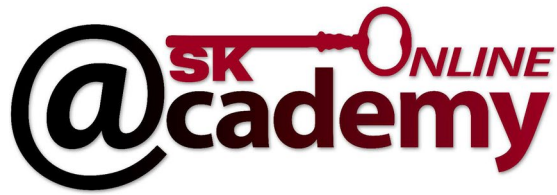


Explorer Academy



Explorer Academy

1723 Wolves DR
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.

Explorer Academy



Staff Use

Application Received Date: _____ SKSD Enrollment Date: _____
Phone Contact Date: _____ Student ID Number: _____
Interview Date: _____ Explorer Enrollment Date: _____

Application For Admission Explorer Online Academy / Hope Academy South Kitsap School District

Student Information

Student Full Name: _____

Gender: ☐ M ☐ F Birth date: _____ Age: _____ Grade: _____

Student Email: _____ Home Phone: _____ Student Cell: _____

Last School Attended: _____ Last Date Attended: _____

Reason for Leaving: _____

Counselor / Teacher Name: _____

Does the student have (or is qualified for) an IEP? ☐ YES ☐ NO

Does the student have (or is qualified for) a 504 Plan? ☐ YES ☐ NO

Do you have high-speed internet connection? ☐ YES ☐ NO

Household Information

Student Resides With: ☐ Mother/Father ☐ Mother Only ☐ Father Only ☐ Mother/Stepfather ☐ Father/Stepmother
☐ Grandparents ☐ Foster Parents ☐ Guardian ☐ Other: _____

Primary Guardian: _____ Place of Employment: _____

Home Phone: _____ Primary Guardian Cell: _____

Primary Guardian Email: _____

Mailing Address: _____

Street Address: _____

Secondary Guardian: _____ Place of Employment: _____

Home Phone: _____ Secondary Guardian Cell: _____

Secondary Guardian Email: _____

Mailing Address: _____

Street Address: _____

Emergency Contact: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Emergency Contact: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

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.*
- *Students 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)

_____	<input type="checkbox"/> Copy placed in student file
_____	<input type="checkbox"/> Copy placed in student file
_____	<input type="checkbox"/> Copy placed in student file
_____	<input type="checkbox"/> Copy placed in student file

Student Name:

South Kitsap School District

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 you own/rent your own home, you DO NOT need to complete this form.

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

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

Student Name: _____
First Middle Last

School: _____ Grade: _____ DOB: _____ 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 or Contact Number: _____ Contact Name: _____

Name of Parent(s)/legal guardian(s) _____
(or unaccompanied youth)

**Signature of Parent or legal guardian: _____ Date: _____
(or unaccompanied youth)

****I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.**

Please return completed form to your building McKinney-Vento Liaison

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

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotel-Motel

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

For purposes of this subtitle:

- (1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.
- (2) The term homeless children and youths' –

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

(B) Includes –

- (i) Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;
- (ii) Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(c);
- (iii) Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

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

Additional Resources

Parent information and resources can be found at the following:

National Center for Homeless Education

National Association for the Education of Homeless Children and Youth (NAEHCY)

Schoolhouse Connection

RACE AND ETHNICITY FORM

Please complete this survey. It asks you to tell us the race and ethnic heritage of each of your children.

Why do we need this information? New laws require us to report this information to the state and federal government. Information will be analyzed along with census information to determine funding for schools and educational programs and services for all students. Every school district in Washington is now required to report this information for **EACH** student, but the data is **NOT** reported with the names of individual students. Please be aware that like our other state reports, the data is sent in numbers only with no student names attached to those numbers.

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

PLEASE ANSWER BOTH QUESTIONS 1 & 2

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

H01	Not Hispanic/Latino	H08	Costa Rican	H16	Mexican	H24	Salvadorian
H00	Hispanic	H09	Cuban	H17	Mestizo	H25	Spaniard
H02	Argentine	H10	Dominican	H18	Native	H26	Surinamese
H03	Bolivian	H11	Ecuadorian	H19	Nicaraguan	H27	Uruguayan
H04	Brazilian	H12	Guatemalan	H20	Panamanian	H28	Venezuelan
H05	Chicano (Mexican American)	H13	Guyanese	H21	Paraguayan	H29	Other Hispanic/Latino
H06	Chilean	H14	Honduran	H22	Peruvian		
H07	Colombian	H15	Jamaican	H23	Puerto Rican		

Question 2: What race(s) do you consider your child? (Please check ALL that apply)

	Black/African American		Black/African American – Central African (cont.)		Black/African American – East African (cont.)
B00	<input type="checkbox"/> Black/African American	B22	<input type="checkbox"/> Cameroonian	B45	<input type="checkbox"/> Seychellois/Seychelloise
B01	<input type="checkbox"/> African American	B23	<input type="checkbox"/> Central African (Central African Rep)	B46	<input type="checkbox"/> Somali
B02	<input type="checkbox"/> African Canadian	B24	<input type="checkbox"/> Chadian	B47	<input type="checkbox"/> South Sudanese
	Black/ African American – Caribbean	B25	<input type="checkbox"/> Congolese (Republic of the Congo)	B48	<input type="checkbox"/> Sudanese
B03	<input type="checkbox"/> Anguillian	B26	<input type="checkbox"/> Congolese (Democratic Republic of the Congo)	B49	<input type="checkbox"/> Ugandan
B04	<input type="checkbox"/> Antiguan	B27	<input type="checkbox"/> Equatorial Guinean	B50	<input type="checkbox"/> Tanzanian (United Republic of Tanzania)
B05	<input type="checkbox"/> Bahamian	B28	<input type="checkbox"/> Gabonese	B51	<input type="checkbox"/> Zambian
B06	<input type="checkbox"/> Barbadian	B29	<input type="checkbox"/> São Tomé	B52	<input type="checkbox"/> Zimbabwean
B07	<input type="checkbox"/> Barthélemois/Barthélemoises (Saint Barthélemy)	B30	<input type="checkbox"/> Principe	B53	<input type="checkbox"/> East African (Write in)
B08	<input type="checkbox"/> British Virgin Islander	B31	<input type="checkbox"/> Central African (Write in)		Black/African American – Latin America
B09	<input type="checkbox"/> Caymanian (Cayman Island)		Black/African American – East African	B54	<input type="checkbox"/> Argentine
B10	<input type="checkbox"/> Cuba Dominican	B32	<input type="checkbox"/> Burundian	B55	<input type="checkbox"/> Belizean
B11	<input type="checkbox"/> Dominican (Dominican Republic)	B33	<input type="checkbox"/> Comoran	B56	<input type="checkbox"/> Bolivian
B12	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)	B34	<input type="checkbox"/> Djiboutian	B57	<input type="checkbox"/> Brazilian
B13	<input type="checkbox"/> Grenadian	B35	<input type="checkbox"/> Eritrean	B58	<input type="checkbox"/> Chilean
B14	<input type="checkbox"/> Guadeloupian	B36	<input type="checkbox"/> Ethiopian	B59	<input type="checkbox"/> Colombian
B15	<input type="checkbox"/> Haitian	B37	<input type="checkbox"/> Kenyan	B60	<input type="checkbox"/> Costa Rican
B16	<input type="checkbox"/> Jamaican	B38	<input type="checkbox"/> Malagasy (Madagascar)	B61	<input type="checkbox"/> Ecuadorian
B17	<input type="checkbox"/> Martiniquais/Martiniquaise	B39	<input type="checkbox"/> Malawian	B62	<input type="checkbox"/> El Salvadoran
B18	<input type="checkbox"/> Montserratian	B40	<input type="checkbox"/> Mauritian (Mauritius)	B63	<input type="checkbox"/> Falkland Islander
B19	<input type="checkbox"/> Puerto Rican	B41	<input type="checkbox"/> Mahoran (Mayotte)	B64	<input type="checkbox"/> French Guianese
B20	<input type="checkbox"/> Caribbean (Write in) _____	B42	<input type="checkbox"/> Mozambican	B65	<input type="checkbox"/> Guatemalan
	Black/African American – Central African	B43	<input type="checkbox"/> Reunionese	B66	<input type="checkbox"/> Guyanese
B21	<input type="checkbox"/> Angolan	B44	<input type="checkbox"/> Rwandan	B67	<input type="checkbox"/> Honduran

Black/African American – <i>Latin America (cont.)</i>		White – <i>White</i>		White – <i>White (cont.)</i>	
B68	<input type="checkbox"/> Mexican	W00	<input type="checkbox"/> White	W36	<input type="checkbox"/> White (Write in) _____
B69	<input type="checkbox"/> Nicaraguan	White – <i>Eastern European</i>		American Indian/Alaska Native – <i>WA State Tribes</i>	
B70	<input type="checkbox"/> Panamanian	W01	<input type="checkbox"/> Bosnian	N00	<input type="checkbox"/> American Indian/Alaskan Native
B71	<input type="checkbox"/> Paraguayan	W02	<input type="checkbox"/> Herzegovinian	N01	<input type="checkbox"/> Chinook Tribe
B72	<input type="checkbox"/> Peruvian	W03	<input type="checkbox"/> Polish	N02	<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation
B73	<input type="checkbox"/> South Georgia and the South Sandwich Islands	W04	<input type="checkbox"/> Romanian	N03	<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation
B74	<input type="checkbox"/> Surinamese	W05	<input type="checkbox"/> Russian	N04	<input type="checkbox"/> Confederated Tribes of the Colville Reservation
B75	<input type="checkbox"/> Uruguayan	W06	<input type="checkbox"/> Ukrainian	N05	<input type="checkbox"/> Cowlitz Indian Tribe
B76	<input type="checkbox"/> Venezuelan	W07	<input type="checkbox"/> Eastern European (Write in) _____	N06	<input type="checkbox"/> Duwamish Tribe
B77	<input type="checkbox"/> Latin American (Write in) _____	White – <i>Middle Eastern & North African</i>		N07	<input type="checkbox"/> Hoh Indian Tribe
Black/African American – <i>South African</i>		W08	<input type="checkbox"/> Algerian	N08	<input type="checkbox"/> Jamestown S'Klallam Tribe
B78	<input type="checkbox"/> Botswanan	W09	<input type="checkbox"/> Amazigh or Berber	N09	<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation
B79	<input type="checkbox"/> Mosotho (Lesotho)	W10	<input type="checkbox"/> Arab or Arabic	N10	<input type="checkbox"/> Kikiallus Indian Nation
B80	<input type="checkbox"/> Namibian	W11	<input type="checkbox"/> Assyrian	N11	<input type="checkbox"/> Lower Elwha Tribal Community
B81	<input type="checkbox"/> South African	W12	<input type="checkbox"/> Bahraini	N12	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation
B82	<input type="checkbox"/> Swazi	W13	<input type="checkbox"/> Bedouin	N13	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation
B83	<input type="checkbox"/> South African (Write in) _____	W14	<input type="checkbox"/> Chaldean	N14	<input type="checkbox"/> Marietta Band of Nooksack Tribe
Black/African American – <i>West African</i>		W15	<input type="checkbox"/> Copt	N15	<input type="checkbox"/> Muckleshoot Indian Tribe
B84	<input type="checkbox"/> Beninese	W16	<input type="checkbox"/> Druze	N16	<input type="checkbox"/> Nisqually Indian Tribe
B85	<input type="checkbox"/> Bissau-Guinean	W17	<input type="checkbox"/> Egyptian	N17	<input type="checkbox"/> Nooksack Indian Tribe of Washington
B86	<input type="checkbox"/> Burkinabé (Burkina Faso)	W18	<input type="checkbox"/> Emirati	N18	<input type="checkbox"/> Port Gamble S'Klallam Tribe
B87	<input type="checkbox"/> Cabo Verdean	W19	<input type="checkbox"/> Iranian	N19	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation
B88	<input type="checkbox"/> Ivorian (Cote d'Ivoire)	W20	<input type="checkbox"/> Iraqi	N20	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation
B89	<input type="checkbox"/> Gambian	W21	<input type="checkbox"/> Israeli	N21	<input type="checkbox"/> Quinalt Indian Nation
B90	<input type="checkbox"/> Ghanaian	W22	<input type="checkbox"/> Jordanian	N22	<input type="checkbox"/> Samish Indian Nation
B91	<input type="checkbox"/> Liberian	W23	<input type="checkbox"/> Kurdish Kuwaiti	N23	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of WA
B92	<input type="checkbox"/> Malian	W24	<input type="checkbox"/> Lebanese	N24	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
B93	<input type="checkbox"/> Mauritanian	W25	<input type="checkbox"/> Libyan	N25	<input type="checkbox"/> Skokomish Indian Tribe
B94	<input type="checkbox"/> Nigerien (Niger)	W26	<input type="checkbox"/> Moroccan	N26	<input type="checkbox"/> Snohomish Tribe
B95	<input type="checkbox"/> Nigerian (Nigeria)	W27	<input type="checkbox"/> Omani	N27	<input type="checkbox"/> Snoqualmie Indian Tribe
B96	<input type="checkbox"/> Saint Helenian	W28	<input type="checkbox"/> Palestinian	N28	<input type="checkbox"/> Snoqualmoo Tribe
B97	<input type="checkbox"/> Senegalese	W29	<input type="checkbox"/> Qatari	N29	<input type="checkbox"/> Spokane Tribe of the Spokane Res.
B98	<input type="checkbox"/> Sierra Leonean	W30	<input type="checkbox"/> Saudi Arabian	N30	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
B99	<input type="checkbox"/> Togolese	W31	<input type="checkbox"/> Syrian	N31	<input type="checkbox"/> Steilacoom Tribe
C01	<input type="checkbox"/> West African (Write in) _____	W32	<input type="checkbox"/> Tunisian	N32	<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
Black/African American – <i>Black</i>		W33	<input type="checkbox"/> Yemeni	N33	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
C02	<input type="checkbox"/> Black (Write in) _____	W34	<input type="checkbox"/> Middle Eastern (Write in) _____	N34	<input type="checkbox"/> Swinomish Indian Tribal Community
		W35	<input type="checkbox"/> North African (Write in) _____	N35	<input type="checkbox"/> Tulalip Tribes of Washington

	American Indian/Alaskan Native – Alaska Native (cont.)		Asian – Asian (cont.)		Native Hawaiian/Other Pacific Islander – Pacific Islander (cont.)
N36	<input type="checkbox"/> Alaska Native (Write in)	A15	<input type="checkbox"/> Mien	P04	<input type="checkbox"/> Fijian
		A16	<input type="checkbox"/> Mongolian	P05	<input type="checkbox"/> i-Kiribati/Gilbertese
N37	<input type="checkbox"/> American Indian (Write in)	A17	<input type="checkbox"/> Nepali	P06	<input type="checkbox"/> Kosraean
		A18	<input type="checkbox"/> Okinawan	P07	<input type="checkbox"/> Maori
A00	<input type="checkbox"/> Asian	A19	<input type="checkbox"/> Pakistani	P08	<input type="checkbox"/> Marshallese
A01	<input type="checkbox"/> Asian Indian	A20	<input type="checkbox"/> Punjabi	P09	<input type="checkbox"/> Native Hawaiian
A02	<input type="checkbox"/> Bangladeshi	A21	<input type="checkbox"/> Singaporean	P10	<input type="checkbox"/> Ni-Vanuatu
A03	<input type="checkbox"/> Bhutanese	A22	<input type="checkbox"/> Sri Lankan	P11	<input type="checkbox"/> Palauan
A04	<input type="checkbox"/> Burmese/Myanmar	A23	<input type="checkbox"/> Taiwanese	P12	<input type="checkbox"/> Papuan
A05	<input type="checkbox"/> Cambodian/Khmer	A24	<input type="checkbox"/> Thai	P13	<input type="checkbox"/> Pohpeian
A06	<input type="checkbox"/> Cham	A25	<input type="checkbox"/> Tibetan	P14	<input type="checkbox"/> Samoan
A07	<input type="checkbox"/> Chinese	A26	<input type="checkbox"/> Vietnamese	P15	<input type="checkbox"/> Solomon Islander
A08	<input type="checkbox"/> Filipino	A27	<input type="checkbox"/> Asian (Write in)	P16	<input type="checkbox"/> Tahitian
A09	<input type="checkbox"/> Hmong		Native Hawaiian/Other Pacific Islander	P17	<input type="checkbox"/> Tokelauan
A10	<input type="checkbox"/> Indonesian	P00	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	P18	<input type="checkbox"/> Tongan
A11	<input type="checkbox"/> Japanese		Native Hawaiian/Other Pacific Islander – Pacific Islander	P19	<input type="checkbox"/> Tuvaluan
A12	<input type="checkbox"/> Korean	P01	<input type="checkbox"/> Carolinian	P20	<input type="checkbox"/> Yapese
A13	<input type="checkbox"/> Lao	P02	<input type="checkbox"/> Chamorro	P21	<input type="checkbox"/> Pacific Islander (Write in)
A14	<input type="checkbox"/> Malaysian	P03	<input type="checkbox"/> Chuukese		



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

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

Student Name:		Grade:	Date:
Parent/Guardian Name _____ Parent/Guardian Signature _____			
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. In what language(s) would your family prefer to communicate with the school? _____		
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		
Prior Education Your responses about your child's birth country and previous education: <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. <i>This form is not used to identify students' immigration status.</i>	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (Kindergarten – 12 th grade) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Number of months: _____ Language of instruction: _____ 8. When did your child first attend a school in the United States? (Kindergarten – 12 th grade) Month _____ Day _____ Year _____		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

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



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Health History and Conditions Form

Student Name: Grade: School:
 Date: Male ☐ Female ☐ Birth Date:

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 the ones that apply to your child)

NB <input type="checkbox"/> ADHD/ADD Asthma RA <input type="checkbox"/> Exercise Induced RB <input type="checkbox"/> Mild RC <input type="checkbox"/> Moderate RD <input type="checkbox"/> Severe Diabetes EK <input type="checkbox"/> Type I EL <input type="checkbox"/> Type II NH <input type="checkbox"/> Headaches, Migraine YB <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Hearing Aids <input style="width: 180px;" type="text"/> CG <input type="checkbox"/> Cardio Vascular <input type="checkbox"/> Other <input style="width: 180px;" type="text"/> BD <input type="checkbox"/> Blood Condition <input type="checkbox"/> Other <input style="width: 180px;" type="text"/> UH <input type="checkbox"/> Renal - Kidney/Urinary <input type="checkbox"/> Other <input style="width: 180px;" type="text"/>	GI <input type="checkbox"/> Gastro-Intestinal Condition <input type="checkbox"/> Other <input style="width: 180px;" type="text"/> YD <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Wears Glasses Allergies <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe EC <input type="checkbox"/> Environmental ED <input type="checkbox"/> Food EE <input type="checkbox"/> Insect EF <input type="checkbox"/> Latex EB <input type="checkbox"/> Other Reacts to: <input style="width: 180px;" type="text"/> <input style="width: 180px;" type="text"/> <input style="width: 180px;" type="text"/> <input style="width: 180px;" type="text"/> EG <input type="checkbox"/> Epi-Pen required <input type="checkbox"/> Anaphylactic Condition	NP <input type="checkbox"/> Seizures Disorder Date of last seizure <input style="width: 120px;" type="text"/> Type of seizure <input style="width: 120px;" type="text"/> List seizure medications below. <input style="width: 180px;" type="text"/> <input style="width: 180px;" type="text"/> ME <input type="checkbox"/> Muscle or Bone Condition <input style="width: 180px;" type="text"/> <input style="width: 180px;" type="text"/> <input type="checkbox"/> PE Considerations/Limitations <input style="width: 180px;" type="text"/> <input style="width: 180px;" type="text"/> <input type="checkbox"/> Other <input style="width: 180px;" type="text"/> <input style="width: 180px;" type="text"/> NP <input type="checkbox"/> Head Injury/Concussion <input style="width: 180px;" type="text"/>
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Is medication needed for any condition? ☐ Yes ☐ No Is medication needed at school? ☐ Yes ☐ No

Name of medication, dose, and schedule:

Condition being treated by this medication:

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

List major operations, injuries, or hospitalizations. Give dates:

	Medical Exam/Doctor	Eye Exam/Doctor	Dental Exam/Doctor
Last Exam/Name	<input style="width: 180px;" type="text"/>	<input style="width: 180px;" type="text"/>	<input style="width: 180px;" type="text"/>
Health Insurance Co.	<input style="width: 580px;" type="text"/>		

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 him/her?

AUTHORIZATION FOR EMERGENCY PROCEDURE

If a Parent/Guardian 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: Phone

SIGN HERE

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.)

Family Military Affiliation

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

Dear Parent or Guardian,

Beginning the 2016-17 school year, the state legislature passed a law requiring Washington State public schools to collect information on military affiliation beginning with the 2016 -17 school year.

(<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 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

Signature:

SIGN HERE

Date:



Certificate of Immunization Status (CIS)

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

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

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

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date 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)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: ■ A verified history of varicella (chickenpox) disease. ■ Laboratory evidence of immunity (titer) to disease(s) marked below.		
■ Diphtheria	■ Hepatitis A	■ Hepatitis B
■ Hib	■ Measles	■ Mumps
■ Rubella	■ Tetanus	■ 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.	
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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 Pediatix 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/ter ms/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		

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

DOH 348-013 November 2019



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.

Request for Student Records

Date:

Student Name:

Date of Birth:

Grade:

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
(360) 443-3110 F. (360) 443 3169

☐ **East Port Orchard Elementary**
2649 Hoover Ave SE
Port Orchard, WA 98366
(360)443-3170 F. (360) 443-3229

☐ **Hidden Creek Elementary**
5455 Converse Road SE Port
Orchard, WA 98367
(360)443-3050 F. (360) 443-3109

☐ **Manchester Elementary**
1901 California Ave E
Port Orchard, WA 98366
(360) 443-3230 F. (360) 443-3289

☐ **Mullenix Ridge Elementary**
3900 SE Mullenix Road
Port Orchard, WA 98367
(360)443-3290 F. (360) 443-3349

☐ **Olalla Elementary**
6100 SE Denny Bond Blvd.
Olalla, WA 98359
(360) 443-3350 F. (360) 443-3399

☐ **Orchard Heights Elementary**
2288 Fircrest Dr. SE
Port Orchard, WA 98366
(360) 443-3530 F. (360) 443-3604

☐ **Sidney Glen Elementary**
500 SW Birch Road
Port Orchard, WA 98367
(360) 443-3400 F. (360) 443-3469

☐ **South Colby Elementary**
3281 Banner Road SE
Port Orchard, WA 98366
(360)443-3000 F. (360) 443-3049

☐ **Sunnyslope Elementary**
4183 Sunnyslope Rd. SW
Port Orchard, WA 98367
(360) 443-3470 F. (360) 443-3529

☐ **Cedar Heights Middle School**
2220 Pottery Ave
Port Orchard, WA 98366
(360) 874-6020 F. (360) 874-6429

☐ **John Sedgwick Middle School**
8995 Sedgwick Road SE Port Orchard,
WA 98366
(360) 874-6090 F. (360) 874-6430

☐ **Marcus Whitman Middle School**
1887 Madrona Drive SE
Port Orchard, WA 98366
(360) 874-6160 F. (360) 874-6440

☐ **South Kitsap High School**
425 Mitchell Ave
Port Orchard, WA 98366
(360) 874-5600 F. (360) 874-5892

☐ **Discovery Alt. High School**
2150 Fircrest Dr. SE Orchard
Port Orchard WA 98366
(360)443-3680 F. (360) 443-3704

☐ **Explorer Academy
SK Online/Hope Academy**
1723 Wolves RD
Port Orchard, WA 98366
(360) 443-3605 F. (360) 443-3624

☐ **Office of Special Services**
2689 Hoover Ave SE
Port Orchard, WA 98366
(360) 443-3625 F. (360) 443-3662

☐ **Madrona Heights Preschool**
2150 Fircrest Drive SE
Port Orchard, WA 98366
(360) 443-3625 F. (360) 443-3659

Birth Certificate and shot records. All remaining records can be mailed.

For Office Use Only

Please send all student records, including:

- | | |
|----------------------|------------------------|
| > Transcript | > Immunization Records |
| > Report Cards | > Attendance |
| > Withdrawal Grades | > Discipline Records |
| > Test Scores | > Special Education |
| > Health Information | Records (include IEP) |

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 (U.S. Code: Title 20, Section 123g.a(6)1B, it is not necessary to obtain written consent to release records. School officials 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 and Section 504 Coordinator with the responsibility for monitoring, auditing and ensuring compliance with this policy are: Compliance/ADA/Title IX Coordinator: Dr. Mona Johnson, Executive Director of Wellness & Support, 2689 Hoover Avenue SE, Port Orchard, WA 98366 360-874-7063, johnsonmona@skschools.org Section 504 Coordinator: Andrew Cain, Principal, 2689 Hoover Avenue SE, Port Orchard, WA 98366 360-874-6022, cain@skschools.org