

REPUBLIC MIDDLE/HIGH SCHOOL
7th-12th Grade Registration Checklist

The following must be completed in full and returned to the school for your registration to be processed:

- Student Registration
- Document to Establish Student's Age and Residency
 - Examples include but are not limited to:
 - Religious, Hospital, or Physician's Certificate showing Date of Birth
 - Adoption Record
 - Birth Certificate
 - Affidavit from a Parent
- Authorization for Exchange of Student Records
- Student Health Update
- Certificate of Immunization Status (Must be current and medically verified**)
- Food Service (Income Survey)/Special Dietary Needs
- Housing Questionnaire
- Military Affiliation
- Technology Use and Safety Agreement
- Appearance Release
- Bus Enrollment/Transportation Contract

**As of August 1, 2020 Chapter 246-105 WAC revised rule requires medically verified immunization records for school and child care entry.

A medically verified record includes one or more of the following:

- A Certificate of Immunization Status (CIS) printed from the Immunization Information System (IIS)
- A physical copy of the CIS form with a healthcare provider signature
- A physical copy of the CIS with accompanying medical immunization records from a healthcare provider verified and signed by school staff
- A CIS printed from MyIR
- Download a copy of the CIS

If you have any questions, please contact our registrar, Judy Hamrick, at (509)775-3171 or send her an email at jhamrick@republicsd.org

REPUBLIC SCHOOL DISTRICT #309

Registration

30306 East Hwy. 20 * Republic, WA 99166

Elementary Office 509-775-3327, Fax 509-775-2674 * High School Office 509-775-3171, Fax 509-775-1098

STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as
BIRTHDATE (Month/Day/Year)	GENDER __Female __Male	BIRTHPLACE: City State County		Country (if other than USA) GRADE LEVEL
STUDENT LIVES WITH (Primary Household) __Both parents __Father/Stepmother __Guardian __Father only __Mother/Stepfather __Agency __Mother only __Grandparent(s) __Self __Other _____		HOME LANGUAGE SURVEY 1. What language does the student primarily speak? English__Other____ 2. What was the first language spoken by the student? English__Other____ 3. What language(s) does the student speak at home? English__Other____		
PRIMARY HOUSEHOLD - GUARDIAN 1 Last Name First Name		PHONE #1 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #2 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #3 Unlisted? <input type="checkbox"/> Home__Work__Cell__
RELATIONSHIP TO STUDENT		EMAIL ADDRESS(ES)		
PRIMARY HOUSEHOLD - GUARDIAN 2 Last Name First Name		PHONE #1 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #2 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #3 Unlisted? <input type="checkbox"/> Home__Work__Cell__
RELATIONSHIP TO STUDENT		EMAIL ADDRESS(ES) (If different from Guardian 1)		
PRIMARY HOUSEHOLD ADDRESS		Street	Apt#	City State ZIP
MAILING ADDRESS (if different)		Street	Apt #	City State ZIP
PRIMARY GUARDIAN 1 EMPLOYER		PRIMARY GUARDIAN 2 EMPLOYER		
SECOND HOUSEHOLD - GUARDIAN 1 (Noncustodial parent not residing with student) Last Name First Name		PHONE #1 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #2 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #3 Unlisted? <input type="checkbox"/> Home__Work__Cell__
RELATIONSHIP TO STUDENT		EMAIL ADDRESS(ES)		
SECOND HOUSEHOLD - GUARDIAN 2 Last Name First Name		PHONE #1 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #2 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #3 Unlisted? <input type="checkbox"/> Home__Work__Cell__
RELATIONSHIP TO STUDENT		EMAIL ADDRESS(ES)		
SECOND HOUSEHOLD ADDRESS		Street	Apt#	City State ZIP MAILINGS REQUESTED? Yes No
SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED		PREVIOUS SCHOOL LOCATION (City & state)	
HAS STUDENT EVER ATTENDED REPUBLIC PUBLIC SCHOOLS? ____Yes ____No IF YES, GRADE LEVEL(S) AND/OR YEAR(S) ATTENDED:				
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.) Restraining order is against: ____Mother Father Other_____				
HAS STUDENT EVER QUALIFIED FOR OR BEEN ENROLLED IN SPECIAL EDUCATION? ____Yes ____No			HAS STUDENT EVER BEEN RETAINED? ____Yes ____No	
HAS STUDENT EVER QUALIFIED FOR OR HAD A 504 PLAN? ____Yes ____No			If yes, at what grade level(s)?	
HAS STUDENT EVER PARTICIPATED IN ____ Title ____LAP ____ Gifted ____ ESL ____ Other				

PLEASE LIST OTHER SIBLINGS ATTENDING REPUBLIC SCHOOL DISTRICT			
LAST NAME	FIRST NAME	SCHOOL	GRADE

Emergency contacts: When injury, illness or other 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 that you trust who are available during the day to provide care for your child (local area only please).

FIRST EMERGENCY CONTACT (Other than parent/guardian) LAST NAME FIRST NAME		RELATIONSHIP TO CHILD	PHONE #1 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #2 Unlisted? <input type="checkbox"/> Home__Work__Cell__
ADDRESS	Street Apt#	City	State	ZIP
SECOND EMERGENCY CONTACT (Other than parent/guardian) LAST NAME FIRST NAME		RELATIONSHIP TO CHILD	PHONE #1 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #2 Unlisted? <input type="checkbox"/> Home__Work__Cell__
ADDRESS	Street Apt#	City	State	ZIP
THIRD EMERGENCY CONTACT (Other than parent/guardian) LAST NAME FIRST NAME		RELATIONSHIP TO CHILD	PHONE #1 Unlisted? <input type="checkbox"/> Home__Work__Cell__	PHONE #2 Unlisted? <input type="checkbox"/> Home__Work__Cell__
ADDRESS	Street Apt#	City	State	ZIP

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

➔ Legal Parent/Guardian Signature _____ Date _____

ETHNICITY/RACE VERIFICATION (Required by the U.S. Department of Education)

1. IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN? (Check all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> No — Not Hispanic/Latino | <input type="checkbox"/> Mexican/ Mexican American/ Chicano | <input type="checkbox"/> Central American | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Latin American | |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Spaniard | <input type="checkbox"/> South American | |

2. WHAT RACE(S) DO YOU CONSIDER YOUR CHILD? (Check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Taiwanese | <input type="checkbox"/> Chehalis | <input type="checkbox"/> Quileute |
| <input type="checkbox"/> White | <input type="checkbox"/> Thai | <input type="checkbox"/> Colville | <input type="checkbox"/> Quinault |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Samish |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Hoh | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Jamestown | <input type="checkbox"/> Shoalwater |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Fijian | <input type="checkbox"/> Kalispel | <input type="checkbox"/> Skokomish |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Lower Elwha | <input type="checkbox"/> Snoqualmie |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Lummi | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Melanesian | <input type="checkbox"/> Makah | <input type="checkbox"/> Squaxin Island |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Micronesian | <input type="checkbox"/> Muckleshoot | <input type="checkbox"/> Stillaguamish |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Nisqually | <input type="checkbox"/> Tulalip |
| <input type="checkbox"/> Malaysian | <input type="checkbox"/> Tongan | <input type="checkbox"/> Nooksack | <input type="checkbox"/> Yakama |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Other Washington Indian |
| <input type="checkbox"/> Singaporean | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Puyallup | <input type="checkbox"/> Other American Indian |

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Republic School District.

➔ Legal Parent/Guardian Signature _____ Date _____

REPUBLIC SCHOOL DISTRICT #309

30306 East Hwy. 20 * Republic, WA 99166
Elementary Office 509-775-3327 - Fax 775-2674 * High School Office 509-775-3171 - Fax 775-1098

Authorization for Exchange of Student Records

REQUEST FOR ANY CONFIDENTIAL, EDUCATIONAL,
PSYCHOLOGICAL, AND MEDICAL RECORDS

Student Name	Grade	Birthdate

Last School attended: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Please fax the checked items to the school marked below as soon as possible.

- Transcript Immunization Discipline Truancy paperwork
 IEP/SPED/504 Records Sports Physical Test Scores Proof of passing WA State History

Mail the cumulative folder to the school checked below.

Registrar
Republic Elementary School
30306 East Hwy 20
Republic, WA 99166
Phone: 509-775-3327
Fax: 509-775-2674
E-mail: asharbo@republicsd.org

Registrar
Republic Jr./Sr. High School / ALE
30306 East Hwy 20
Republic, WA 99166
Phone: 509-775-3171
Fax: 509-775-1098
E-mail: jhamrick@republicsd.org

Please send the fax request above and send all records to the address listed. I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that this is my right to request a copy of all information and contest any information I feel is incorrect.

Parent/Guardian Signature or Registrar

Date

Student Records RCW 28A.225.330 - If a student has not paid a fine or fee under RCW 28A.635.060, tuition, fees, or fines at approved private schools, the school may withhold the student's official transcript, but shall transmit information about the student's academic performance, special placement, immunization records and records of disciplinary action.

**REPUBLIC SCHOOL DISTRICT
ANNUAL HEALTH INFORMATION AND EMERGENCY MEDICAL TREATMENT**

Name _____ Birthdate _____ Grade _____
Last First MI (Legal name if different)
 Address _____ Home Phone _____
street City State Zip code

Is this a new address and/or phone number? Yes No Birth Gender: Male Female

Student lives with: Both parents Mother only Father only Mother & stepfather Father & stepmother
 Agency Self Legal guardian Other _____

Father's name _____ Mother's name _____

Father's work phone _____ Mother's work phone _____

Father's cell phone _____ Mother's cell phone _____

Emergency contact _____ Phone _____
Name Relationship to child

Emergency contact _____ Phone _____
Name Relationship to child

LHP _____ Phone _____ Dentist _____ Phone _____

Dear Parent: Please describe your child's health concerns in detail below. It is important that you keep the school informed of any changes in health or medication which would affect your child's performance. If your child needs to take medication at school, please notify the school nurse. This includes overnight field trips or sporting events that may extend past normal school hours. **BY LAW, NO MEDICATIONS ARE ALLOWED WITHOUT A PROVIDER ORDER.**

No health problems to my knowledge. (May skip check boxes)

Current Health History:
 Please answer by checking

	No	Yes	Mild	Moderate	Severe		
Does your child have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contacts	<input type="checkbox"/> Glasses
Does your child have hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing aid	

Check if your child has any of the following:

	No	Yes	Mild	Moderate	Severe
Allergy – food (type), insect (type), other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergy – medication _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart problem (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain if other medical or learning issues exist (including learning disabilities)

IF ANY OF THE ABOVE HEALTH CONDITIONS ARE LIFE-THREATENING, RCW 28A.210.320 requires that licensed healthcare provider (LHP) orders, necessary medications, and/or treatments and a nursing care plan must be in place before a student attends school.

Does your child need medication while at school or after-school functions? Yes* No If yes, explain _____

Does your child take medications of any kind, anywhere? Yes* No If yes, explain (please list even if not taken at school) _____

Has your child had any serious injuries that impact school? Yes* No If yes, explain _____

The school nurse must sometimes share health information with school staff (limited to need to know). If you have concerns about sharing this information, please contact the school nurse.

***Students requiring medication (prescription or non-prescription) at school MUST have a written order by a LHP and written parent consent. These forms are available at every building from the secretaries and the school nurse.**

I authorize Republic School District staff to contact a LHP/dentist or 911 if necessary, and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital. I understand that Republic School District, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I also authorize Republic School District to upload immunizations and/or exemptions into the School Module System.

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



Certificate of Immunization Status (CIS)

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

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

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.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature Required if Starting in Conditional Status _____ 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							

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)

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							

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 form 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/YYYY). 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/imz/terms/usvaccines.html>

Trade Name	Vaccine	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	RotaTeg	Rotavirus (PV5)		
Afluria	Flu	FluLaval	Flu	HibTTTER	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	Kimrix	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				

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

Dear Parents and Guardians:

Republic School District (RSD) is participating in a federal program available to select schools as part of the National School Lunch and School Breakfast Program called the Community Eligibility Provision (CEP). In a CEP school, all students receive a nutritious breakfast and lunch at no cost, regardless of family income.

Please complete the confidential Family Income Survey. The information you provide impacts the funding each school receives from the federal and state government. The Family Income Survey helps to ensure your child's school receives all of the funding it is entitled to for state and federal education programs such as No Child Left Behind, Learning Assistance Program (LAP) K-3 class size, Teacher Incentive and all-day kindergarten programs.

All information you provide is confidential as required by state and federal statute. Please complete both pages of the survey and return it to your student's school.

Your assistance is greatly appreciated. If you have any questions, please contact the Student Nutrition Office at (509) 207-7370.

Sincerely,

Wendy Braun

Director, Student Nutrition

30306 E Hwy 20, Republic, WA 99166 (509)207-7370

This institution is an equal opportunity provider

School Year 2023-24 Family Income Survey

Complete one application per household

INSERT SCHOOL/DISTRICT NAME HERE

Return this form to: Republic School District
OR

Apply Online:

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

Step 1: List all students living with you that are attending school.

Student's Last Name	Student's First Name	Middle Initial	Date of Birth	School	Grade

Step 2: Are any of the listed students: In Foster Care Experiencing Homelessness Receiving Migrant Education Services

Step 3: Do any household members participate in: Basic Food TANF Food Distribution on Indian Reservation (FDPIR)

Step 4: Household Income: List all household members even if they do not receive income. For each household member listed, report total gross income (before taxes and deductions)

Names of ALL other household members (do not include students listed above)	Earnings from work (before any deductions)	Paid				Public Assistance/ Child Support/ Alimony	Paid				Pensions/ Retirement/ Social Security (SSI)	Paid				Any Other Income Not Already Listed	Paid			
		Weekly	Bi-weekly	Twice per Month	Monthly		Weekly	Bi-weekly	Twice per Month	Monthly		Weekly	Bi-weekly	Twice per Month	Monthly		Weekly	Bi-weekly	Twice per 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"/>	<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"/>

Step 5: Contact Information & Signature

I promise that the information on this application is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agencies to support my child's education as allowed by law.

Printed Name of Adult Household Member _____

Adult Household Member Signature _____

E-mail Address _____

Mailing Address _____

City, State, & Zip Code _____

Daytime Phone _____

Date _____

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).

APPROVAL: Basic Food/TANF/FDPIR/Foster Total Household Size Weekly Bi-Weekly 2x per Month Monthly Annual
 Income Household Total Household Income \$ _____ Yes No

Application qualifies for household at or below the income eligibility guidelines listed below: Yes No

Date Notice Sent _____

Signature of Approving Official _____

Date _____

Income Eligibility Guidelines
 Effective from July 1, 2023, through June 30, 2024

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183

Special Dietary Needs

Dear Parent/Legal Guardian,

Republic School District adheres to the National School Lunch Program guidelines regarding accommodations for special dietary needs. If your child has a medical condition that affects their diet, they can submit a Special Dietary Needs Request Form. All students with dietary disabilities will receive school meals appropriate for their needs. The Americans with Disabilities Act (ADA) defines a disability as “a physical or mental impairment that substantially limits one or more major life activities” such as eating, or an impairment that affects a major bodily function such as digestion. All students with these types of disabilities will be accommodated, however student personal or religious preferences cannot be accommodated at this time.

All students have the right to refuse certain food items on the lunch menu. Each day for lunch, students are offered 5 meal components including protein, whole grain, fruit, vegetables, and milk. Of these 5 components, students must choose 3, including at least ½ cup of fruit or vegetable. For non-medical dietary preferences, students may refuse any two meal components they do not wish to eat. However, when a medical condition is present, parents are strongly encouraged to submit a Special Dietary Needs Request Form so that their student can be given alternate meals when necessary.

To request a special dietary accommodation:

1. Fill out the top section of the Special Dietary Needs Request Form on the back of this page.
2. Bring this form to your medical doctor or other state-recognized medical authority. The medical authority must complete the ‘Diet Order’ portion of form and sign.
3. Completed forms will include:
 - a. Student’s name
 - b. Description of how the impairment affects the student
 - c. Specific foods to be avoided.
 - d. Specific foods to be substituted.
 - e. Signature of State-Recognized Medical Authority.
4. Return the completed form to Republic School District.

For assistance in completing the Special Dietary Needs Request Form please contact Wendy Braun at 509-207-7370

Sincerely,

Wendy Braun

Republic School District

Request for Special Dietary Accommodations

Student / Participant Name

Date of Birth

Parent / Guardian Name

Phone

Mailing Address

City/State/Zip

School / Center / Site

Grade / Classroom

Signature of Parent/Guardian

Date

Diet Order

Federal law and USDA regulation require nutrition programs to make reasonable modifications to accommodate children with disabilities. Under the law, a disability is an impairment which substantially limits a major life activity or bodily function, which can include allergies and digestive conditions, but does not include personal diet preferences.

1. **Describe how the impairment affects the child** (i.e, how the ingestion/contact with the food impacts the child):

2. **Explain what must be done to accommodate the child's diet** (i.e, specific food(s) to be omitted/avoided from the child's diet):

3. **List food(s) and/or beverages to be substituted, provided, or modified:**

Signature of State-Recognized Medical Authority*

Date

Clinic Name

**State-Recognized Medical Authority is a licensed health care professional authorized to write medical prescriptions in Washington: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PA) with prescriptive authority, Naturopathic Physician, or Advanced Registered Nurse Practitioner (ARNP).*

This institution is an equal opportunity provider.

REPUBLIC SCHOOL DISTRICT

30306 East Hwy. 20 * Republic, WA 99166

Elementary Office 509-775-3327, Fax 509-775-2674 * High School Office 509-775-3171, Fax 509-775-1098

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 the student lives in a home owned or rented by the parent or guardian, you do not need to complete this form unless there are inadequate facilities (no water, heat, electricity, etc.)

If the student does not live in a home owned or rented by the parent or guardian, please check all that apply below. (Submit form to the district's designated McKinney-Vento liaison. Contact information can be found at the bottom of the page.)

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

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 phone number: _____ Name of contact: _____

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

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

The student(s) named above have younger siblings/children (not yet school age) who are in need of developmental screening, community support, or referrals to early childhood services. The district's McKinney-Vento liaison may be able to assist you with age-appropriate resources.

Please return completed form to:

District McKinney-Vento Liaison

509-775-3171
Phone Number

REPUBLIC SD
Location

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

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

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MILITARY AFFILIATION SURVEY

Washington State Legislature has mandated that data on military families must be collected as stated in RCW 28A.300.507.

PARENT/GUARDIAN MILITARY STATUS:

- No affiliation
- National Guard Member
- U.S. Armed Forces active duty
- U.S. Armed Forces Reserves
- More than one member of Armed Forces/National Guard
- Decline to answer

Student Name: _____

please print student name

Date of Birth: _____ Grade: _____

Parent/Guardian: _____ Date: _____

Republic School District #309

Student Technology Responsible Use and Internet Safety Agreement

Required Document: Please sign on the back and return

The Republic School District recognizes that in today's ever changing world the use of technology is prevalent to a successful student. One who is globally aware, responsible, and capable of advancing their lives and careers through the proficient and safe use of information, media, and technology. Therefore, we are pleased to offer a variety of electronic resources, including a 1:1 Chromebook, for student use.

With the safe and supportive educational environment that Republic is committed to, we have developed the following for student responsibilities and safety.

The following demonstrates responsible use of technology:

- ★ Charging your device regularly to make sure it is ready for educational use.
 - Republic school district proudly offers charging carts for student use
- ★ Avoid leaving your assigned device signed in and unattended
- ★ Be an excellent digital citizen: recognize the rights, responsibilities, and opportunities of living, learning, and working in an interconnected digital world. Display model behavior in ways that are safe, legal, and ethical.
- ★ Communication on district devices should be used for educational purposes while maintaining appropriate language at all times
- ★ Follow copyright laws and fair use guidelines. Properly reference sources used and download items as related to specific assignments
- ★ Make your assigned device available for inspection
- ★ Maintaining the integrity of your assigned device. Not personalizing or purposefully damaging a device with stickers, drawings, or the like.
- ★ Return a device upon request

Acceptable use of technology includes:

- Creation/storage of files, emails, and various digital projects to reach educational goals
- Appropriate participation in online activities as approved by the district
- Online publication of original educational material - with parent approval
- Keep your account and device passwords safe. No sharing or allowing access to your device. Students are responsible for what content is stored or searched on their account

Unacceptable use of technology includes:

- Cyberbullying, inappropriate language, harassment, and any form of personally attacking another individual.
- Hacking, spamming, and/or introducing viruses, malware, worms, or any other harmful changes to district hardware and software tools
- Unauthorized access to another person's devices, profile, or network systems
- Purposefully damaging or vandalizing district property
- Accessing, downloading, storing, and/or distributing obscene, explicit, drug related, graphically violent, and/or degrading digital materials in any form
- Unauthorized photography or videography of staff, teachers, or other students

- Revealing or posting personal information, files, or communications to unknown persons, forum, websites, emails, or the like

Student expectations:

- Student issued accounts are only to be used with programs made available by the district
- Even when using my own device I will be respectful of teachers, staff, and classroom rules
- I understand that Republic uses digital filter and monitoring software to ensure that technology use is within proper district guidelines. Students must report inappropriate content on their assigned device immediately.
- I understand that the district can inspect my device if there is reason to believe I have violated acceptable use, school rules, district policies, or engaged in other misconduct
- If device(s) are damaged, I may be responsible to cover repair or replacement costs as determined by the district
- Electronic device use may be restricted or revoked upon policy/district violations. Illegal use may lead to criminal charges or investigation.

Parent Notices:

- Even with the use of monitoring and filters, the district cannot guarantee that students will not intentionally or unintentionally access content that may be deemed unacceptable.
- Any and all communications, activities, and files created and/or accessed on district technology are not private and are subject to being viewed, monitored, and/or archived by the district at any time.
- Once a district device is taken home parents and/or guardians assume full responsibility for monitoring their student(s) activity on said device(s) ensuring proper use of device, accounts, and applications.
- I acknowledge that my child is being provided this connected device because I do not have a connected device that is sufficient to engage in remote instruction.
- If there are suggestions or indications that a student is in imminent danger, causing harm, or conducting unethical or illegal activities contact may be made with parents/guardians and/or appropriate authorities.
- Inform the district if your child(ren) has a disability that requires visual or hearing help

By signing below I agree that both my child and I have read, understand, and will abide by the standards set forth by Republic School District #309.

Parent/Guardian Signature Date

Parent/Guardian Printed Name

Student Signature Date

Student Printed Name Grade

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APPEARANCE RELEASE

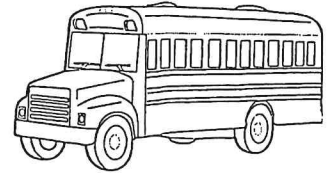
Student names and photographs, projects, classroom activities, and student work, may be showcased on the District web site www.republic309.org, on the District's Facebook page, in the local newspaper, and in other district publications such as yearbooks. If you do not want your child's information disclosed, **you must notify the school in writing by September 30.**

I have read and acknowledge the above information.

Student's Name _____

Parent Signature _____ Date: _____

REPUBLIC SCHOOL BUS ENROLLMENT



Will your student(s) be riding the bus? Yes ___ No ___

If No, please tell us how they will be primarily getting to and from school:

STUDENT'S NAME _____ GRADE _____

STUDENT'S NAME _____ GRADE _____

STUDENT'S NAME _____ GRADE _____

HOME ADDRESS _____ PHONE _____

PARENT/GUARDIAN'S NAME 1 _____ PRIMARY PHONE _____

OTHER PHONE _____

PARENT/GUARDIAN'S NAME 2 _____ PRIMARY PHONE _____

OTHER PHONE _____

EMERGENCY CONTACT _____ PHONE _____

NAME & PHYSICAL DESCRIPTION OF BUS STOP LOCATION (CROSSROADS, NEIGHBORS, LANDMARKS):

OTHER PEOPLE THAT ARE AUTHORIZED TO PICK UP STUDENT(S) FROM BUS STOP:

SPECIAL MEDICAL CONCERNS DRIVERS SHOULD BE AWARE OF:

IS IT PERMISSIBLE TO LET YOUR CHILD(REN) OFF AT THE BUS STOP IF YOU ARE NOT THERE?

_____ YES _____ NO If no, please contact the school to arrange an alternate drop location.



Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

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

REPUBLIC SCHOOL DISTRICT #309
Transportation Contract for Parents of Bus Student

Dear Students and Parents,

The Republic transportation staff would like to make both students and their parents aware of the kind of behavior that is expected on the bus in order to maintain safe driving conditions. Student behavior directly influences the safety of the bus. Knowing and following bus rules will ensure a safe and enjoyable ride to and from school and activities. It is understood that the bus is an extension of the classroom and as such, the rules of conduct that apply in the classroom also apply on the bus.

Taking the bus is a privilege that extends to all who qualify, not a right. Students violating these regulations may have their riding privileges revoked or suspended. Parents will be liable for damage done to vehicles or transport equipment by their children.

BUS RULES

- ★ Obey the school bus driver.
- ★ Do not switch places.
- ★ A normal conversation is allowed; any loud noise can distract the driver and create an unsafe situation.
- ★ The use of profanity or vulgar language or obscene gestures is not allowed.
- ★ Arms, head and other body parts must be kept within the bus.
- ★ Do not throw objects inside, or out of the bus.
- ★ Do not mark, cut, or scratch any part of the bus. Vandalism costs will be paid by the person who is responsible.
- ★ The emergency door and exit controls should be used by pupils only during supervised drills or actual emergencies.
- ★ Rude or discourteous behavior will not be tolerated.
- ★ A student shall not refuse to sit in an assigned seat or deny another student a place to sit.
- ★ Scuffling or fighting is forbidden.
- ★ Students must remain seated at all times. For safety reasons, students are not considered seated when they're not facing the front or sitting on anything, including legs, books, etc.
- ★ Students must keep books, packages, coats, and all other objects out of the aisles.
- ★ Cell phones are allowed with ear buds only. No toys, food, or drink (other than water).
- ★ Do not block the aisle.

Infraction of these rules could result in disciplinary action, emergency removal, and/or suspension of bus riding privileges. Violations of these rules will be followed by a Republic School District referral form being filed with the principal and sent to the parent/guardian.

Due to the necessity to maintain a safe environment while transporting students during the school year, bus violations are viewed very seriously. RSD will not tolerate non-compliance to bus safety policies, which place students' physical safety in jeopardy.

I have read and agree to the terms stated above.

Student Signature _____ Date: _____

Parent Signature: _____ Date: _____

Bus Discipline

- Infraction-1 Verbal warning**
- Infraction-2 Written warning, call parents**
- Infraction-3 Bus privilege revoked one day, call parent**
- Infraction-4 Three days of bus privileges lost.**
- Infraction-5 Two weeks of bus privileges lost.**
- Infraction-6 Bus privileges revoked for remainder of year.**