

ExplorerAcademy



1723 Wolves Rd Port Orchard, WA 98366

Dear Applicant,

Explorer Academy is a choice school within South Kitsap School District, this means that automatic enrollment is not offered. Please see the following steps depending on your student's grade level:

Grades K - 5

- 1) Submit fully completed application (including immunization records)
- 2) Conduct an interview with consulting teacher
- 3) Consulting teacher will determine eligibility for enrollment

Grades 6 - 12

- 1) Submit fully completed application (including immunization records)
- 2) Complete the orientation assessment with a score of 80% or better
- 3) Conduct an interview with consulting teacher
- 4) Consulting teacher will determine eligibility for enrollment

Applications can be emailed to ExplorerAcademyRegistrars@skschools.org dropped in our mailbox, or mailed to the district office at

2689 Hoover AVE SE
Attn: Explorer Academy
Port Orchard, WA 98366

Explorer Academy is an alternative school within the South Kitsap School District that provides families with students from kindergarten through 12th grade the opportunity to take a variety of classes from a fully accredited public school. The majority of classes are offered online and most work is completed at home using district provided curriculum.

Students are required to meet weekly with their Consulting Teacher to discuss and monitor academic progress. The Consulting Teacher is also available to assist the student with study skills and may provide workspace, if warranted. Parents are also required to attend monthly meetings with their student and teacher to monitor academic progress.

Explorer Academy K-5 students utilize an online curriculum that includes textbooks and workbooks. Elementary students participate in a variety of on-campus learning opportunities. These meetings fulfill state requirements for contact.

Middle school students (6-8) enroll in a combination of online curriculum and on-campus courses. Many also enroll in a course or two at their neighborhood middle school.

High school students can choose online curriculum, on-campus Math and Senior English, or a combination. Explorer Academy students also have the option to enroll in a class or two at SKHS. Others earn elective credit through West Sound Tech in Bremerton (11-12). If you are interested in earning college credit through Running Start, please speak with your Consulting Teacher.

Explorer Academy is accredited by AdvancED. We are one of three high schools in the South Kitsap School District family and as such issue official district diplomas and hold a commencement ceremony.



1723 Wolves Rd
Port Orchard, WA 98366
(360) 443-3605
FAX (360) 443--3624

Registration Form

Student Name:

Application Received Date:

SCHOOL MOST RECENTLY ATTENDED:

PREVIOUS SCHOOL PHONE:

ADDRESS:

PREVIOUS SCHOOL FAX:

HAS THIS STUDENT EVER ATTENDED AN SKSD SCHOOL? Y N

IF YES, NAME OF SCHOOL & YEAR ATTENDED

HAS STUDENT PREVIOUSLY ATTENDED EXPLORER ACADEMY? Y N

STUDENT INFORMATION

STUDENT CELL PHONE:

LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE NAME/INITIAL

ALSO KNOWN AS (FIRST & LAST NAME)

BIRTHDATE (MM/DD/YYYY)

GENDER

GRADE

STUDENT E-MAIL (NON-DISTRICT)

PRIMARY HOUSEHOLD (WHERE STUDENT RESIDES)

HOME PHONE:

(1) LAST NAME, FIRST NAME

GUARDIAN PHONE (include area code) If work #, name of business
WORK:

MOTHER FATHER OTHER

CELL/SMS:

(2) LAST NAME, FIRST NAME

GUARDIAN PHONE (include area code) If work #, name of business
WORK:

MOTHER FATHER OTHER

CELL/SMS:

RESIDENCE ADDRESS:

(STREET, CITY, STATE, ZIP)

MAILING ADDRESS:

(STREET/PO BOX, CITY, STATE, ZIP)

GUARDIAN 1 EMAIL:

GUARDIAN 2 EMAIL:

SECOND HOUSEHOLD (WHERE STUDENT RESIDES)

HOME PHONE:

(1) LAST NAME, FIRST NAME

GUARDIAN PHONE (include area code) If work #, name of business
WORK:

MOTHER FATHER OTHER

CELL/SMS:

(2) LAST NAME, FIRST NAME

GUARDIAN PHONE (include area code) If work #, name of business
WORK:

MOTHER FATHER OTHER

CELL/SMS:

RESIDENCE ADDRESS:

(STREET, CITY, STATE, ZIP)

MAILING ADDRESS:

(STREET/PO BOX, CITY, STATE, ZIP)

GUARDIAN 1 EMAIL:

GUARDIAN 2 EMAIL:

REASON FOR LEAVING PREVIOUS SCHOOL:

PREVIOUS COUNSELOR:

SIBLINGS

NAME	RELATIONSHIP	GRADE LEVEL	SCHOOL
1			
2			
3			
4			

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE	SECOND PHONE
1			
2			
3			
4			

EDUCATION INFORMATION

HAS THIS STUDENT EVER RECEIVED ANY SPECIAL EDUCATION SERVICES? Y N If yes, what grade?

IF YES, PLEASE SELECT SERVICE(S) RECEIVED: SPEECH SERVICES RESOURCE ROOM CHAPTER/LAP

REMEDIAL OCCUPATIONAL THERAPY SPECIAL DAY CLASS SERVICES GIFTED

ENGLISH AS A SECOND LANGUAGE OTHER:

DOES THIS STUDENT CURRENTLY HAVE AN IEP? Y N

DOES THIS STUDENT HAVE ANY PAST, CURRENT, OR PENDING DISCIPLINARY PROBLEMS? Y N

DOES THIS STUDENT HAVE ANY HISTORY OF VIOLENT BEHAVIOR? Y N

HAS THIS STUDENT EVER BEEN RETAINED (HELD BACK A GRADE)? Y N

IS THIS STUDENT CURRENTLY PARTICIPATING IN: TITLE LAP GIFTED ELL OTHER:

HAS THIS STUDENT COMPLETED A WASHINGTON STATE HISTORY COURSE? Y N DATE/LOCATION:

ADDITIONAL INFORMATION

IS THERE A JOINT CUSTODY OR PARENTING PLAN IN EFFECT? Y N (If yes, please file plan with school)

IS THERE A RESTRAINING ORDER IN EFFECT? Y N (If yes, legal papers must be on file with the school)

RESTRAINING ORDER IS AGAINST: MOTHER FATHER OTHER:

DOES THIS STUDENT HAVE A MEDICAL CONDITION(S) SEVERE ENOUGH TO IMPACT THEIR SCHOOL PROGRAM OR PERFORMANCE?

Y N IF YES, PLEASE DESCRIBE:

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 SOUTH KITSAP SCHOOL DISTRICT.

PARENT/GUARDIAN SIGNATURE:

DATE:

South Kitsap School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to school facilities to the Boy Scouts and other designated youth programs.

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY

School _____	Entry Date _____	Advisor _____
Birth Certificate _____	CIS Form _____	Other Alert _____
ELL Home Lang Survey _____	Months of formal education in native language (equiv to gr. K-12) before enrolling in SKSD _____	Months of attendance in US K-12 education prior to enrollment in SKSD _____
AM Bus _____	PM Bus _____	

Explorer/Hope Roles and Responsibilities

Please initial each item after reading.

- _____ SK Online Academy is funded by the state and SKSD as an *Alternative Learning Experience*. While much of the instruction occurs at home, SK Online Academy is NOT a home-school program. There are specific requirements set forth by the state and school district that must be met.
- _____ SK Online students are required to meet with their certificated teacher every single week to discuss academic progress. (Weekly Progress Check)
- _____ SK Online students are expected to participate in state and district assessments.

Parent/Guardian Responsibilities

- _____ Meet with student every school day to discuss progress. Daily accountability and encouragement are critical to success.
- _____ Conference with certificated teacher and student at regularly scheduled on-campus meetings.
- _____ Check and respond to e-mail and voice mail consistently.
- _____ Provide transportation to and from scheduled on-campus time (within a 30 minute window).
- _____ Provide student transportation home, if student is not actively engaged in school work (within a 30 minute window).
- _____ Correct daily work and tests in a timely manner (elementary).

I agree to fulfill the responsibilities listed above.

SIGN HERE

Parent/Guardian signature

Student Responsibilities

- _____ Engage in coursework/school activities for a MINIMUM of 6 hours per day.
- _____ Meet every day with parent/guardian to discuss schoolwork/progress.
- _____ Meet with certificated teacher every week for Weekly Progress Check.
- _____ Attend Monthly Progress Checks with certificated teacher and parent.
- _____ Actively engaged in schoolwork while on campus.
- _____ Study for understanding and skill improvement.

I agree to fulfill the responsibilities listed above.

SIGN HERE

Student signature

Certificated Teacher Responsibilities

- Determine the appropriate placement of students.
- Provide appropriate instructional materials and assistance in how to use them.
- Ensure that work reflects SKSD and Washington State Standards.
- Provide guidance regarding graduation requirements.
- Provide district required report cards.
- Maintain records and documentation to support student attendance and progress.
- Redirect student when he/she is not progressing satisfactorily or fulfilling SK Online Academy and state ALE requirements.



STATEMENT OF UNDERSTANDING

In accordance with the Alternative Learning Experience Implementation Standards, WAC 392-121-182 (6)0), prior to enrollment, parent (s) or guardian shall be provided with, and sign documentation attesting to the understanding of the difference between home-based instruction and enrollment in an alternative learning experience (ALE).

Provided on this form are summary and narrative descriptions of the difference between home-based instruction and an ALE. Please read these descriptions and sign below.

Summary Description

Home Based Instruction

- Is provided by the parent or guardian as authorized under RCW 28A.200 and 28A.225.01 0.
- Students are not enrolled in public education
- Students are not subject to the rules and regulations governing public schools, including course, graduation, and assessment requirements.
- The public school is under no obligation to provide instruction or instructional materials, or otherwise supervise the student's education.

Part-Time Enrollment of Home-Based Instruction Students

Home-based instruction students may enroll in public school programs, including ALE programs, on a part-time basis and retain their home-based instruction status. In the case of part-time enrollment in ALE, the student will need to comply with the requirements of the ALE written student learning plan, but not be required to participate in state assessments or meet state graduation requirements.

Alternative Learning Experience

South Kitsap School District's Explorer Academy

- *Is authorized under WAC 392-121-782.*
- *Student's are enrolled in public education either full-time or part-time*
- *Students are subject to the rules and regulations governing public school students including course, graduation, and assessment requirements for all portions of the ALE.*
- *Learning experiences are:*
 - Supervised, monitored, assessed, and evaluated by certificated staff.
 - Provided via a written student learning plan.
 - Provided in whole, or part outside the regular classroom.

I have read the summary and detailed descriptions of home-based instruction and alternative learning experience provided and I understand the difference between home-based instruction and the alternative learning experience program in which my child is enrolling.

Parent/Guardian Signature: _____ Date: _____

Name(s) of student(s)

☐

Copy placed in student file

☐

Copy placed in student file

☐

Copy placed in student file

☐

Copy placed in student file



Washington State Ethnicity and Race Data Collection Form

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

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.

ETHNICITY	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No (H01) <i>If yes, please select one or more below.</i>			
	HISPANIC	<input type="checkbox"/> Hispanic (H00) <input type="checkbox"/> Argentine (H02) <input type="checkbox"/> Bolivian (H03) <input type="checkbox"/> Brazilian (H04) <input type="checkbox"/> Chicano (Mexican American) (H05) <input type="checkbox"/> Chilean (H06) <input type="checkbox"/> Colombian (H07)	<input type="checkbox"/> Costa Rican (H08) <input type="checkbox"/> Cuban (H09) <input type="checkbox"/> Dominican (H10) <input type="checkbox"/> Ecuadorean (H11) <input type="checkbox"/> Guatemalan (H12) <input type="checkbox"/> Guyanese (H13) <input type="checkbox"/> Honduran (H14) <input type="checkbox"/> Jamaican (H15)	<input type="checkbox"/> Mexican (H16) <input type="checkbox"/> Mestizo (H17) <input type="checkbox"/> Native (H18) <input type="checkbox"/> Nicaraguan (H19) <input type="checkbox"/> Panamanian (H20) <input type="checkbox"/> Paraguayan (H21) <input type="checkbox"/> Peruvian (H22) <input type="checkbox"/> Puerto Rican (H23) <input type="checkbox"/> Salvadorian (H24) <input type="checkbox"/> Spaniard (H25) <input type="checkbox"/> Surinamese (H26) <input type="checkbox"/> Uruguayan (H27) <input type="checkbox"/> Venezuelan (H28) <input type="checkbox"/> _____ Hispanic/Latino Write In (H29)

RACE- NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	NATIVE HAWAIIAN/ OTHER	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (P00)		
	PACIFIC ISLANDER	<input type="checkbox"/> Carolinian (P01) <input type="checkbox"/> Chamorro (P02) <input type="checkbox"/> Chuukese (P03) <input type="checkbox"/> Fijian (P04) <input type="checkbox"/> i-Kiribati/Gilbertese (P05) <input type="checkbox"/> Kosraean (P06) <input type="checkbox"/> Maori (P07) <input type="checkbox"/> Marshallese (P08) <input type="checkbox"/> Native Hawaiian (P09) <input type="checkbox"/> Ni-Vanuatu (P10) <input type="checkbox"/> Palauan (P11) <input type="checkbox"/> Papuan (P12) <input type="checkbox"/> Pohpeian (P13) <input type="checkbox"/> Samoan (P14) <input type="checkbox"/> Solomon Islander (P15) <input type="checkbox"/> Tahitian (P16) <input type="checkbox"/> Tokelauan (P17) <input type="checkbox"/> Tongan (P18) <input type="checkbox"/> Tuvaluan (P19) <input type="checkbox"/> Yapese (P20) <input type="checkbox"/> _____ Pac. 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)		
	CARIBBEAN	<input type="checkbox"/> Anguillian (B03) <input type="checkbox"/> Antiguan (B04) <input type="checkbox"/> Bahamian (B05) <input type="checkbox"/> Barbadian (B06) <input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy) (B07) <input type="checkbox"/> British Virgin Islander (B08) <input type="checkbox"/> Caymanian (Cayman Island) (B09) <input type="checkbox"/> Cuba Dominican (B10) <input type="checkbox"/> Dominican (Dominican Republic) (B11) <input type="checkbox"/> Dutch Antillean (Netherlands Antilles) (B12) <input type="checkbox"/> Grenadian (B13) <input type="checkbox"/> Guadeloupian (B14) <input type="checkbox"/> Haitian (B15) <input type="checkbox"/> Jamaican (B16) <input type="checkbox"/> Martiniquais/ Martiniquaise (B17) <input type="checkbox"/> Montserratian (B18) <input type="checkbox"/> Puerto Rican (B19) <input type="checkbox"/> _____ Caribbean Write In (B20)		
	CENTRAL AFRICAN	<input type="checkbox"/> Angolan (B21) <input type="checkbox"/> Cameroonian (B22) <input type="checkbox"/> Central African (Central African Rep) (B23) <input type="checkbox"/> Chadian (B24) <input type="checkbox"/> Congolese (Republic of the Congo) (B25) <input type="checkbox"/> Equatorial Guinean (B27) <input type="checkbox"/> Congolese (Democratic Republic of the Congo) (B26) <input type="checkbox"/> Gabonese (B28) <input type="checkbox"/> São Tomé (B29) <input type="checkbox"/> Principe (B30) <input type="checkbox"/> _____ Central African Write In (B31)		
	EAST AFRICAN	<input type="checkbox"/> Burundian (B32) <input type="checkbox"/> Comoran (B33) <input type="checkbox"/> Djiboutian (B34) <input type="checkbox"/> Eritrean (B35) <input type="checkbox"/> Ethiopian (B36) <input type="checkbox"/> Kenyan (B37) <input type="checkbox"/> Malagasy (Madagascar) (B38) <input type="checkbox"/> Malawian (B39) <input type="checkbox"/> Mauritian (Mauritius) (B40) <input type="checkbox"/> Mahoran (Mayotte) (B41) <input type="checkbox"/> Mozambican (B42) <input type="checkbox"/> Reunionese (B43) <input type="checkbox"/> Rwandan (B44) <input type="checkbox"/> Seychellois/ Seychelloise (B45) <input type="checkbox"/> Somali (B46) <input type="checkbox"/> South Sudanese (B47) <input type="checkbox"/> Sudanese (B48) <input type="checkbox"/> Ugandan (B49) <input type="checkbox"/> Tanzanian (United Republic of Tanzania) (B50) <input type="checkbox"/> Zambian (B51) <input type="checkbox"/> Zimbabwean (B52) <input type="checkbox"/> _____ East African Write In (B53)		
	LATIN AMERICAN	<input type="checkbox"/> Argentine (B54) <input type="checkbox"/> Belizean (B55) <input type="checkbox"/> Bolivian (B56) <input type="checkbox"/> Brazilian (B57) <input type="checkbox"/> Chilean (B58) <input type="checkbox"/> Colombian (B59) <input type="checkbox"/> Costa Rican (B60) <input type="checkbox"/> Ecuadorean (B61) <input type="checkbox"/> El Salvadoran (B62) <input type="checkbox"/> Falkland Islander (B63) <input type="checkbox"/> French Guianese (B64) <input type="checkbox"/> Guatemalan (B65) <input type="checkbox"/> Guyanese (B66) <input type="checkbox"/> Honduran (B67) <input type="checkbox"/> Mexican (B68) <input type="checkbox"/> Nicaraguan (B69) <input type="checkbox"/> Panamanian (B70) <input type="checkbox"/> Paraguayan (B71) <input type="checkbox"/> Peruvian (B72) <input type="checkbox"/> South Georgia and the South Sandwich Islands (B73) <input type="checkbox"/> Surinamese (B74) <input type="checkbox"/> Uruguayan (B75) <input type="checkbox"/> Venezuelan (B76) <input type="checkbox"/> _____ Latin American Write In (B77)		

RACE- BLACK/AFRICAN AMER	SOUTH AFRICAN	<input type="checkbox"/> Botswanan (B78) <input type="checkbox"/> Mosotho (Lesotho) (B79)		<input type="checkbox"/> Namibian (B80) <input type="checkbox"/> South African (B81)		<input type="checkbox"/> Swazi (B82) <input type="checkbox"/> South African Write In (B83) _____	
	WEST AFRICAN	<input type="checkbox"/> Beninese (B84) <input type="checkbox"/> Bissau-Guinean (B85) <input type="checkbox"/> Burkinabé (Burkina Faso) (B86) <input type="checkbox"/> Cabo Verdean (B87)		<input type="checkbox"/> Ivorian (Cote d'Ivoire) (B88) <input type="checkbox"/> Gambian (B89) <input type="checkbox"/> Ghanaian (B90) <input type="checkbox"/> Liberian (B91) <input type="checkbox"/> Malian (B92)		<input type="checkbox"/> Mauritanian (B93) <input type="checkbox"/> Nigerien (Niger) (B94) <input type="checkbox"/> Nigerian (Nigeria) (B95) <input type="checkbox"/> Saint Helenian (B96) <input type="checkbox"/> Senegalese (B97)	
RACE- AMERICAN INDIAN/ALASKA NATIVE	AMER IND/ AK NATIVE	<input type="checkbox"/> American Indian/Alaskan Native (N00)		<input type="checkbox"/> _____ Alaska Native Write In (N36)		<input type="checkbox"/> _____ American Indian Write In (N37)	
	WASHINGTON STATE TRIBES	<input type="checkbox"/> Chinook Tribe (N01) <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation (N02) <input type="checkbox"/> Confederated Tribes of the Chehalis Res. (N03) <input type="checkbox"/> Confederated Tribes of the Colville Res. (N04) <input type="checkbox"/> Cowlitz Tribe (N05) <input type="checkbox"/> Duwamish Tribe (N06) <input type="checkbox"/> Hoh Tribe (N07) <input type="checkbox"/> Jamestown S'Klallam Tribe (N08) <input type="checkbox"/> Kalispel Indian Community of the Kalispel Res. (N09) <input type="checkbox"/> Kikiallus Indian Nation (N10) <input type="checkbox"/> Lower Elwha Tribal Community (N11) <input type="checkbox"/> Lummi Tribe of the Lummi Res. (N12) <input type="checkbox"/> Makah Tribe of the Makah Res. (N13) <input type="checkbox"/> Marietta Band of Nooksack Tribe (N14) <input type="checkbox"/> Muckleshoot Tribe (N15) <input type="checkbox"/> Nisqually Tribe (N16) <input type="checkbox"/> Nooksack Tribe of WA (N17) <input type="checkbox"/> Port Gamble S'Klallam Tribe (N18)				<input type="checkbox"/> Puyallup Tribe of Puyallup Res. (N19) <input type="checkbox"/> Quileute Tribe of the Quileute Res. (N20) <input type="checkbox"/> Quinault Indian Nation (N21) <input type="checkbox"/> Samish Indian Nation (N22) <input type="checkbox"/> Sauk-Suiattle Tribe of WA (N23) <input type="checkbox"/> Shoalwater Bay Tribe of the Shoalwater Bay Res. (N24) <input type="checkbox"/> Skokomish Tribe (N25) <input type="checkbox"/> Snohomish Tribe (N26) <input type="checkbox"/> Snoqualmie Tribe (N27) <input type="checkbox"/> Snoqualmoo Tribe (N28) <input type="checkbox"/> Spokane Tribe of the Spokane Res. (N29) <input type="checkbox"/> Squaxin Tribe of the Squaxin Island Res. (N30) <input type="checkbox"/> Steilacoom Tribe (N31) <input type="checkbox"/> Stillaguamish Tribe of WA (N32) <input type="checkbox"/> Suquamish Tribe of the Port Madison Res. (N33) <input type="checkbox"/> Swinomish Tribal Community (N34) <input type="checkbox"/> Tulalip Tribes of WA (N35) <input type="checkbox"/> Upper Skagit Tribe (N38)	
RACE- ASIAN	ASIAN	<input type="checkbox"/> Asian (A00) <input type="checkbox"/> Asian Indian (A01) <input type="checkbox"/> Bangladeshi (A02) <input type="checkbox"/> Bhutanese (A03) <input type="checkbox"/> Burmese/Myanmar (A04) <input type="checkbox"/> Cambodian/Khmer (A05) <input type="checkbox"/> Cham (A06) <input type="checkbox"/> Chinese (A07)		<input type="checkbox"/> Filipino (A08) <input type="checkbox"/> Hmong (A09) <input type="checkbox"/> Indonesian (A10) <input type="checkbox"/> Japanese (A11) <input type="checkbox"/> Korean (A12) <input type="checkbox"/> Lao (A13) <input type="checkbox"/> Malaysian (A14) <input type="checkbox"/> Mien (A15)		<input type="checkbox"/> Mongolian (A16) <input type="checkbox"/> Nepali (A17) <input type="checkbox"/> Okinawan (A18) <input type="checkbox"/> Pakistani (A19) <input type="checkbox"/> Punjabi (A20) <input type="checkbox"/> Singaporean (A21) <input type="checkbox"/> Sri Lankan (A22) <input type="checkbox"/> Taiwanese (A23)	
RACE- WHITE	WHITE	<input type="checkbox"/> White (W00) <input type="checkbox"/> _____ White Write In (W35)					
	EASTERN EUROPEAN	<input type="checkbox"/> Bosnian (W01) <input type="checkbox"/> Herzegovinian (W02)		<input type="checkbox"/> Polish (W03) <input type="checkbox"/> Romanian (W04)		<input type="checkbox"/> Russian (W05) <input type="checkbox"/> Ukrainian (W06)	
	MID EASTERN & NORTH AFRICAN	<input type="checkbox"/> Algerian (W08) <input type="checkbox"/> Amazigh or Berber (W09) <input type="checkbox"/> Arab or Arabic (W10) <input type="checkbox"/> Assyrian (W11) <input type="checkbox"/> Bahraini (W12) <input type="checkbox"/> Bedouin (W13) <input type="checkbox"/> Chaldean (W14) <input type="checkbox"/> Copt (W15)		<input type="checkbox"/> Druze (W16) <input type="checkbox"/> Egyptian (W17) <input type="checkbox"/> Emirati (W18) <input type="checkbox"/> Iranian (W19) <input type="checkbox"/> Iraqi (W20) <input type="checkbox"/> Jordanian (W21) <input type="checkbox"/> Kurdish (W22) <input type="checkbox"/> Kuwaiti (W23)		<input type="checkbox"/> Lebanese (W24) <input type="checkbox"/> Libyan (W25) <input type="checkbox"/> Moroccan (W26) <input type="checkbox"/> Omani (W27) <input type="checkbox"/> Palestinian (W28) <input type="checkbox"/> Qatari (W29)	
						<input type="checkbox"/> Thai (A24) <input type="checkbox"/> Tibetan (A25) <input type="checkbox"/> Vietnamese (A26) <input type="checkbox"/> _____ Asian Write In (A27)	
						<input type="checkbox"/> Tunisian (W32) <input type="checkbox"/> Yemeni (W33) <input type="checkbox"/> _____ Mid. Eastern Write In (W34)	
						<input type="checkbox"/> _____ N. African Write In (W35)	

STUDENT NAME: _____ GRADE: _____ SCHOOL: _____



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

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name: _____ Parent/Guardian Signature: _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? _____ Yes _____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? _____ Yes _____ No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes _____ No _____ Don't Know _____</p>	
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) _____ Yes _____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-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.





Military Family Affiliation

Please note: *This information must be collected yearly and is good for the current school year only.*

Dear Parent or Guardian,

Beginning with the 2016-2017 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation.

(<http://app.leg.wa.gov/billinfo/summary.aspx?bill=5163&year=2015>)

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 one hundred thirty-six thousand military families in Washington state.
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 policy makers 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 transitions students to a new school and enable school districts to discover and implement best practices. [2015 c 210§ 1.]

For the purposes of this data collection, "students from military families" includes:

- Students with a parent or guardian who is a member of the active-duty United States armed forces; and
- 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.

Choose one that best describes your family's military status:

- A- Parent or guardian is a current member of the US Armed Forces, active duty
- R- Parent or guardian is a current member of the US Armed Forces, reserves
- G- Parent or guardian is a current member of the National Guard
- M- More than one parent or guardian qualifies for A, R, or G
- N- No parent or guardian is currently serving the US Armed Forces or National Guard
- Z- Prefer not to answer

STUDENT NAME: _____ GRADE: _____ BIRTHDATE: _____

SCHOOL: _____

Parent/Guardian Signature

Today's Date



Education Services Questionnaire

Student Name:

Has your child ever received any special education services? ☐ Yes ☐ No If yes (what grade)

Does your student currently have an IEP? ☐ Yes ☐ No

Please check the type of service received:

☐ Speech Services

☐ Occupational Therapy

☐ Resource Room

☐ Special Day Class Services

☐ Chapter/LAP

☐ Gifted

☐ Remedial

☐ English as a Second Language

☐ Other:

Has your student completed a Washington State History Course? ☐ Yes ☐ No

If yes, location and date completed

(If from out of state, your state's history course may be honored provided it was a state-specific, semester-long course.)



Rights and Responsibilities Handbook

Annual Distribution Notice and Acknowledgement of Receipt

Please return this document to your student's school

PLEASE NOTE: *this form must be signed each year- it is good for the current school year only.*

School Year:

With the signatures below, we acknowledge that we have received and reviewed the contents of the current school year's South Kitsap School District Rights and Responsibilities booklet. This document has given me and my student notice of the types of misconduct for which discipline, suspension, or expulsion may be imposed and the procedures for administering such corrective action. It has also provided us with important information regarding district pesticide use and asbestos management practices.

I also acknowledge that due to budget constraints, this handbook will not be printed each year but will be available on the district website at www.skitsap.wednet.edu. I understand that if i do not have access to a computer a hardcopy handbook will be provided to me upon request.

Student Signature:

School:

Grade:

Parent/Guardian Signature:

OPT OUT INFORMATION- PLEASE READ

All students will have *internet access privileges* under the guidelines of the District's acceptable use policy **UNLESS a parent or guardian submits a written request for his or her student to opt out.** Such exclusion does not preclude the supervised use of the internet in an instructional activity. See Board Policy 2022 (Section VI of the Handbook).

Under federal law (FERPA), the district may release directory information about a student without obtaining parent consent **UNLESS a parent or guardian submits a written request for his or her student to opt out.** The common uses of directory information include athletic contest programs and college recruiters. Such information shall not be released for commercial reasons. See Administrative Procedure 3231 (Section VII of the Handbook).

The District will assume permission to use a student's image (**photo or video**) or class work in District and school publications and on district-sponsored web sites **UNLESS a parent or guardian submits a written request for his or her student to opt out.**

I request that this student's name, address, and telephone number **not be** released to Armed Forces and Military Recruiters or Military School

I request that this student's name, address, and telephone number **not be** released to colleges, universities or companies seeking employees.

South Kitsap School District

2023-24 HEALTH HISTORY AND CONDITIONS FORM

DATE: _____ SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ GENDER: _____ BIRTHDATE: _____

Indicate below the medical conditions which are SEVERE ENOUGH TO AFFECT THE STUDENT'S SCHOOL PROGRAM OR SCHOOL PERFORMANCE. (Note: this information may be shared with school staff who need to know.)

MEDICAL HISTORY (CHECK ALL THAT APPLY TO YOUR CHILD)

NB	<input type="checkbox"/> ADHD/ADD	P	<input type="checkbox"/> PE Considerations/Limitations	BD	<input type="checkbox"/> Blood Condition
	Asthma		Description:		Description:
RA	<input type="checkbox"/> Exercise Induced	UH	<input type="checkbox"/> Renal: Kidney/Urinary Condition	NU	<input type="checkbox"/> Head Injury/Concussion
RB	<input type="checkbox"/> Mild		Description:		Description:
RC	<input type="checkbox"/> Moderate	GI	<input type="checkbox"/> Gastrointestinal Condition		Allergies
RD	<input type="checkbox"/> Severe		Description:	EC	<input type="checkbox"/> Environmental
	Diabetes		Visually Impaired	ED	<input type="checkbox"/> Food
EK	<input type="checkbox"/> Type I	YD	<input type="checkbox"/> Wears Glasses	EE	<input type="checkbox"/> Insect
EL	<input type="checkbox"/> Type II	NP	Seizure Disorder	EF	<input type="checkbox"/> Latex
NH	<input type="checkbox"/> Headaches, Migraine		Date of last seizure:	EG	<input type="checkbox"/> Anaphylactic Condition
	Hearing Impaired		Type of seizure:	EG	<input type="checkbox"/> Epi-Pen required
YB	<input type="checkbox"/> Hearing Problem		Seizure medications:	EB	<input type="checkbox"/> Other Allergy:
YB	<input type="checkbox"/> Hearing Aids				Reacts to:
	Description:	ME	<input type="checkbox"/> Muscle or Bone Condition		Describe allergic reaction:
CG	<input type="checkbox"/> Cardiovascular Condition		Description:		
	Description:				

Is medication needed for any condition? ☐ Y ☐ N

Is medication needed at school? ☐ Y ☐ N

Medication at school (over the counter or prescription) requires Form #157, "Medication at School".

If **YES**, please list name(s) of medication, dose, and schedule: _____

What condition is being treated by this medication? _____

List major operations, injuries, or hospitalizations including dates: _____

☐ I give permission to my child's school nurse to add immunization information into the Washington State Immunization Information System to help the school maintain my child's immunization records.

	Medical Exam	Eye Exam	Dental Exam
Last Exam Date/Doctor			
Health Insurance Co.			

In an emergency, transport to _____ hospital.

Are there any health-related information or concerns that you can tell us about your child that you feel will help the school staff to better understand and work with them? _____

AUTHORIZATION FOR EMERGENCY PROCEDURE

If the parent(s)/guardian(s) and health care provider named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility of the payment of any services rendered.

Date _____ Parent/Guardian Signature _____ / _____ / _____
Home Phone
Cell Phone
Work Phone



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: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> 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
<input type="checkbox"/> 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		



Disaster Release Form Explorer Academy

Student's Name (Last, First, Middle) _____

Address: _____

Mother Name: _____ Phone: _____

Father Name: _____ Phone: _____

Guardian Name: _____ Phone: _____

(if different than above)

If I/We are unable to pick up our child, I/We designate the following three people to whom my child may be released in case of emergency.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I Authorize release of my son/daughter to any adults with whom he/she feels comfortable **Check One:** ☐ Yes or ☐ No

Medical Alert:

Condition: _____ Medication: _____

Condition: _____ Medication: _____

Please send to school at least three full day's dosage of each medicine and include a letter from your physician giving the principal or designee permission to administer this medicine in the time of an emergency.

If telephone service is interrupted due to a major disaster, long distance service will be the first service repaired. Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Name: _____ Phone: _____

For School Use Only

The student was released to: _____

By: _____

Date: _____ Time: _____ Destination: _____

One copy stays at request gate; one copy goes with runner to release gate.



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

Student Name: _____ Birthdate: _____ Age: _____
First Middle Last Month/Day/Year

School: _____ Grade: _____

- ☐ 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 or Contact Number: _____ Contact Name: _____

Name of parent/legal guardian: _____
(or unaccompanied youth)

Signature of parent/legal guardian: _____
(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 or building Liaison may be able to assist you with age-appropriate resources.

Please return completed form to your building McKinney-Vento Liaison, or to SKSD's McKinney-Vento Liaison, Annette Stewart, 360.874.7054, stewart@skschools.org

FOR SCHOOL PERSONNEL ONLY

For data collection purposes and student information system coding

- ☐ (N) NOT HOMELESS ☐ (A) SHELTERS ☐ (B) DOUBLED UP ☐ (C) UNSHELTERED ☐ (D) HOTELS/MOTELS

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Additional Resources

Parent information and resources can be found at the following:

[National Center for Homeless Education \(NCHE\)](#)

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

[SchoolHouse Connection](#)

FOR SCHOOL PERSONNEL ONLY

Checklist for Mc-Kinney Vento Liaisons

☐ SKYWARD ☐ GOOGLE SHEET ☐ FNS ☐ TRANSPORTATION ☐ UNACCOMPANIED YOUTH ☐ SENT COPY TO DO



Request for Student Records

DATE: _____

STUDENT NAME: _____ GRADE: _____ BIRTHDATE: _____

PREVIOUS SCHOOL INFORMATION

SCHOOL NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____

PLEASE SEND ALL SCHOOL RECORDS TO:

Burley Glenwood Elementary
100 SW Lakeway Blvd
Port Orchard, WA 98367
(P) 360.443.3110 (F) 360.443.3169

East Port Orchard Elementary
2649 Hoover Ave SE
Port Orchard, WA 98366
(P) 360.443.3170 (F) 360.443.3229

Hidden Creek Elementary
5455 Converse Road SE
Port Orchard, WA 98367
(P) 360.443.3050 (F) 360.443.3109

Manchester Elementary
1901 California Ave E
Port Orchard, WA 98366
(P) 360.443.3230 (F) 360.443.3289

Mullenix Ridge Elementary
3900 SE Mullenix Road
Port Orchard, WA 98367
(P) 360.443.3290 (F) 360.443.3349

Olalla Elementary
6100 SE Denny Bond Blvd
Olalla, WA 98359
(P) 360.443.3350 (F) 360.443.3399

Orchard Heights Elementary
2288 Fircrest Drive SE
Port Orchard, WA 98366
(P) 360.443.3530 (F) 360.443.3604

Sidney Glen Elementary
500 SW Birch Road
Port Orchard, WA 98367
(P) 360.443.3400 (F) 360.443.3469

South Colby Elementary
3281 Banner Road SE
Port Orchard, WA 98366
(P) 360.443.3000 (F) 360.443.3049

Sunnyslope Elementary
4183 Sunnyslope Road SW
Port Orchard, WA 98367
(P) 360.443.3470 (F) 360.443.3529

Cedar Heights Middle School
2220 Pottery Ave
Port Orchard, WA 98366
(P) 360.874.6020 (F) 360.874.6429

John Sedgwick Middle School
8995 Sedgwick Road SE
Port Orchard, WA 98366
(P) 360.874.6090 (F) 360.874.6430

Marcus Whitman Middle School
1887 Madrona Drive SE
Port Orchard, WA 98366
(P) 360.874.6160 (F) 360.874.6440

South Kitsap High School
425 Mitchell Ave
Port Orchard, WA 98366
(P) 360.874.5600 (F) 360.874.5892

Discovery Alternative High School
2150 Fircrest Drive SE
Port Orchard, WA 98366
(P) 360.443.3680 (F) 360.443.3704

Explorer Academy/Hope Academy 1723 Wolves Rd
Port Orchard, WA 98366
(P) 360.443.3605 (F) 360.443.3624

Office of Special Services
2689 Hoover Ave SE
Port Orchard, WA 98366
(P) 360.443.3625 (F) 360.443.3662

Madrona Heights Preschool
2150 Fircrest Drive SE
Port Orchard, WA 98366
(P) 360.443.3625 (F) 360.443.3659

Please fax ASAP: Birth Certificate and immunization records

All remaining records can be mailed.

Please send all student records including:

- | | | |
|----------------------|-----------------------------------|---------------------|
| ▪ Attendance | ▪ Immunizations | ▪ Test Scores |
| ▪ Discipline | ▪ Report Cards | ▪ Transcript |
| ▪ Health Information | ▪ Special Education (include IEP) | ▪ Withdrawal Grades |

ENTRY DATE AT SOUTH KITSAP SCHOOL: _____

Per RCW 28A.225.330 subsection (2), also include the above-named student's confidential discipline records that include history of disciplinary actions, history of violent behavior, or behavior listed in RCW 13.04.155.

According to the Family Educational Rights and Privacy Act (US Code: Title 20, Section 123g.a(6)1B, it is not necessary to obtain written consent to release records. School official in school systems in which the student intends to enroll may receive student's record without written consent for such release.

1st Request _____ 2nd Request _____



Non-Discrimination Statement

The South Kitsap School District provides equal educational and employment opportunity without regard to race, creed, religion, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation – including gender expression or identity, marital status, or the presence of any sensory, mental, or physical disability, the use of a trained dog guide or service animal by a person with a disability. Equal access to activities, facilities and program is provided to the Boy Scouts of America and other designated youth groups. District procedure complies with all applicable state and federal laws. The Title IX Officer, Section 504 Coordinator, and Gender Inclusivity Officer with the responsibility for monitoring, auditing, and ensuring compliance with this policy are:

Compliance/ADA/Title IX Coordinator:	Section 504 Coordinator:	Gender Inclusivity Compliance Officer:
Will Sarett, Executive Director of Human Resources 2689 Hoover Avenue SE, Port Orchard, WA 98366. 360-874-7071. sarett@skschools.org	Kimberly House, Director of Special Services 2689 Hoover Avenue SE, Port Orchard, WA 98366. 360-443-3648. house@skschools.org	Dr. Tom Edwards, Assistant Superintendent for Student Achievement 2689 Hoover Ave SE, Port Orchard, WA 98366. 360-874-7003. edwards@skschools.org

El Distrito Escolar South Kitsap brinda igualdad de oportunidades educativas y de empleo sin distinción de raza, credo, religión, color, origen nacional, edad, veterano honorable o militar, sexo, orientación sexual, incluida la expresión o identidad de género, estado civil o la presencia de cualquier discapacidad sensorial, mental o física, el uso de una guía de perro o animal de servicio entrenado por una persona con una discapacidad. Se brinda acceso equitativo a las actividades, instalaciones y programas a Boy Scouts of America y otros grupos juveniles designados. El Oficial del Título IX, el Coordinador de la Sección 504 y el Oficial de Inclusión de Género con la responsabilidad de monitorear, auditar y garantizar el cumplimiento de esta política son: Coordinador de cumplimiento / ADA / Título IX: Will Sarett, Executive Director of Human Resources 2689 Hoover Avenue SE, Port Orchard, WA 98366, 360-874-7071 sarett@skschools.org. Section 504 Coordinator: Kimberly House, Director of Special Services, 2689 Hoover Avenue SE, Port Orchard, WA 98366. 360-443-3648, house@skschools.org. Gender Inclusivity Compliance Officer: Dr. Tom Edwards, Assistant Superintendent for Student Achievement, 2689 Hoover Ave SE, Port Orchard, WA 98366, 360-874-7003, edwards@skschools.org.

Ang Distrito ng Paaralan ng South Kitsap ay nagbibigay ng pantay na pang-edukasyon at pagkakataon sa trabaho nang walang pagsasaalang-alang sa lahi, paniniwala, relihiyon, kulay, bansang pinanggalingan, edad, karangalan na pinalaya ng beterano o katayuan sa militar, kasarian, oryentasyong sekswal - kabilang ang pagpapahayag ng kasarian o pagkakakilanlan, katayuan sa kasal, o ang pagkakaroon ng anumang pandama, mental, o pisikal na kapansanan, ang paggamit ng isang sinanay na gabay sa aso o hayop ng serbisyo ng isang taong may kapansanan. Ang pantay na pag-access sa mga aktibidad, pasilidad at programa ay ibinibigay sa Boy Scouts of America at iba pang mga itinalagang grupo ng kabataan. Ang pamamaraan ng distrito ay sumusunod sa lahat ng naaangkop na batas ng estado at pederal. Ang Title IX Officer, Section 504 Coordinator, at Gender Inclusivity Officer na may responsibilidad sa pagsubaybay, pag-audit at pagtiyak ng pagsunod sa patakarang ito ay: Will Sarett, Executive Director of Human Resources 2689 Hoover Avenue SE, Port Orchard, WA 98366, 360-874-7071, sarett@skschools.org. Section 504 Coordinator: Kimberly House, Director of Special Services 2689 Hoover Avenue SE, Port Orchard, WA 98366, 360-443-3648, house@skschools.org. Gender Inclusivity Compliance Officer: Dr. Tom Edwards, Assistant Superintendent for Student Achievement, 2689 Hoover Ave SE, Port Orchard, WA 98366, 360-874-7003, edwards@skschools.org.

South Kitsap xuéqū tígōng píngděng de jiàoyù hé jiùyè jīhuì, bù fēn zhōngzú, xīnyǎng, zōngjiào, fūsè, guójí, niánlíng, róngyù tuìwǔ de tuìwǔ jūnrén huò jūnrén shēnfèn, xìngbié, xìng qǔxiàng - bāo guā xìngbié biǎodá huò shēnfèn, hūnyīn zhuàngkuàng, huò rēnhé gǎnguān, jīngshén huò shēntǐ cǎnjí de cúnzài, cǎnjí rén shìyòng xùnlìan yǒu sù de gǒu dǎoyóu huò fúwù xìng dòngwù. Wèi měiguó tóngzǐ jūn hé qítā zhǐdīng de qīngnián tuántǐ tígōng píngděng de huódòng, shèshī hé fāng'àn. Dìqū chéngxù fúhé suǒyǒu shìyòng de zhōu hé liánbāng fǎlǚ. Fùzé jiāndū, shēnji hé quèbǎo zūnshǒu běn zhèngcè de Title IX guānyuán, dì 504 jié xiétiao yuán hé xìngbié bāoróng guānyuán shì: Will Sarett, Executive Director of Human Resources 2689 Hoover Avenue SE, Port Orchard, WA 98366, 360-874-7071, sarett@skschools.org. Section 504 Coordinator: Kimberly House, Director of Special Services, 2689 Hoover Avenue SE, Port Orchard, WA 98366, 360-443-3648, house@skschools.org. Gender Inclusivity Compliance Officer: Dr. Tom Edwards, Assistant Superintendent for Student Achievement, 2689 Hoover Ave SE, Port Orchard, WA 98366, 360-874-7003, edwards@skschools.org.