



FREEMAN SCHOOL DISTRICT #358

High School

Middle School

Elementary

Registration Instructions

Intended Start Date: _____

The information in the Freeman School District registration packet is for the confidential use by school personnel who are directly concerned with planning the most appropriate education service for your child.

Each document is required for school registration. Please fill them out entirely. Students will not be considered enrolled and will not be placed in a class until all documents in the registration packet are completed and on file with the school office.

STUDENT RECORDS REQUEST

Please fill in the previous school information, your child's legal name, grade and birthdate, and parent signature. Return this form with the registration packet to Freeman.

REGISTRATION

There are two pages to the registration form which include a parent signature on the second page. Please include the names and birthdates of all siblings in the household.

WA STATE ETHNICITY & RACE

This is a Washington State required form.

STUDENT PLACEMENT QUESTIONNAIRE

Indicate if your student has had any previous services: Special Education, Speech, Title I, ESL, etc.

STUDENT HEALTH UPDATE - Your child's safety and health are important to us. Please be as precise as possible as you answer each question. Some items, if checked, will require additional paperwork.

VERIFICATION OF RESIDENCY After completion of this form, we will need to photocopy your current driver's license and items of verification from Lists 1 and 2.

MCKINNEY-VENTO HOMELESS ASSISTANCE QUESTIONNAIRE

This is a Washington State required form.

HOME LANGUAGE SURVEY

This is a Washington State required form. There is information on the second page of the document if you have questions.

SCHOOL BUS ENROLLMENT, RULES, AND REGULATIONS

All students in the Freeman School District are assigned a school bus. Even if you personally drop off & pick your child up, s/he must be registered to ride a bus in order to participate in classroom field trips, sports, etc.

APPLICATION FOR FREE AND REDUCED PRICE MEALS

Every family is asked to complete this form regardless of anticipated eligibility.

CERTIFICATE OF IMMUNIZATION

All immunization requirements must be met to attend school. A completed CIS form may be prepared through www.wa.myir.net/registar

VERIFICATION OF CHILD'S IDENTITY

The Freeman School District will accept any one of a variety of documents for purposes of verifying a student's age or legal name, including, but not limited to: birth certificates, passports, entries in a family bible, adoption records, affidavits from a parent, previously verified school records, or any other documents permitted by law.

REQUIRED ATTENDANCE

By signing the required attendance form, you and your student acknowledge that you have read Freeman School District's attendance expectations and understand the consequences of truancy.

MILITARY STATUS

Please Select an answer. Report active duty participation (not veteran status). *No affiliation* should be recorded if applicable.

OPT OUT FORM

This form addresses access to email, internet, district publicity or in-house publicity.

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FREEMAN SCHOOL DISTRICT #358

Student Records Request Intended Start Date _____

Previous School Information:

School: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ email: _____

Authorization for Mutual Exchange of Confidential Information

This information is for confidential use of the Freeman School District personnel who are directly concerned with helping this child by planning the most appropriate educational service.

Student Name: _____ Birthdate: ____/____/____ Current Grade: _____

The above-named student has enrolled at Freeman Elementary School. Please send all school records, including but not limited to the list below. Note: Parent consent is not required for transfer of records to another school where the student intends to enroll. (Authority: 20 U.S.C. 123G(B)(1)(D).)

- **Cumulative** (attendance, grade level, schedule, state testing results, grades, birth certificate, etc.)
- **Transcripts** (high school transcript, school graduation requirements, etc.)
- **Health Information** (immunizations, sports physicals, etc.)
- **Discipline** (as per RCW 13.04.155 any past, current, & pending actions, etc.)
- **Other** (copy of student schedule, withdrawal, Title 1/ LAP, ESL, 504 plans, etc.)
- **Special Education** (most recent evaluation with testing results and current IEP & evaluation)

I hereby give my consent for release of records regarding my child. I further acknowledge notification of this transfer of records as required by the *Family Educational Rights and Privacy Act* (FERPA) of 1974 and I understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

This student records request form is to be sent by school officials, NOT by the student or parent/guardian.

Parent/Guardian Signature _____ Date: _____

Please send all cumulative records to:

- (Current Grades K-5)
Freeman Elementary School
14917 S Jackson Road
Rockford, WA 99030
Phone: (509) 291-4791 ● Fax: (509) 291-7339
email: (Ann Kienholz Jurcevich) ● ajurcevich@freemansd.org
- (Current Grades 6-8)
Freeman Middle School
15001 S. Jackson Road
Rockford, WA 99030
Phone: (509) 291-7301 ● Fax: (509) 291-8009
email (Joanne Moyer) ● jmoyer@freemansd.org
- (Current Grades 9-12)
Freeman High School
14626 S. Jackson Road
Rockford, WA 99030
Phone (509) 291-3721
email: (Raelyn Davis) ● rdavis@freemansd.org

Please send all special education records to:

- Special Ed, IF applicable
Freeman School District
Attn: Shayla Daniel
14917 S Jackson Road
Rockford, WA 99030
Phone: (509) 291-4791
Fax: (509) 291-7339
email: (Shayla Daniel) ● sdaniel@freemansd.org

Office Use: Date sent to obtain records ____/____/____

Date records received ____/____/____

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FREEMAN SCHOOL DISTRICT #358

Registration Form

Student Name

Please Print: _____

LEGAL Last Name

LEGAL First

LEGAL Middle

Student Preferred Name: _____

GENDER: M F

BIRTHDATE: _____ AGE: _____

Registering for GRADE: _____

Birth State/Country: _____

Initial USA Public School Enrollment? YES NO

Intended Start Date: _____

If NO, date first enrolled in USA public school: _____

Number of months enrolled in non-USA school: _____

PRIMARY HOME RESIDENCE

Household Description:	Both Parents	Mother Only	Father Only	Mother/Stepfather
	Father/Stepmother	Guardian	Agency	Self
				Other

Primary Telephone Number _____ Unlisted? YES NO

Parent/Guardian _____ Cell Phone _____ E-mail _____

Home Address _____ City _____ ZIP _____

Mailing Address if different from listed above: _____

Employer _____ Work Phone _____

Parent/Guardian _____ Cell Phone _____ E-mail _____

Employer _____ Work Phone _____

SECONDARY RESIDENCE (If Applicable)

Household Description:	Both Parents	Mother Only	Father Only	Mother/Stepfather
	Father/Stepmother	Guardian	Agency	Self
				Other

Primary Telephone Number _____ Unlisted? YES NO

Parent/Guardian _____ Cell Phone _____ E-mail _____

Home Address _____ City _____ ZIP _____

Mailing Address if different from listed above: _____

Employer _____ Work Phone _____

Parent/Guardian _____ Cell Phone _____ E-mail _____

Employer _____ Work Phone _____

Does this parent have permission to pick up this student? YES NO Are Academic Reports Requested? YES NO

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)

Student Name: _____ Grade: _____

ADDITIONAL INFORMATION

Attended Freeman Schools before? YES NO If yes which school? _____ Year _____

Please list names and birthdates of all children in the household:

FIRST AND LAST NAME:	BIRTHDATE:	GRADE (IF ENROLLED):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS

In the event we cannot reach the parent/guardian in the case of an injury, illness or other emergency, please list persons who are available during the day to provide care for your child (local area only please). Please **DO NOT** list yourself as an emergency contact.

Please place only one name per contact line (i.e., not grandma & grandpa together, place each on a separate line).

Contact Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

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 child's enrollment or assignment to a school in the Freeman Public Schools. **I will notify the school each time there is a change in this information.**

Signature of Parent or Legal Guardian

Date

Student Name: _____ Grade: _____ School: _____

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation.

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01)						
ETHNICITY	Hispanic	<input type="checkbox"/> Hispanic (H00)	<input type="checkbox"/> Cuban (H09)	<input type="checkbox"/> Mestizo (H17)	<input type="checkbox"/> Salvadoran (H24)	
		<input type="checkbox"/> Argentine (H02)	<input type="checkbox"/> Dominican (H10)	<input type="checkbox"/> Native (H18)	<input type="checkbox"/> Spaniard (H25)	
		<input type="checkbox"/> Bolivian (H03)	<input type="checkbox"/> Ecuadorian (H11)	<input type="checkbox"/> Nicaraguan (H19)	<input type="checkbox"/> Surinamese (H26)	
		<input type="checkbox"/> Brazilian (H04)	<input type="checkbox"/> Guatemalan (H12)	<input type="checkbox"/> Panamanian (H20)	<input type="checkbox"/> Uruguayan (H27)	
		<input type="checkbox"/> Chicano (Mexican American) (H05)	<input type="checkbox"/> Guyanese (H13)	<input type="checkbox"/> Paraguayan (H21)	<input type="checkbox"/> Venezuelan (H28)	
		<input type="checkbox"/> Chilean (H06)	<input type="checkbox"/> Honduran (H14)	<input type="checkbox"/> Peruvian (H22)		
		<input type="checkbox"/> Colombian (H07)	<input type="checkbox"/> Jamaican (H15)	<input type="checkbox"/> Puerto Rican (H23)		
		<input type="checkbox"/> Costa Rican (H08)	<input type="checkbox"/> Mexican (H16)			
		Hispanic/Latino Write In (H29)				
RACE-NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	Native Hawaiian/Other	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)				
		<input type="checkbox"/> Carolinian (P01)	<input type="checkbox"/> Maori (P07)	<input type="checkbox"/> Pohpeian (P13)	<input type="checkbox"/> Tongan (P18)	
		<input type="checkbox"/> Chamorro (P02)	<input type="checkbox"/> Marshallese (P08)	<input type="checkbox"/> Samoan (P14)	<input type="checkbox"/> Tuvaluan (P19)	
		<input type="checkbox"/> Chuukese (P03)	<input type="checkbox"/> Native Hawaiian (P09)	<input type="checkbox"/> Solomon Islander (P15)	<input type="checkbox"/> Yapese (P20)	
		<input type="checkbox"/> Fijian (P04)	<input type="checkbox"/> Ni-Vanuatu (P10)	<input type="checkbox"/> Tahitian (P16)		
		<input type="checkbox"/> i-Kiribati/Gilbertese (P05)	<input type="checkbox"/> Palauan (P11)	<input type="checkbox"/> Tokelauan (P17)		
		<input type="checkbox"/> Kosraean (P06)	<input type="checkbox"/> Papuan (P12)			
		Pacific Islander Write In (P21)				
		RACE-BLACK/AFRICAN-AMERICAN	Black/African	<input type="checkbox"/> Black/African-American (B00) <input type="checkbox"/> African American (B01) <input type="checkbox"/> African Canadian (B02) <input type="checkbox"/>		
Black Write In (C02)						
<input type="checkbox"/> Anguillian (B03)	<input type="checkbox"/> Caymanian (Cayman Island) (B09)			<input type="checkbox"/> Grenadian (B13)	<input type="checkbox"/> Jamaican (B16)	
<input type="checkbox"/> Antiguan (B04)	<input type="checkbox"/> Cuba Dominican (B10)		<input type="checkbox"/> Guadeloupien (B14)	<input type="checkbox"/> Martiniquais/Martiniquaise (B17)		
<input type="checkbox"/> Bahamian (B05)	<input type="checkbox"/> Dominican (Dominican Republic) (B11)		<input type="checkbox"/> Haitian (B15)	<input type="checkbox"/> Montserratian (B18)		
<input type="checkbox"/> Barbadian (B06)	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12)			<input type="checkbox"/> Puerto Rican (B19)		
<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07)						
<input type="checkbox"/> British Virgin Islander (B08)						
Caribbean Write In (B20)						
Central African	<input type="checkbox"/> Angolan (B21)		<input type="checkbox"/> Congolese (Rep. of the Congo) (B25)	<input type="checkbox"/> São Toméan (B29)		
	<input type="checkbox"/> Cameroonian (B22)		<input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26)	<input type="checkbox"/> Príncipe (B30)		
	<input type="checkbox"/> Central African (Central African Rep.) (B23)		<input type="checkbox"/> Equatorial Guinean (B27)			
	<input type="checkbox"/> Chadian (B24)		<input type="checkbox"/> Gabonese (B28)			
Central African Write In (B31)						
East African	<input type="checkbox"/> Burundian (B32)		<input type="checkbox"/> Malagasy (Madagascar) (B38)	<input type="checkbox"/> Rwandan (B44)	<input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50)	
	<input type="checkbox"/> Comoran (B33)	<input type="checkbox"/> Malawian (B39)	<input type="checkbox"/> Seychellois/Seychelloise (B45)	<input type="checkbox"/> Zambian (B51)		
	<input type="checkbox"/> Djiboutian (B34)	<input type="checkbox"/> Mauritian (Mauritius) (B40)	<input type="checkbox"/> Somali (B46)	<input type="checkbox"/> Zimbabwean (B52)		
	<input type="checkbox"/> Eritrean (B35)	<input type="checkbox"/> Mahoran (Mayotte) (B41)	<input type="checkbox"/> South Sudanese (B47)			
	<input type="checkbox"/> Ethiopian (B36)	<input type="checkbox"/> Mozambican (B42)	<input type="checkbox"/> Sudanese (B48)			
	<input type="checkbox"/> Kenyan (B37)	<input type="checkbox"/> Reunionese (B43)	<input type="checkbox"/> Ugandan (B49)			
	East African Write In (B53)					
Latin American	<input type="checkbox"/> Argentine (B54)	<input type="checkbox"/> Ecuadorian (B61)	<input type="checkbox"/> Mexican (B68)	<input type="checkbox"/> Uruguayan (B75)		
	<input type="checkbox"/> Belizean (B55)	<input type="checkbox"/> El Salvadoran (B62)	<input type="checkbox"/> Nicaraguan (B69)	<input type="checkbox"/> Venezuelan (B76)		
	<input type="checkbox"/> Bolivian (B56)	<input type="checkbox"/> Falkland Islander (B63)	<input type="checkbox"/> Panamanian (B70)			
	<input type="checkbox"/> Brazilian (B57)	<input type="checkbox"/> French Guianese (B64)	<input type="checkbox"/> Paraguayan (B71)			
	<input type="checkbox"/> Chilean (B58)	<input type="checkbox"/> Guatemalan (B65)	<input type="checkbox"/> Peruvian (B72)			
	<input type="checkbox"/> Colombian (B59)	<input type="checkbox"/> Guyanese (B66)	<input type="checkbox"/> S. Georgia/S. Sandwich Islands (B73)			
	<input type="checkbox"/> Costa Rican (B60)	<input type="checkbox"/> Honduran (B67)	<input type="checkbox"/> Surinamese (B74)			
	Latin American Write In (B77)					
South African	<input type="checkbox"/> Botswanan (B78)	<input type="checkbox"/> Namibian (B80)	<input type="checkbox"/> Swazi (B82)			
	<input type="checkbox"/> Mosotho (Lesotho) (B79)	<input type="checkbox"/> South African (B81)				
South African Write In (B83)						
West African	<input type="checkbox"/> Beninese (B84)	<input type="checkbox"/> Gambian (B89)	<input type="checkbox"/> Mauritanian (B93)	<input type="checkbox"/> Senegalese (B97)		
	<input type="checkbox"/> Bissau-Guinean (B85)	<input type="checkbox"/> Ghanaian (B90)	<input type="checkbox"/> Nigerien (Niger) (B94)	<input type="checkbox"/> Sierra Leonean (B98)		
	<input type="checkbox"/> Burkinabé (Burkina Faso) (B86)	<input type="checkbox"/> Liberian (B91)	<input type="checkbox"/> Nigerian (Nigeria) (B95)	<input type="checkbox"/> Togolese (B99)		
	<input type="checkbox"/> Cabo Verdean (B87)	<input type="checkbox"/> Malian (B92)	<input type="checkbox"/> Saint Helenian (B96)			
	<input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88)					
	West African Write In (C01)					

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ALASKAN NATIVE	American Indian/Alaskan	<input type="checkbox"/> American Indian/Alaskan Native (N00) <input type="checkbox"/> _____ <small>Alaska Native Write In (N36) American Indian Write In (N37)</small>			
	Washington State Tribes	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Puyallup Tribe of Puyallup Reservation (N19) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Quileute Tribe of the Quileute Reservation (N20) <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation (N03) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Confederated Tribes of the Colville Reservation (N04) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Cowlitz Indian Tribe (N05) <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington (N23) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24) <input type="checkbox"/> Hoh Indian Tribe (N07) <input type="checkbox"/> Skokomish Indian Tribe (N25) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Kalispel Indian Community/Kalispel Reservation (N09) <input type="checkbox"/> Snoqualmie Indian Tribe (N27) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Spokane Tribe of the Spokane Reservation (N29) <input type="checkbox"/> Lummi Tribe of the Lummi Reservation (N12) <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation (N30) <input type="checkbox"/> Makah Indian Tribe/Makah Indian Reservation (N13) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington (N32) <input type="checkbox"/> Muckleshoot Indian Tribe (N15) <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation (N33) <input type="checkbox"/> Nisqually Indian Tribe (N16) <input type="checkbox"/> Swinomish Indian Tribal Community (N34) <input type="checkbox"/> Nooksack Indian Tribe of Washington (N17) <input type="checkbox"/> Tulalip Tribes of Washington (N35) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)			
RACE-ASIAN	Asian	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Thai (A24) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Punjabi (A20) <small>Asian Write In (A27)</small> <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Chinese (A07) <input type="checkbox"/> Mien (A15) <input type="checkbox"/> Taiwanese (A23)			
	Middle Eastern and North African	<input type="checkbox"/> White (W00) <input type="checkbox"/> _____ <small>White Write In (W36)</small>			
RACE-WHITE	White	<input type="checkbox"/> White (W00) <input type="checkbox"/> _____ <small>White Write In (W36)</small>			
	Eastern European	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Polish (W03) <input type="checkbox"/> Russian (W05) <input type="checkbox"/> _____ <input type="checkbox"/> Herzegovinian (W02) <input type="checkbox"/> Romanian (W04) <input type="checkbox"/> Ukrainian (W06) <small>Eastern European Write In (W07)</small>			
	Middle Eastern and North African	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Druze (W16) <input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> _____ <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Omani (W27) <small>Middle Eastern Write In (W34)</small> <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> _____ <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Israeli (W21) <input type="checkbox"/> Qatari (W29) <small>North African Write In (W35)</small> <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Jordanian (W22) <input type="checkbox"/> Saudi Arabian (W30) <input type="checkbox"/> Copt (W15) <input type="checkbox"/> Kurdish Kuwaiti (W23) <input type="checkbox"/> Syrian (W31)			

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____



FREEMAN SCHOOL DISTRICT #358

Student Placement Questionnaire

Childs Legal Name: _____
 (Please Print) Last First Middle

Birthdate _____ Age _____ Gender Female Male Grade _____

Name of Pervious School _____ Teacher _____

City and State _____

We believe thoughtful placement improves the likelihood of school success. Please respond briefly to the following questions and check the items if they pertain to your child. This information will be kept confidential.

1. Has your child been retained? _____ If yes, what grade? _____
2. Was your child enrolled in any special programs at the previous school? If yes, please indicate below:

Special Education	Has current IEP (Individualized Education Plan)
Speech	Physical Therapy
Title I	Occupational Therapy
ESL (English as a second language)	LAP (Learning Assistance Program)
504 Plan	

Student has attended Limited English Speaking (LES), English as a Second Language (ESL), or a Limited English Proficiency (LEP) programs? _____

Other: _____
3. Student has unpaid fines or fees imposed by other schools? Yes No
4. Student has a health condition affecting his/her educational needs and/or student has physical limitations that would necessitate special accommodations. Yes No
 Please specify if yes _____
5. Student has been involved with any of the following:
 Yes No
 Suspension(s)
 Expulsion(s)
 Weapons
 BECCA Petition (court ordered to attend school)
6. Please give any additional information that may help in the placement of this student in our school: _____

7. Is your child currently experiencing any behavior problems? Yes No
 Directed towards: At home In class Playground other students
 School staff family members

For purposes of safety, RCW28A.225.330 allows that these questions may be asked. We appreciate your cooperation and look forward to your student's involvement in our school.

I, _____ (your name), attest to the accuracy of this information.
 If the information given above is found to be untrue or incomplete, enrollment at this school may be denied.

Parent/Guardian Signature _____ Relationship to the Student _____

Printed Name _____ Date _____

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FREEMAN SCHOOL DISTRICT #358

Student Health Update

Freeman School District • 15001 S. Jackson Road • Rockford, WA 99030-9755

Student Name: _____ Grade/Teacher: _____ Birthdate: _____

Guardian Name: _____

Student's Physician/Clinic: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Hospital of Choice: _____ Insurance Company _____ Policy#: _____

STUDENT HEALTH HISTORY

Does the student have...	Severity		Medications/Treatments
	Yes	No	
ADD/ADHD			
Anemia/Blood Disorders			
Asthma/Lung Concerns			
Bladder/Kidney Concerns			
Bowel Problems			
Cancer/Leukemia/Tumors			
Diabetes			
Digestive Concerns			
Frequent Headaches			
Hearing Concerns			Hearing Aids? YES NO
Heart murmur/Concerns			
Hemophilia/Bleeding			
Hypoglycemia (Low Blood Sugar)			
Mental Health Concerns			
Neurologic Concerns			
Orthopedic Concerns (Muscle/Bone)			
Seizures (Convulsions)			
Skin - Sensitivity/Concerns			
Vision Concerns			Glasses? Contacts?
Other:			

Will your student require medications (prescriptive or over-the-counter) at school? ____ YES ____ NO

List medications: _____

****Students requiring medications at school (prescriptive and over-the-counter) including inhalers, will require a completed Medication Authorization Form on file for each school year, signed by the physician and the parent. These forms are kept in the school offices or can be downloaded from the school website at www.freemansd.org****

Please complete the back of this form.

STUDENT HEALTH HISTORY, continued

Allergies: _____ None
_____ Insects/Bee Stings: _____
_____ Foods: _____
_____ Medications: _____

If allergic, please describe your student's allergic reaction: _____

When was your student's last reaction? _____

How do you treat your student's allergic reaction? _____

Has your student ever had any serious injuries that may affect them at school? _____ YES _____ NO

Please describe: _____

Has your student ever had any surgeries/operations? _____ YES _____ NO

Please describe: _____

Are there any other health conditions/concerns that the school nurse should know about? _____ YES _____ NO

Please describe: _____

***Washington State Law (WAC 180-38) requires that students with **life threatening health conditions** **MUST** have medication authorization and medications at school as well as an emergency care plan in place **BEFORE** the student may attend school. Medication orders and care plans must be reviewed and updated **EACH** school year. Some of the types of medications required under this new law include, but are not limited to, metered dose inhalers, Epi-pens, and seizure medications. If your student falls into this category, the school nurse will be contacting you to insure that the necessary information and paperwork is on hand at school to protect your student's health and well-being. ***

Disaster Planning: Does your child take any medication at home that if missed for 3 days would pose a serious health risk to themselves or others? _____ YES _____ NO

Please describe: _____

If yes, this medication and the required authorization forms must be kept on file at the school in the event of a natural or man-made disaster.

In the event of a medical emergency for my student, I understand that the Freeman School District will make every attempt to contact me. If the emergency is life-threatening or I cannot be contacted, I authorize the principal or his/her designee, into whose care my student has been entrusted, to consent to any emergency medical treatment that a licensed physician or dentist may deem necessary. I understand that this authorization is given in advance of any required diagnosis, treatment or hospital care. This authorization shall remain effective for the full school year unless revoked in writing by me. I also understand that all costs of transportation, hospitalization and emergency care shall be my responsibility.

To my knowledge the above information is correct and complete. To safeguard my student's health the school nurse may share this information with those who may be required to care for him/her at school.

Parent/Guardian Signature: _____ Date: _____

Reviewed by: _____ Date: _____

Contact with: _____ Date of Contact: _____

Med. Authorization: _____ ECP/504/IHP: _____



FREEMAN SCHOOL DISTRICT #358

Verification of Residency

In order to verify residency within Freeman School District No. 358, the documents listed below must be provided. **Please attach the requested copies to this document (showing parent/guardian/caregiver name and address), and return it to our office:**

_____ Copy of State Driver's License (front and back)

_____ Copy of one document from the following list:

_____ Deed, escrow papers, mortgage book or statement, or property tax form

_____ Lease Agreement/Rental Contract and current rent receipt

_____ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian/caregiver lives there

_____ Copy of one bill from the following list:

_____ Gas & Electric

_____ Phone

_____ Cable

_____ Water

_____ Garbage

I, _____ the parent / guardian / caregiver of
(Please Print Your Name)

_____ declare, under penalty of perjury, this student
(Please Print Student's Name)

resides at the following address: _____
(Please Print)

I acknowledge that falsification of any information or document required for residency verification, or the use of another person's address, may result in the revocation of student enrollment, and that re-verifications may be requested by the School District at additional times during a student's enrollment.

Signature of Parent/Guardian/Caregiver: _____ Date: _____

Print Name : _____

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FREEMAN SCHOOL DISTRICT #358

McKinney-Vento Questionnaire

Childs **Legal** Name: _____ Birthdate: _____
(Please Print)

Grade: _____

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

Section A - Where are you/your student currently staying? *Please check one*

_____ Rent/own my own home or apartment (includes Section 8, permanent supportive housing, etc.)

STOP: *If you rent/own your own home, sign below and submit form to school personnel*

Section B -

_____ Temporarily with another family because we cannot afford or find affordable housing

_____ In a hotel/motel

_____ In a vehicle of any kind, RV park or campground, abandoned building, on the streets, or substandard housing

_____ In an emergency or transitional shelter or program (includes City Home Vouchers)

_____ Other

If you checked a box in Section B, your child/children may be eligible for additional educational services through Title X, Part C - McKinney-Vento Assistance Act.

I, _____, attest to the accuracy of this information. If the information given above is found to be untrue or incomplete, enrollment at this school may be denied.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Relationship to the Student _____

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

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

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

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.



SCHOOL BUS ENROLLMENT

Freeman Elementary School •
14917 S. Jackson Road • Rockford,
WA 99030-9755 • (509) 291-4791

DATE _____ INTENDED START DATE _____

STUDENT'S NAME _____ GRADE _____

STREET ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

FATHER'S NAME _____ WORK PHONE _____

E-MAIL ADDRESS _____ CELL PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

E-MAIL ADDRESS _____ CELL PHONE _____

EMERGENCY CONTACT _____ PHONE _____

CELL PHONE _____

OTHER SIBLINGS CURRENTLY ATTENDING FREEMAN (NAME: FIRST/LAST/GRADE):

PHYSICAL DESCRIPTION OF HOME'S LOCATION (CROSSROADS, NEIGHBORS, LANDMARKS):

SPECIAL MEDICAL CONCERNS DRIVERS SHOULD BE AWARE OF: _____

IS IT PERMISSABLE TO LET YOUR CHILD OFF AT THE BUS STOP IF YOU ARE NOT THERE?

____ YES ____ NO

ACTIVITY BUS INFORMATION: IF YOUR CHILD WILL BE RIDING THE ACTIVITY BUS (5:20 BUS FOR AFTER SCHOOL ACTIVITIES), PLEASE CONTACT THE TRANSPORTATION OFFICE AT 291-5555 TO DETERMINE THE CLOSEST STOP AND TIME FOR YOUR CHILD. **THE ACTIVITY BUS DOES NOT TAKE CHILDREN TO THEIR HOME.**

PLEASE CONTACT THE TRANSPORTATION OFFICE AT 291-5555 BETWEEN THE HOURS OF 6:30 A.M. AND 4:30 P.M. IF YOU HAVE ANY QUESTIONS, CONCERNS, OR SPECIAL INSTRUCTIONS CONCERNING THE TRANSPORTATION OF YOUR CHILDREN.

FOR OFFICE USE ONLY:

BUS # _____ ROUTE _____ STOP TIME A.M. _____ STOP TIME P.M. _____



FREEMAN SCHOOL DISTRICT #358

School Bus Rules & Regulations For Regular & Activity Routes

1. The driver is in full charge of the bus, and the pupils will obey the driver promptly and respectfully. (WAC 392-145-016)
 - A. Students will sit facing forward, keeping themselves and all objects out of the aisle.
 - B. No rough-housing or fighting
 - C. Excessive noise, profanity and obscene gestures are not allowed.
 - D. Assigned seat placement will be at the driver's discretion
2. Students will not change seats or stand while the bus is in motion. Drivers may change a student's seat placement if necessary. Windows may be opened with driver's permission. Nothing is to be extended from the windows at any time (hands, head, arms, garbage, spitting, etc.). (WAC 392-145-016)
3. Students shall ride their assigned bus at all times and must exit at their proper stop unless written permission has been granted by parents or guardian with school authorities. (WAC 392-145-016)
4. Students shall have nothing on the bus that may cause injury to another student, including glass, sticks, pointed objects, fire of any kind, weapons, etc. Items brought must be kept in a closed backpack or duffel bag. Large items that cannot be held in the student's lap safely will not be allowed. (WAC 392-145-016)
5. Students shall keep the bus clean and in good repair. Students and parents will be held financially responsible for any damage. Eating and drinking are not allowed on route buses. (WAC 392-145-016)
6. Controlled substances designated by law are not allowed. Possession or use of such will be handled according to school district policy. Animals and insects are not allowed on the bus, whether for class purposes or not. Seeing eye dogs will be allowed. (WAC 392-145-021)
7. Students shall be on time and wait in an orderly fashion, with no pushing or rough-housing, and be safely off the road while waiting for the bus. Policy is to be at the stop 5 minutes early. Students shall cross only in front of the bus, never behind, and only after the bus has stopped and the driver has motioned that the way is clear. (WAC 392-145-016)
8. State law requires that students shall remain silent while buses are crossing railroad tracks. (WAC 392-145-070)

**MISCONDUCT ON BUSES SHALL BE HANDLED IN COOPERATION WITH
STUDENTS, BUS DRIVERS, SCHOOL ADMINISTRATORS, AND PARENTS.**

TRIP BUSES:

1. The same rules apply as for regular and activity routes, with these exceptions:
 - A. Eating and drinking will be up to the teacher/coach, with the driver's permission.
 - B. Sitting with legs stretched across the seat, as long as safety is not compromised, with the driver's permission.
 - C. Pencils may be used, for immediate homework only, as approved by the principals with the driver's permission.
2. All sports equipment will be stored in the underneath storage compartments whenever possible. All items brought on the bus for necessary sports, band, etc., will be secured.
3. Without exception. **NO GLASS CONTAINERS WILL BE ALLOWED. (WAC-392-145-016)**
4. All teachers, coaches, and parents that ride are to follow the same rules as students. While the bus is in motion, teachers/coaches may walk back to aid a student immediately in the event of any situation that becomes life threatening. Coaches and chaperones are responsible for student conduct. The driver should not have to intervene.



FREEMAN SCHOOL DISTRICT #358

School Bus Rules & Regulations For Regular & Activity Routes

DISCIPLINE PROCEDURES:

1. First referral for misbehavior is used as an informational tool to inform the parents and principal of improper behavior. The problem will be discussed with the student and a phone call home discussing the problem with the parent, asking them to handle the problem before it grows.
2. Second referral will be discussed with the student. The referral will be sent home with the student as a written warning that the next referral could result in the loss of riding privileges.
3. Third referral involves a conference with the student and one to three day's suspension off the buses, both regular route and the activity route.
4. Fourth referral involves a conference and one to five day's suspension off the regular route and the activity route.
5. Fifth referral involves a conference and possible long-term suspension off the regular route and the activity route.
6. If the incident is harmful to others or causes physical damage to school buses, a more severe punishment may result. The discipline procedures for any referrals at the end of the school year may be carried into the next school year. As situations vary, all discipline will be at the principal's discretion.

We have read and understand the bus rules and discipline procedures as stated on this document.

Student Name – printed

Date

Parent Name - printed

Home Phone Number

Parent Signature

Work Phone Number

E-mail address

Cell Phone Number

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National School Lunch Program/School Breakfast Program 2021-22 Letter to Households (SSO Schools)

Dear Parent/Guardian:

Due to the public health emergency, USDA has given schools the flexibility to operate the Seamless Summer Option (SSO) in school year 2021-22. School/School District operating SSO will offer meals each school day at no charge to all students. In anticipation of a return to normal child nutrition program operations and the potential expansion of P-EBT into SY 21-22, we are encouraging families to complete and submit an application for free or reduced price meals.

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to School Office.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at [509-291-7510](tel:509-291-7510)

USDA Child Nutrition Program Income Guidelines Effective July 1, 2021–June 30, 2022					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,828	\$1,986	\$993	\$917	\$459
2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
For each add'l family member, add:	\$8,399	\$700	\$350	\$324	\$162

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1, 2, 3, 4, and 5*; Part 6 is optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1 and 5*. *Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
- Enter a case number
- Adult household member's signature

Complete *Parts 1, 2, 4, and 5*. *Part 6* is optional.

Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:

Apply as a household and include foster children. Follow the directions for "**A. For households not getting any assistance:**" and include the foster child's personal use income.

**National School Lunch Program/School Breakfast Program
2021-22 Letter to Households (SSO Schools)**

What if I'm not receiving basic food dollars?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?

Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to <https://www.dshs.wa.gov/esa/community-services-offices/basic-food>.

We are in the military. Do we report our income differently?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

My child's application was approved last year. Do I need to fill out a new one?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

What if some household members have no income to report?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

Health Coverage

To inquire about or apply for health care coverage for kids in your family, please visit <http://www.wahealthplanfinder.org> or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?

If your child needs special foods, contact the school/district food service office.

Proof of Eligibility

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number **509-291-7510**.

Reapplication

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

2021-22 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS

Freeman School District

Apply online through Skyward Family Access

Complete, sign, and return this application to: 15001 South Jackson Road, Rockford, WA 99030

Check here if you received meal benefits last year:

Homeless

Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

Basic Food

TANF

Food Distribution Program on Indian Reservations (FDIPR)

Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Income Frequency				Public Assistance/ Child Support/ Alimony	Income Frequency				Pensions/ Retirement/ Social Security (SSI)	Income Frequency				Any Other Income Not Already Listed	Income Frequency			
			Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household): (total listed must equal number of household members listed above)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member

Check if no SSN:

5. Contact Information & Signature – Complete, sign, and return this application to:

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State & Zip Code

Daytime Phone

Date

6. Children’s Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)’s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)’s eligibility for free & reduced-price meals.

Mark one or more racial identities:

- American Indian or Alaska Native Asian
 Black, or African American Native Hawaiian or Other Pacific Islander
 White

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

INSERT DISTRICT NAME School District’s Non-Discrimination Statement

INSERT DISTRICT’S NON-DISCRIMINATION STATEMENT

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size _____ Weekly Bi-Weekly 2x per Month Monthly Annual
 Income Household Total Household Income \$ _____

APPLICATION APPROVED FOR: Free Meals **APPLICATION DENIED BECAUSE:** Income Over Allowed Amount Other: _____
 Reduced-Price Meals Incomplete/Missing Information

Date Notice Sent

Signature of Approving Official

Date



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

▶ _____
 Licensed Health Care Provider Signature Date

▶ _____
 Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
 If verified by school or child care staff the medical immunization records must be attached to this document.

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		



Required Attendance Information for Students and Parents

Freeman School District works to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school and themselves. Your student can start building this habit at any age, but the earlier the better so they can learn right away that going to school on time, every day, is important. Consistent attendance will help children do well in high school, college, and at work.

Did You Know?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- By ninth grade, regular and high attendance is a better predictor of graduation rates than eighth grade test scores.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- Being late to school may lead to poor attendance.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Missing 10 percent (or about 18 days) increases the chance that your student will not read or master math at the same level as their peers.
- By sixth grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.

We ask for your help in ensuring that your child attends regularly and is successful in school. If your student is going to be absent, please contact your school's office as soon as possible (ideally, the day prior or the morning of the absence).

We track attendance daily to notice when your student is missing from class, and we will communicate with you to understand why they were absent and to identify barriers and supports.

What Can You Do?

- Set a regular bed time and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your child has the required immunizations.
- Don't let your student stay home unless they are truly sick. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your students' teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

SCHOOL POLICIES, NEW STATE LAWS

It is important that you understand our policies and procedures, as well as Washington state law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children to attend a public school, private school, or a district-approved home school program.

- If your student has two unexcused absences in one month, state law requires we schedule a conference with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.
- In elementary school after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and the parent, student and school have made plan so your student does not fall behind academically. If your student has an Individualized Education Plan or a 504 Plan the team that created the plan needs to reconvene.
- If your student has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a Becca petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed and your student and family may be referred to a Community Truancy Board, or you and your student may need to appear in Juvenile Court.

Excused absence criteria (Please refer to Policy and Procedure No. 3122 for more details):

- | | |
|---|--|
| A. Participation in school-approved activity | B. Excused absence for chronic health condition |
| C. Absences due to illness, health condition, family emergency or religious purposes | D. Extended illness or health condition |
| E. Absence for parental-approved activities - REG Becca.2 Rev 6/2016 | F. Absence resulting from disciplinary actions – or short-term suspension |

For more information about the Becca bill and Common School Provisions Title 28A please visit the Washington State Legislature website at app.leg.wa.gov/RCW

RCW 28A.225.005 – Required attendance information for students and parents signature page:
Freeman School District has provided me with a copy of RCW 28A.225.005 – Required attendance information for students and parents:

Student Name

Parent Signature

Student Signature

FSD Employee Signature

Date

Date

Date



FREEMAN SCHOOL DISTRICT #358

Military Status

Student Name

Please Print:

LEGAL Last Name

LEGAL First

LEGAL Middle

Grade _____

Date of Birth _____

For Office Use Only:

School:

FES____ FMS____ FHS____

Entered into Skyward:

(date) _____

Initials _____

Authority: Washington State public schools are required to collect information on military affiliation (RCW 28A.300.505).

1. Does a parent/guardian in the household have a military affiliation?

Yes (see below)

No (no military affiliation)

If **yes**, please complete the boxes in Item 2, Disclosure.

2. Disclosure

Complete below for each parent/guardian. Check all boxes that apply. If you have any questions, please contact your school office.

Name(s) of Parent (s) / Legal Guardians	A US Armed Forces Active Duty	G National Guard	M More than One Parent/ Guardian	R US Armed Forces Reserves	Z Information Withheld

VERIFICATION OF INFORMATION

The information on this form is true and accurate as of this date. **I will notify the school each time there is a change in this information.**

Signature of Parent or Legal Guardian

Date

Reasons for collection of the data include:

- (1) The legislature finds that nationally, nearly two million students are from military families, where one or more parent or guardian serves in the United States Armed Forces, Reserves or National Guard. There are approximately 136,000 military families in Washington State (as of 2016-17).
- (2) The legislature further finds that a United States government accountability office study in 2011 identified that it is not possible to monitor educational outcomes for students from military families due to the lack of a student identifier in state educational data systems. Such an identifier is needed to allow educators and policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school, and enable school districts to discover and implement best practices.
- 3) *For the purposes of this data collection, "students from military families" includes:*
 - (a) *Students with a parent or guardian who is a member of the active duty United States armed forces; and*
 - (b) *Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington National Guard." Collection and updating of this data must use the United States Department of Education 2007 race and ethnicity reporting guidelines, including the subracial and sub-ethnic categories within those guidelines, with modifications (collected at registration as part of the WA Race & Ethnicity form).*

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**Internet/Network
Freeman School District #358**

Dear Parents,

All Freeman students have the opportunity to receive an electronic network account. In addition, grades 4-12 students receive an email address, and require your permission to do so. These programs present significant learning opportunities to prepare your child for the future.

With this educational opportunity also comes responsibility. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of the privilege to use this educational tool, and other disciplinary action if appropriate. Parents, please remember that you are legally responsible for your child's actions. It is important that you and your child read these school district procedures and discuss them together: All use of the system must be in support of education and research and be consistent with the mission of the district. The district reserves the right to prioritize use and access to the system. Restricted activities include, but are not limited to, any item below:

1. Obscene, violent/dangerous or pornographic materials;
2. Any illegal activity, including violation of copyright or other contracts;
3. Use for financial or commercial gain;
4. Degrading or disrupting equipment or system performance;
5. Vandalizing the data of another user;
6. Wastefully using finite resources;
7. Gaining unauthorized access to resources or entities;
8. Invading the privacy of individuals;
9. Using an account owned by another user;
10. Posting personal communications without the author's consent; and,
11. Posting anonymous messages.

Violations may result in a loss of access to computers as well as other disciplinary or legal action. (Board Policy and Procedures 2314P)

Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child should never let anyone else use his or her password to access the network. Your child is responsible for any activity that happens in his or her account and ultimately it is your responsibility to monitor your child's personal email accounts and district email account.

We have established procedures and rules regulating the materials that students may search for on the network, but please be aware there is unacceptable and controversial material and communications on the Internet that your child could access. It is not possible for us to always provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the opt out form.

If you have questions, please contact me at 291-7511.

Sincerely,
Todd Reed
Freeman Technology Director



OPT OUT FORM

STUDENT NAME: _____ GRADE: _____

Parents/guardians have the right to withhold student Internet and email access, district and school news media, as well as the release of high school students' directory information to recruiters. Complete the applicable sections of this form and return to your school office within seven days of the student's enrollment in school or the start of the school year. **Please note that this form must be re-submitted at the beginning of each school year.**

ONLY HIGH SCHOOL STUDENTS: REQUESTS BY MILITARY RECRUITERS

Federal law directs the Freeman School District to release a **high school** student's name, address, and telephone number to armed forces recruiters unless the parent/guardian directs otherwise.

Please check the box below if you do **NOT** want your high school student's name, address, and telephone number released to recruiters.

_____ I **do NOT** want my high school student information provided to military recruiters.

ALL PRESCHOOL THROUGH 12TH GRADE STUDENTS:

INTERNET/EMAIL ACCESS

To help support academic achievement and enhance curriculum, the Freeman School District provides:

- Students with access to the Internet (please read Internet/Network letter)
- 4th-12th grade students are provided with a Freeman GoScotties email account

The school district has created filters to help minimize access to websites that are inappropriate under district policy. School staff gives guidance and direction to students regarding appropriate use of the Internet. Students are allowed filtered Internet access unless the parent/guardian directs otherwise.

- Please check below if you do **NOT** want your student to have Internet/Email access at school.

_____ I do **NOT** want my student to have Internet/Email access at school.

DISTRICT AND NEWS MEDIA

The Freeman School District enjoys celebrating the achievements and activities of our students with the Freeman community through school and district newsletters, the news media (may include interview with newspapers, television, and radio) and on the Internet (Freeman School District website). Student achievements and activities will be published unless the parent/ guardian directs otherwise.

- Please check below if you want to **exclude** your student's name, photo, grade, school, and achievements/activities from publication.

_____ I do **NOT** want my P-12 student published in any media, including the yearbook. (**NOTE: It is not possible to opt out of media publication, and remain in the yearbook.**)

SOCIAL MEDIA DISCLAIMER

Freeman School District does not affiliate with any outside social media, i.e., Instagram, You Tube, Twitter, etc. However, Freeman School District does have a Facebook page.

Date: _____ Parent/Guardian Signature _____

I understand that by inserting my name in the signature fields, I am submitting an electronic signature. This signature will be enforceable on the same basis as if it were signed in person.