PARENTS: Complete For Kindergarten Students Only

Student's Name: _____

Parent Name: _____

Did your child attend daycare and/or preschool? Yes No (Circle one)

If yes,

Name of Daycare/Preschool	Dates Attended	Full Day or Half Day Program?

If your child attended preschool, how long did they attend preschool? _____

If your child attended preschool, did the staff share any concerns (academic/behavioral) about their progress? _____

_____

Younger Sibling(s) in the home

Name	Age

Would you like more information regarding early learning opportunities for your child(ren)?

Yes No

(Office only - English) Building Secretary - please give a copy of this sheet to the student's Kindergarten teacher and to Jump Start Kindergarten teacher(s) in your building.

Rev 03 30 21

Mount Vernon Schools

NEW STUDENT ENROLLMENT/REGISTRATION FORM

Date: _____

STUDENT INFO

Legal **LAST** Name		Legal **FIRST** Name	Legal **MIDDLE** Name
BIRTHDATE (Month/Day/Year)/	Has student's name ever been legally changed? If yes, what was previous name?	**STUDENT PRIMARY LANGUAGE** ❑ English ❑ Spanish ❑ Russian ❑ Ukraine ❑ Mixteco ❑ Other _____	**GRADE LEVEL** **GENDER** ❑ Male ❑ Female ❑ Non-Binary
District Resident ❑ Yes ❑ No		**Birthplace:** City State: Country: **Birth Certificate attached:** ❑ Yes ❑ No	

PRIMARY HOUSEHOLD

PRIMARY PARENT/GUARDIAN INFORMATION
(Household information where student resides)

Legal Parent/Guardian #1 Last Name			**First Name**		
House Number	Street		Apt #	City	State	Zip
Mailing Address	Street	Apt #	PO Box	City	State	Zip
Primary Phone ❑ *Please check if confidential*	**Second Phone** ❑ Home ❑ Work ❑ Mobile		**Third Phone** ❑ Home ❑ Work ❑ Mobile		
Email					

Relation to Student: ❑ Father ❑ Mother ❑ Guardian ❑ Stepmother ❑ Stepfather ❑ Grandparent ❑ Aunt ❑ Uncle ❑ Self ❑ Other

Legal Parent/Guardian #2 Last Name	**First Name**	
Email	**Second Phone** ❑ Home ❑ Work ❑ Mobile	**Third Phone** ❑ Home ❑ Work ❑ Mobile

Relation to Student: ❑ Father ❑ Mother ❑ Guardian ❑ Stepmother ❑ Stepfather ❑ Grandparent ❑ Aunt ❑ Uncle ❑ Self ❑ Other

***Proof of Age:** Documents which can be used for this purpose include a birth certificate; a religious, hospital, or physician's certificate showing date of birth; a passport; an adoption record; previously verified school records; an affidavit from a parent; an entry in a family Bible; or any other documents permitted by law.

Who has legal custody of the student?	**Are there any special visitation rights that we need to know about? If yes, please provide legal documentation to the school so that we can keep your child safe**

SECOND HOUSEHOLD

SECOND HOUSEHOLD INFORMATION
(Student does not primarily reside at this residence)

Legal Parent/Guardian #1 Last Name			**First Name**		
House Number	Street	Apt #		City	State	Zip
Mailing Address	Street	Apt #	PO Box	City	State	Zip
Primary Phone ❑ *Please check if confidential*	**Second Phone** ❑ Home ❑ Work ❑ Mobile		**Third Phone** ❑ Home ❑ Work ❑ Mobile		
Email					

Relation to Student: ❑ Father ❑ Mother ❑ Guardian ❑ Stepmother ❑ Stepfather ❑ Grandparent ❑ Aunt ❑ Uncle ❑ Self ❑ Other

Legal Parent/Guardian #2 Last Name	**First Name**	
Email	**Second Phone** ❑ Home ❑ Work ❑ Mobile	**Third Phone** ❑ Home ❑ Work ❑ Mobile

Relation to Student: ❑ Father ❑ Mother ❑ Guardian ❑ Stepmother ❑ Stepfather ❑ Grandparent ❑ Aunt ❑ Uncle ❑ Self ❑ Other

STUDENT INFORMATION

School previously attended (most recent)	Entry Date	Withdrawal Date	Previous School Address (Street, City, State and Zip)

Has student ever attended any other school district in Washington State? ❑ Yes ❑ No	If yes, name of school district in Washington State	School Year:
Has student ever attended a school in the Mount Vernon School District? ❑ Yes ❑ No	If yes, name of school attended in the Mount Vernon School District	School Year:

PLEASE LIST OTHER SIBLINGS ATTENDING MOUNT VERNON SCHOOL DISTRICT

Last Name	First Name	School	Grade

Does student attend childcare? ☐ Yes ☐ No	Childcare Provider Name:
☐ Before school ☐ After school ☐ Before & after school	Address: Phone:

Has the student ever been suspended from school? ❑ Yes ❑ No

Please explain_____

Has the student ever been suspended for a weapons violation? ☐ Yes ☐ No Date: _____

Has the student ever been to court for attendance issues? ☐ Yes ☐ No Date: _____

Emergency Contact Information - When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. Our first contact is always a parent or guardian but in the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

Name (other than guardian)	Relationship to Student	Phone number (include area code) ☐ *home* ☐ *cell* ☐ *work*
Name (other than guardian)	Relationship to Student	Phone number (include area code) ☐ *home* ☐ *cell* ☐ *work*
Name (other than guardian)	Relationship to Student	Phone number (include area code) ☐ *home* ☐ *cell* ☐ *work*
Name (other than guardian)	Relationship to Student	Phone number (include area code) ☐ *home* ☐ *cell* ☐ *work*

STUDENT HISTORY	
Has your child ever qualified for or been enrolled in a Special Education Program/IEP? ☐ Yes ☐ No Has your child ever qualified for or had a 504 plan? ☐ Yes ☐ No Has your child ever participated in: ☐ Title I ☐ LAP ☐ Gifted ☐ ESL ☐ Migrant	Has your child ever repeated or skipped a grade? ☐ Yes, Repeated ☐ Yes, Skipped What grade level(s) _____

Specify any learning problem(s) or special help needed

_____

_____

_____

_____

_____

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact the parent/guardian immediately. I authorize school authorities to obtain emergency care for my child if the parent/guardian cannot be reached.

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Mount Vernon Public Schools. I agree to notify the Mount Vernon School District in writing within five (5) school days following any change of my/our residency. "

_____ _____

Legal Parent/Guardian Signature ***Date***

Student Name: _____ **Grade:** _____ **School:** _____ *Send Copy to EL Coordinator if Applicable*

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

ETHNICITY

Hispanic: ☐ **Yes** ☐ **No (H01)**

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

RACE-NATIVE HAWAIIAN/OTHER PACIFIC

Native Hawaiian/Other	
☐ Native Hawaiian/Other Pacific Islander (P00)	

Pacific Islander			
☐ Carolinian (P01)	☐ Maori (P07)	☐ Pohpeian (P13)	☐ Tongan (P18)
☐ Chamorro (P02)	☐ Marshallese (P08)	☐ Samoan (P14)	☐ Tuvaluan (P19)
☐ Chuukese (P03)	☐ Native Hawaiian (P09)	☐ Solomon Islander (P15)	☐ Yapese (P20)
☐ Fijian (P04)	☐ Ni-Vanuatu (P10)	☐ Tahitian (P16)	☐ _____
☐ i-Kiribati/Gilbertese (P05)	☐ Palauan (P11)	☐ Tokelauan (P17)	Pacific Islander Write In (P21)
☐ Kosraean (P06)	☐ Papuan (P12)		

RACE-BLACK/AFRICAN-AMERICAN

Black/African			
☐ Black/African-American (B00)	☐ African American (B01)	☐ African Canadian (B02)	☐ _____
			Black Write In (C02)

Caribbean			
☐ Anguillan (B03)	☐ Caymanian (Cayman Island) (B09)	☐ Grenadian (B13)	☐ Jamaican (B16)
☐ Antiguan (B04)	☐ Cuba Dominican (B10)	☐ Guadeloupian (B14)	☐ Martiniquais/Martiniquaise (B17)
☐ Bahamian (B05)	☐ Dominican (Dominican Republic) (B11)	☐ Haitian (B15)	☐ Montserratian (B18)
☐ Barbadian (B06)	☐ Dutch Antillean (Netherlands Antilles) (B12)		☐ Puerto Rican (B19)
☐ Barthélemois/Barthélemoises (Saint Barthélemy) (B07)			☐ _____
☐ British Virgin Islander (B08)			Caribbean Write In (B20)

Central African		
☐ Angolan (B21)	☐ Congolese (Rep. of the Congo) (B25)	☐ São Toméan (B29)
☐ Cameroonian (B22)	☐ Congolese (Democratic Republic of the Congo) (B26)	☐ Principe (B30)
☐ Central African (Central African Rep.) (B23)	☐ Equatorial Guinean (B27)	☐ _____
☐ Chadian (B24)	☐ Gabonese (B28)	Central African Write In (B31)

East African			
☐ Burundian (B32)	☐ Malagasy (Madagascar) (B38)	☐ Rwandan (B44)	☐ Tanzanian (United Republic of Tanzania) (B50)
☐ Comoran (B33)	☐ Malawian (B39)	☐ Seychellois/Seychelloise (B45)	☐ Zambian (B51)
☐ Djiboutian (B34)	☐ Mauritian (Mauritius) (B40)	☐ Somali (B46)	☐ Zimbabwean (B52)
☐ Eritrean (B35)	☐ Mahoran (Mayotte) (B41)	☐ South Sudanese (B47)	☐ _____
☐ Ethiopian (B36)	☐ Mozambican (B42)	☐ Sudanese (B48)	East African Write In (B53)
☐ Kenyan (B37)	☐ Reunionese (B43)	☐ Ugandan (B49)	

Latin American			
☐ Argentine (B54)	☐ Ecuadorian (B61)	☐ Mexican (B68)	☐ Uruguayan (B75)
☐ Belizean (B55)	☐ El Salvadoran (B62)	☐ Nicaraguan (B69)	☐ Venezuelan (B76)
☐ Bolivian (B56)	☐ Falkland Islander (B63)	☐ Panamanian (B70)	☐ _____
☐ Brazilian (B57)	☐ French Guianese (B64)	☐ Paraguayan (B71)	Latin American Write In (B77)
☐ Chilean (B58)	☐ Guatemalan (B65)	☐ Peruvian (B72)	
☐ Colombian (B59)	☐ Guyanese (B66)	☐ S. Georgia/S. Sandwich Islands (B73)	
☐ Costa Rican (B60)	☐ Honduran (B67)	☐ Surinamese (B74)	

South African		
☐ Botswanan (B78)	☐ Namibian (B80)	☐ Swazi (B82)
☐ Mosotho (Lesotho) (B79)	☐ South African (B81)	☐ _____
		South African Write In (B83)

West African			
☐ Beninese (B84)	☐ Gambian (B89)	☐ Mauritanian (B93)	☐ Senegalese (B97)
☐ Bissau-Guinean (B85)	☐ Ghanaian (B90)	☐ Nigerien (Niger) (B94)	☐ Sierra Leonean (B98)
☐ Burkinabé (Burkina Faso) (B86)	☐ Liberian (B91)	☐ Nigerian (Nigeria) (B95)	☐ Togolese (B99)
☐ Cabo Verdean (B87)	☐ Malian (B92)	☐ Saint Helenian (B96)	☐ _____
☐ Ivorian (Cote d'Ivoire) (B88)			West African Write In (C01)

Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction (OSPI). Ethnicity and race categories are set by the federal government, the Washington State Legislature, and OSPI. If parents, guardians, or students do not provide ethnicity and race information, districts are responsible for assigning categories based on observation. Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply. Be sure to notice the bold categories prior to selecting the race(s).

RACE-AMERICAN INDIAN/ALASKAN NATIVE

American Indian/Alaskan

- ☐ American Indian/Alaskan Native (N00)
- ☐ _____ Alaska Native Write In (N36)
- ☐ _____ American Indian Write In (N37)

Washington State Tribes

- ☐ Chinook Tribe (N01)
- ☐ Confederated Tribes and Bands of the Yakama Nation (N02)
- ☐ Confederated Tribes of the Chehalis Reservation (N03)
- ☐ Confederated Tribes of the Colville Reservation (N04)
- ☐ Cowlitz Indian Tribe (N05)
- ☐ Duwamish Tribe (N06)
- ☐ Hoh Indian Tribe (N07)
- ☐ Jamestown S'Klallam Tribe (N08)
- ☐ Kalispel Indian Community/Kalispel Reservation (N09)
- ☐ Kikiallus Indian Nation (N10)
- ☐ Lower Elwha Tribal Community (N11)
- ☐ Lummi Tribe of the Lummi Reservation (N12)
- ☐ Makah Indian Tribe/Makah Indian Reservation (N13)
- ☐ Marietta Band of Nooksack Tribe (N14)
- ☐ Muckleshoot Indian Tribe (N15)
- ☐ Nisqually Indian Tribe (N16)
- ☐ Nooksack Indian Tribe of Washington (N17)
- ☐ Port Gamble S'Klallam Tribe (N18)
- ☐ Puyallup Tribe of Puyallup Reservation (N19)
- ☐ Quileute Tribe of the Quileute Reservation (N20)
- ☐ Quinault Indian Nation (N21)
- ☐ Samish Indian Nation (N22)
- ☐ Sauk-Suiattle Indian Tribe of Washington (N23)
- ☐ Shoalwater Bay Indian Tribe/Shoalwater Bay Indian Reservation (N24)
- ☐ Skokomish Indian Tribe (N25)
- ☐ Snohomish Tribe (N26)
- ☐ Snoqualmie Indian Tribe (N27)
- ☐ Snoqualmoo Tribe (N28)
- ☐ Spokane Tribe of the Spokane Reservation (N29)
- ☐ Squaxin Island Tribe of the Squaxin Island Reservation (N30)
- ☐ Steilacoom Tribe (N31)
- ☐ Stillaguamish Tribe of Indians of Washington (N32)
- ☐ Suquamish Indian Tribe of the Port Madison Reservation (N33)
- ☐ Swinomish Indian Tribal Community (N34)
- ☐ Tulalip Tribes of Washington (N35)

RACE-ASIAN

Asian

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

RACE-WHITE

White

- ☐ White (W00)
- ☐ _____ White Write In (W36)

Eastern European

- ☐ Bosnian (W01)
- ☐ Herzegovinian (W02)
- ☐ Polish (W03)
- ☐ Romanian (W04)
- ☐ Russian (W05)
- ☐ Ukrainian (W06)
- ☐ _____ Eastern European Write In (W07)

Middle Eastern and North African

- ☐ Algerian (W08)
- ☐ Amazigh or Berber (W09)
- ☐ Arab or Arabic (W10)
- ☐ Assyrian (W11)
- ☐ Bahraini (W12)
- ☐ Bedouin (W13)
- ☐ Chaldean (W14)
- ☐ Copt (W15)
- ☐ Druze (W16)
- ☐ Egyptian (W17)
- ☐ Emirati (W18)
- ☐ Iranian (W19)
- ☐ Iraqi (W20)
- ☐ Israeli (W21)
- ☐ Jordanian (W22)
- ☐ Kurdish Kuwaiti (W23)
- ☐ Lebanese (W24)
- ☐ Libyan (W25)
- ☐ Moroccan (W26)
- ☐ Omani (W27)
- ☐ Palestinian (W28)
- ☐ Qatari (W29)
- ☐ Saudi Arabian (W30)
- ☐ Syrian (W31)
- ☐ Tunisian (W32)
- ☐ Yemeni (W33)
- ☐ _____ Middle Eastern Write In (W34)
- ☐ _____ North African Write In (W35)

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY: Received By _____ Date _____

Mount Vernon School District
124 E. Lawrence St Mount Vernon WA 98273
Phone (360) 428-6110 Fax (360) 428-6172

MILITARY PARENT OR GUARDIAN AFFILIATION FORM

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

For the purpose of collecting data please mark all that apply:

- ❑ No parent or guardian **currently** serving as a member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- ❑ Yes a parent/guardian is a current member of **the active duty** U.S. Armed Forces.
- ❑ Yes a parent/guardian is a current member of the **reserves** of the U.S armed Forces.
- ❑ Yes a parent/guardian is a current member of the **Washington Nation Guard**.
- ❑ No Response/refused to state

Student Name:_____Grade:_____

Parent/Guardian:_____Date:_____

(Note: If at any time throughout the school year the military status changes please contact the Mount Vernon School District office or your student's school to report the change.)

The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

What is the purpose of the Home Language Survey?

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

Why do you ask about the student's first language and language(s) used in the home?

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

Why do you ask where the student was born?

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

Why do you ask about my student's previous education?

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.

Washington Office of Superintendent of
PUBLIC INSTRUCTION

Home Language Survey - English

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

Student Name:	**Grade:**	**Date:**

Parent/Guardian Name _____ Parent/Guardian Signature _____

Right to Translation and Interpretation Services 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.	1. a) In what language(s) would your family prefer to receive written communication from the school? _____ b) Do you need an interpreter for meetings and phone calls (including ASL)? Parent/Guardian Name #1:_____ Interpreter Needed? _____ Yes ____ No | Language_____ Parent/Guardian Name #2:_____ Interpreter Needed? _____ Yes ____ No | Language_____
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) did your child first speak or understand?_____ 3. What language does your child use the most at home?_____ 4. What is the primary language used in the home, regardless of the language spoken by your child? _____ 5. Has your child received English language development support in a previous school? Yes____ No____ Don't Know____
Prior Education Your responses about your child's birth country and previous education: • 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. ***This form is not used to identify students' immigration status.***	6. In what country was your child born? _____ 7. Has your child ever received formal education outside of the United States? (K-12th Grade) _____Yes _____No If yes: Number of months: _____ Language(s) of instruction: _____ 8. When did your child first attend a school in the United States? (K-12th Grade) _____ Month Day Year

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

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District Entry Date_____

School Entry Date_____

School_____

Student Name:_____Birthdate_____

Previous School _____City_____

The Washington State Office of Superintendent of Public Instruction funds programs designed to help children 0 through 21 who have moved on their own or with their parents within the past three years to seek or obtain temporary or seasonal work as a principal means of livelihood in activities related to:

- ☐Agriculture
- ☐Forestry
- ☐Poultry
- ☐Beef
- ☐Packing/Warehouses
- ☐Dairy
- ☐Commercial Fishing
- ☐Shellfish

We would appreciate your cooperation in answering the following questions:

1. Have you or your family moved within the past three (3) years? ☐YES ☐NO
2. Did the family cross school district boundaries? ☐YES ☐NO
3. Was the move made for the purpose of seeking or obtaining agricultural or fishing related employment? ☐YES ☐NO
4. If your answer is "YES", may we contact you for more information? ☐YES ☐NO

_____ _____

Parent Name Phone Number

Mount Vernon Schools

For School Use Only			
Centennial		Kindergarten Only	
Jefferson		AM	
Harriet Rowley			
Little Mountain		PM	
Madison			
Washington			

STUDENT TRANSPORTATION INFORMATION

Students are transported to and from school by district school buses with pick-up and drop-off locations. This form is to be used for transportation from home/daycare to school and from school to home/daycare only.

Student name_____ Grade_____Gender_____

Guardian name_____Home/Cell phone_____

Home address_____

Daycare name_____Phone_____

Daycare address_____

FOR TRANSPORTATION USE ONLY:			
M – TU – W – TH – F	M – TU – W – TH – F	M – TU – W – TH – F	M – TU – W – TH – F
1. Bus _____	2. Bus _____	1 Bus _____	2 Bus _____
Stop_____	Stop_____	Stop_____	Stop_____
Pick-up Time_____	Pick-up Time_____	Pick-up Time_____	Pick-up Time_____

Will district transportation be needed YES NO

Please indicate **BEFORE SCHOOL PICK-UP** location by checking applicable days.						Please indicate **AFTER SCHOOL DROP-OFF** location by checking applicable days					
HOME	M	TU	W	TH	F	HOME	M	TU	W	TH	F
DAYCARE:	M	TU	W	TH	F	DAYCARE	M	TU	W	TH	F

Get to know other parents using your child's bus stop so you can have an alternate plan in the event you are unable to be at the bus stop yourself when your child arrives. Students need to be at the designated stop five minutes before pick up.
If there is a change in your schedule after you have registered your child prior to school opening, please submit a *Student Transportation Information* form at your child's school.

REV 042020StuSvcs

Original: Transportation Copy: School

Mount Vernon Schools Message on Regular Attendance and Truancy

In support of our 100% Graduation Goal, Mount Vernon Schools is continuing efforts to support students in attending school regularly so they can access and benefit from their education to the fullest extent. We know this effort requires strong family and community partnerships, as well as clear communication regarding student attendance records and the benefits of regular school attendance.

Regular attendance is important to Mount Vernon Schools because regular attendance at school contributes to social-emotional health, leading students to feel better about school and themselves. Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school. By ninth grade, regular attendance is a better predictor of graduation rates than eighth grade test scores. We want children to learn about the importance of regular attendance as early as possible so they are prepared for success in school and in post-secondary careers, education, and life.

What You Can Do

- Establish a regular bedtime and morning routine. Lay out clothes and backpacks the night before.
- Ensure that your child doesn't miss school unless they are truly sick. If a child must stay home due to illness, ask the teacher for resources and ideas to continue learning at home.
- Avoid scheduling extended trips or well-child medical appointments while school is in session.
- Develop a back-up plan for getting to school with a family member, neighbor, or friend.
- If your child seems anxious about school, contact the school to work together to provide support.

Our Promise to You

Just as our message around regular attendance is that **Every Day Counts**, our commitment to you is to ensure that every day counts in regard to the quality of your child's educational experience. We know there are many reasons for school absences. There are people at your child's school prepared to help if you or your child face challenges getting to school regularly and/or on time. We promise to notice if your child is absent, to communicate with you to understand the reason for the absence, and to work with you to remove barriers and identify resources to support your child in attending school regularly.

District Policies and State Law

As we work together, it is important that you understand the district's policies, as well as state law for mandatory attendance. Washington State requires children ages 8 to 17 to attend a public school, private school, or a district-approved home school program. Children 6 or 7 years old are not required to enroll in school-if enrolled, they must attend.

All schools are required to take daily attendance and to notify families when their child has an unexcused absence. If your child has 3 unexcused absences in 1 month, state law requires that we schedule a conference with you and your child to remove barriers and identify resources to ensure regular attendance. In elementary school, after 5 excused absences in any month, or 10 or more excused absences in the school year, the district is required to contact you to schedule a conference. A conference is not required if you have pre-arranged the absences in writing or a doctor's note has been provided, and an academic plan is in place. If your child has an IEP or a 504 Plan, the team that created the plan must reconvene.

Before a child reaches 7 unexcused absences in 1 month, the district will enter into an agreement with the child and family to establish attendance requirements. If your child has 7 unexcused absences in any month or 15 unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.030, the mandatory attendance law. The petition will be automatically stayed, and your child and family will be referred to a Community Engagement Board or other coordinated means of intervention. If truancy continues, you may need to go to court.

As we strive to work in partnership with you, we want to communicate the following information:

- Families are asked to contact the school office by phone, e-mail, or written note the morning of the absence to excuse/document the absence-excused absences will only be accepted up to 2 days following the absence.
- If your child has a significant number of days out ill, the school will partner with your child's medical provider and/or school nurse to implement a plan to improve attendance to support learning and school success.
- Only five Family Approved Absences will be eligible to be excused during the school year.

We hope that partnering with you to foster regular attendance and consistent access to classroom learning will lead to your child's success in school, and to the receipt of their high school diploma. Thank you for joining us in sending the message that **Every Day Counts**. Please let us know how we can best support your child in being at school all day, every day

Acknowledgement of Information

I am the parent/guardian of the child named below, and have received and read the Regular Attendance and Truancy information provided by Mount Vernon Schools regarding excused and unexcused absences and the truancy law.

Student Name **School** **Grade**

Parent/Guardian Signature **Date**

Acknowledgement of Information

I am the parent/guardian of the child named below, and have received and read the Regular Attendance and Truancy information provided by Mount Vernon Schools regarding excused and unexcused absences and the truancy law.

Student Name **School** **Grade**

Parent/Guardian Signature **Date**

Mount Vernon Schools

124 East Lawrence Street
Mount Vernon, WA 98273
360-428-6110 • Fax 360-428-6172
www.MountVernonSchools.org

Notice for Directory Information

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Mount Vernon School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the Mount Vernon School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Mount Vernon School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.[1]

If you do not want the Mount Vernon School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 15 or within 14 days of receipt of this Notice for Directory Information. The Mount Vernon School District has designated the following information as directory information:

- Student's name
- Grade level
- Dates of enrollment
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Schools attended in the district
- Work created by the student for school-related publications and purposes, and/or photographs of students for school-related publications and purposes.

[1] These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. §7908), as amended and 10 U.S.C. § 503 (c), as amended.

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REQUEST TO LIMIT RELEASE OF DIRECTORY INFORMATION

Directory Information

The federal Family Rights and Privacy Act permits school districts to release Directory Information to certain people or institutions (such as the news media, colleges, or the military) unless the child's parents or guardian requests such information NOT be released.

Mount Vernon School District Board Procedure No. 3231P defines "Directory Information" as the following:

- Student's name
- Grade level
- Dates of enrollment
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received
- Schools attended in the district
- Work created by the student for school-related publications and purposes, and/or photographs of students for school-related publications and purposes

If releasing Directory Information about your child is acceptable to you, no action is required.

If you do NOT want the Mount Vernon School District to release Directory Information about your child, please complete the form below and return it to your child's school by September 15 or within 14 days of receipt of this form. Please return one form for each child.

Release of Information to the Military

The federal Elementary and Secondary Education Act requires high schools to provide a list of student names, addresses and telephone listings to military recruiters. Parents have the right to request that their child's name be omitted from that list. If you object to your child's name being provided to the military, please check the appropriate box below and return this form to your child's school by September 15 or within 14 days of receipt of this form.

Child's Name: _____ School: _____ Grade: _____

- ☐ Do **NOT** give my child's name and contact information to military recruiters.
- ☐ Do **NOT** give my child's name and contact information to higher education institutions.
- ☐ Do **NOT** use a photograph of my child in any District-wide printed publication (such as the wall calendar or Web site) or release my child's photograph to the news media.
- ☐ Do **NOT** release any Directory Information about my child.
- ☐ Do **NOT** release Directory Information about my child, but you can include my child's name in the school's newsletter and directory.
- ☐ Do **NOT** include my child's individual class photo in his or her school yearbook.
- ☐ **Opt In for** Automated Calls and Texts: all parents and/or guardians will automatically receive automated calls or texts from the school district for emergency purposes. By checking this box, I give my permission for the school district and school to send me automated phone calls and text messages for non-emergency purposes, such as information about school events and activities. I understand that I may revoke this permission by contacting the school office manager.

Signature of parent/guardian: _____ Date: _____

Technology Appropriate Use Guidelines

Student Acceptable Use Policy

I accept the full rights and responsibilities of digital citizenship

- I behave civilly and respectfully toward people online, just as I treat people courteously face-to-face.
- I keep my right to access the Internet at school by using it responsibly.
- I don't send my name, address or phone number to anyone online, just as I don't give personal information to strangers.
- I keep my username and password to myself, just as I don't give my house keys to a stranger.
- I include others in digital learning projects whether or not they have a computer, just as I want team members to include me.
- I do not post hurtful or offensive material on the internet, just as I don't put insulting or hurtful graffiti on the wall of my room.
- I turn off my cell phone in class when the teacher asks, just as I do at the movies to avoid disturbing others.
- I will not delete or damage digital content that belongs to someone else, just as I will not harm someone physically.
- I will not cheat or steal the ideas, work, music or art of someone else, just as I don't want someone to take credit for the work I create.

Here's what you can do online

Go to the Internet sites your teacher provides and use the e-tools on your PC to:

- Create files, e-projects, videos, web pages and podcasts for class projects.
- Create content for classroom databases, blogs, wikis, bulletin boards, social networking sites, online communities, web pages and email.
- Publish your school work on the school website – if your parent or guardian gives us permission.

Here's what we do not allow

Do not sabotage the network

- Actions that harm the integrity of the school network and its resources, such as hacking, cracking and vandalizing.
- Actions that use our information or equipment inappropriately or illegally.

Do not target, torment, threaten, harass, humiliate, embarrass or endanger others

- Actions that bully someone through our email or on the web.
- Actions that communicate hate or discriminatory ideas, including jokes and remarks.
- Actions that threaten or could harm others. For example: How to make a bomb or manufacture illicit drugs.
- Actions that access, upload/download, store or distribute obscene, pornographic or sexually explicit material.

Safe on the street. Safe online. Same thing.

- It's a world wide web and nothing on it is truly private. So, be smart about what you share. Keep information about yourself and others to your online self. You wouldn't hand it over to a stranger on the street. Same thing over the Internet.

Remote/Virtual Learning Sessions and Online Meetings

- For the safety and protection of students and staff, all online class sessions and meetings will be recorded.

I have learned about, understand, and will follow the Student Acceptable Use Policy.

Student Signature _____ Date _____

Teacher Signature _____ Date _____

Please review the Student Acceptable Use Policy with your children.

Mount Vernon is an "Opt Out" school district. Please sign and return only if you **DO NOT** want your student to have access to the Internet and to publish works online.

___ I **do not** want my student, _____, to have access to the Internet.
(Student's Name)

___ I **do not** want my student, _____, to publish works on the school/district website.
(Student's Name)

___ I **do not** want my student, _____, to be recorded in online classes and meetings.
(Student's Name)

Parent/Guardian Signature _____ Date _____

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Notification of Rights
for Elementary and Secondary Students

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

1. **The right to inspect and review the student's education records within 45 days of the day the school receives a request for access**. Parents of eligible students should submit to the school principal a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. **The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA**. Parents or eligible students who wish to ask the school to amend a record should write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. **The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent**. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff members (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the school has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer.

4. **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the school to comply with the requirements of FERPA**. The name and address of the office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-8520

Mount Vernon School District
124 E. Lawrence Street

Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

If you own/rent your own home, you do not need to complete this form.

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

- ☐ 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_____

Name of Student: _____ _____ _____
First Middle Last

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

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)

*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:

Brad Edwards	360-428-6140	124 E. Lawrence Street, Mount Vernon, WA 98273
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

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

SEC. 725. DEFINITIONS.

For purposes of this subtitle:

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

(2) The term homeless children and youths' —

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

(B) includes —

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

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

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

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

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

Additional Resources

Parent information and resources can be found at the following:

http://center.serve.org/nche/ibt/parent_res.php
http://naehcy.org/educational-resources/naehcy-publications
http://www.schoolhouseconnection.org/

SPECIAL EDUCATION ONLY

Complete only if your child had Special Education services in their previous school

Mount Vernon School District Special Services
920 S. 2nd Street * Mount Vernon, WA 98273
Tel: (360) 428-6141 Fax: (360) 336-2715

TRANSFER Referral for Special Education Services for students transferring from another school district

Today's Date:_____

Student's Name:_____ Date of Birth:_____

Street Address, City, State, Zip Code: _____

School Attending: _____ Grade:_____

Parent or Guardian's Name: _____

Home Phone:_____ Cell Phone: _____

What is the child's primary language: _____ Parents primary language: _____

Name & Relationship of the person making the referral:_____

Last School District Attended:_____

School name: _____ City & State:_____

Consent to place and serve student in the special education program? ☐**YES** ☐**NO**
(If no, please come to the special education office for assistance.)

Consent to release special education records from previous school district/agency. ☐**YES** ☐**NO**

_____
Parent or Guardian's Signature

☐**YES** ☐**NO** Medicaid Eligible/(do they have medical coupons?
☐**YES** ☐**NO** If Eligible do we have consent to verify and bill Medicaid? See explanation on reverse.

_____
Parent or Guardian's Signature/*Firma de los Padres/Tutor*

This page information only

Explanation of consent requests

PURPOSE OF PARENT CONSENT TO SERVE: **A school district must fully inform parents/guardians of all information relevant to the district making a decision regarding the initial placement of a student. As a parent you may give consent or not to any proposed activity made by the district. This request asks for your consent. If you have questions regarding this request, you may call the school district director of special education for an explanation as to why the request is being made.**

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; (3) if you revoke consent, the revocation is not retroactive; and (4) if you refuse to give consent, the district may request mediation or a due process hearing in order to override your refusal. *Consent is not required when the district has made reasonable measures to obtain your consent for service in special education and you have failed to respond.

Consent for Medicaid

Medicaid eligibility verification. The school district is required to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation. With your permission, we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

Parents - Are Your Kids Ready for School?

Required Immunizations for School Year 2022-2023

Parent/Guardian Instructions: To see which vaccines are required for school, find your child's grade and look only at that row going across to find the vaccines and number of doses required.

	Hepatitis B	**DTaP/Tdap** (Diphtheria, Tetanus, Pertussis) Vaccine doses required may be fewer than listed	**Polio** Vaccine doses required may be fewer than listed	**MMR** (Measles, Mumps, Rubella)	**Varicella** (Chickenpox)
Kindergarten through 6th Grade	3 doses *within the correct timeframes*	5 doses *within the correct timeframes*	4 doses *within the correct timeframes*	2 doses *within the correct timeframes*	2 doses *within the correct timeframes* OR Healthcare provider verified child had disease
7th Grade through 12th Grade	3 doses *within the correct timeframes*	5 doses DTaP AND 1 dose Tdap, *all within the correct timeframes*	4 doses *within the correct timeframes*	2 doses *within the correct timeframes*	2 doses *within the correct timeframes* OR Healthcare provider verified child had disease *(Exceptions are allowed for certain students)*

- **Students must get vaccine doses at correct timeframes to be in compliance with the requirements. Talk to your healthcare provider or school staff if you have questions about school immunization requirements.**
- Find information on other recommended vaccines not required for school: www.immunize.org/cdc/schedules/

Certificate of Immunization Status (CIS)

Washington State Department of Health

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

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

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

▲Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐Polio (all 3 serotypes must show immunity)

►

Licensed Health Care Provider Signature Date

►

Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date:_____
If verified by school or child care staff the medical immunization records must be attached to this document.

Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:
Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:
1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
   - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
   - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records
All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status
Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit https://www.cdc.gov/vaccines/terms/usvaccines.html

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

Mount Vernon School District
Health Inventory Form

Student Name:_____ **Date of Birth:** _____
Grade_____ **Best Daytime Phone:** _____

Immunizations: I give my consent for Mount Vernon School District to add immunization information to the Washington State Immunization System to help the school maintain my child's immunization record.

- ☐ Yes
- ☐ No

Accommodations:

- ☐ My child requires assistance with toileting: _____
- ☐ My child requires activity/PE restrictions:: _____

Health Concerns:

- ☐ My child has **NO** health concerns at this time
- ☐ My Child has been diagnosed with a condition which may affect learning **(ADHD, Autism Spectrum Disorder, Developmental Delays, Dyslexia, Hearing Concerns, Vision Concerns, etc.) Please provide diagnosis:**
  _____
  _____
- ☐ My child has a **life-threatening condition** (Anaphylaxis, Severe Asthma, Diabetes, Seizure Disorder, Other). Please provide additional information in the "**Health Conditions**" section below)
- ☐ My child has **other** health concerns (Select from "**Health Conditions**" list below)

Medications:

- ☐ Medications needed at school (Emergency medications, daily medications, as needed medications, etc.)
  _____
- ☐ Medications taken at home: _____

Name of PCP/Clinic: _____

History of surgeries/hospitalizations: _____

Health Conditions:

- ☐ **Adrenal/Endocrine** (Adrenal Hyperplasia, Hyperthyroid, Hypothyroid, etc)
  Description: _____
- ☐ **Allergies:**
  - ☐ Life-threatening allergy requiring Epinephrine:
    - ☐ Food/Insect: _____
    - ☐ Other (cold weather, etc.) _____
  - ☐ Mild Allergy:
    - ☐ Food/insect: _____
    - ☐ Food intolerance: _____
    - ☐ Drug allergy: _____
    - ☐ Seasonal/Environmental allergy: _____
- ☐ **Asthma:**
  - ☐ History of hospitalization due to asthma
  - ☐ Prescribed asthma medications: _____
  - ☐ Inhaler needed at school?
  - ☐ Asthma triggers (Exercise, illness, weather, allergies):_____
- ☐ **Blood** (Anemia, Hemophilia, Sickle Cell Disease, etc):
  Description: _____
- ☐ **Cancer/History of Cancer:**
  Description: _____
- ☐ **Cardiac** (Arrhythmia/Murmur, Heart Birth Defect, Hypertension, Raynaud's Disease, Pacemaker, etc):
  Description _____

- ☐ **Congenital/Genetic** (Genetic Conditions, Cleft Lip/Palate, Cystic Fibrosis, Fetal Alcohol Spectrum, Trisomy, etc) :
  Description: _____
- ☐ **Diabetes:**
  - ☐ Takes insulin
  - ☐ Diagnosed with diabetes insipidus
- ☐ **Genitourinary/Renal** (Dysmenorrhea, Ovarian Cysts, Frequent Urinary Tract Inf., One kidney, Kidney Concerns, etc):
  Description: _____
- ☐ **Hearing/Ears** (Chronic ear infections, Documented Hearing Loss, Hearing Aids, Tubes, etc.):
  Description: _____
- ☐ **Immune** (AIDS/HIV, Congenital Immunodeficiency, etc.):
  Description: _____
- ☐ **Mental Health Concerns** (Anxiety, Depression, OCD, ODD, Eating Disorder, PTSD):
  Description: _____
- ☐ **Musculoskeletal/Orthopedic** (Arthritis, Muscular Dystrophy, Spina Bifida, Scoliosis, Orthopedic braces/hardware, etc.):
  Description: _____
- ☐ **Neurological** (Cerebral Palsy, Headaches, Concussion/Brain Injury, Hydrocephalus, Post-Viral Syndromes, etc.):
  Description: _____
- ☐ **Nutritional/Gastrointestinal Condition** (Celiac, Constipation/Encopresis, Dysphagia, Reflux, Ostomy, PKU, Ulcers, etc.):
  Description:_____
- ☐ **Nosebleeds** (Frequent/Complex): _____
- ☐ **Organ Transplant** (Provide additional information): _____
- ☐ **Pretermaturity:**
  Age of gestational birth: _____ Length of hospitalization of applicable: _____
- ☐ **Respiratory** (Cystic Fibrosis, Frequent Pneumonia, Tracheostomy, etc):
  Description: _____
- ☐ **Seizures:**
  - ☐ Prescribed seizure medication/s: _____
  - ☐ Vagus Nerve Stimulator?
  - ☐ Psychogenic (non-epileptic) seizures
  - ☐ Febrile seizures (Provide age of last febrile seizure): _____
- ☐ **Skin** (Dermatitis, Eczema, Erythema Multiforme, Psoriasis, Rosacea, etc.):
  Description: _____
- ☐ **Sleep** (Sleep Apnea, Difficulties with Sleep Schedule, etc.):
  Description: _____
- ☐ **Vision/Eyes** (Contacts/Glasses, Color Blindness, Visually Impaired, etc.):
  Description: _____
- ☐ **Other:**
  _____

- ☐ **I would like to be contacted by the School Nurse regarding specific health accommodations required for my child**

Completed By: _____ **Relationship to Student:** _____
Date of Completion: _____

Student Library Card Program
A Partnership with Mount Vernon Library Commons
Opt-Out Waiver – Only Return if You Do NOT Want a Library Card

The **Mount Vernon School District** and the **City of Mount Vernon** have partnered to give all students free access to library resources through the **Student Library Card Program**.

With this card, students can use books, research tools, and ebooks from the **Mount Vernon Library Commons**—both in person and online. Teachers can also use these resources to support student learning.

How It Works

Each year, the City automatically creates a library card for every student. To do this, the district shares the following student information with the library:
✔ Student's Name
✔ Student ID Number
✔ School Name
✔ Birth Year (Age)
✔ School Email Address

This student information may be **protected under the Family Educational Rights and Privacy Act (FERPA)**, a federal law that helps keep student records private.

Want to Opt-Out?

If you **do not** want your child to have a library card, please check the box below, sign, and return this form.

☐ **I do NOT want my child to have a library card at Mount Vernon Library Commons.**

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

If you have questions, please contact your child's school or the **Teaching, Learning, and Leadership Department** at the Mount Vernon School District.

National School Lunch Program/School Breakfast Program
2025–26 Letter to Households (Non-pricing/Provision Schools)

Dear Parent/Guardian:

Mount Vernon School District will serve meals to some qualifying buildings each school day at no charge. It is important that you still complete the Child Nutrition Eligibility & Education Benefit application though as it may qualify you for: Summer EBT benefits, reduced fees for other programs and activities, and/or help secure funding for your school district.

Who should fill out an application?

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart.
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children.
- You are applying for foster children that are under the legal responsibility of a foster care agency or court.

Turn in the application to your students school or 124 E Lawrence Mount Vernon, WA 98273.

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

What counts as income? Who is considered a member of my household?

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at 360-428-6110.

USDA Child Nutrition Program Income Guidelines
Effective July 1, 2025–June 30, 2026

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	$28,953	$2,413	$1,207	$1,114	$557
2	$39,128	$3,261	$1,631	$1,505	$753
3	$49,303	$4,109	$2,055	$1,897	$949
4	$59,478	$4,957	$2,479	$2,288	$1,144
5	$69,653	$5,805	$2,903	$2,679	$1,340
6	$79,828	$6,653	$3,327	$3,071	$1,536
7	$90,003	$7,501	$3,751	$3,462	$1,731
8	$100,178	$8,349	$4,175	$3,853	$1,927
For each add'l family member, add:	$10,175	$848	$424	$392	$196

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 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 the 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 report foster payments as income.

What must be on the application?

A. For households not getting any assistance:

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete *Parts 1*, *2*, *3*, *4*, and *5*; Part 6 is optional.

B. For households with only foster child(ren)

- Student's name
- Adult household member signature

Complete *Parts 1* and *5*. *Part 6* is optional. You may also send the school a copy of the court documentation showing the foster child(ren) was/were placed with you instead of filling out an application form.

Last 4 digits of SSN are not required for B.

C. For a family getting Basic Food/TANF/FDPIR:

- List all student names
- Enter a case number
- Adult household member's signature

Complete *Parts 1*, *2*, *4*, and *5*. *Part 6* is optional.

Last 4 digits of SSN are not required for C.

D. For household with a foster child(ren) and other children:
Apply as a household and include foster children. Follow the directions for "**A. For households not getting any assistance:**" and include the foster child's personal use income.

What if I'm not receiving basic food dollars?
If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

Do my children automatically qualify if they have a case number?
Yes. Children on TANF or Basic Food may get free meals and children receiving some Medicaid benefits may be eligible for free or reduced-price meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

If anyone in my household has a case number, will all children qualify for free meals?
Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

Basic Food - Can I qualify for assistance in buying food?
Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to https://www.dshs.wa.gov/esa/community-services-offices/basic-food.

We are in the military. Do we report our income differently?
Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

My child's application was approved last year. Do I need to fill out a new one?
Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

What if some household members have no income to report?
Household members may not receive some types of income we ask you to report on the application or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

Health Coverage
To inquire about or apply for health care coverage for kids in your family, please visit http://www.wahealthplanfinder.org or you may call Washington Health Plan Finder at 1-855-923-4633.

What if my child needs special foods?
If your child needs special foods, contact the school/district food service office.

Proof of Eligibility
The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

Fair Hearing
If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with _____, the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number 360-428-6110

Reapplication
You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

USDA Non-Discrimination
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider.

2025-2026 Child Nutrition Eligibility & Education Benefit Application

MOUNT VERNON SCHOOL DISTRICT

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

Complete, sign, and return this application to: Your Students School or 124 E. Lawrence Street, Mount Vernon, WA 98273

Check here if you received meal benefits last year: ☐

1. List **all students** living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received. ☐ **Homeless** ☐ **Migrant**

Student's Last Name	Student's First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐
			☐				$	☐	☐	☐	☐

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDIPR) Case Number: _____

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

4. Total Household Members (include all people living in your household): ☐ **Last Four Digits of Social Security Number (SSN) of** ☐ Check if no SSN: ☐

(total listed must equal number of household members listed above) **Primary Wage Earner or Other Household Member** (*Optional if only applying for Summer EBT)*

5. Contact Information & Signature – Complete, sign, and return this application to: Your Students School or 124 E. Lawrence Street, Mount Vernon, WA 98273

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

_____ **Printed Name of Adult Household Member**

_____ **Adult Household Member Signature**

_____ **E-mail Address**

_____ **Mailing Address**

_____ **City, State & Zip Code**

_____ **Daytime Phone**

_____ **Date**

6. **Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.**

Mark one or more racial identities:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black, or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Mark one ethnic identity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Child Nutrition Eligibility: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider. The Mount Vernon School District does not discriminate in employment, programs, or activities on the basis of age, race, color, national origin, creed, religion, sex, sexual orientation, gender expression, gender identity, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or use of a trained guide dog or service animal by a person with a disability and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Civil Rights Compliance Coordinator/HIB Coordinator, Jon Ronngren, Director, 124 E. Lawrence Street, Mount Vernon, WA 98273 (360)428-6110; Section 504/ADA Coordinator, Clint Carlton, Executive Director/Student Support Services, 920 S. Second Street, Mount Vernon, WA 98273, (360)428-6141.

SCHOOL USE ONLY DO NOT WRITE BELOW THIS LINE

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do **NOT** convert to annual income unless household reports multiple pay frequencies).

LEA APPROVAL: ☐ Basic Food/TANF/FDPIR/Foster ☐ Income Household

Total Household Size _____

Total Household Income $_____

Weekly	Bi-Weekly	2x per Month	Monthly	Annual
☐	☐	☐	☐	☐

APPLICATION APPROVED FOR: ☐ Free Eligible ☐ Reduced-Price Eligible

APPLICATION DENIED BECAUSE: ☐ Income Over Allowed Amount ☐ Other: _____ ☐ Incomplete/Missing Information

_____ Date Notice Sent

_____ Signature of Approving Official

_____ Date

CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION
FOR OTHER SCHOOL PROGRAMS
2025-2026 School Year

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits. Please contact Mount Vernon School District with any questions at 360.428.6100.

Check to participate	Title of school program	How the shared information will be used
☐	Testing Fee Waivers	Fee reduction/waiver.
☐	College Courses and Application Fees	Fee reduction/waiver
☐	Extra Curricular Activities	Fee reduction/waiver
☐	Class Fees	Fee reduction/waiver
☐	**ALL Programs** that apply	Fee reductions/waivers

Print Full Name of students here that you consent to share Income Eligibility to qualify for the above programs:

Student's First and Last Name	

Signature of Parent/Guardian: _____ **Date:** _____

E-Mail Address: _____ **Phone:** _____

The Mount Vernon School District does not discriminate in employment, programs, or activities on the basis of age, race, color, national origin, creed, religion, sex, sexual orientation, gender expression, gender identity, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or use of a trained guide dog or service animal by a person with a disability and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding compliance and/or grievance procedures may be directed to the District's Title IX/Civil Rights Compliance Coordinator, Jon Ronngren, 124 E. Lawrence Street, Mount Vernon, WA 98273 (360)428-6110; Section 504/ADA Coordinator, Clint Carlton, Executive Director/Student Support Services, 920 S. Second Street, Mount Vernon, WA 98273, (360)428-6141.