

Toledo School District #237
Request for Transfer of Educational Records

Date _____

To: _____

P O Box/Street _____

City _____ State _____ Zip _____

Student _____

Birthdate _____ Grade _____

Please include the following:

Progress Records Special Ed Records Attendance
Health/Immunization Transcript of Courses Test Scores
Also: AR Student Record Most Current Star Tests

We would appreciate receiving the student records as soon as possible. Thank you.

Parent/Guardian Signature

Date

Administrative Signature

Date

Mail to: Toledo Elementary School--P O Box 549--Toledo, WA 98591

Phone: (360)864-4761

Fax: (360)864-8146

TOLEDO ELEMENTARY SCHOOL REGISTRATION

B.C.
 Imm.

(Please Print)

Student LEGAL Last Name	LEGAL First Name	Middle	Also Known As	Grade	Teacher
Method of Transportation: Fill in route # _____ Walk _____ Pick up _____			Birth date:		Sex
Has student ever attended Toledo Schools? ___ Yes ___ No			Dates Attended (M/Y) _____		
Primary Household Parent/Guardian 1 <i>Last Name First Name</i>	Relationship to Student	Phone#1 (include area code)		Unlisted?	
		Phone #2 (include area code)			
Primary Household Parent/Guardian 2 <i>Last Name First Name</i>	Relationship to Student	Phone#1 (include area code)		Unlisted? Yes No	
		Phone #2 (include area code)			
Primary Resident Address (Street, Apt#)		City	State	Zip	
Primary Mailing Address (If different from above)		City	State	Zip	
Secondary Household Parent/Guardian 1 <i>Last Name First Name</i>	Relationship to Student	Phone#1 Home (include area code)		Unlisted? Yes No	
		Phone #2 Work ___ Cell ___ (include area code)			
Secondary Household Parent/Guardian 2 <i>Last Name First Name</i>	Relationship to Student	Phone#1 Home (include area code)		Unlisted? Yes No	
		Phone #2 Work ___ Cell ___ (include area code)			
Secondary Resident Address (Street, Apt#)		City	State	Zip	
Secondary Mailing Address (If different from above)		City	State	Zip	
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, plan must be on file with the school for enforcement).					
Restraining order against: ___ Father ___ Mother ___ Other (Name: _____)					

EMERGENCY INFORMATION

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

First Emergency Contact (other than parent/guardian)	Relationship to child:	Phone #1 (area code)	Phone #2 (area code)
Name:			
First Contact address: Street or PO Box	City	State	Zip
Second Emergency Contact (other than parent/guardian)	Relationship to child:	Phone #1 (area code)	Phone #1 (area code)
Name:			
Second Contact address: Street or PO Box	City	State	Zip
Third Emergency Contact (other than parent/guardian)	Relationship to child:	Phone #1 (area code)	Phone #1 (area code)
Name:			

Student Name _____

Student's Medical History	
Doctor's Name _____	Doctor's Phone Number _____

Are languages other than English spoken in the home? Yes ___ No ___ If yes, what Language? _____

Has your child ever qualified for or been enrolled in a Special Ed Program (IEP)? ___ Yes ___ No

Has your child ever qualified for or had a 504 Plan? ___ Yes ___ No Has your child ever participated in: ___ Title ___ LAP ___ ESL

Please list other siblings attending Toledo School District			
Last Name	First Name	School	Grade/Teacher

Early Closing or School Emergency Plan

Student Name _____ Grade _____ Teacher _____

Normal Transportation Address _____

City/Zip _____ Normal Bus Rt.# _____

In the event of an early out closing or school emergency, will the transportation be different from the information above? Yes ___ No ___

If you answered yes, what is the emergency destination? Contact Number? _____

Emergency Address _____ City/Zip _____

Emergency Contact Name _____ Emergency Contact # _____

Or ___ I will pick up my child(ren) from School

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact the parent/guardian immediately. If the parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

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

VERIFICATION OF INFORMATION: 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 or assignment to a school in the Toledo School District.

Legal Parent/Guardian Signature: _____ Date: _____

Student's Full Legal Name:

Grade:

Teacher:

Ethnicity and Race Data Collection Form

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

- | | | | |
|--------------------------|---------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN / MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> | CUBAN | <input type="checkbox"/> | CENTRAL AMERICAN |
| <input type="checkbox"/> | DOMINICAN | <input type="checkbox"/> | SOUTH AMERICAN |
| <input type="checkbox"/> | SPANIARD | <input type="checkbox"/> | LATIN AMERICAN |
| <input type="checkbox"/> | PUERTO RICAN | <input type="checkbox"/> | OTHER HISPANIC/LATINO |

QUESTION 2. What race(s) do you consider your child? (Check all that apply.)

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

Toledo School District

Annual Health History

Student Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade	School	Date
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The following information is required in order that we may create an appropriate plan for your child in the event of an emergency. This information may be shared with school staff on a "need to know basis" only.

CURRENT MEDICAL CONCERNS

- Asthma
- Inhaler(s) _____ Nebulizer Speech difficulty
- Hay fever Fainting
- Diabetes Nosebleeds
- Heart disease Headaches
- Seizures/Spells Dental problems
- Bone disease Color Blindness
- Vision problem Physical handicap
- Hearing problem Other _____

ALLERGIES (check all that apply)

- Plants Foods Bees Insects
- Drugs Animals Other (specify) _____

Do you have an Epi-pen or have you ever had one ordered for allergies? _____
Please describe the allergic reaction: _____

MEDICATION (Medication requires written physician and parent permission)

Is medication required for either an allergy or another medical condition?
At home? Yes No At school? Yes No
Name of medication: _____
Detailed information: _____

Does your child have any special medical problems or concerns that the school staff should note?

Signature of Parent _____ Date _____

MEDICAL INFORMATION

Was there a health problem or handicap present at birth? No Yes
What age was the diagnosis made? _____
Diagnosis: _____

Name of physician treating for above diagnosis: _____

Any operations, injuries, or hospitalizations related to diagnosis: _____

Physical education activity: Limited Not Limited

If activity is to be limited, please explain: _____

Does your child wear: Contact lenses? _____ Glasses? _____ Hearing aides? _____

Date _____ Doctor _____

Last eye examination: _____

Last dental examination: _____

Last medical examination: _____

DO YOU HAVE MEDICAL INSURANCE? _____
DO YOU NEED ASSISTANCE IN ACCESSING MEDICAL INSURANCE? _____

AUTHORIZATION

If emergency treatment is required for your child and you cannot be reached immediately, may the school authorities use their own judgment in calling one of the local doctors indicated above, or if not available, another doctor, to give treatment necessary for the health and welfare of your child?
Yes _____ No _____

If NO, please explain what action you desire the school to take: _____

Signature of Parent _____ Date _____

If a medical condition is diagnosed or there is a change in medication during the school year, please notify the School Nurse.

Toledo Elementary School

864-4761

Field Trip Permission Slip

I hereby give permission for my child, _____
to participate in short trips walking from Toledo Elementary School. An
example would be in the Toledo Park for a nature study. In case of an
emergency involving my child, I give permission for the teacher to
attend to the situation.

Parent Signature _____

Date _____

Electronic Information System (K-20 Network) Individual User Access Informed Consent Form

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Toledo School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Toledo School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Toledo School District has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the Internet through the school district's system is waived.

Signature of User

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

Printed Name of User

Printed Name of Parent/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Date Signed

Date Signed

* Students over eighteen do not need a parent's signature

OFFICIAL USE ONLY/DO NOT WRITE BELOW THIS LINE

Account Number _____

Approved by: _____

Date: _____



Office of Superintendent of Public Instruction (OSPI)
Washington State Transitional Bilingual Instructional Program
Home Language Survey

Student Name: _____			Date: _____
Birth Date: _____	Gender: _____	Grade: _____	SSID: _____
Form Completed by:			
Parent/Guardian Name _____		Relationship to Student _____	
Parent/Guardian Signature _____			
If available, in what language would you prefer to receive communication from the school? _____			
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 ___			

1. In what country was your child born?	_____
2. What language did your child first learn to speak?*	_____
3. What language does YOUR CHILD use the most at home?*	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever attended a school outside of the United States? ____ Yes ____ No	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. Has your child attended school in the United States before enrolling in this district? (Kindergarten - 12 th grade) ____ Yes ____ No	For how many months? _____ months *One (1) school year = 10 months
7. Do grandparent(s) or parent(s) have a tribal affiliation? ____ Yes ____ No	

**WAC 392-160-005: "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.*



Toledo School District
116 Ramsey Way
PO Box 469
Toledo, WA 98591

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

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

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- | | |
|--|---|
| <input type="checkbox"/> In a motel | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Moving from place to place/couch surfing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> In someone else's house or apartment with another family | |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) | |

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:

Angela Bacon
District Liaison

360-864-4761
Phone Number

Toledo Elementary School
Location

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

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

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php

<http://naehcy.org/educational-resources/naehcy-publications>

<http://www.schoolhouseconnection.org/>