



KAHLOTUS SCHOOL DISTRICT STUDENT REGISTRATION FORM

Kahlotus Elementary Kahlotus Junior High Kahlotus High School

School Entry Date: _____

Student District Number _____

STUDENT INFORMATION				
Legal Last Name	First	Middle	Gender:	
Birthdate (Month/Day/Year)	Birthplace -	City	State	Country
Grade Level _____				
Primary Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Laotian <input type="checkbox"/> Other _____				
Ethnic Code: The district is _____ to report the following information to the state (Categories are determined by the state and federal government)				
Question 1. Is your child of Hispanic or Latin origin? (Check all that apply)				
<input type="checkbox"/> Not Hispanic / Latino	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Central American	<input type="checkbox"/> Latin American	
<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican/Mexican American/Chicano	<input type="checkbox"/> South American	<input type="checkbox"/> Other Hispanic/ Latino	
<input type="checkbox"/> Dominican	<input type="checkbox"/> Spaniard			
Question 2. What race do you consider your child? (Check all that apply)				
<input type="checkbox"/> African American / Black	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Micronesian	<input type="checkbox"/> Lower Elwha	<input type="checkbox"/> Shoalwater
<input type="checkbox"/> White	<input type="checkbox"/> Singaporean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Makah	<input type="checkbox"/> Skokomish
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Tongan	<input type="checkbox"/> Muckleshoot	<input type="checkbox"/> Snoqualmie
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Thai	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Nisqually	<input type="checkbox"/> Spokane
<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Nooksack	<input type="checkbox"/> Squaxin Island
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Chehalis	<input type="checkbox"/> Port Gamble Klallam	<input type="checkbox"/> Stillaguamish
<input type="checkbox"/> Hmong	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Colville	<input type="checkbox"/> Puyallup	<input type="checkbox"/> Swinomish
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Fijian	<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Quileute	<input type="checkbox"/> Tulalip
<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Hoh	<input type="checkbox"/> Quinault	<input type="checkbox"/> Yakama
<input type="checkbox"/> Korean	<input type="checkbox"/> Mariana Islander	<input type="checkbox"/> Jamestown	<input type="checkbox"/> Samish	<input type="checkbox"/> Other Washington Indian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Melanesian	<input type="checkbox"/> Kalispel	<input type="checkbox"/> Sauk-Suiattle	<input type="checkbox"/> Other American Indian
<input type="checkbox"/> Malaysian				
My child has a known medical condition <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill out <i>Health Record and Life Threatening Conditions Form</i>)				

PRIMARY HOUSEHOLD INFORMATION				
Parent/Guardian #1		Relationship:		
Last Name	First Name	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted		
Home Address:				
City	State	Zip	Apt#	
Mailing Address: (If different from above)				
City	State	Zip		
Email Address:				
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted				
Employer:				
Parent/Guardian #2		Relationship:		
Last Name	First Name	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted		
Email Address:				
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted				
Employer:				

Second Household Information - non custodial parent not residing with student

Parent/Guardian #1		Relationship:		
Last Name	First Name	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Street Address:				
City	State	Zip	Apt#	
Is there a Joint-Custody or Parenting Plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school for enforcement)				
Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement)				

PREVIOUS SCHOOL INFORMATION

Have you ever been enrolled in KSD before? Yes No Previous School Attended _____ Location (City/State) _____

Has your child ever been in a Special Ed program? Yes No

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

Has your child ever been retained? Yes No If yes, at what grade level(s)? _____

How many times has the student been suspended? _____ Reasons: _____

Is the student on Probation or Parole? Yes No

Parole Officer's Name _____ Phone # _____

PLEASE LIST OTHER SIBLINGS ATTENDING SCHOOLS IN THIS DISTRICT

Last Name	First Name	School	Grade
-----------	------------	--------	-------

IN CASE OF EMERGENCY

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

Primary Contact (Other than parent/guardian.)	Relationship to child:	Phone #1	Phone #2
Last Name _____ First Name _____		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

Primary Contact Address _____	City _____	State _____	Zip _____
-------------------------------	------------	-------------	-----------

Secondary Contact (other than parent/guardian.)	Relationship to child:	Phone #1	Phone #2
Last Name _____ First Name _____		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

Secondary Contact Address _____	City _____	State _____	Zip _____
---------------------------------	------------	-------------	-----------

Third Contact (Other than parent/guardian.)	Relationship to child:	Phone #1	Phone #2
Last Name _____ First Name _____		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

Third Contact Address _____	City _____	State _____	Zip _____
-----------------------------	------------	-------------	-----------

Permission to photograph/publish
The school often takes pictures of students to use in district communications including newspaper, calendar, newsletter and web page.

- Yes. I give the district permission to take photos and publish them.
 No. I do not give the district permission to take photos and publish them.

MILITARY FAMILY: Is guardian(s) a member or the U.S. Armed Forces? Yes No If Yes, duty _____

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 this district.

Parent/Guardian signature _____ Date _____



Kahlotus School District No. 056

P.O. Box 69
Kahlotus, WA 99335

Phone (509) 282-3338
Fax (509) 282-3339

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).

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

Name of Student: _____
First Middle Last

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

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:

Mark E. Bitzer
District Liaison

509-282-3338 ext 101
Phone Number

District Office
Location

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

D (N) Not Homeless D (A) Shelters D (B) Doubled-Up D (C) Unsheltered D (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).

(3) 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:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



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) <input type="checkbox"/> Yes <input type="checkbox"/> 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 [onhttp://www.is12.wa.us/MigrantBilingual/Homelanguage.aspx](http://www.is12.wa.us/MigrantBilingual/Homelanguage.aspx). A response that includes a language other than English to question #2 OR question 113 triggers English language proficiency placement testing. Responses to questions 111 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and f/3 were clearly understood. "Formal education" in f/7 does not include refugee camps or other unaccredited educational programs for children.





Oficina del Superintendente de Instrucción Pública (OSPI, por sus siglas en inglés)
Encuesta de Idiomas en el Hogar

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

Nombre del alumna:	Grado:	Fecha:
Nombre del padre, madre o tutor legal _____ Firma del padre, madre o tutor legal _____		
Derecho a los servicios de traducción o interpretación Indique el idioma de su preferencia para que podamos brindarle un interprete o documentos traducidos, sin cargo alguno, cuando las necesite.	Todos los padres tienen el derecho de recibir información sobre la educación de su hijo en un idioma que entiendan. 1. En que idioma prefiere su Familia comunicarse con la escuela? _____	
Requisitos para recibir apoyo en capacitación de idiomas La información sobre el idioma del alumna nos ayuda a identificar a los alumnos que reúnen los requisitos para recibir apoyo para formar las habilidades de idioma necesarias para tener éxito en la escuela. Es posible que sea necesario hacer una evaluación para determinar si se requiere ayuda con el idioma.	2. Que idioma aprendió su hijo primero? _____ 3. Que idioma utiliza más su hijo en casa? _____ 4. Cual es el idioma principal que se utiliza en casa, independientemente del idioma que habla su hijo? _____ 5. Ha recibido su hijo apoyo en capacitación del idioma inglés en una escuela anterior? Si_ No__ Nose__	
Educación previa Sus respuestas sobre el país de nacimiento de su hijo y su educación previa: • Brínden información sobre el conocimiento y las aptitudes que su hijo trae a la escuela. • Esto puede ayudar a que el distrito escolar reciba fondos federales adicionales para brindarle apoyo a su hijo. <i>Este formulario no se utiliza para identificar la situación migratoria de los alumnos.</i>	6. En que país nació su hijo? _____ 7. Alguna vez ha recibido su hijo educación formal fuera de Estados Unidos? (Kindergarten - 12.º grado) ___ Si ___ No Si la respuesta es Si: Numero de meses: _____ Idioma de formación: _____ 8. Cuando asistió su hijo por primera vez a la escuela en Estados Unidos? (Kindergarten - 12.º grado) _____ Mes Día Año	

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

Note that district: This form is available in multiple languages at <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question 112 OR question 113 triggers English language proficiency placement testing. Responses to questions 111 or H4 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.

Kahlotus School District No. 56
Medical Emergency Information and Waiver
SCHOOL YEAR _____

*****STUDENT INFORMATION*****

Name of Student _____ Grade ____ Age ____
Address _____ Birthdate _____
_____ Phone _____
Drug Allergies _____ Diabetic _____
Heart Problems _____ Respiratory _____ Epileptic _____

All medications currently being taken: _____
Concussion history: Please list date(s) of all occurrences: _____

*****PARENT AND INSURANCE INFORMATION*****

Parent/Guardian Name _____ Day Phone _____
Address (if different _____ Evening _____
Than student) _____
Insurance Company _____ Policy# _____
School Accident Coverage Plan _____

*****EMERGENCY INFORMATION*****

Emergency Contact _____ Phone _____
Relationship of Contact _____
Family Physician _____ Phone _____
Address _____

PARENTS READ CAREFULLY, CIRCLE THE ANSWER THAT APPLIES

Yes No As parent or legal guardian, I authorize a qualified physician to examine the above named student, and in the event of injury, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Yes No I accept full responsibility for the cost of treatment for any injury which he/she may suffer while taking part in school activities.

Parent/Guardian Signature _____ Date _____

Teacher Feedback

- Complete pre- and post-surveys related to the impact of the materials on your observational assessment process (each survey takes approximately 10 minutes).
Pre- [Survey: Link Here](#)
- Register in advance and participate in one required focus group via Zoom to provide feedback about the kit materials/prompts and use of the kits. Focus groups are scheduled for 45 minutes on the following dates in January 2025, according to regional ESD designation (registration links included below): Teachers that attend Zoom focus group will receive 1.0 clock hours.

Focus Group	
Date: Thursday, 1/9/25 Time: 3:30-4:15 pm PST	Date: Tuesday, 1/14/25 Time: 3:30-4:15 pm PST
ESD 112 WaKIDS Coordinator: Sara Rushlo Register Here	PSESD 121 WaKIDS Coordinator: Whitney White Register Here
ESD 123 WaKIDS Coordinator: Jenny Kelly Register Here	ESD 113 WaKIDS Coordinator: Hilary Prince Register Here

Administration Feedback

Administrator, your feedback is valuable. Please complete the pre-survey. Before the materials pilot has ended, you will also be asked to complete a similar post-survey. The information will support implementation moving forward. Pre-survey: [Link Here](#)