

Kiona-Benton City Elementary School Emergency Card

GRADE _____

Student _____ Birthdate _____ School Year _____
Last First MI

Mother/Guardian _____
 LIVES WITH Last First Cell # Work # Email

Mailing Address _____

Street Address _____

Father/Guardian _____
 LIVES WITH Last First Cell # Work # Email

Mailing Address _____

Street Address _____

Emergency Contacts

In case of an emergency, please list friends and/or relatives (preferably in the Benton City area) that we may contact, who would have your permission to make decisions for your child regarding this situation.

Contact Name _____
Last First Phone Relationship

Contact Name _____
Last First Phone Relationship

Contact Name _____
Last First Phone Relationship

Medical/Health Information

The following information is needed for use if your child becomes ill or is injured while at school. In cases of a minor nature, first aid will be administered by school personnel qualified to render such service. It is understood that the instructions given below will remain in force for this school year.

Indicate the treatment you consent to have given to your child in the event an injury is sustained, and an emergency contact cannot be reached.

Taken to hospital by ambulance: ___ Yes ___ No If yes, please indicate ___ Kadlec ___ Trios ___ Prosser Hospital

Place in care of personal physician: ___ Yes ___ No If yes, please complete _____
Name of Physician Phone

If the physician above cannot be reached immediately, place child in care of doctor on call at hospital: ___ Yes ___ No
If no, please give specific procedures for staff to follow _____

Does your child have any special health problems such as chronic illnesses, allergies, conditions, etc.? ___ Yes ___ No
If yes, please list _____

Does your child take medication of any kind? ___ Yes ___ No If yes, please list _____

Has your child ever had any serious accidents or injuries? ___ Yes ___ No If yes, please explain _____

School activities in which your child should not participate: (Parent or guardian must provide documentation regarding reasons for non-participation) _____

Parent/Guardian Signature _____ Date _____



KIONA-BENTON CITY SCHOOL DISTRICT

1105 Dale Ave, Benton City, WA 99320
Phone: (509) 588-2000 Fax: (509) 588-5580

CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

Date: _____

Student Name: _____ Birth Date: _____ Grade: _____

Age: _____ Gender: _____

I hereby authorize the confidential information as described below to the individuals who are affiliated with the school/agency:

Name of agency/school/person: _____

Street Address: _____

City/State/ Zip: _____

Phone: _____

Fax: _____

Check all record types to be released:

- | | |
|--|---|
| <input type="checkbox"/> Transcript of Courses | <input type="checkbox"/> Standard Test Scores |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Disciplinary Records |
| <input type="checkbox"/> Special Education Records | <input type="checkbox"/> Other (Specify): _____ |

The information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received is protected under FERPA privacy standards by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).

This consent and authorization is valid for 90 days from the date of parent/adult student signature. Consent may be withdrawn at any time in writing, except where information has already been released based upon my authorization

Parent/Guardian _____ Date _____

Student (if over age 13) _____ Date _____

Please FAX Information Requested to the following building(s) selected below:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Kiona-Benton City
Elementary | <input type="checkbox"/> Kiona-Benton City
Middle School | <input type="checkbox"/> Kiona-Benton City
High School | <input type="checkbox"/> Kiona-Benton City
Special Education Dept. |
| Phone: (509) 588-2090
Fax: (509) 588-2729 | Phone: (509) 588-2040
Fax: (509) 588-2905 | Phone: (509) 588-2140
Fax: (509) 588-2651 | Phone: (509) 588-2024
Fax: (509) 352-3073 |

**Kiona-Benton Elementary School
Student Registration Form**

Student Last Name _____ First Name _____ Middle _____
Legal Name (if different) _____ Grade _____ Sex M / F
Birth Date / / Birthplace _____
 Month Day Year City State Country

Ethnic Group (Optional) American/Alaskan Native Asian
 Black/African American Caucasian/White
 Hispanic/Latino Multi-Racial
 Native Hawaiian/Other Pacific Islander

Physical Address _____ City/State _____ Zip _____
Mailing Address _____ City/State _____ Zip _____

Home Phone _____ Unlisted Yes No Message Phone _____

**THE FOLLOWING INFORMATION PERTAINS TO THE PARENT/GUARDIAN
WITH WHOM THE STUDENT RESIDES**

Student Lives With Both Parents Mother Father Self
 Joint Custody Guardian Mother/Stepfather
 Father/Stepmother Stepmother/Stepfather
 Agency Other

Parent/Guardian Name Last _____ First _____ Cell # _____
Employer _____ Work # _____

Parent/Guardian Name Last _____ First _____ Cell # _____
Employer _____ Work # _____

Non-Custodial Parent Name _____ Phone _____
Address _____ City/State _____ Zip _____

Is there a legal restriction preventing the non-custodial parent from visiting the school,
having access to school reports/records, or removing your child from school?

Yes No (If yes, please submit the document for school file.)

Are there any current Washington State restraining orders on mother/father?

Yes No (School must have court orders on file.)

Has student ever been enrolled in Special Education classes? Yes No

Does the student have a current IEP? Yes No (If yes, please submit document
for school file.)

Has the student ever had a 504 Plan? Yes No

Has the student previously been enrolled in the Kiona-Benton School District?

Yes No

Last school attended _____ District _____

Address _____ City/State _____ Zip _____

Date Entered _____ Date Withdrawn _____

EMERGENCY INFORMATION: Local person(s) (other than parent or guardian listed above) allowed to take student from school in case of emergency or illness, appointment, etc.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Brothers and sisters living at home:

Name _____ Birth Date ____/____/____ Sex M / F
Name _____ Birth Date ____/____/____ Sex M / F
Name _____ Birth Date ____/____/____ Sex M / F
Name _____ Birth Date ____/____/____ Sex M / F

Daycare/Daytime Babysitter Name _____
Address _____ City/State _____ Phone _____

Is Daycare/Babysitter authorized to take student from school? ___ Yes ___ No

Indicate the treatment you consent to have given to your child in the event an injury is sustained and an emergency contact cannot be reached:

Taken to hospital by ambulance ___ Yes ___ No

___ Kadlec ___ KGH ___ Prosser Hospital

Place in care of personal physician ___ Yes ___ No

If yes, name and number of physician _____

If the physician above cannot be reached immediately, place child in care of doctor on call at hospital ___ Yes ___ No

If no, please give specific procedures for staff to follow: _____

Does your child have any special health problems such as chronic illnesses, allergies, conditions? ___ Yes ___ No

If yes, please list _____

Does your child take medication of any kind ___ Yes ___ No

If yes, please list _____

Has your child ever had any serious accidents or injuries? ___ Yes ___ No

If yes, please explain _____

School activities in which student should not participate: (Parent or Guardian must provide documentation regarding reasons for non-participation.) _____

Please note: The above information is needed for use in the event that your child becomes ill or is injured while at school. In cases of a minor nature, first aid will be administered by school personnel qualified to render such service. It is understood that the instructions given above will remain in force for this school year.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

**KIONA-BENTON CITY ELEMENTARY SCHOOL
BENTON CITY, WA**

VOLUNTEERING OPPORTUNITY

Please indicate if you would like to assist with any of the listed activities. We always appreciate your assistance for the benefit of our school children.

- | | |
|---|--|
| <input type="radio"/> Serve and classroom parent | <input type="radio"/> Make instructional materials for teacher |
| <input type="radio"/> Assist with snacks/games at Halloween party | <input type="radio"/> Volunteer in the classroom |
| <input type="radio"/> Assist with snacks/games at Christmas party | <input type="radio"/> Chaperone on field trips |
| <input type="radio"/> Assist with snacks/games at Valentine party | <input type="radio"/> Listen to children read |
| <input type="radio"/> Other | |

FIELD TRIP PERMISSION

Dear Parents,

Field trips often arise as the result of a classroom activity which requires the need for a direct community experience. During the year, your child's class may be taking various trips within Benton City and in order for your child to be included in these short trips, it is necessary for you to fill out and return this permission form.

For any field trips requiring transportation out of Benton City, a separate permission form will be sent home for you to fill out and will also include the field trip details.

Your signature below will authorize Kiona-Benton City School District to allow your child to participate in field trips within Benton City throughout the entire year.

Student Name _____ Teacher _____

Parent Name/Signature _____

Phone _____ Date _____

PLEASE RETURN THE COMPLETE FORM TO YOUR STUDENT'S TEACHER

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 policymakers to monitor critical elements of education success, including academic progress and proficiency, special and advanced program participation, mobility and dropout rates, and patterns over time across states and school districts. Reliable information about student performance will assist educators in more effectively transitioning students to a new school and enable school districts to discover and implement best practices. [2015 c 210 § 1.]

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

- (a) Students with a parent or guardian who is a member of the active duty United States armed forces; and
- (b) Students with a parent or guardian who is a member of the reserves of the United States armed forces or a member of the Washington national guard." Collection and updating of this data must use the United States department of education 2007 race and ethnicity reporting guidelines, including the subracial and sub-ethnic categories within those guidelines, with modifications.

If you have any questions, please contact KIONA BENTON CITY SD 509-588-2000

Student Name	SSID	Parent/Guardian Military Status *

* Not Affiliated, Active Duty, Reserves, Washington National Guard, Both Parents/Guardians are Affiliated, No Response/Refused to State.

Return by: First day of school.

Parent/Guardian signature _____ Date _____.

Student Name _____ Date/fecha _____
Nombre del estudiante

Have you moved in the last two years for the purpose of seeking or obtaining agricultural, fishery or forestry related employment? YES NO

¿Se mudó en los últimos dos años con el propósito de buscar o obtener un empleo relacionado con la agricultura, la pesca o la silvicultura? SI NO

PARENT NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children.

The school MUST HAVE A COPY OF THE RECORDED COURT ORDER on file, otherwise either parent may check the child out of the school with proper identification.

If a parent comes in with a court order stating the current custody over the enrolling parent, they may take the child/children after documents are verified, as needed, and after every effort has been made to reach the enrolling parent by phone.

I have read the above statement of the law.

Student's name

Signature of Parent/Guardian

Date

**KIONA-BENTON CITY SCHOOL DISTRICT
RACE ETHNICITY FORM**

Name of Student: _____

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

Hispanic Yes No

ETHNICITY

- Hispanic
- Argentine
- Bolivian
- Brazilian
- Chicano (Mexican American)
- Chilean
- Colombian
- Costa Rican
- Cuban
- Dominican
- Ecuadorian
- Guatemalan
- Guyanese
- Honduran
- Jamaican

- Mexican
- Mestizo
- Native
- Nicaraguan
- Panamanian
- Paraguayan
- Peruvian
- Puerto Rican
- Salvadoran
- Spaniard
- Surinamese
- Uruguayan
- Venezuelan
- Hispanic/Latino Write in _____

Black/ African-American (continued on next page)

RACE

- Black/ African-American
- African American
- African Canadian

Caribbean

- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthélemois/Barthélemoises (Saint Barthélemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)

- Dutch Antillean (Netherlands Antilles)
- Grenadian
- Guadeloupian
- Haitian
- Jamaican
- Martiniquais/Martiniquaise
- Montserratian
- Puerto Rican
- Caribbean Write in _____

Central African

- Angolan
- Cameroonian
- Central African (Central African Republic)
- Chadian
- Congolese (Republic of the Congo)
- Congolese (Democratic Republic of the Congo)

- Equatorial Guinean
- Gabonese
- São Toméan
- Principe
- Central African Write in _____

Black/ African-American (continued)

RACE

East African

- Burundian
- Comoran
- Djiboutian
- Eritrean
- Ethiopian
- Kenyan
- Malagasy (Madagascar)
- Malawian
- Mauritian (Mauritius)
- Mahoran (Mayotte)
- Mozambican

- Reunionese
 - Rwandan
 - Seychellois/Seychelloise
 - Somali
 - South Sudanese
 - Sudanese
 - Ugandan
 - Tanzanian (United Republic of Tanzania)
 - Zambian
 - Zimbabwean
 - East African Write in
-

Latin American

- Argentine
- Belizean
- Bolivian
- Brazilian
- Chilean
- Colombian
- Costa Rican
- Ecuadorian
- El Salvadoran
- Falkland Islander
- French Guianese
- Guatemalan

- Guyanese
 - Honduran
 - Mexican
 - Nicaraguan
 - Panamanian
 - Paraguayan
 - Peruvian
 - South Georgia/South Sandwich Islands
 - Surinamese
 - Uruguayan
 - Venezuelan
 - Latin American Write in
-

South African

- Botswanan
- Mosotho (Lesotho)
- Namibian

- South African
 - Swazi
 - South African Write in
-

West African

- Beninese
- Bissau-Guinean
- Burkinabé (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Liberian
- Malian

- Mauritanian
 - Nigerien (Niger)
 - Nigerian (Nigeria)
 - Saint Helenian
 - Senegalese
 - Sierra Leonean
 - Togolese
 - West African Write in
-

- Black Write in
-

American Indian/Alaskan Native

RACE

American Indian/Alaskan Native

Washington State Tribes

- Chinook Tribe
- Confederated Tribes and Bands of the Yakama Nation
- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Cowlitz Indian Tribe
- Duwamish Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Indian Community of the Kalispel Reservation
- Kikiallus Indian Nation
- Lower Elwha Tribal Community
- Lummi Tribe of the Lummi Reservation
- Makah Indian Tribe of the Makah Indian Reservation
- Marietta Band of Nooksack Tribe
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe of Washington
- Port Gamble S'Klallam Tribe
- Puyallup Tribe of Puyallup Reservation
- Quileute Tribe of the Quileute Reservation
- Quinault Indian Nation
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe of Washington
- Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
- Skokomish Indian Tribe
- Snohomish Tribe
- Snoqualmie Indian Tribe
- Snoqualmoo Tribe
- Spokane Tribe of the Spokane Reservation
- Squaxin Island Tribe of the Squaxin Island Reservation
- Steilacoom Tribe
- Stillaguamish Tribe of Indians of Washington
- Suquamish Indian Tribe of the Port Madison Reservation
- Swinomish Indian Tribal Community
- Tulalip Tribes of Washington

Alaskan Native

Alaska Native Write in

American Indian

American Indian Write in

Asian (continued on next page)

Asian

Asian Indian

Malaysian

Mien

Asian (continued)

- Bangladeshi
- Bhutanese
- Burmese/Myanmar
- Cambodian/Khmer
- Cham
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Lao

-
- Mongolian
- Nepali
- Okinawan
- Pakistani
- Punjabi
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Tibetan
- Vietnamese
- Asian Write in

Native Hawaiian/Other Pacific Islander

- Native Hawaiian/Other Pacific Islander
- Pacific Islander
- Carolinian
- Chamorro
- Chuukese
- Fijian
- i-Kiribati/Gilbertese
- Kosraean
- Maori
- Marshallese
- Native Hawaiian
- Ni-Vanuatu

- Palauan
- Papuan
- Pohpeian
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Tuvaluan
- Yapese
- Pacific Islander Write in

RACE

White

- White
- Eastern European
- Bosnian
- Herzegovinian
- Polish
- Romanian
- Middle Eastern and North African
- Algerian
- Amazigh or Berber
- Arab or Arabic
- Assyrian
- Bahraini
- Bedouin
- Chaldean
- Copt
- Druze
- Egyptian
- Emirati
- Iranian
- Iraqi
- Israeli

- Russian
- Ukrainian
- Eastern European Write in

- Jordanian
- Kurdish Kuwaiti
- Lebanese
- Libyan
- Moroccan
- Omani
- Palestinian
- Qatari
- Saudi Arabian
- Syrian
- Tunisian
- Yemeni
- Middle Eastern Write in
- North African Write in



KIONA – BENTON CITY SCHOOL DISTRICT
1105 DALE AVE., BENTON CITY, WA 99320

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.

Do you own or rent your own home? [] YES [] NO

If you checked "YES", you do not need to complete this form.

If you checked "NO", please check below where the student currently resides and complete this form.

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

Name of Student: _____
First Middle Last

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

Gender: _____ [] Student is unaccompanied (not living with a parent or legal guardian)
[] Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ NAME OF CONTACT: _____

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

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

* By signing this form, 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:

BERNARDO CASTILLO 509-588-2035 1107 GRACE AVE., BENTON CITY, WA 99320
District Liaison Phone Number Location

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

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



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 style="padding-left: 40px;">Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">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.





Kiona-Benton City School District #52
1105 Dale Avenue, Benton City, WA 99320
(509) 588-2000

Life Threatening Conditions

Washington State law, RCW 28A.210.320, requires students with life-threatening conditions to have a completed packet of information, as described below, on file **prior to attending school**.

Under the law, a "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment plan and a nursing care plan are not in place. **Life-threatening conditions** include:

_____ Asthma

_____ Exercise Induced _____ Mild _____ Moderate _____ Severe

Within the past year has your child been:

_____ Nebulized _____ Hospitalized _____ Given oral steroids

If any of the above have been checked this is considered a life-threatening condition.

_____ Diabetes

_____ Heart Condition (considered serious by physician; physical activity limited)

_____ Allergic Reactions that result in anaphylactic shock

_____ Bee Sting

_____ Peanut

_____ Other _____

_____ Hemophilia or other serious blood disorder

_____ Other-list any other condition not listed above that falls into the life-threatening category _____

If you have checked one of the above conditions, please contact your child's school for an emergency response packet that you and your physician will complete and return. This Packet should include a physician's authorization to administer prescribed medication, a treatment plan, an emergency care plan, and any supplies/equipment necessary to carry out treatment and emergency plans. This information will enable us to develop a nursing care plan, which will be kept on file at school.

If a medication or treatment order and supplies/equipment are not provided, **the principal of the school is required to exclude the child** until such order has been provided. This requirement applies to student who are new to the district, and students who are already enrolled. Our exclusion procedures are in accordance with the rules (WACS) of the State Board of Education.

If your child develops a life-threatening condition during the year, it is vital to your child's safety that you immediately notify your child's school principal or nurse. The necessary forms will be provided and a time will be arranged for you to meet with your child's school nurse.

I certify that I have read the above information.

_____ My child does not have a life-threatening condition.

_____ My child has a life-threatening condition (as noted above).

Child's Name _____

Parent/Guardian Signature _____

Date _____

Student Health History

To be completed by parent/guardian

Name of Student: _____ Date of Birth: _____ Grade: _____ Sex: Male Female

No Yes **Glasses/Contacts**, Date of last eye evaluation: _____

No Yes **Hearing aids**, Date of last hearing exam: _____

Daily Medications

State law requires written permission from a Health Care Provider and parent before any medication (prescription or over-the-counter) can be given at school. A form is available from the school office.

No Yes **Medication needed at school**(list): _____

No Yes **Medication needed at home** (list): _____

Life Threatening Medical Conditions

Washington State law mandates that students with life-threatening health conditions, where the condition would "...put the child in danger of death during the school day", have medication/treatment orders and a nursing plan in place at school **before** your child can attend school. Forms are available from the school office.

Life Threatening Conditions (WILL require Health Care Provider orders) Please check all that apply:

No Yes **Severe Allergic reaction to Nuts** (list): _____

No Yes **Severe Allergic reaction to Bee Stings**

No Yes **Other Severe Allergies-affecting school**. Specify: _____

No Yes **Severe Asthma: regularly takes medication for asthmatic condition or hospitalized within last 5 years for asthmatic condition**

No Yes **Diabetes**

No Yes **Other:** _____

Potentially Life Threatening Conditions (MAY require Health Care Provider orders) Please check all that apply and explain:

No Yes **Asthma: takes medication only when needed**

No Yes **Seizure Disorder:**
Type of Seizures and date of last Seizure: _____

No Yes **Heart Condition:** _____

No Yes **Behavioral/Emotional Concerns:** _____

No Yes **Orthopedic Condition:** _____

No Yes **Other Health Concerns:** _____

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

No Yes If yes, explain: _____

This information is considered confidential. It will be shared with school staff as needed during the time your child is enrolled in Kiona-Benton School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

Parent/guardian signature _____ Date _____

Kiona-Benton City Elementary School

913 Home Drive, Benton City, WA 99320 (509) 588-2090 FAX (509) 588-2729
Kristine Hanson, Principal

Dear Parent/Guardian,

Kiona-Benton City Elementary School is making a special effort to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school – and themselves. Your student can start building this habit in preschool so they learn right away that going to school on time, every day is important. Consistent attendance will help children do well in high school, college, and at work.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10 percent (or about 18 days) increases that chance that your student will not read or master math at the same level as their peers.
- Students can still fall behind if they miss just a day or two days every few weeks.
- Being late to school may lead to poor attendance.
- Absences can affect the whole classroom if the teacher has to slow down learning to help children catch up.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- By being present at school, your child learns valuable social skills and has the opportunity to develop meaningful relationships with other students and school staff.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.
- By 9th grade, regular and high attendance is a better predictor of graduation rates than 8th grade test scores.

WHAT WE NEED FROM YOU

We miss your student when they are gone and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please contact the office at 509-588-2133.

OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. We promise to track attendance daily, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school.

SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the Becca Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program.

Kiona-Benton City Elementary School

913 Horne Drive, Benton City, WA 99320 (509) 588-2090 FAX (509) 588-2729
Kristine Hanson, Principal

Children that are 6 or 7 years old are not required to be enrolled in school. However, if parents enroll their 6 or 7 year old, the student must attend full-time. Youth who are 16 or older may be excused from attending public school if they meet certain requirements. <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.225>

We, the school, are required to take daily attendance and notify you when your student has an unexcused absence. If your student has two (2) unexcused absences in one month, state law (RCW 28A.225.020) requires we agree on necessary steps to resolve the student's attendance problem.

After five (5) absences in any month, or ten (10) or more absences in the year, the school is required to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and parent, student and school have made a plan so your student does not fall behind academically. If your student has an Individual Education Plan (IEP) or a 504 Plan the team that created the plan needs to reconvene.

If your student has seven (7) unexcused absences in any month or ten (10) unexcused absences within the school year, we are required to file a petition with the Juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed and your student and family may be referred to a Community Truancy Board, or you and your student may need to appear in Juvenile Court. If your student continues to be truant, you may need to go to court.

At **Kiona-Benton City Elementary**, we have established the following rules on attendance that will help you ensure your student is attending regularly.

Excused Absences – Meeting one of the following criteria:

- a. Absence due to illness, health condition, medical appointment, family emergency, religious or cultural purposes, court, judicial proceeding, postsecondary technical school or apprenticeship program visitation, or scholarship interview verified by parent or guardian by telephone, email or in writing. In case of extended illness, the building administration may require a statement from a doctor.
- b. Participation in a district or school approved activity or instructional program that causes absence from classroom. To be excused this absence must be authorized by a staff member, and the affected teacher must be notified prior to the absence unless it is clearly impossible to do so.
- c. Emergency situations. Situation could not be pre-arranged and/or prevented by the student. Requires building administration approval to be excused.
- d. Absence resulting from disciplinary actions or short-term suspension.
- e. Chronic health condition.
- f. Absence is directly related to the student's homeless status.

School principal has the authority to determine if an absence meets the above criteria.

Unexcused Absences – The student has failed to attend the majority of hours or periods in an average school day and the parent, guardian or adult student fails to submit any type of excuse statement by telephone, email or in writing. It also occurs when the parent, guardian, or adult student submits an excuse that does not meet the definition of an excused absence.

Kiona-Benton City Elementary School

913 Horne Drive, Benton City, WA 99320 (509) 588-2090 FAX (509) 588-2729

Kristine Hanson, Principal

Su firma a continuación indica que ha leído y comprende las políticas y procedimientos de asistencia en **Kiona-Benton City Elementary**.

Your signature below indicates that you have read and understand the attendance policies and procedures at **Kiona-Benton City Elementary**.

Parent / Guardian - Padre / Tutor

Signature / Firma

(print name / nombre en letra de imprenta)

Student (print name)

Signature

Date / Fecha: _____

KIONA-BENTON CITY SCHOOL DISTRICT

Welcome to Kiona-Benton City School District!

Parent and Student Release Form

This student clearance form is created to provide information regarding school rules, programs. You are encouraged to review the district rules, policies and procedures online.

DISTRICT WEBSITE: <http://www.kibesd.org>

FAMILY ACCESS: <http://www.Kibesd.org>

PHONE DIRECTORY

High School: 509-588-2140 Middle School: 509-588-2040
Primary School: 509-588-2090 Intermediate School: 509-588-2078
Bus Garage: 509-588-2010 Superintendent's Office: 509-588-2000

AFFIRMATIVE ACTION POLICY STATEMENT (POLICY 5010)

To assure attainment of the Affirmative Action Program goals and adherence to Equal Employment Opportunity, every employee is held accountable for its success. Corrective actions shall be taken to balance the employee profile as the administrative staff and employees identify areas of imbalance.

NONDISCRIMINATION STATEMENT

In accordance with Federal law, the Kiona-Benton City School District is prohibited from discriminating on the basis of sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental or physical disability, or the use of trained dog guide or service animal by a person with a disability and provides access to the Boy Scouts of America and other designated youth groups. To file a complaint of discrimination, see information below. Kiona-Benton City School District is an equal opportunity employer, complies with all Federal Rules and Regulations, and does not discriminate for all district programs and employment opportunities.

SEXUAL HARASSMENT STATEMENT (POLICY 6590)

In accordance with Federal law, the Kiona-Benton City School District No. 52 is committed to a positive and productive education and working environment free from discrimination, including sexual harassment. The district prohibits sexual harassment of students, employees and others involved in school district activities. The district's policy and procedure 6590 regarding Sexual Harassment is located on the school district website at www.kibesd.org and at the Administration Office located 1105 Dale Ave. Benton City, WA 99320 or by calling (509) 588-2000.

ABSENTEEISM PROCESS

- 1st Unexcused within 30 days = Call home to notify parents/guardian, consequences will be explained in home language.
2nd Unexcused within 30 days =
1.) Conference with parents/guardian to make a plan to support student and family
2.) Washington Assessment of Risks and Needs of Students (WARNS) Assessment
- 5th Unexcused Absence =
1.) Enter into an agreement to maintain school attendance requirements.
2.) Refer to Community Truancy Board
3.) File a truancy petition with Benton County Juvenile Court
- 7th Unexcused Absence in a MONTH or 10th of the school year =
1.) District file civil action with Benton County Juvenile Court alleging violation of attendance laws
a.) By the parent
b.) By the student/child
c.) By the parent and the student/child

Title IX/RCW 28A.640 Officer

Affirmative Action Officer

Diann Zavala
1105 Dale Ave.
Benton City, WA 99320
Telephone: (509) 588-2000

Section 504 Coordinator

Diann Zavala
1105 Dale Ave.
Benton City, WA 99320
Telephone: (509) 588-2024

McKinney-Vento (Homeless)

Bernardo Castillo
1105 Dale Ave.
Benton City, WA 99320
Telephone: (509) 588-2000

The district's policies and procedure and Parent and Students Rights are located on the school district website at www.kibesd.org and at the Administration Office located 1105 Dale Ave. Benton City, WA 99320 or by calling (509) 588-2000.

~Please sign below recognizing that you understand the above items and where you can find information on the district website if needed~

STUDENT _____

DATE _____

PARENT _____

DATE _____

Kiona Benton City Non Discrimination and Sexual Harassment Language

DISCRIMINATION

Kiona Benton City 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, gender identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination:

Civil Rights Coordinator's, Director of Special Services, dzavala@kibesd.org, 509 588-2024

IX Officer's, Director of Special Services, dzavala@kibesd.org, 509 588-2024

Section 504, Director of Special Services, dzavala@kibesd.org, 509 588-2024

You can report discrimination and discriminatory harassment to any school staff member or to the district's Civil Rights Coordinator, listed above. You also have the right to file a complaint (see below). For a copy of your district's nondiscrimination policy and procedure, contact your school or district office or view it online here: www.kibesd.org

SEXUAL HARASSMENT

Students and staff are protected against sexual harassment by anyone in any school program or activity, including on the school campus, on the school bus, or off-campus during a school-sponsored activity.

Sexual harassment is unwelcome behavior or communication that is sexual in nature when:

- A student or employee is led to believe that he or she must submit to unwelcome sexual conduct or communications in order to gain something in return, such as a grade, a promotion, a place on a sports team, or any educational or employment decision, or
- The conduct substantially interferes with a student's educational performance, or creates an intimidating or hostile educational or employment environment.

Examples of Sexual Harassment:

- Pressuring a person for sexual favors
- Unwelcome touching of a sexual nature
- Writing graffiti of a sexual nature
- Distributing sexually explicit texts, e-mails, or pictures
- Making sexual jokes, rumors, or suggestive remarks
- Physical violence, including rape and sexual assault

You can report sexual harassment to any school staff member or to the district's Title IX Officer, who is listed above. You also have the right to file a complaint (see below). For a copy of your district's sexual harassment policy and procedure, contact your school or district office, or view it online here: www.kibesd.org

COMPLAINT OPTIONS: DISCRIMINATION AND SEXUAL HARASSMENT

If you believe that you or your child have experienced unlawful discrimination, discriminatory harassment, or sexual harassment at school, you have the right to file a complaint.

Before filing a complaint, you can discuss your concerns with your child's principal or with the school district's Section 504 Coordinator, Title IX Officer, or Civil Rights Coordinator, who are listed above. This is often the fastest way to resolve your concerns.



Child Find Screening

IDEA requires all states to have a “comprehensive Child Find system” to assure that all children, birth to 21, who are in need of early intervention or special education services are located, identified, and referred. Effort is made to reach:

- Children who reside within the School District boundaries including preschool-aged children;
- Children attending approved, nonprofit private elementary and secondary schools located within the District boundaries;
- Highly mobile children (such as homeless, foster care, and migrant children)
- Children who have a disability and may need special education services even though they are advancing from grade to grade; and
- Children at home or home-schooled.

Do you have a question about your child’s development? Contact the Kiona-Benton City School District Special Services at 509-588-2024 if:

- You have questions whether your child has a disability.
- You are concerned about your infant, toddler, or preschooler’s development.
- You know your child has a disability and are looking for appropriate educational services.
- You would like to know how to help your school age child succeed in school.

Evaluations for infants and toddlers: The Kiona-Benton City School District, in contract with ESD 123, offers free of cost evaluations for infants and toddlers, birth through three. This evaluation will help you to determine if your child is following a typical pattern of development. If appropriate, ESD 123 will provide early intervention help for your child. For questions or assistance, contact the *Early Childhood Special Education Administrator*, at the Educational Service District 123, at 509-544-5744.

Three to five year olds: Developmental screenings and evaluation are provided by Kiona-Benton City School District for children, between the ages of three and five, to identify possible delays in language, motor, cognitive or social-emotional development. If you have questions or concerns about your preschooler’s development, or to refer a child for evaluation, contact the Special Services Office at 509-588-2024.

School Age Children: The Kiona-Benton City School District identifies children five through 21 who may have a suspected disability. A parent, staff member, community member, or private school staff member may refer a student at their local school by contacting the School Counselor or School Psychologist at your child’s school.

If you need further assistance you may call Diann Zavala, the *Director of Special Services* at 509-588-2024.



Complaint to the School District

Step 1. Write Our Your Complaint

In most cases, complaints must be filed within one year from the date of the incident or conduct that is the subject of the complaint. A complaint must be in writing. Be sure to describe the conduct or incident, explain why you believe discrimination, discriminatory harassment, or sexual harassment has taken place, and describe what actions you believe the district should take to resolve the problem. Send your written complaint—by mail, fax, email, or hand delivery—to the district superintendent or civil rights compliance coordinator.

Step 2: School District Investigates Your Complaint

Once the district receives your written complaint, the coordinator will give you a copy of the complaint procedure and make sure a prompt and thorough investigation takes place. The superintendent or designee will respond to you in writing within 30 calendar days—unless you agree on a different time period. If your complaint involves exceptional circumstances that demand a lengthier investigation, the district will notify you in writing to explain why staff need a time extension and the new date for their written response.

Step 3: School District Responds to Your Complaint

In its written response, the district will include a summary of the results of the investigation, a determination of whether or not the district failed to comply with civil rights laws, notification that you can appeal this determination, and any measures necessary to bring the district into compliance with civil rights laws. Corrective measures will be put into effect within 30 calendar days after this written response—unless you agree to a different time period.

Appeal to the School District

If you disagree with the school district's decision, you may appeal to the school district's board of directors. You must file a notice of appeal in writing to the secretary of the school board within 10 calendar days after you received the school district's response to your complaint. The school board will schedule a hearing within 20 calendar days after they received your appeal, unless you agree on a different timeline. The school board will send you a written decision within 30 calendar days after the district received your notice of appeal. The school board's decision will include information about how to file a complaint with the Office of Superintendent of Public Instruction (OSPI).

Complaint to OSPI

If you do not agree with the school district's appeal decision, state law provides the option to file a formal complaint with the Office of Superintendent of Public Instruction (OSPI). This is a separate complaint process that can take place if one of these two conditions has occurred: (1) you have completed the district's complaint and appeal process, or (2) the district has not followed the complaint and appeal process correctly.

You have 20 calendar days to file a complaint to OSPI from the day you received the decision on your appeal. You can send your written complaint to the Equity and Civil Rights Office at OSPI:

Email: Equity@k12.wa.us | **Fax:** 360-664-2967

Mail or hand deliver: PO Box 47200, 600 Washington St. S.E., Olympia, WA 98504-7200

For more information, visit our [website](#), or contact OSPI's Equity and Civil Rights Office at 360-725-6162/TTY: 360-664-3631 or by e-mail at equity@k12.wa.us.

Other Discrimination Complaint Options

Office for Civil Rights, U.S. Department of Education

206-607-1600 | TDD: 1-800-877-8339 | OCR.Seattle@ed.gov | [OCR Website](#)

Washington State Human Rights Commission

1-800-233-3247 | TTY: 1-800-300-7525 | [Human Rights Commission Website](#)

ARE YOU CONCERNED ABOUT YOUR CHILD'S DEVELOPMENT?

One of the most important responsibilities you have as a parent is to make sure that your child has what he/she needs. That goes beyond love, food, and clothing. Approximately ten percent of all children have some special need that requires special attention. If you think your child (birth thru 21) has difficulty seeing or hearing, has communication or diagnosed health problems, has difficulty learning or playing, help is as close as your *Childfind Coordinator* at your local school district. 509 588-2021

Parents with children in private schools and/or parochial schools, or anyone knowing of a child who is highly mobile, homeless, or migrant should contact their closest school district in which they reside for Childfind information. Childfind is a process of locating children who will need special services in order to experience success in school. Schools and community agencies work together to provide these services. If you know a child that may need help, call your local Childfind Coordinator today. 509 588-2021; Child find is free to parents.

¿ESTA PREOCUPADO POR EL DESARROLLO DE SU HIJO/HIJA?

Si usted está preocupado por el desarrollo de su hijo/hija, queremos informarle que existe ayuda. Una de sus responsabilidades como padre de familia es asegurarse que su hijo/hija tenga todo lo que necesita; la responsabilidad va más allá del amor, la comida y el vestir. Aproximadamente el diez por ciento de nuestros niños tienen una necesidad específica que requiere atención especial. Si usted piensa que su hijo/hija (entre las edades de recién nacido hasta el fin de los 21 años de edad) tiene dificultad de ver o escuchar, tiene dificultades de comunicación o problemas de salud, tiene dificultad de aprender o jugar, comuníquese con la *coordinadora de "Childfind"* de su distrito escolar. 509 588-2021

Los padres con niños que están en escuelas privadas o en escuelas parroquiales, o cualquier persona al saber de un niño que es altamente móvil, sin hogar, o migrante debe de comunicarse con el distrito escolar más cercano en que vive, para información sobre "Childfind". "Childfind" es un proceso cuyo objetivo es localizar los estudiantes que podrían necesitar servicios especiales para que puedan tener una experiencia exitosa en la escuela. Las escuelas y otras agencias trabajan juntas para proveer estos servicios. Si usted conoce a un niño(a) que necesite ayuda, favor de comunicarse inmediatamente con la coordinadora de "Childfind" de su localidad. 509 588-2021 "Childfind" es gratis para los padres.



Kiona-Benton City School District #52

1105 Dale Avenue, Benton City, WA 99320

(509) 588-2000

Immunization Record Requirements

04/28/2020

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed Certificate of Immunization Status (CIS) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from MyIR which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If you have any questions, please contact me at 509-205-4755.

Sincerely,

Teresa Mattson
Kiona-Benton City School District Nurse



DOH 348-744 January 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



Kiona-Benton City Elementary School

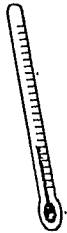
1105 Dale Avenue, Benton City, WA 99320 Ph. (509) 588-2090

Is My Child Too Sick To Go To School?

A Guide for Parents

APPEARANCE/BEHAVIOR - Unusually tired, pale, no appetite, hard to wake or confused.

EYES - If there is drainage, vision change, and/or redness of the eyelid, itching, pain or sensitivity to light. This may be a sign of "pink eye" (conjunctivitis) and the student should be checked by a health care provider.



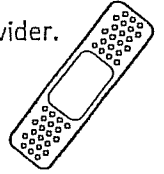
FEVER - Temperature of 100 degrees Fahrenheit (38 degrees C) or higher. Students need to be fever free for 24 hours before returning to school WITHOUT medications to reduce the fever.

BAD COLD AND/OR COUGH - Students need to be able to cover their cough to be at school. If a cough or cold persists for more than 2 weeks, the student may need to be seen by a health care provider.

DIARRHEA - 2 or more watery stools in 24 hours, especially if the student acts or looks ill. Students should stay home for 24 hours after the last watery stool.

VOMITING - Vomiting 2 or more times in 24 hours. Student should stay home for 24 hours after the last time they vomited.

RASH - Bothersome body rash, especially with fever or itching. Some rashes may spread to others and should be checked by a health care provider.



INJURY/SURGERY - If students are unable to concentrate due to pain or pain medication, they should stay home. Please have your health care provider contact the school nurse to help your child safely return to school. Letting the school nurse know in advance of any planned surgery will be helpful.

STILL HAVE QUESTIONS about whether or not your student is healthy enough to come to school? Contact the school nurse or your child's health care provider.

Keeping ill students at home, encouraging frequent hand washing, and covering coughs protects everyone, including those with fragile immune systems.

Students are expected to participate in all parts of the school day including recess or PE. If your doctor has restricted activity please send a doctor's note, for example: "No contact sports x 1 week."

Thank you for your support to keep students safe & healthy.

Parents— Are Your Kids Ready for School? Required Immunizations for School Year 2022-2023



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

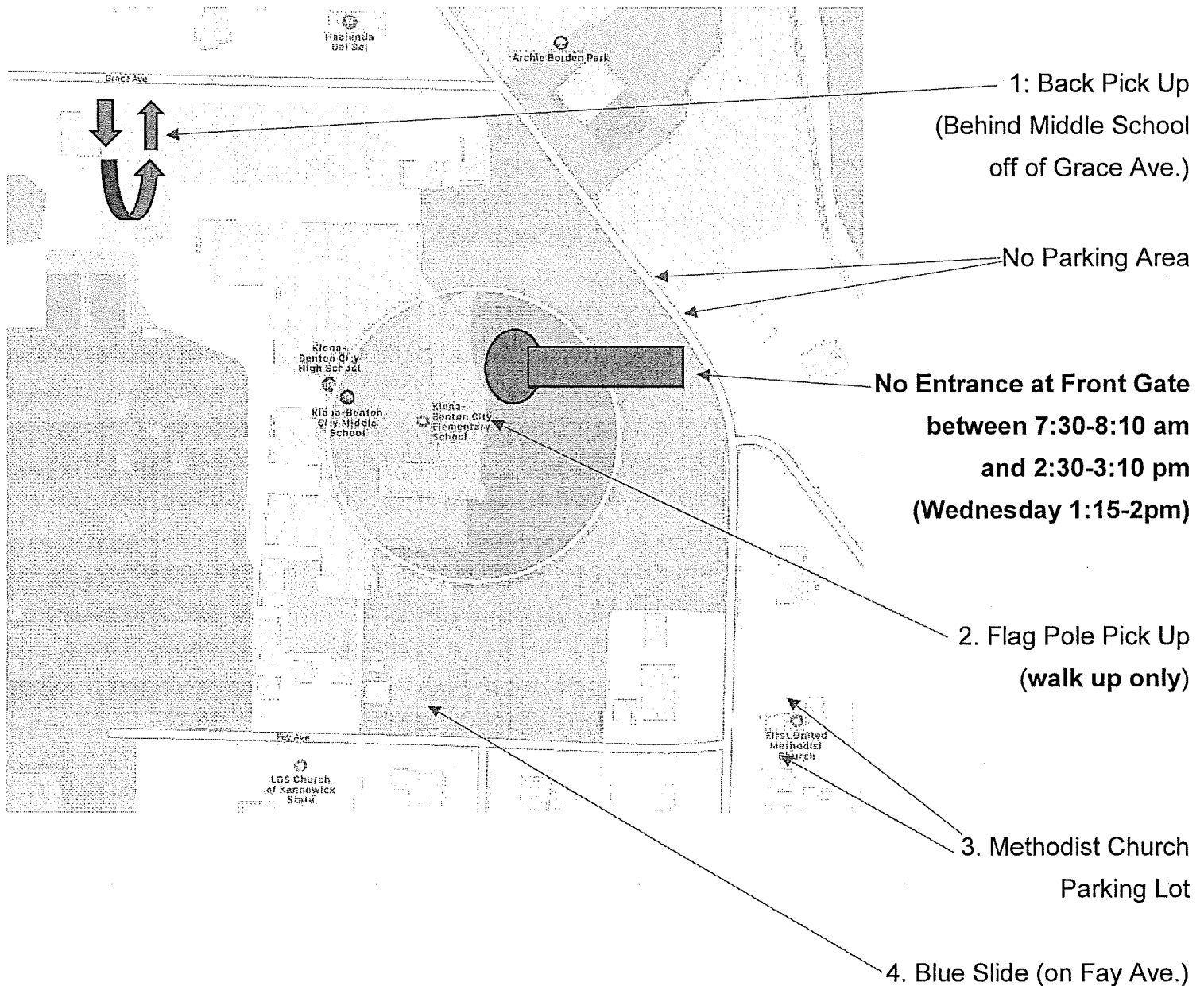
	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (Haemophilus influenzae type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/ Transitional Kindergarten Age ≥4 years on 09/01/2022	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses* (Not required at age ≥5 years)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 9th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
10th through 12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

To increase student safety, we ask you to pick up and drop off your students in the areas designated above. These areas are staffed by district personal who can assist in supervising students arriving and leaving the school grounds. Thank you for your assistance in helping to keep our students safe.

Student drop off and Pick Up Areas



2023-24 Family Income Survey

Part 2. STUDENTS: Please fill in the following information for all children living with you that are attending school.

Student's Last Name	Student's First Name	MI	Date of Birth	School	Grade

Part 3. SIGNATURE: I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) this information. I understand if I purposely give false information that I may be prosecuted. I understand my child's poverty status may be shared with other programs/agencies as allowed by law.

Signature: _____ Print Name: _____

Date: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Director of the Office of Equity and Civil Rights at 360-725-6162/TTY: 360-664-3631; or P.O. Box 47200, Olympia, WA 98504-7200; or equity@k12.wa.us.

2023-24 Family Income Survey

Dear Parent/Guardian:

Schools receive certain federal and state funding (Learning Assistance Program, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child’s school a way to collect household income information. This information makes sure your child’s school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to your students’ school or the district office by **September 30, 2023**.

Part 1. ELIGIBILITY: Figure out your total household income. Then look at the income chart below. Find your household size. **If your total household income is equal to or less than the amount listed for your household size, check the box.**

Income Chart
Effective from July 1, 2023 through June 30, 2024 .

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
<input type="checkbox"/>	2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
<input type="checkbox"/>	3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
<input type="checkbox"/>	4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
<input type="checkbox"/>	5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
<input type="checkbox"/>	6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
<input type="checkbox"/>	7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
<input type="checkbox"/>	8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
<input type="checkbox"/>	For each additional household member	\$9,509	\$793	\$397	\$366	\$183
<input type="checkbox"/>	Household does not qualify					

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

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