birth Certificate
- Current Schedule
- Current Math/Reading test scores

Comments or Restrictions: _____

1st Request

2nd Request

3rd Request

4th Request

STUDENT HEALTH INFORMATION
MUST BE COMPLETED ANNUALLY

The information below is to help school staff understand any health concerns that might affect your child's safety or learning.

Student's Name: _____
Date of Birth: _____ Sex: _____ Grade: _____
Parent/Guardian name(s): _____
Daytime phone: #1 _____ #2 _____ #3 _____

My child has NO HEALTH PROBLEMS

MEDICAL HISTORY

Please mark if your child has any of the following health conditions:

- Asthma Will need inhaler at school Seen in hospital/Emergency Room in last five years for asthma
Severe allergy requiring Epi-pen? Food Bees/insects Plants Animals Drugs
Non-severe allergy to: Food Bees/insects Plants Animals Drugs Reaction
Diabetes requires insulin injection insulin pump
Seizure disorder
Heart condition
Frequent or severe headache
Behavior or emotional concerns
ADD/ADHD
Other - please explain any health concerns you think we should know about at school:

Do any of the above condition(s) limit/affect your child at school? No Yes explain:
Does your child wear hearing aides? No Yes Glasses/contacts? No Yes Last eye exam _____

LIFE-THREATENING CONDITIONS
Does your child have a life-threatening health condition? No Yes * Describe:
* If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan be in place prior to starting school.

MEDICATION
Does your child take any medication? No Yes, name of medication:
Reason for taking medication:
Will medication be needed at school? No Yes*
* If your child needs medication at school, please contact the school for the "Medication Authorization" form. This form must be completed every year before any medication may be administered at school.

Medical/Dental/Insurance
Name of student's Health Care Provider _____ Ph: _____
Name of student's Dentist _____ Ph: _____
Name of Insurance Company _____ Policy No. _____

Consent for Medical Release, Sharing Health Information, and Adding to Immunization System
In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.
I understand that the school district does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of students, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.
I understand that the information given above may be shared with some school staff to provide for the health and safety of my child.
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

Parent/Guardian Signature _____ Date _____
Form 3418F revised 01/28/09 Student Health Information

Omak School District
619 Bartlett Ave. W. Omak, WA 98841 (509)826-2320 Fax (509)826-7696

FORMULARIO DE INFORMACIÓN DE SALUD DEL NIÑO
DEBE COMPLETARLO CADA AÑO

La información que se solicita a continuación es para ayudar al personal de la escuela a entender cualquier problema de salud que pueda afectar la seguridad o el aprendizaje de su niño/a.

NOMBRE DEL NIÑO/A: _____
Primer nombre Segundo nombre Apellido

FECHA DE NACIMIENTO: _____ **Sexo:** _____ **Grado/Maestro:** _____

NOMBRE DE PADRES/TUTORES: _____

NUMERO DE TELEFONO #1 _____ **#2** _____ **#3** _____

Mi niño/a NO TIENE PROBLEMAS DE SALUD

HISTORIA MÉDICA *Marque si su niño/a tiene algunos de los siguientes problemas de salud:*

- ___ Asma ¿Necesitará un inhalador en la escuela? ¿Fue visto en un hospital/sala de emergencias en los últimos cinco años?
- ___ ¿Alergias graves que requieran Epi-pen? Alimentos _____ Abejas/insectos Plantas Animales Medicamentos _____
- ___ Alergias no graves a: Alimentos _____ Abejas/insectos Plantas Animales Medicamentos _____ Reacción _____
- ___ Diabetes requiere inyección de insulina
- ___ Problemas de convulsiones
- ___ Enfermedad del corazón
- ___ Dolores de cabeza frecuentes o muy fuertes
- ___ Problemas de comportamiento o emocionales
- ___ ADD/ADHD (trastorno de deficiencia de atención/trastorno de hiperactividad con deficiencia de atención)
- ___ Otro – explique cualquier problema médico que piense que debemos saber en la escuela.
- ¿Usa su niño/a algún tipo de audifono? Sí No ¿Anteojos o lentes de contacto? Sí No Último examen de ojos _____
- ¿Algunos de los problemas indicados arriba limitan/afectan a su niño/a en la escuela? No Sí, explique:

PROBLEMAS DE SALUD CON RIESGO DE VIDA

¿Tiene su niño/a algún problema de salud que ponga en riesgo su vida? No Sí * Describa:

* Si responde sí, es necesario tener una reunión con la enfermera de la escuela. Las leyes del estado de Washington exigen que las órdenes de medicamentos o tratamiento y un plan de atención a la salud estén en marcha antes de comenzar la escuela.

MEDICAMENTOS

¿Toma su niño/a algún medicamento? No Sí, nombre del medicamento:

Motivo para tomar el medicamento:

¿Se necesitará el medicamento en la escuela? No Sí*

* Si su niño/a necesita medicamentos en la escuela, póngase en contacto con la escuela por el formulario de "Autorización para medicamentos". Este formulario debe completarse todos los años antes de que se pueda administrar cualquier medicamento en la escuela.

Medico/Dental/Aseguranza

Nombre de su proveedor de salud _____ Ph: _____

Nombre de su dentista _____ Ph: _____

Nombre de su aseguranza _____ Número de la póliza _____

Permiso y Autorización para Compartir Información Médica, de Salud, y de Vacunas

- En caso de accidente o enfermedad, entiendo que se harán esfuerzos razonables para contactar a los padres inmediatamente. Sin embargo, si no estoy disponible, autorizo el distrito escolar para buscar atención médica de emergencia cuando sea necesario.
- Entiendo que el distrito escolar no compra o tiene seguro médico/dental/hospitalización para cubrir lesiones o pérdidas de vida de los estudiantes, o para indemnizar a los padres por gastos en conexión con ellos, y que dicho seguro, si lo deseo, debe ser adquirido por el padre o tutor.
- Entiendo que la información de salud proporcionada anteriormente se puede compartir con algunas personas del personal de la escuela para atender la salud y la seguridad de mi niño/a.
- Autorizo a la escuela de mi hijo a agregar información sobre las vacunas en el IIS para ayudar a la escuela a mantener un registro de mi hijo.

Firma del padre/madre/tutor _____ Fecha _____



OMAK SCHOOL DISTRICT

CREATING A FUTURE FOR EVERY CHILD SINCE 1912

Omak School District

Parent Permission Form

Publishing of Student Work and Photographs

As part of your student's education within the Omak School District, we occasionally publish pictures and video of school events to our website, www.omaksd.org, Omak School District social media pages, or printed publications. Students might also have the opportunity to publish documents, projects or events occurring in the classroom via class web pages.

It is important to celebrate students' achievements, but we respect a family's right to privacy. We need parent/guardian permission to publish student photos or work.

These guidelines will be followed to ensure the safety of your child:

- No personal information about students, such as home address or telephone number, will be published.
- The copyright of the individual work will still belong to the student.

Please indicate which box is appropriate with an X.

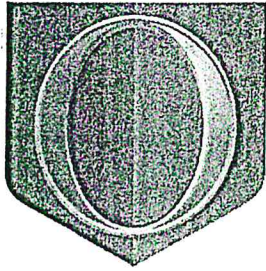
- I give permission for my student's name, photograph, or school work to appear in the school newsletter, school website, social media page or other publications.
- I do not give permission for my student's name, photograph or school work to appear in the school newsletter, school website, social media page or other publications.

Student's Name: Student's Teacher.....

Parent/Legal Guardian Print:.....Grade.....

Parent/Legal Guardian Signature: Date:

Cross references: Board Policy 2022, 2022P Electronic Resources and Internet Safety; 4000, 4000P Public Information Program
Omak School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Civil Rights Coordinator and Title IX Coordinator: Brittney Richter, (509) 826-7687, brichter@omaksd.org ; and Section 504 Coordinator: John Holcomb, (509) 826-8342, johnholcomb@omaksd.org , P.O. Box 833, Omak, WA 98841.



OMAK SCHOOL DISTRICT

CREATING A FUTURE FOR EVERY CHILD SINCE 1912

Distrito Escolar de Omak

Formulario de permiso para padres

Publicación de trabajos y fotografías de estudiantes

Como parte de la educación de su estudiante dentro del Distrito Escolar de Omak, ocasionalmente publicamos fotos y videos de eventos escolares en pagina electronica de rededs socioiales www.omaksd.org, del Distrito Escolar de Omak o publicaciones impresas. Los estudiantes también tienen la oportunidad de publicar documentos, proyectos o eventos que ocurren en el aula a través de páginas web de su clase.

Es importante celebrar los logros de los estudiantes, pero respetamos el derecho a la privacidad de las familias. Necesitamos permiso de padres/tutores para publicar fotos o trabajos de los estudiantes.

Para garantizar la seguridad de su hijo estas pautas se seguirán:

- No se publicará ninguna información personal sobre los estudiantes, como dirección de casa o número de teléfono.
- Los derechos de autor de la obra individual seguirán perteneciendo al estudiante.

Indique la casilla es adecuada con una X.

- Doy permiso para que el nombre, la fotografía o el trabajo escolar de mi estudiante aparezcan en el boletín de la escuela, el sitio web de la escuela, la página de redes sociales u otras publicaciones., redes sociales u otras publicaciones
- No doy permiso para que el nombre, la fotografía o el trabajo escolar de mi estudiante aparezcan en el boletín de la escuela, el sitio web de la escuela, la página de redes sociales u otras publicaciones., redes sociales u otras publicaciones.

Nombre del Estudiante _____ Nombre del Maestro/a _____

Imprima nombre de Padre/Tutor legal: _____

Firma del padre/tutor legal: _____ Fecha _____

Cross references: Board Policy 2022, 2022P Electronic Resources and Internet Safety; 4000, 4000P Public Information Program
Omak School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Civil Rights Coordinator and Title IX Coordinator: Brittney Richter, (509) 826-7687, brichter@omaksd.org; and Section 504 Coordinator: John Holcomb, (509) 826-8342, johnholcomb@omaksd.org, 619 W. Bartlett, Omak, WA 98841.

Copy to District:

Coded:

Supplies:



Omak School District
619 W. Bartlett Ave.
Omak, WA 98841

Student Housing Questionnaire

If you own or rent your own home, you do not need to complete this form.

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

If you do not own or rent your own home, please check all that apply below.

- Checkboxes for housing types: In a motel, In a shelter, Moving from place to place/couch surfing, In someone else's house or apartment with another family, In a residence with inadequate facilities (such as no water, heat, electricity, etc.), In a car, park, campsite, or similar location, Transitional Housing, Other.

Name of Student: _____
First Middle Last

Name of School: _____ Grade: _____ Birthdate: _____ Age: _____
Month/Day/Year

Gender: _____
[] Student is unaccompanied (not living with a parent or legal guardian)
[] Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

Print name of parent(s)/legal guardian(s): _____
(Or unaccompanied youth)

*Signature of parent/legal guardian: _____ Date: _____
(Or unaccompanied youth)

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

Please return completed form to:

Jordan Sackman 509-322-9361 Omak School District
District Liaison Phone Number Location

Copy to District:
Coded:
Supplies:



Omak School District
619 W. Bartlett Ave.
Omak, WA 98841

Cuestionario sobre la vivienda del estudiante

Si usted no es dueño de su vivienda ni la renta, marque todas las casillas que apliquen.

Las respuestas a las siguientes preguntas pueden ayuda a determinar los servicios que este estudiante puede ser elegible para recibir en los términos de la Ley McKinney-Vento 42 U.S.C. 11435. La Ley McKinney-Vento proporciona servicios y apoyos a niños y jóvenes que están en situación de falta de vivienda. (Vea el reverso para obtener más información)

Si usted no es dueño de su vivienda ni la renta, marque todas las casillas que apliquen.

- | | |
|--|---|
| <input type="checkbox"/> En un motel | <input type="checkbox"/> Un automóvil, parque, campamento o lugar similar |
| <input type="checkbox"/> En un refugio | <input type="checkbox"/> Vivienda de transición |
| <input type="checkbox"/> Mudándose de un lugar a otro, en sofás de amigos | <input type="checkbox"/> Otro _____ |
| <input type="checkbox"/> En la casa o departamento de alguien más, con otra familia | |
| <input type="checkbox"/> En una residencia con servicios inadecuados (sin agua, calefacción, electricidad, etc.) | |

Nombre del estudiante: _____
Primer nombre Segundo nombre Apellido

Nombre de la escuela: _____ Grado: _____ Fecha de nacimiento: _____ Edad: _____
Mes/Día/Año

Género: _____
 El estudiante no tiene supervisión (no vive con un padre o tutor legal)
 El estudiante vive con un padre o tutor legal

DIRECCIÓN DE LA RESIDENCIA ACTUAL: _____

NÚMETO DE TELÉFONO O NÚMERO DE CONTACTO: _____ NOMBRE DEL CONTACTO _____

Nombre de los padres o tutores legales en letra de molde: _____
(O menor sin supervisión)

*Firma del padre o tutor legal: _____ Fecha: _____
(O menor sin supervisión)

*Declaro, bajo pena de perjurio, de conformidad con las leyes del estado de Washington, que la información aquí proporcionada es verdadera y correcta.

Devuelva este formulario contestado a:

Jordan Sackman
Enlace del Distrito

509-322-9361
Número de teléfono

Omak School District
Ubicación



OMAK MIDDLE SCHOOL ACCEPTABLE USE POLICY

Grades 6-8

Including Summer School

I understand that Omak Middle School provides digital devices, including Internet access and storage space for students' work, as an integral part of the curriculum. Behavior and language in the use of these resources should be consistent with classroom standards. I agree to the following responsibilities and restrictions:

1. I will use the digital devices, including storage space, only for educational purposes related to school work in the Omak Middle School, and not for any personal, commercial or illegal purposes.
2. I will use the Internet only with the permission of the staff member in charge.
3. I will not use games or other electronic resources that have objectionable content or that engage me in an inappropriate simulated activity.
4. I will not give my password to any other user, nor attempt to learn or to use anyone else's password, and I will not transmit my address or telephone number, or any personal or confidential information about myself or others.
5. I will not upload, link, or embed an image of myself or others to non-secured, public sites without my teacher's permission and a signed parental permission slip.
6. I will not cyberbully: make statements or use the likeness of another person through website postings, email, instant messages, etc., that harass, intimidate, threaten, insult, libel or ridicule students, teachers, administrators, or other staff members of the school community, make statements that are falsely attributed to others, or use language that is obscene.
7. I will not attempt to access, upload, or transmit material that attacks ethnic, religious or racial groups, or material that is pornographic or explicitly sexual in nature.
8. I will not violate copyright laws, damage or tamper with hardware or software, vandalize or destroy data, intrude upon, alter or destroy files of another user, introduce or use computer "viruses", attempt to gain access to restricted information or networks, or block, intercept or interfere with any email or electronic communications by teachers and administrators to parents, or others.
9. I will not use or create for others, any program to interfere with, change, or interact with programs, security settings, systems, or devices that are the property of the Omak School District and are used for school-related purposes by students, their parents and staff.
10. I will not imply, directly or indirectly, either publicly or privately that any program or "app" I create is associated with, or a product of, the Omak School District, nor will I either directly or indirectly associate any such program with any Omak School District logos or images.
11. I will report any problems with digital devices to the supervising staff member.
12. I understand that my use of the school system's digital devices is not private, and that the district reserves the right to monitor use to assure compliance with these guidelines; violations may lead to revocation of digital device access and/or other disciplinary measures.
13. I understand the prohibited conduct described above is also prohibited off campus when using private equipment if it has the effect of seriously interfering with the educational process, and that such off-campus violations may lead to disciplinary measures.

Print Student's Name: _____

Grade: _____

Student's Signature: _____

Date: _____

Parents: I have read and discussed with my child the Acceptable Use Agreement, and I give permission for his or her use of the resources. I understand that computer and iPad access is conditional upon adherence to the agreement. Although students are supervised using computers and iPads, and their use is electronically monitored, I am aware of the possibility that my child may gain access to material that school officials and I may consider inappropriate or not of educational value.

Print Parent's Name: _____

Parent's Signature: _____

Date: _____

* STUDENTS MAY NOT USE COMPUTERS AND IPADS UNLESS THIS AGREEMENT IS SIGNED AND RETURNED TO THE TEACHER.

Omak Middle School

Chromebook Guidelines 2023-2024

General Overview

Omak Middle School students will each be assigned a Chromebook for educational use at school and at home during the school closure due to the COVID-19 pandemic. The device will remain with the student until the completion of the school year. The Chromebook will need to be returned at the completion of the 2020-2021 school year.

Chromebook Check-out

Students will be issued a device at the beginning of the school year and will have the capability to take the Chromebook home.

Filtering and Monitoring

The Omak School District filters the online content utilizing filtering software at school and at home through a 3rd party vendor. Objectionable content is determined locally, and in conjunction with the ESD.

- Filtering is not a guarantee that 100% of inappropriate content will be blocked. Each student is to be responsible for his/her use of the internet and avoid objectionable sites;
- Attempts to bypass filtering or hide internet activity is prohibited and will result in disciplinary action;
- Student email accounts assigned by Omak School District are filtered and will only allow in-network communication (only teachers and students may communicate to each other, outside parties will be blocked)

Chromebook Insurance Information

Omak School District has developed an insurance program for student Chromebooks, and like textbooks and other school property issued to your child, there is a responsibility to take care of these valuable resources. Below is an explanation as to how the insurance program works, as well as the fee schedule involved.

Insurance cost:

A premium of \$10.00 is to be paid to enroll in the insurance program. For families who have more than one student enrolled at Omak Middle School, a maximum annual premium of \$20.00 will be enforced.

Broken/Damaged Devices:

Those enrolled in the insurance program will not be charged for a first-time damage occurrence. A maximum of two breaks per year will be covered, with exception to the parts listed in figure 1.1 below. Any damage done after the first two occurrences will be the responsibility of the student to pay in full. Damage done to devices that is found to be blatant abuse or damaged purposefully, will be replaced and/or repaired at the cost of the student.

Lost/Stolen Chromebook: In the event that a Chromebook is lost or stolen, the student is responsible to pay to replace the Chromebook based on the fee schedule below. Those enrolled in the insurance program will pay a deductible of \$50.00 to replace the device. Participation in extracurricular activities will be suspended until a payment plan is set up, or the fine is paid in full. Payment plans can be arranged through the office. Enrollment in insurance for the second Chromebook will not be allowed within one school year, and any damage/loss to the device will be the responsibility of the student to pay in full. In the event that a Chromebook is found/recovered in good, working order, the student will be refunded the deductible or replacement fee.

Chromebook Peripherals (Charger/Case):

A case will be issued with every Chromebook. In the event of loss or damage to the case, the student will be responsible for replacement. (Optional insurance is not applicable to peripherals.) (See figure 1.1) Students are responsible for the replacement cost of lost chargers (*See fee schedule below*). **Any/All** damage to the charger will warrant replacement, and the replacement cost will apply.

Escuela Intermedia Omak

Reglas para Chromebooks 2023-2024

Visión General

La Escuela Intermedia Omak asignará a cada estudiante un Chromebook para uso educativo en la escuela y en casa.

Prestamo de Chromebooks

Los estudiantes recibirán un dispositivo(chromebook) Escuela Intermedia/a al comienzo del año escolar y se les permitira el llevar el Chromebook a sus casa.

Filtracion y Supervision

El Distrito Escolar de Omak filtra el contenido en línea utilizando software de filtracion en la escuela y en casa a través de un proveedor de 3a partido. El contenido inapropiado se determina localmente y en conjunto con el ESD.

- El filtrado no garantiza que se bloquee el 100% del contenido inapropiado. Cada estudiante debe ser responsable de su uso de Internet y evitar sitios inapropiados
- Los intentos para eludir el filtrado u ocultar la actividad de Internet están prohibidos y darán lugar a medidas disciplinarias;
- Las cuentas de correo electrónico de los estudiantes asignadas por el Distrito Escolar de Omak se filtran y solo permitirán la comunicación dentro de la red (solo los maestros y los estudiantes pueden comunicarse entre sí, otros lugares/personas externas serán bloqueados)

Información de seguro para Chromebooks

El Distrito Escolar de Omak ha desarrollado un programa de seguro para Chromebooks estudiantiles, y al igual que los libros de texto y otras propiedades escolares proporcionados a su hijo/a, existe la responsabilidad de cuidar de estos valiosos recursos. A continuación hay una explicación de cómo funciona el programa de seguros, así como el calendario de tarifas establecidas.

Costo del seguro:

Se debe pagar una prima de \$10.00 para inscribirse en el programa de seguro. Para las familias que tienen más de un estudiante inscrito en Escuela Intermedia Omak, se aplicará una prima anual máxima de \$20.00.

Dispositivos rotos/dañados:

A los que estan inscritos en el programa de seguro no se les cobrará por daños por la primera vez. Se cubrirá un máximo de dos vacaciones por año, con excepción de las partes enumeradas en la figura 1.1 de la otra pagina. Cualquier daño causado después de las dos primeras veces será responsabilidad del estudiante y debe pagar en su totalidad. Los daños causados a los chromebooks que encontremos son debidos a abusos flagrantes o daños intencionalmente, serán reemplazados y/o reparados a costo del estudiante.

Chromebook perdido/robado:

En caso de pérdida o robo de un Chromebook, el estudiante es responsable de pagar el reemplazo de el Chromebook basado en las tarifas que se indican a continuación. Aquellos inscritos en el programa de seguro pagarán un deducible de \$50.00 para reemplazar el dispositivo. La participación en actividades extracurriculares se suspenderá hasta que se establezca un plan de pago o la multa se pague en su totalidad. Los planes de pago se pueden organizar a través de la oficina escolar. No se permitirá inscripción en el seguro para un segundo Chromebook dentro del mismo año escolar, y cualquier daño o pérdida del dispositivo será la responsabilidad del estudiante de pagar en su totalidad. En el caso de que un Chromebook se encuentre o recupere en buen estado, se le reembolsará el deducible o la tarifa de reemplazo al estudiante.

Cubiertas del Chromebook (Cargador/protector):

Se dará una cubierta protectora con cada Chromebook. En caso de pérdida o daño de esta, el estudiante será responsable por el reemplazo. (El seguro opcional no es aplicable a los protectores.) (Véase la figura 1.1) Los estudiantes son responsables del costo de reemplazo de los cargadores perdidos (vea la table de tarifas a continuación). Cualquier tipo de daño al cargador, garantizará el reemplazo total y se aplicará el costo de este.

2023-2024 Technology Fee Schedule:

Replacement Part/Damage	Fee <u>Without</u> Insurance	Fee <u>With</u> Insurance
Chromebook	\$200.00	\$50.00 deductible
Screen	\$50.00	No charge for first two occurrences
Case	\$15.00	\$15.00
Plastic cover (top/bottom)	\$50.00	No Charge for first two occurrences
Motherboard	100.00	\$25.00 deductible (first two occurrences, no coverage after two)
Keyboard/track pad	\$75.00	\$25.00 deductible (first two occurrences, no coverage after two)
Camera	TBD	No Charge for first two occurrences
Battery	\$50.00	No Charge for first two occurrences
Port replacement	\$15.00	No Charge for first two occurrences
WIFI Card	\$20.00	No Charge for first two occurrences
Asset tag defacement	\$5.00	\$5.00
Placing stickers/drawing on Chromebook	\$5.00	\$5.00
Charger	40.00	No charge for first occurrence

I have read the Chromebook guidelines, in addition to the Technology Acceptable Use Procedures with my student and am aware myself and my student are responsible for the device.

Parent Signature: _____ Date: _____

Student Name: _____

Homeroom Teacher's Name: _____

Chromebook Insurance Purchased? YES _____ NO _____

2023-2024 Technology Fee Schedule:

Cargo por pieza/daños o reemplazo	Tarifa sin Seguro	Tarifa con Seguro
Chromebook	\$200.00	\$50.00 deducible
Pantalla	\$50.00	No hay cargo por las dos primeras incidencias
	\$15.00	\$15.00
Cubierta Plastica (encima/debajo)	\$50.00	No hay cargo por las dos primeras incidencias
Placa de la base	100.00	\$25.00 deducible (primeras dos veces, no hay cobertura después de dos)
Teclado/ table de traccion t	\$75.00	\$25.00 deductible (first two occurrences, no coverage after two)
Cámara	TBD	No hay cargo por las dos primeras incidencias
Batería	\$50.00	No hay cargo por las dos primeras incidencias
Reemplazo del puerto	\$15.00	No hay cargo por las dos primeras incidencias
Tarjeta de WIFI	\$20.00	No hay cargo por las dos primeras incidencias
Desfiguración de etiquetas de activos	\$5.00	\$5.00
Colocar calcomanias en O dibujar en el Chromebook	\$5.00	\$5.00
Cargador	40.00	No hay cargo por la primera incidencias.

He leído las direcciones para Chromebook, además de los Procedimientos de uso aceptables de la tecnología con mi estudiante y soy consciente de mí mismo/a y de que mi estudiante es responsable por el Chromebook

Nombre del Padre: _____ Fecha: _____

Firma del estudiante: _____

Maestro/a: _____

Seguro de Chromebook? Si _____ No _____



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

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child’s education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>Information about the student’s language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don’t Know ____</p>	
<p>Prior Education</p> <p>Your responses about your child’s birth country and previous education:</p> <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>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p style="padding-left: 40px;">Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p style="padding-left: 40px;">_____</p> <p style="padding-left: 40px;">Month Day Year</p>	

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





La Encuesta de idiomas en el Hogar se entrega a *todos* los alumnos que se inscriben en una escuela de Washington.

Nombre del alumno: _____		Grado: _____	Fecha: _____
Nombre del padre, madre o tutor legal _____			
Firma del padre, madre o tutor legal _____			
<p>Derecho a los servicios de traducción o interpretación</p> <p>Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan. Indique el idioma de su preferencia para que podamos brindarle un intérprete o documentos traducidos, sin cargo alguno, cuando los necesite.</p>	<p>1. a) ¿En qué idioma(s) preferiría su familia recibir las comunicaciones por escrito de la escuela? _____</p> <p>b) ¿Necesita un intérprete para las reuniones y llamadas telefónicas (incluso de ASL)?</p> <p>Nombre del padre/madre/tutor 1: _____</p> <p>¿Necesita intérprete? ____ Sí ____ No Idioma _____</p> <p>Nombre del padre/madre/tutor 2: _____</p> <p>¿Necesita intérprete? ____ Sí ____ No Idioma _____</p>		
<p>Requisitos para recibir apoyo en capacitación de idiomas</p> <p>La información sobre el idioma del alumno nos ayuda a identificar a los alumnos que reúnen los requisitos para recibir apoyo para formar las habilidades de idioma necesarias para tener éxito en la escuela. Es posible que sea necesario hacer una evaluación para determinar si se requiere ayuda con el idioma.</p>	<p>2. ¿Qué idioma(s) habló o entendió primero su hijo(a)? _____</p> <p>3. ¿Qué idioma utiliza más su hijo en casa? _____</p> <p>4. ¿Cuál es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____</p> <p>5. ¿Ha recibido su hijo apoyo en capacitación del idioma inglés en una escuela anterior? Sí ____ No ____ No sé ____</p>		
<p>Educación previa</p> <p>Sus respuestas sobre el país de nacimiento de su hijo y su educación previa:</p> <ul style="list-style-type: none"> • Bríndenos información sobre el conocimiento y las aptitudes que su hijo trae a la escuela. • Esto puede ayudar a que el distrito escolar reciba fondos federales adicionales para brindarle apoyo a su hijo. <p><i>Este formulario no se utiliza para identificar la situación migratoria de los alumnos.</i></p>	<p>6. ¿En qué país nació su hijo? _____</p> <p>7. ¿Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten – 12.º grado) ____ Sí ____ No</p> <p>Si la respuesta es Sí: Número de meses: _____</p> <p>Idioma de formación: _____</p> <p>8. ¿Cuándo asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten – 12.º grado)</p> <p>_____</p> <p>Mes Día Año</p>		

Gracias por brindarnos la información necesaria en la Encuesta de Idiomas en el Hogar. Póngase en contacto con su distrito escolar si tiene más preguntas sobre este formulario o sobre los servicios que ofrece la escuela de su hijo.



COMPLETE ONLY IF APPLICABLE

To Kammie:
To Pam:
Original in Cum file:

OMB Control No. 1810-0021 (Exp. 04/30/2023)

ED 506 Form Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

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

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

COMPLETE ONLY
IF APPLICABLE



The Confederated Tribes of the Colville Reservation
Employment & Education Department
P.O. Box 150, Nespelem, WA 99155
Youth Development Program: 509-634-2469
College Admission/Advisement: 509-634-2495

MAIN: (509) 634-2469
FAX: (509) 634-2369
Higher Education: 509-634-2778
TANF: 509-634-2621



AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name

___/___/___
Date of Birth

Mailing Address, City, State

School

I hereby authorize the Employment & Education Department: Youth Development Program of the Confederated Tribes of the Colville Reservation, P.O. Box 150, Nespelem, WA 99155, working under a cooperative agreement between _____ School District and the Tribes to obtain:

Contact Information: ___ Yes ___ No
Attendance Records: ___ Yes ___ No
Academic Records: ___ Yes ___ No
Behavior Incident Reports: ___ Yes ___ No
Individual Education Plans: ___ Yes ___ No
Skyward: ___ Yes ___ No

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Employment & Education Representative

Date

Omak Middle School

2023-2024 Elective Choice Form 6th-8th grade

Student Name: _____

Required Course Plan: Students will be scheduled into the following required classes: English Language Arts, Science, Social Studies, Math and one semester of PE. Sixth grade students are enrolled in Computers 1 class as well.

6th grade		
ELECTIVES		
ORDER THE ELECTIVES BY NUMBER STARTING WITH YOUR FAVORITE (Write a number 1 in the box for your first choice, a number 2 for your second choice and so on.) Number your first 5 choices.		
Art	Semester	
Beginning Band	Full year	
Choir	Full year	
Theater/Drama - Intro	Semester	
STEAM-Cooking with Curiosity!	Semester	
STEM - Intro	Semester	

Circle grade:	7th	8th
ELECTIVES		
ORDER THE ELECTIVES BY NUMBER STARTING WITH YOUR FAVORITE. (Write a number 1 in the box for your first choice, a number 2 for your second choice and so on.) Number your first 8 choices.		
Art	Semester	
Beginning Band <small>(Have not taken a Band class before)</small>	Full year	
Choir	Full year	
Computers I <small>(Have not taken a computer class before)</small>	Semester	
Computers II <small>(Must have completed Computer I class)</small>	Semester	
Computers III <small>(Must have completed Computer II class)</small>	Semester	
Concert Band <small>(Already took a Band class)</small>	Full year	
Robotics 101 <small>(STEM - Intro must be taken first)</small>	Semester	
STEAM-Cooking with Curiosity!	Semester	
STEAM - Wow You Made What?	Semester	
STEM - Intro	Semester	
STEM 2	Semester	
Theater/Drama - Intro <small>(Have not taken Drama class before)</small>	Semester	
Theater/Drama - Advanced <small>(Already took a Drama class)</small>	Semester	
Web Design & Coding <small>(STEM - Intro must be taken first)</small>	Semester	

HIGH SCHOOL AND BEYOND PLAN	
Circle what you hope to do following graduation:	
Work	2 year College
Apprenticeship	4 year College
Career/Technical School	Military
Other: _____	

Student Signature

Parent/Guardian Signature

Date

Omak Middle School

School Year 2023-2024

Course Descriptions

ELECTIVE COURSES

Art (6th, 7th, 8th) 1 semester

6th grade is an introductory course designed to give a sampling of art projects that emphasize the elements and principles of art. 7th & 8th Art is designed to give students further experience in art projects that emphasize the elements and principles of design. Understanding and appreciation of self and others through art movements and culture is emphasized. The class includes a variety of media.

Beginning Band (6th, 7th, 8th) All Year

Students will learn how to read music and play their chosen instrument. A limited number of instruments are available to borrow from the school. Instrument options include flute, clarinet, saxophone, trumpet, French horn, trombone, euphonium, tuba, and percussion (limited). Piano and guitar are not available instruments in this course. Individual practice at home will be essential to students' progress. This group performs in three concerts.

Choir (6th, 7th, 8th) All Year

This class is for those who enjoy singing and want to learn more about how to sing correctly. Music will be chosen according to the ability of the group. This class will perform in four concerts, one massed festival, and at a choral festival.

Computer II (7th, 8th) 1 semester

Students will utilize a wide range of applications, including word-processing (Microsoft Word), presentation (Microsoft PowerPoint), and Introductory Adobe Illustrator and Photoshop. We will also utilize code.org to learn block coding. Internet and online safety is covered to meet state requirements for digital citizenship. Computer 1 or equivalent skills required.

Computers III (7th, 8th) 1 semester

In Advanced Computer Applications, students explore advanced features of word-processing (Microsoft Word), presentation (Microsoft PowerPoint), Advanced Adobe Illustrator and Photoshop tools as well as Introduction to After Effects tools. Students will also explore web design using Weebly.com. In addition, students will utilize tinkercad.com to learn 3D design and printing. Internet and online safety are covered to meet state requirements for digital citizenship. Computer II or equivalent skills required.

Concert Band (7th, 8th) All Year

For students who have at least one year of experience playing an instrument. A limited number of instruments are available to borrow from the school. Instrument options are the same as the beginning band, with the opportunity to switch to select advanced instruments. Piano and guitar are not available instruments in this course. Individual practice at home will be essential to students'

progress. This class performs in three concerts, one massed festival, one band festival, one parade, and high school graduation.

Robotics 101 (7th, 8th) 1 semester

Student will learn how to build and program robots and have them do different tasks. Students will use Lego Mindstorms kits and will learn how to program the different sensors and motors. Student will complete with their classmates with Hill Climbers, Drag Racers, and other types of robots. Students will also be challenged by designing their own robots based on what is learned throughout the semester. **STEM Intro is required.**

STEAM – Cooking with Curiosity! (6th, 7th, 8th) 1 semester

In this course, your curiosity will be sparked by learning how cooking can teach you about science, and how science can teach you about cooking! Cooking and science belong together and can both be done in delicious and fun ways. Grab the spatulas, and mixing bowls, and delve into a world full of exciting flavors and textures, all while learning just how delicious and fun science can be.

STEAM-Wow You Made What? (7th, 8th) 1 semester

STEAM stands for science, technology, engineering, arts and mathematics. This course focuses on sparking imagination and creativity through arts in ways that align with STEM learning.

STEM - Intro (6th, 7th, 8th) 1 semester

This is an introductory course that focuses on simple and powered machines. Students will learn how different simple machines work and how to combine them to create more complex machines. Students will learn measurement, and engineering use Lego blocks to build their projects.

Theater - Intro (6th, 7th, 8th) 1 semester

Students will learn the basics of theater including script analysis, acting, stage makeup, basic lighting, sound design, costumes, set, props and more. Students learn to speak in public and present in front of their peers.

Theater – Advanced (7th, 8th) 1 semester

Students will use the basic theater skills they learn to design and perform a one act play at the end of the semester. This class focuses on giving the students basic production skills and experience working on real productions.

Web Design & Coding (7th, 8th) 1 semester

Students in this class will be learning different programming styles that are used to program web pages and smart phone apps. The first half of the semester, students will create their own web page using coding. The second half of the semester will focus on animation and games and students will be Coding in Minecraft towards the end of the semester. **STEM Intro required.**