



306 Bolin Drive

Toppenish, WA 98948

Phone: (509) 865-4455

Hours of Operation
Monday - Friday 7: 30 a.m. – 4:30 p.m.

Registration Checklist

APPLICATION WILL NOT BE PROCESSED UNTILL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

Required items to bring

1. Student’s original birth certificate
2. Student’s current Immunization records
3. Proof of Residency (Rental/Lease Agreement, Current Utility Bill)
4. Recent Grade Report/Transcript
5. Attendance & Discipline Records
6. Resident District Release (If Applicable)
If you live outside of the Toppenish School District Boundary
7. Custody or Guardianship Papers (If Applicable)

Packet Forms

USE ONLY BLUE OR BLACK INK

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Student Information form 2. Authorization to Release Medical Info 3. Medical History Form 4. Ethnic/Race Data Survey 5. Permission for Student Publications 6. Annual Notice-Distribution of Student Directory Info | <ol style="list-style-type: none"> 7. Military Status Survey 8. Family Income Survey 9. Title I Migrant Education Program 10. Student Housing Questionnaire 11.OSPI Home Language Survey 12. Title VI ED 506 Indian Student Eligibility Certification Form |
|---|--|

Office Use Only

Additional Notes:

STUDENT ENROLLMENT FORM
ENGLISH

Please Print in BLUE or BLACK Ink
Include Full Legal Names for Parents & Emergency Contacts
Include Complete Addresses & Phone Numbers

Student's Full Legal Name: _____ Grade: _____
Last Name First Name Middle Name

Sex: Male or Female Birth Date: _____ Birth Place: _____ Student's Primary
(MM/DD/YYYY) Language Spoken at Home: _____

Ethnic Heritage: (Circle all that apply): Native American Asian African American Hispanic White

Street Address: _____
City State Zip

Mailing Address (If different from above): _____
City State Zip

Home Telephone Number: _____ Email: _____

Student Living with (check one): ___ Both Parents ___ Mother/Step-Father ___ Mother Only ___ Grandparents
___ Father/Step-Mother ___ Father Only ___ Unaccompanied Youth ___ Foster/Group Home ___ Other (specify)

(1) Father/Guardian: _____ Date of Birth: _____
First Middle Last (MM/DD/YYYY)
Cell Phone: _____ Work Number: _____ Name of Employer: _____
Email: _____

(2) Mother/Guardian: _____ Date of Birth: _____
First Middle Last (MM/DD/YYYY)
Cell Phone: _____ Work Number: _____ Name of Employer: _____
Email: _____

Please List all of your Children Currently Attending School in the Toppenish School District:

(1) _____ (2) _____
Child Name Birth Date Current School Child Name Birth Date Current School
(3) _____ (4) _____
Child Name Birth Date Current School Child Name Birth Date Current School

Emergency Information: Please list others who can pick up your child:

Name: _____ Address: _____ DOB: _____
(MM/DD/YYYY)
Cell Phone: _____ Email: _____ Relationship to Student: _____

Name: _____ Address: _____ DOB: _____
(MM/DD/YYYY)
Cell Phone: _____ Email: _____ Relationship to Student: _____

Previously attended the Toppenish School District? YES NO Been enrolled in ESL/Migrant programs? YES NO
Been Enrolled in any special education programs? YES NO Been expelled/ long-time suspension? YES NO

Name of Last School Attended: _____ Telephone: _____ Fax: _____

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

Parent Signature:  Date: _____

STUDENT MODE OF TRANSPORTATION					
AM BUS	<input type="checkbox"/>	WALK	<input type="checkbox"/>	DROP-OFF	<input type="checkbox"/>
PM BUS	<input type="checkbox"/>	WALK	<input type="checkbox"/>	PICK-UP	<input type="checkbox"/>

Toppenish School District #202 Authorization to Release Medical Information

Authorization to release records of child:			
Name: Last First Middle			Date of Birth
Medicaid Identification Number (from medical Coupon)		Other Health Insurance	
Release to: Toppenish School District			
School Name:			
Site/Program Name			
Address City State Zip Code			
Telephone Number (Include area code)		Fax Number (Include Area Code)	E-mail Address
Reason for Release			
Authorization			
Sources: I authorize the following provider to share or give access to confidential information about my child as described below. Information may be provided verbally or by computer data transfer, mail, fax, or hand delivery. (Circle all that apply) Provider:			
Records: I authorize the following records be released: Medical Exam/Treatment Dental Exam/Treatment Immunization History Medication Administration Instructions ___ Other: _____			
<p>This authorization specifically permits the District to furnish to District Staff any and all medical information and any other pertinent information related to my child's health care.</p> <p>I HEREBY WAIVE and doctor-patient privilege and other privilege with respect to the District's distribution of my child's medical information to District staff.</p> <p><i>This Release shall be valid and binding from this date forward until expressly revoked by me in writing.</i> The Toppenish School District is authorized to continue to furnish medical, dental, and immunization about my child for the date of this release forward until so revoked in writing.</p>			
<p>Please Note: If confidential records include any of the following information, you must also complete the below section to allow disclosure of these records. Special Records: I give my permission to release the following records (initial all that apply):</p> <p>___ HIV/AIDS and STD test results, diagnosis or treatment records (RCW 70.24.105)</p> <p>___ Mental health records (RCW 71.05.620) including:</p> <p>___ Chemical Dependency (CD) records (42 CFR Part 2) including: Notice to those receiving information: If these records contain information about HIV, STDs, or alcohol or drug abuse, you may not further disclose that information under federal and state law without specific permission of the subject and meeting specific legal requirements.</p>			
Authorization by (signature)		Relationship to Child	Date Signed
			Telephone # (Include Area Code)
Print Name		Interpreter (sign and print name, if applicable)	
<p>If I am not the person who is the subject of the records, I am authorized to sign because I am the: Parent of minor</p> <p> Legal Guardian Other: _____</p>			

Read, complete, and sign this form before returning it to the school or to the Toppenish Clinic at 510 W. First Avenue.

Please note:

- Your child/student (“Student”) will be evaluated by a YVFWC provider and may be examined by the school nurse under the provider’s direction.
- Computers and monitors are used so that everyone can see each other and communicate.
- You and Student each have the right to ask the healthcare provider to discontinue the telehealth visit, as well as participation in this program at any time.
- You and Student can use this program and still see other providers.
- Participating in this program **does not** change your primary care provider, **does not** change your insurance and **does not** affect the number of times you can see your regular health care professionals.

The health care services (“Services”) that may be provided under this program may include, but are not limited to:

- 1| Mandated school health services, including: screening for vision (including eyeglasses), hearing, asthma, obesity, scoliosis, Tuberculosis and other medical conditions, first aid, and required and recommended immunizations.
- 2| Comprehensive physical examination (complete medical examination) including those for school, sports, working papers, and immigration.
- 3| Medically prescribed laboratory tests such as for anemia, strep throat, glucose levels and urine studies.
- 4| Medical care and treatment, including diagnosis of acute and chronic illnesses, administration of medications at school, and prescription of medications.
- 5| Behavioral health services including evaluation, diagnosis, treatment, and referrals.
- 6| Health education and counseling for the prevention of risk-taking behaviors such as drug, alcohol, and smoking abuse, sexually transmitted infections, and HIV, as age appropriate and medically indicated.
- 7| Referrals for service not provided at the school.

You understand that:

- 1| There are limitations in the provision of health care and treatment via telehealth. Student may not be able to receive diagnosis and/or treatment through the Services for every condition possible. Equipment deficiencies or failures could lead to delays in evaluation or treatment. Security protocols failure may cause a breach of privacy.
- 2| The practice of medicine is not an exact science. No guarantees or promises regarding the result have been made.
- 3| This consent will remain in effect until withdrawn. You have the right to withdraw your consent to the use of the Services at any time, which you may exercise by providing written notice to the school office or YVFWC. You understand that the withdrawal of such consent will prevent Student from using the Services. Any withdrawal of your consent will be effective upon receipt of the written notice described above, except that such withdrawal will not have any effect on any action taken by a provider(s) in reliance on this consent before it received your written notice of withdrawal.
- 4| Nothing in this consent modifies, or enlarges, any rights you may, or may not, have to review or receive a copy of Student’s medical records from the Student’s providers, including any information included in such health records that has been transmitted through the Services.
- 5| A provider may determine in his or her sole discretion that Student’s condition is not suitable for diagnosis and/or treatment using the Services, and that Student may need to seek care and treatment from a specialist or other healthcare provider, outside of the Services.
- 6| Some photographic or other images of Student may be obtained during the course of Services and they may be shared with others for the limited purpose of providing care to Student.
- 7| By law, parental consent is not required for the conduct of mandated screenings, the application of first aid treatment, prenatal care, services related to sexual behavior and pregnancy prevention, and the provision of health care or treatment where the health of the Student appears to be endangered. Also, you understand that parental consent is not required for Students who are 18 years or older or for Students who are parents, married or legally emancipated or deemed “Mature Minors” by the treating health care provider.
- 8| You may refuse to sign this consent, however, such refusal may prevent Student from receiving Services.
- 9| You have the right to review the YVFWC Notice of Privacy Practices (“Notice”) before deciding to sign this form. The Notice is also posted at YVFWC offices, is available online at www.yvfwc.org and is subject to change.
- 10| Information related to the Student released in accordance with your consent granted below, may include references to sexual behavior, pregnancy, drug abuse, results of tests for all infectious diseases, including HIV/AIDs, and alcohol abuse. You understand that with all medical services offered through this program (including confidential services), Students will be encouraged to involve their parents or guardians in counseling and health care decisions. You understand that information released under this authorization may be re-disclosed by the recipient of the information and may no longer be protected by state and federal law.

PLEASE BE SURE TO REVIEW BOTH SIDES OF THIS CONSENT FORM.

School District Telehealth Consent Form

STUDENT:

Name (Last, First)

Date of Birth

Telephone Number

Mark this box to indicate you are declining consent for telehealth services for the above named student.

Sign here only if DECLINING telehealth services

Name

Date

Do not complete the rest of this form if you are declining telehealth services.

Ethnicity: Hispanic Black White American Indian Asian/Pacific Islander Other _____ **Sex:** Male Female

Email Address _____
SSN for Insurance Purposes Toppenish School District
School District _____
School Name _____
Grade

Student Address _____
City, State, Zip Code

Student's Regular Provider Name _____
Address _____
Phone Number

Student's Regular Pharmacy for Prescriptions _____
Address _____
Phone Number

PARENT/LEGAL GUARDIAN

Parent/Legal Guardian #1 Name (Last, First) Parent/ Legal Guardian Relationship to Student _____
Date of Birth

Email Address _____
Home/Cell Number _____
Work Phone Number _____
Preferred Language

Parent/Legal Guardian #2 Name (Last, First) Parent/ Legal Guardian Relationship to Student _____
Date of Birth

Email Address _____
Home/Cell Number _____
Work Phone Number _____
Preferred Language

EMERGENCY CONTACT

Printed Name _____
Relationship to Student _____
Home/Cell Number _____
Work Number

INSURANCE INFORMATION

Medicaid Insurance: No Yes- Medicaid ID# _____

Other Health Insurance: No Yes- Insured Name _____ Member ID/Policy Number _____

Health Insurance Name _____ Phone Number _____

The undersigned have read and understand the services listed on the next page (the "Services") and related disclosures, and each understands the risks and benefits of the Services in the care and treatment for above identified "Student". The undersigned's signature provides consent for the Student to receive Services provided by Yakima Valley Farm Workers Clinic ("YVFWC") and the School District as described both in this Consent and at the time of evaluation or care. Each has received a copy of the Notice of Privacy Practices (the "Notice").

The undersigned further consents to the release and exchange of all (specifically and expressly including, but not limited to, information deemed "sensitive" or otherwise protected by law), medical, dental, psychological, and any other personally identifiable or otherwise confidential information of the Student, deemed so by the Family Educational Rights and Privacy Act ("FERPA"), the Health Insurance Portability and Accountability Act of 1996, as amended, ("HIPAA"), any other state or federal privacy policies, statutes or regulations, and the School District policies, as necessary, to any applicable party, as determined by the representatives of YVFWC and/or the School District, for the provision of Services. The undersigned's signature also gives consent and release to YVFWC and the School District to contact other health care providers who have examined the Student and for them to obtain copies of any health care or other information, protected or otherwise.

The undersigned further hereby each assign to YVFWC all rights, benefits, and interest under Medicare/Medicaid or any insurance policy, health plan, or other third party liable to me, in consideration for services rendered by YVFWC to Student. The undersigned hereby authorizes payment directly to YVFWC by Medicare/Medicaid or any insurance policy, health plan, or third party payor for treatment received from YVFWC providers. The undersigned understands that certain Services may not be covered under the Medicare/Medicaid program or insurance and that each may be responsible for the entire charge incurred for such Services. The undersigned also understand all deductibles are due unless they have been met within the applicable period.

Student 13+ years OR Parent/Legal Guardian Signature _____
Printed Name _____
Date



Student Health Information

FOR OFFICE USE ONLY	
Student ID# _____	
School: _____	
<input type="checkbox"/> Compliant immunization record in Skyward	
<input type="checkbox"/> McKinney Vento 5 CALENDAR DAYS TO BE COMPLIANT	<input type="checkbox"/> Non-compliant immunization(s) CANNOT START SCHOOL UNTIL COMPLIANT

Legal Last Name: _____ DOB: _____

First Name: _____ Middle Name: _____ Grade: _____

Does the student have medical insurance? NO YES

Name of Insurance Company: _____

Is the student presently taking medication? NO YES (Specify) _____

If yes, will medication need to be administered at school? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses? NO YES Does the student wear contact lenses? NO YES

Does the student require a special diet due to a life-threatening food allergy? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? NO YES If yes, does student use hearing aids? NO YES

Check conditions that apply to your child and explain below:

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Nose or Throat conditions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision/Eye condition |
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Seizure/Convulsive disorders | <input type="checkbox"/> Kidney/Urinary tract condition |
| <input type="checkbox"/> Stomach/Digestive condition | <input type="checkbox"/> Hearing/Ear condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other, (specify) _____ |


Please explain conditions marked above: _____

IF ANY OF THE ABOVE HEALTH CONDITIONS ARE LIFE-THREATNING, RCW 28A.210 requires that physician orders, medications, and/or treatments and a nursing care plan must be in place before a student attends school.

Please list other medical/health conditions that might limit the student's activities at school.

In case of accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary.

Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE:  _____ **DATE:** _____

Toppenish School District #202
Toppenish, WA
Parental/Guardian Photo Release Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published to the district's website, school website, social media and/or instructional technology platforms. In many cases, the pictures will be group pictures with no names included. Examples include sports, band, club or organization pictures and academic assemblies, as well as pep rallies, and informal pictures of students engaging in daily school activities. There may also be time where the student's name may be used i.e. student of the month or individual academic achievement awards.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work and accomplishments. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Check one of the following choices:

_____ I/We GRANT permission for this student's photo/image and all other personal identifiers listed above to be published on the school and/or district's public Internet site, social media and/or instructional technology platforms.

_____ I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school and or district's public Internet site, social media and/or instructional technology platforms.

Date: _____

Student's Name: (please print) _____ **Student's Grade:** _____

Print name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: (sign)  _____

Relation to Student: _____

(Fecha): **Race/Ethnicity Collection Form** (Formulario de Recopilación de Raza/Origen Étnico)

Student Last Name: _____ Student First Name: _____
 (Apellido del estudiante) (Nombre del estudiante)
 School: _____ Grade: _____ Gender (Sexo): M F X (circle one)
 (Escuela) (Nivel escolar) (haga un círculo alrededor de uno)

QUESTION 1. Is your child of Hispanic or Latino origin?

PREGUNTA 1. ¿Es su niño de origen hispano o latino?

H01 **NOT HISPANIC/LATINO**

HISPANIC/LATINO (may check categories and use write-in)

- | | | | |
|---|--|---|--|
| H00 <input type="checkbox"/> Hispanic | H08 <input type="checkbox"/> Costa Rican | H15 <input type="checkbox"/> Jamaican | H23 <input type="checkbox"/> Puerto Rican |
| H02 <input type="checkbox"/> Argentine | H09 <input type="checkbox"/> Cuban | H16 <input type="checkbox"/> Mexican | H24 <input type="checkbox"/> Salvadoran |
| H03 <input type="checkbox"/> Bolivian | H10 <input type="checkbox"/> Dominican | H17 <input type="checkbox"/> Mestizo | H25 <input type="checkbox"/> Spaniard |
| H04 <input type="checkbox"/> Brazilian | H11 <input type="checkbox"/> Ecuadorian | H18 <input type="checkbox"/> Native | H26 <input type="checkbox"/> Surinamese |
| H05 <input type="checkbox"/> Chicano (Mexican American) | H12 <input type="checkbox"/> Guatemalan | H19 <input type="checkbox"/> Nicaraguan | H27 <input type="checkbox"/> Uruguayan |
| H06 <input type="checkbox"/> Chilean | H13 <input type="checkbox"/> Guyanese | H20 <input type="checkbox"/> Panamanian | H28 <input type="checkbox"/> Venezuelan |
| H07 <input type="checkbox"/> Colombian | H14 <input type="checkbox"/> Honduran | H21 <input type="checkbox"/> Paraguayan | H29 <input type="checkbox"/> Hispanic/Latino Write in: _____ |
| | | H22 <input type="checkbox"/> Peruvian | |

QUESTION 2. What race(s) do you consider your child? (check all that apply)

PREGUNTA 2. ¿Qué raza(s) considera que es su niño? (Marque todo lo que corresponda).

AMERICAN INDIAN/ALASKA NATIVE (may check categories and use write-in)

- | | | |
|--|---|---|
| N00 <input type="checkbox"/> American Indian/Alaskan Native | N13 <input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation | N24 <input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation |
| N01 <input type="checkbox"/> Chinook Tribe | N14 <input type="checkbox"/> Marietta Band of Nooksack Tribe | N25 <input type="checkbox"/> Skokomish Indian Tribe |
| N02 <input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation | N15 <input type="checkbox"/> Muckleshoot Indian Tribe | N26 <input type="checkbox"/> Snohomish Tribe |
| N03 <input type="checkbox"/> Confederated Tribes of the Chehalis Reservation | N16 <input type="checkbox"/> Nisqually Indian Tribe | N27 <input type="checkbox"/> Snoqualmie Indian Tribe |
| N04 <input type="checkbox"/> Confederated Tribes of the Colville Reservation | N17 <input type="checkbox"/> Nooksack Indian Tribe of Washington | N28 <input type="checkbox"/> Snoqualmoo Tribe |
| N05 <input type="checkbox"/> Cowlitz Indian Tribe | N18 <input type="checkbox"/> Port Gamble S'Klallam Tribe | N29 <input type="checkbox"/> Spokane Tribe of the Spokane Reservation |
| N06 <input type="checkbox"/> Duwamish Tribe | N19 <input type="checkbox"/> Puyallup Tribe of the Puyallup Reservation | N30 <input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation |
| N07 <input type="checkbox"/> Hoh Indian Tribe | N20 <input type="checkbox"/> Quileute Tribe of the Quileute Reservation | N31 <input type="checkbox"/> Steilacoom Tribe |
| N08 <input type="checkbox"/> Jamestown S'Klallam Tribe | N21 <input type="checkbox"/> Quinalt Indian Nation | N32 <input type="checkbox"/> Stillaguamish Tribe of Indians of Washington |
| N09 <input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation | N22 <input type="checkbox"/> Samish Indian Nation | N33 <input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation |
| N10 <input type="checkbox"/> Kikiallus Indian Nation | N23 <input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington | N34 <input type="checkbox"/> Swinomish Indian Tribal Community |
| N11 <input type="checkbox"/> Lower Elwha Tribal Community | | N35 <input type="checkbox"/> Tulalip Tribes of Washington |
| N12 <input type="checkbox"/> Lummi Tribe of the Lummi Reservation | | |
| N36 <input type="checkbox"/> Alaska Native Write in: _____ | | |
| N37 <input type="checkbox"/> American Indian Write in: _____ | | |

ASIAN (may check categories and use write-in)

- | | | | |
|--|---|--|--|
| A00 <input type="checkbox"/> Asian | A08 <input type="checkbox"/> Filipino | A15 <input type="checkbox"/> Mien | A22 <input type="checkbox"/> Sri Lankan |
| A01 <input type="checkbox"/> Asian Indian | A09 <input type="checkbox"/> Hmong | A16 <input type="checkbox"/> Mongolian | A23 <input type="checkbox"/> Taiwanese |
| A02 <input type="checkbox"/> Bangladeshi | A10 <input type="checkbox"/> Indonesian | A17 <input type="checkbox"/> Nepali | A24 <input type="checkbox"/> Thai |
| A03 <input type="checkbox"/> Bhutanese | A11 <input type="checkbox"/> Japanese | A18 <input type="checkbox"/> Okinawan | A25 <input type="checkbox"/> Tibetan |
| A04 <input type="checkbox"/> Burmese/Myanmar | A12 <input type="checkbox"/> Korean | A19 <input type="checkbox"/> Pakistani | A26 <input type="checkbox"/> Vietnamese |
| A05 <input type="checkbox"/> Cambodian/Khmer | A13 <input type="checkbox"/> Lao | A20 <input type="checkbox"/> Punjabi | A27 <input type="checkbox"/> Asian Write in: _____ |
| A06 <input type="checkbox"/> Cham | A14 <input type="checkbox"/> Malaysian | A21 <input type="checkbox"/> Singaporean | |
| A07 <input type="checkbox"/> Chinese | | | |

BLACK (may check categories and use write-in)

B00 Black/African American

B01 African American

B02 African Canadian

Caribbean

B03 Anguillian

B04 Antiguan

B05 Bahamian

B06 Barbadian

B07 Barthélemois/Barthélemoises
(Saint Barthélemy)

B08 British Virgin Islander

B09 Caymanian
(Cayman Island)

B10 Cuba Dominican

B11 Dominican
(Dominican Republic)

B12 Dutch Antillean
(Netherlands Antilles)

B13 Grenadian

B14 Guadeloupean

B15 Haitian

B16 Jamaican

B17 Martiniquais/Martiniquaise

B18 Montserratian

B19 Puerto Rican

B20 Caribbean Write in: _____

Central African

B21 Angolan

B22 Cameroonian

B23 Central African
(Central African Republic)

B24 Chadian

B25 Congolese
(Republic of the Congo)

B26 Congolese (Democratic
Republic of the Congo)

B27 Equatorial Guinean

B28 Gabonese

B29 São Toméan

B30 Principe

B31 Central African Write in: _____

East African

B32 Burundian

B33 Comoran

B34 Djiboutian

B35 Eritrean

B36 Ethiopian

B37 Kenyan

B38 Malagasy (Madagascar)

B39 Malawian

B40 Mauritian (Mauritius)

B41 Mahoran (Mayotte)

B42 Mozambican

B43 Reunionese

B44 Rwandan

B45 Seychellois/Seychelloise

B46 Somali

B47 South Sudanese

B48 Sudanese

B49 Ugandan

B50 Tanzanian (United Republic
of Tanzania)

B51 Zambian

B52 Zimbabwean

B53 East African Write in: _____

Latin American

B54 Argentine

B55 Belizean

B56 Bolivian

B57 Brazilian

B58 Chilean

B59 Colombian

B60 Costa Rican

B61 Ecuadorian

B62 El Salvadoran

B63 Falkland Islander

B64 French Guianese

B65 Guatemalan

B66 Guyanese

B67 Honduran

B68 Mexican

B69 Nicaraguan

B70 Panamanian

B71 Paraguayan

B72 Peruvian

B73 South Georgia and the
South Sandwich Islands

B74 Surinamese

B75 Uruguayan

B76 Venezuelan

B77 Latin American Write in: _____

South African

B78 Botswanan

B79 Mosotho (Lesotho)

B80 Namibian

B81 South African

B82 Swazi

B83 South African Write in: _____

West African

B84 Beninese

B85 Bissau-Guinean

B86 Burkinabé (Burkina Faso)

B87 Cabo Verdean

B88 Ivorian (Cote d'Ivoire)

B89 Gambian

B90 Ghanaian

B91 Liberian

B92 Malian

B93 Mauritanian

B94 Nigerien (Niger)

B95 Nigerian (Nigeria)

B96 Saint Helenian

B97 Senegalese

B98 Sierra Leonean

B99 Togolese

C01 West African Write in: _____

C02 Black Write in: _____

PACIFIC ISLANDER (may check categories and use write-in)

P00 Native Hawaiian/Other
Pacific Islander

P01 Carolinian

P02 Chamorro

P03 Chuukese

P04 Fijian

P05 i-Kiribati / Gilbertese

P06 Kosraean

P07 Maori

P08 Marshallese

P09 Native Hawaiian

P10 Ni-Vanuatu

P11 Palauan

P12 Papuan

P13 Pohpeian

P14 Samoan

P15 Solomon Islander

P16 Tahitian

P17 Tokelauan

P18 Tongan

P19 Tuvaluan

P20 Yapese

P21 Pacific Islander Write in: _____

WHITE (may check categories and use write-in)

W00 White

Eastern European

W01 Bosnian

W02 Herzegovinian

W03 Polish

W04 Romanian

W05 Russian

W06 Ukrainian

W07 Eastern European Write in: _____

MIDDLE EASTERN and NORTH AFRICAN (may check categories and use write-in)

W08 Algerian

W09 Amazigh or Berber

W10 Arab or Arabic

W11 Assyrian

W12 Bahraini

W13 Bedouin

W14 Chaldean

W34 Middle Eastern Write in: _____

W36 White Write in: _____

W15 Copt

W16 Druze

W17 Egyptian

W18 Emirati

W19 Iranian

W20 Iraqi

W21 Israeli

W22 Jordanian

W23 Kurdish Kuwaiti

W24 Lebanese

W25 Libyan

W26 Moroccan

W27 Omani

W35 North African Write in: _____

W28 Palestinian

W29 Qatari

W30 Saudi Arabian

W31 Syrian

W32 Tunisian

W33 Yemeni

2021-22 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 Toppenish School District with 2021-2022. **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, 2021 through June 30, 2022

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$23,828	\$1,986	\$993	\$917	\$459
<input type="checkbox"/>	2	\$32,227	\$2,686	\$1,343	\$1,240	\$620
<input type="checkbox"/>	3	\$40,626	\$3,386	\$1,693	\$1,563	\$782
<input type="checkbox"/>	4	\$49,025	\$4,086	\$2,043	\$1,886	\$943
<input type="checkbox"/>	5	\$57,424	\$4,786	\$2,393	\$2,209	\$1,105
<input type="checkbox"/>	6	\$65,823	\$5,486	\$2,743	\$2,532	\$1,266
<input type="checkbox"/>	7	\$74,222	\$6,186	\$3,093	\$2,855	\$1,428
<input type="checkbox"/>	8	\$82,621	\$6,886	\$3,443	\$3,178	\$1,589
<input type="checkbox"/>	For each additional household member	\$8,399	\$700	\$350	\$324	\$162
<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. **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.



Toppenish School District

306 Bolin Drive
Toppenish, WA 98948
(509) 865-4455
Fax: (509) 865-2067



TITLE I MIGRANT EDUCATION PROGRAM

Date: _____

Student Full Name: _____ DOB: _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____
Street City State Zip

Phone Number: _____ Email: _____

Dear Parent/Guardian(s):

The Toppenish School District Title I Migrant Program is designed to help children whose parents have moved in the past three years, seeking temporary or seasonal work in the fields of agriculture, horticulture, or commercial fishing.


We would appreciate your cooperation in answering the following questions:

1. Have you moved within the past three years? ___ YES ___ NO
2. What was the purpose of your move?

3. May we contact you for further information? ___ YES ___ NO

If so, what times are most convenient for you? ___ Before 5 PM

___ After 5 PM

Parent/Legal Guardian Signature:  _____ Date: _____

SCHOOL PERSONNEL: As new students enroll or you become aware of moves made by a family please obtain the information on this form and return it to the Migrant Office. Migrant staff will follow up to determine eligibility for the Migrant Program.

RETURN TO THE MIGRANT EDUCATION OFFICE/STAFF



Toppenish School District No. 202
306 Bolin Drive, Toppenish, WA 98948

Student Housing Questionnaire 20__ School Year

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)

___ **Mark here and sign part B, if you own/rent your own home.**

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

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

Please list ALL children (Birth through 21 years of age) in your care: (For non-relative caregivers, please list only the children staying with you temporarily.)


Name	Student No. (SSID)	Grade	Age	Date of Birth	Current or Last Attended School (if not enrolled, please indicate.)

- Student is unaccompanied (not living with a parent or legal guardian)
- Student is living with a parent or legal guardian

B. ADDRESS OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER _____ NAME OF CONTACT: _____

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

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

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

Please return completed form to: District Office

District Liaison: Eligio Jimenez
Location: Administration Office

Phone Number: (509) 865-8182
Email: ejimenez@toppenish.wednet.edu


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
- Date Skyward
- Date Transportation
- Free Lunch Request



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

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

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

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

Note to district: This form is available in multiple languages 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.



**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature 

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____