



Welcome to the Davenport Gorilla Family!

We are looking forward to the 2024-2025 school year and the two early childhood learning opportunities Davenport School District offers our families. Registration for these programs will be held

April 10, 2024 from 5:00 PM to 6:30 PM

- PreKindergarten (PK): 3 or 4 years old (3rd or 4th birthday by August 31, 2024)
- Transitional Kindergarten (TK): Potty trained and 4 years old (4th birthday by August 31, 2024)

Both programs are free to families and are Monday-Friday from 8:00 AM to 2:45 PM. Both programs support families of our district's youngest students by providing quality early childhood education for each child and resources for parents about the growth and development of this age group. Additionally, both programs will help your child grow social, emotional, physical, and academic skills in preparation for kindergarten.

Please complete and submit the attached application to help Davenport School District and the Early Childhood Education and Assistance Program begin the enrollment process for your child. Once the initial application screening process is complete, families will be contacted to gather any further information that may be needed to determine a child's best placement in coordination with each family.

We appreciate your help in providing all relevant information. If you have any questions about the application process, please contact Davenport Elementary School Principal, Sarita Hopkins at 509-725-1261 shopkin@davenportsd.org.

We look forward to working with you and your child!

Stephanie Angell
sacord-angell@esd101.net

Nicole Rasmussen
nrasmussen@davenportsd.org





PK and TK Materials for Registration Checklist

****Return Completed Packet to Elementary Office for Completion Receipt from office Staff. Due to limited classroom size, your child is not guaranteed enrollment in the TK or PK program.**

A packet will not be considered complete until all of the following is complete and/or included. If you have any questions, elementary office: 509-725-1261

Student Name _____ Birthdate _____
Date Time

<input type="checkbox"/>	Interest Survey Filled Out (check spreadsheet for confirmation)		
<input type="checkbox"/>	Age Requirement Met: <u> </u> PK: Age 3 or 4 by 8/31/2024 <u> </u> TK: Age 4 by 8/31/2024		
<input type="checkbox"/>	Copy of Birth Certificate		
<input type="checkbox"/>	Copy of Immunization OR Exemption Form		
<input type="checkbox"/>	Proof of Residence in Davenport School District <ul style="list-style-type: none"> • <u> </u> Choice paperwork (admission pending approval from both districts) • <u> </u> Choice paperwork returned • <u> </u> Choice request granted 		
<input type="checkbox"/>	Will your student ride the bus? Yes <u> </u> No <u> </u> **If yes, family will fill out further transportation paperwork at a later date.		
<input type="checkbox"/>	Completed Enrollment Packet <u> </u> Enrollment Form <u> </u> Medical Information Form <u> </u> Race-Ethnicity Data <u> </u> Additional Admission Information (Legal, Special Services: IEP, 504) <u> </u> Student Housing Questionnaire <u> </u> Internet, Google Apps for Education, and Email Policy <u> </u> Helpful Information for your child's teacher <u> </u> Technology User Agreement		
<input type="checkbox"/>	Staff Member's Name Filling Out		
	Any Notes: (please add date/time if not same day)		

Davenport Elementary School

Student Enrollment Packet

Welcome to the Davenport Schools!

Please complete the attached packet and return to the **Elementary Office** as soon as you can.

Mail or hand deliver all information to:

Davenport Elementary
601 Washington St.
Davenport, WA 99122

If you have any questions, please reach out to the Elementary Secretary Gillian Ball.

Thank You!!

Elementary Secretary:	Mrs. Gillian Ball
Elementary Principal:	Mrs. Sarita Hopkins
Elementary Phone #:	(509) 725-1261
Elementary Fax #:	(833) 434-1435

DAVENPORT SCHOOL DISTRICT ENROLLMENT FORM

Student's legal name: _____ M / F Name Student goes by: _____
Last First Middle

Birth date: _____ Birthplace: _____

Date enrolled _____ Withdrawal date from *previous school _____ Grade Level _____

Is this student **CHOICED** into our district? No _____ Yes _____ (Please contact the District Office for additional paperwork)

*Previous School Attended:

Name of District _____ Name of School Attended _____

Address of School: _____ Phone #: _____ FAX #: _____

Has this student been expelled or placed on long-term suspension within the past 12 months? Yes _____ No _____

Has this student received Special Services (Special Education, have a 504 plan)? Yes _____ No _____

Health problems school should be aware of? Yes _____ No _____

HOMELESS Yes _____ No _____

If yes, where are you living: _____ shelter, _____ hotel/motel, _____ doubled up with family/friends, _____ unsheltered – living in car, tent, camper, on the streets. Homeless have the right to access all educational services including but not limited to preschool, after school activities transportation, school meals, assistance in accessing other state and local agencies.

LEGAL INFORMATION (if applicable)

Is there a joint-custody or parenting plan in effect? _____ Yes _____ No If yes, plan must be on file with the school for enforcement.

Is there a restraining order in effect? _____ Yes _____ No If yes, legal papers must be on file with the school for enforcement.

Restraining order is against: Name: _____ Relationship _____

I give permission for my child to be photographed for use on the school's web page & other publications. Yes _____ No _____

PRIMARY CONTACT –

This individual **WILL** receive **ALL** automatic messages from the School, and will be the initial contact if a parent or guardian needs to be contacted by a school official.

Name Relationship to student Phone # (only one) E-mail

PARENT/GUARDIAN CONTACTS – Household One

Physical address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Employed by the Armed Forces? _____ Yes _____ No _____ No Response

If yes, what branch? _____ Active Duty _____ Retired _____ Reserves _____ National Guard

Name: _____ Relationship to student: _____

Home Phone #: _____ Receive Automatic Messages? Yes _____ No _____

Work Phone #: _____ Receive Automatic Messages? Yes _____ No _____

Cell Phone #: _____ Receive Automatic Messages? Yes _____ No _____

E-mail: _____ Receive Automatic Messages? Yes _____ No _____

Name: _____ Relationship to student: _____

Home Phone #: _____ Receive Automatic Messages? Yes _____ No _____

Work Phone #: _____ Receive Automatic Messages? Yes _____ No _____

Cell Phone #: _____ Receive Automatic Messages? Yes _____ No _____

E-mail: _____ Receive Automatic Messages? Yes _____ No _____

PARENT/GUARDIAN CONTACTS – Household Two

Physical address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Employed by the Armed Forces? Yes No No Response

If yes, what branch? _____ Active Duty Retired Reserves National Guard

Name: _____

Relationship to student: _____

Home Phone #: _____

Receive Automatic Messages? Yes No

Work Phone #: _____

Receive Automatic Messages? Yes No

Cell Phone #: _____

Receive Automatic Messages? Yes No

E-mail: _____

Receive Automatic Messages? Yes No

Name: _____

Relationship to student: _____

Home Phone #: _____

Receive Automatic Messages? Yes No

Work Phone #: _____

Receive Automatic Messages? Yes No

Cell Phone #: _____

Receive Automatic Messages? Yes No

E-mail: _____

Receive Automatic Messages? Yes No

MEDICAL RELEASE:

In the event that a parent/guardian cannot be reached by telephone, I give my permission for school authorities to seek medical attention for my child at the nearest available medical facility. Yes No

EMERGENCY CONTACTS

These contacts **WILL NOT** receive **ANY** automatic messages from the school, and will only be contacted in the event all parents/guardians could not be contacted. **Please list in calling order.**

Name	Relationship to student	Phone # (only one)	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BROTHERS AND SISTERS (living at home):

Name:	Birthdate:	Grade in School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCY VERIFICATION: ALL information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Legal Guardian/Parent Signature: _____

Print Name: _____

Date: _____

Davenport School District



In the event of an emergency causing an early release school closure during the regular school day, we want to make sure we have all contact/emergency contact information and plans for where your child(ren) would go on file. In such an event, our automated phone system would be activated with specific information on the emergency and what procedures/time frame the school district will be following.

Thank you.

Parent/Guardian Name _____

Contact & Number(s) to be called?

Does your child ride a bus? yes ___ no ___

Bus number/driver _____

Student(s) Name:

Please indicate where your child(ren) would go if it was determined that the school needed to send busses or close early that day.

DAVENPORT SCHOOL DISTRICT 2024-25
Required Student Health Registration Form and Annual Update

Name: _____ Birthdate: _____ GRADE: _____
Last First M.I. (Legal Name if Different)

Address: _____ Home Phone: _____
Street City State Zip Code

Student Lives with: Both Parents Mother Father Mother & Stepfather Father & Stepmother
 Agency Self Legal Guardian Other: _____

Is this a new address and/or phone number? Yes No Gender: _____ Grade: _____

Father's Name: _____ Mother's Name: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Emergency Contact: _____
Name Relationship to child Phone

Emergency Contact: _____
Name Relationship to child Phone

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Current Health History: (Please answer by checking)

No health problems to my knowledge

	Yes	Mild	Moderate	Severe
Severe allergy: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food intolerance: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac condition: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorder: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding disorder: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does student have vision problem? Yes Contacts: Glasses:

Does student have hearing problem? Yes Hearing aid:

For students with life threatening health conditions, RCW 28A.210.320, requires that a licensed health care provider (LHP) order, medication and a nursing care plan be in place before the student attends school.

MEDICATION (prescription or non-prescription):

Does your child take any medication? Yes No Name of medication: _____

Purpose: _____

Will medication be needed at school? Yes* No

*If your child needs to take medication at school, please contact the school office for the necessary authorization form. This form must be completed prior to the administration of any medication at school.

I understand that the information given above may be shared with appropriate school staff to provide for the health and safety of my child. I authorize Davenport School District staff to contact health care professionals, including 911, if necessary and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital or clinic at my expense. I understand that Davenport School District, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor. I give permission to my child's school to add immunization information into the Immunization Information System to help the school maintain my child's record.

IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR.

Parent/Guardian Signature

Date

RN Initials

ADDITIONAL ADMISSION INFORMATION

Students Name: _____

LEGAL:

1. Do you have legal guardian ship of this child? (circle the appropriate answer)
 - no
 - yes
2. Are there any court orders or legal issues we should be aware of concerning this child?
 - no
 - yes _____
3. Is your child a convicted sex offender:
 - no
 - yes Risk Level: _____

BEHAVIOR:

4. Has your child been involved in any weapons violations?
 - No
 - Yes _____
5. Has your child been expelled or suspended from school?
 - No
 - Yes _____
6. Has your child been sent to the office for minor behavior disruptions?
 - No
 - Yes _____
7. Has your child been accused of Harassment/Intimidation/Bullying? Has your child been the victim of Harassment/Intimidation/Bullying?
 - No
 - Yes _____
8. Does your child have a record of good and consistent attendance?
 - No
 - Yes _____
9. Has your child had an athletic training rule violation?
 - No
 - Yes _____

ACADEMIC:

10. Do you have a copy of an unofficial transcript?
- No
 - Yes If so, please provide a copy when registering your student.
11. Do you have a copy of the most recent WASL (Washington Assessment of Student Learning Results?)
- No
 - Yes If so, please provide a copy when registering your student.
12. Does your child have their State Assessment Scores?
- No
 - Yes If so, do you have a copy of it? _____

SPECIAL SERVICES/504 PLAN:

13. Has your child been referred to special education or assessed for special education?
- No
 - Yes
14. Has your child been enrolled in Special Education Services or have a 504 Plan?
- No
 - Yes
15. Do you have a copy of your child's IEP/504 Plan?
- No
 - Yes _____

HEALTH:

16. Is your child on any medications that will need to be administered at school?
- No
 - Yes _____
17. Does your child have any health conditions that may affect their educational program?
- No
 - Yes _____

Parent Signature

Date

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION 2023-2024

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

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

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

ETHNICITY	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Salvadoran
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Cuban	<input type="checkbox"/> Mestizo	<input type="checkbox"/> Spaniard
	<input type="checkbox"/> Argentine	<input type="checkbox"/> Dominican	<input type="checkbox"/> Native	<input type="checkbox"/> Surinamese
	<input type="checkbox"/> Bolivian	<input type="checkbox"/> Ecuadorean	<input type="checkbox"/> Nicaraguan	<input type="checkbox"/> Uruguayan
	<input type="checkbox"/> Brazilian	<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Panamanian	<input type="checkbox"/> Venezuelan
	<input type="checkbox"/> Chicano (Mexican American)	<input type="checkbox"/> Guyanese	<input type="checkbox"/> Paraguayan	
	<input type="checkbox"/> Chilean	<input type="checkbox"/> Honduran	<input type="checkbox"/> Peruvian	<input type="checkbox"/> Hispanic/Latino (Write In)
	<input type="checkbox"/> Colombian	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Puerto Rican	

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

White/Black/African American

RACE	<input type="checkbox"/> White	<input type="checkbox"/> African-Canadian
	<input type="checkbox"/> Black/African-American	
	<input type="checkbox"/> African-American	

Asian

RACE	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Lao
	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Malaysian
	<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Mien
	<input type="checkbox"/> Burmese/Myanmar	<input type="checkbox"/> Mongolian
	<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Nepali
	<input type="checkbox"/> Cham	<input type="checkbox"/> Okinawan
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Filipino	<input type="checkbox"/> Punjabi
	<input type="checkbox"/> Hmong	<input type="checkbox"/> Singaporean
	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Sri Lankan
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Taiwanese
	<input type="checkbox"/> Korean	<input type="checkbox"/> Thai
	<input type="checkbox"/> Asian (Write In)	<input type="checkbox"/> Tibetan
		<input type="checkbox"/> Vietnamese

Middle Eastern/North African

RACE	<input type="checkbox"/> Algerian	<input type="checkbox"/> Israeli
	<input type="checkbox"/> Amazigh or Berber	<input type="checkbox"/> Jordanian
	<input type="checkbox"/> Arab or Arabic	<input type="checkbox"/> Kurdish Kuwaiti
	<input type="checkbox"/> Assyrian	<input type="checkbox"/> Lebanese
	<input type="checkbox"/> Bahraini	<input type="checkbox"/> Libyan
	<input type="checkbox"/> Bedouin	<input type="checkbox"/> Moroccan
	<input type="checkbox"/> Chaldean	<input type="checkbox"/> Omani
	<input type="checkbox"/> Copt	<input type="checkbox"/> Palestinian
	<input type="checkbox"/> Druze	<input type="checkbox"/> Qatari
	<input type="checkbox"/> Egyptian	<input type="checkbox"/> Saudi Arabian
	<input type="checkbox"/> Emirati	<input type="checkbox"/> Syrian
	<input type="checkbox"/> Iranian	<input type="checkbox"/> Tunisian
	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Yemeni
	<input type="checkbox"/> Middle Eastern (Write In)	<input type="checkbox"/> North African (Write In)

Washington State Tribes/Alaskan Native

RACE	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Chinook Tribe
	<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation
	<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation
	<input type="checkbox"/> Confederated Tribes of the Colville Reservation
	<input type="checkbox"/> Cowlitz Indian Tribe
	<input type="checkbox"/> Duwamish Tribe
	<input type="checkbox"/> Hoh Indian Tribe
	<input type="checkbox"/> Jamestown S'Klallam Tribe
	<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation
	<input type="checkbox"/> Kikiallus Indian Nation
	<input type="checkbox"/> Lower Elwha Tribal Community
	<input type="checkbox"/> Lummi Tribe of the Lummi Reservation
	<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation
	<input type="checkbox"/> Marietta Band of Nooksack Tribe
	<input type="checkbox"/> Muckleshoot Indian Tribe
	<input type="checkbox"/> Nisqually Indian Tribe
	<input type="checkbox"/> Nooksack Indian Tribe of Washington
	<input type="checkbox"/> Port Gamble S'Klallam Tribe
	<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation
	<input type="checkbox"/> Quileute Tribe of the Quileute Reservation
	<input type="checkbox"/> Quinault Indian Nation
	<input type="checkbox"/> Samish Indian Nation
	<input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington
	<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
	<input type="checkbox"/> Skokomish Indian Tribe
	<input type="checkbox"/> Snohomish Tribe
	<input type="checkbox"/> Snoqualmie Indian Tribe
	<input type="checkbox"/> Snoqualmoo Tribe
	<input type="checkbox"/> Spokane Tribe of the Spokane Reservation
	<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
	<input type="checkbox"/> Steilacoom Tribe
	<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
	<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
	<input type="checkbox"/> Swinomish Indian Tribal Community
	<input type="checkbox"/> Tulalip Tribes of Washington
	<input type="checkbox"/> Alaskan Native (Write In)
	<input type="checkbox"/> American Indian (Write In)

Caribbean

RACE	<input type="checkbox"/> Anguillian	<input type="checkbox"/> Dominican (Dominican Republic)
	<input type="checkbox"/> Antiguan	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)
	<input type="checkbox"/> Bahamian	<input type="checkbox"/> Grenadian
	<input type="checkbox"/> Barbadian	<input type="checkbox"/> Guadeloupian
	<input type="checkbox"/> Barthélemois/Barthélemoises	<input type="checkbox"/> Haitian
	<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Jamaican
	<input type="checkbox"/> Caymanian (Cayman Island)	<input type="checkbox"/> Martiniquais/Martiniquaise
	<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Montserratian
	<input type="checkbox"/> Caribbean (Write In)	<input type="checkbox"/> Puerto Rican

East African

RACE	<input type="checkbox"/> Burundian	<input type="checkbox"/> Reunionese
	<input type="checkbox"/> Comoran	<input type="checkbox"/> Rwandan
	<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Seychellois Seychelloise
	<input type="checkbox"/> Eritrean	<input type="checkbox"/> Somali
	<input type="checkbox"/> Ethiopian	<input type="checkbox"/> South Sudanese
	<input type="checkbox"/> Kenyan	<input type="checkbox"/> Sudanese
	<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Ugandan
	<input type="checkbox"/> Malawian	<input type="checkbox"/> Tanzanian
	<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Mauritian (United RC of Tanzania)
	<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> Zambian
	<input type="checkbox"/> Mozambican	<input type="checkbox"/> Zimbabwean
	<input type="checkbox"/> East African (Write In)	

Latin American

RACE	<input type="checkbox"/> Argentine	<input type="checkbox"/> Guatemalan
	<input type="checkbox"/> Belizean	<input type="checkbox"/> Guyanese
	<input type="checkbox"/> Bolivian	<input type="checkbox"/> Honduran
	<input type="checkbox"/> Brazilian	<input type="checkbox"/> Mexican
	<input type="checkbox"/> Chilean	<input type="checkbox"/> Nicaraguan
	<input type="checkbox"/> Colombian	<input type="checkbox"/> Panamanian
	<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Paraguayan
	<input type="checkbox"/> Ecuadorean	<input type="checkbox"/> Peruvian
	<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> So. Georgia/So. Sandwich Islands
	<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Surinamese
	<input type="checkbox"/> French Guianese	<input type="checkbox"/> Uruguayan
	<input type="checkbox"/> Latin American (Write In)	<input type="checkbox"/> Venezuelan

West African

RACE	<input type="checkbox"/> Beninese	<input type="checkbox"/> Liberian
	<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Malian
	<input type="checkbox"/> Burkinabé (Burkina Faso)	<input type="checkbox"/> Mauritanian
	<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Nigerien (Niger)
	<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Nigerian (Nigeria)
	<input type="checkbox"/> Gambian	<input type="checkbox"/> Saint Helenian
	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Senegalese
	<input type="checkbox"/> West African (Write In)	<input type="checkbox"/> Sierra Leonean
		<input type="checkbox"/> Togolese

Pacific Islander/Native Hawaiian

RACE	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Palauan
	<input type="checkbox"/> Carolinian	<input type="checkbox"/> Papuan
	<input type="checkbox"/> Chamorro	<input type="checkbox"/> Pohpeian
	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Fijian	<input type="checkbox"/> Solomon Islander
	<input type="checkbox"/> i-Kiribati/Gilbertese	<input type="checkbox"/> Tahitian
	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Tokelauan
	<input type="checkbox"/> Maori	<input type="checkbox"/> Tongan
	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Tuvaluan
	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yapese
	<input type="checkbox"/> Ni-Vanuatu	
	<input type="checkbox"/> Native Hawaiian (Write In)	<input type="checkbox"/> Other Pac. Islander (Write In)

Central African

RACE	<input type="checkbox"/> Angolan	<input type="checkbox"/> Congolese (Dem. RC of the Congo)
	<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Equatorial Guinean
	<input type="checkbox"/> Central African (Cen. African RC)	<input type="checkbox"/> Gabonese
	<input type="checkbox"/> Chadian	<input type="checkbox"/> São Toméan
	<input type="checkbox"/> Congolese (RC of the Congo)	<input type="checkbox"/> Principe
	<input type="checkbox"/> Central African (Write In)	

Eastern European

RACE	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Romanian
	<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Russian
	<input type="checkbox"/> Polish	<input type="checkbox"/> Ukrainian
	<input type="checkbox"/> Eastern European (Write In)	

South African

RACE	<input type="checkbox"/> Botswanan	<input type="checkbox"/> South African
	<input type="checkbox"/> Mosotho (Lesotho)	<input type="checkbox"/> Swazi
	<input type="checkbox"/> Namibian	
<input type="checkbox"/> South African (Write In)		

Student Housing Questionnaire

For distribution to all families/students annually

School Name _____

Student Name _____ Male
First Middle Last Female

Birth Date ____/____/____ Age ____
Mo Day Year

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is your current residence a temporary living arrangement? Yes No
2. Is your living arrangement due to loss of housing or economic hardship? Yes No
3. Is your current residence inadequate for meeting physical and psychological needs? Yes No

If you answered YES to any of the questions, please complete the remainder of this form.

If you answered NO to all of the questions, you may stop here.

Where does the student stay at night? (*Please check one box.*)

- In a motel/hotel
- In a shelter
- With more than one family in a house, mobile home, or apartment (doubled-up)
- In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address _____ Phone _____
Street City Zip

Parent/Legal Guardian Name _____

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

Parent/Guardian Signature _____ Date _____

OR

Unaccompanied Youth Signature _____ Date _____

For School Personnel Use Only

If student is missing enrollment records, please contact the student's previous school for records.

Following records are still missing:

- Birth certificate Immunizations Medical records Prior academic records

School Personnel Signature _____ Date _____

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature _____ Date _____

Information Helpful to your Child's Teacher

Child _____

Birthdate _____

Address _____

Phone _____

Name that will be used at school and that child will learn to write _____

Child's parents (guardians) _____ Mother _____ Father _____

Is child living with both parents? _____

Has child had group experiences? (Preschool, Sunday school etc.?) _____

Other children in family

Name

Age

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is another language other than English used in the home? _____

Which hand does your child prefer? _____

What is your child's attitude towards entering school? _____

What, if any, fears does your child have? _____

Is there anything else the teacher should know that would be helpful?

Is there anything unusual about the child's birth? _____

Does your child have any allergies? _____ Please explain allergy and any necessary medication

**Thanks for filling this form out. We look forward to having a great year. We are always happy to answer questions when they arise. Feel free to call us at 725-1261
Thank You!!!**

Student Photograph Exclusion



Davenport School District students participate in various activities throughout the school year and may be photographed at certain times (eg., Sporting Events, Group Activities, School Programs, Student of the Week, Awards Programs, etc.). These photographs may be chosen for use in promotional literature (eg., brochures, newspaper articles, school webpage, social media, etc.).

If you do not want your student to be photographed or in videos during school activities, please list your students currently attending Davenport School District and sign at the bottom. Thank you.

I DO NOT give permission for my student to be photographed or videotaped.

Student (Child's) Name

Student (Child's) Name

Student (Child's) Name

Student (Child's) Name

Student (Child's) Name

Parent/Guardian Signature

DAVENPORT SCHOOL DISTRICT
Internet, Google Apps for Education, and E-Mail Acceptable Use Policy

Student Expectations for Acceptable Use:

The following are the Educational Objectives of Google Apps for Education:

- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

District educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Internet, Google Apps, and E-Mail participants will respect the teachers' time and professionalism by supporting the same positive approach.

All Internet, Google Apps, and E-Mail participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will not be tolerated.

No student, or other participant, may include any information on the site that could compromise the safety of him/herself or other class members. Participants should avoid specific comments about school location or schedules.

All Internet, Google Apps, and E-Mail users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Internet, Google Apps, and E-Mail participant may share his/her log-in information or protect information about the site with anyone who is not an authorized participant.

Student use must follow all other expectations as listed in the ***Davenport Schools Student Handbook***. *Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service.*

Parent/Guardian Expectations & Consent:

Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student's teachers will be using Internet, Google Apps, and E-Mail for lessons, assignments, and communication. Google Apps for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of Internet, Google Apps, and E-Mail when students are at school. Parents are responsible for monitoring their child's use of Internet, Google Apps, and E-Mail when accessing programs from home. Students are responsible for their own behavior at all times.

I agree with the parent expectations and give my child permission to use Internet, Google Apps for Education, and E-Mail.

Parent/Guardian Name (Print):

Parent /Guardian Signature:

Date:

Student Consent:

I agree to abide by Student Expectations of Acceptable use of Internet, Google Apps for Education, and E-Mail.

Student Name (Print):

Student Signature:

Date:

Technology User Agreement and Fee Schedule 2023-2024

The educational program at DSD includes a Chromebook that will be issued to your student for their use at school and home.

Like textbooks, team uniforms, and other school property issued to your student, there is a responsibility to take appropriate care of these valuable resources. The Chromebooks are no different, but they do represent an increased cost to the district and liability to students and parents. We know that loss and accidents will happen. District policies, regulations and practices require that a fee be levied to cover the repair or replacement cost of district property.

Repair/Replacement Fees	First Claim	Second Claim	All Other
DAMAGE	None	Full Cost to Replace	Full Cost to Replace
Theft (with police Report)	None	Full Cost to Replace	Full Cost to Replace
Lost	\$50 deductible	Full Cost to Replace	Full Cost to Replace

Full Replacement Cost Schedule

Chromebook: \$150

Broken Screen: \$50

Missing Keys/Broken Keyboard: \$75

Lost/Stolen/Broken Power Adapter: \$40

Because we cannot repair the power adapter, students must always cover the cost of damage to, or loss of the power supply/cord.

THEFT: If Chromebook is stolen, DSD will require that a police report be submitted. Fraudulent reporting of theft will be turned over to the police for investigation. A student making a false report will also be subject to disciplinary action.

LOSS: If the Chromebook is lost, the district will cover the cost for the loss minus a \$50 deductible. If subsequent loss occurs, the student will be issued a replacement only after a full payment is received. In the event that the technology is recovered in working condition, the replacement cost previously paid by the student/parent will be refunded. Any Chromebook lost or stolen will be remotely disabled and all functionality removed until the Chromebook is returned.

STUDENT NAME: _____

DATE: _____

PARENT NAME: _____

DATE: _____

Notification to Parents – Title I, Part A Right to Ask for Teacher’s and Paraeducator’s Qualifications

Davenport School District

Dear Parents/Guardians,

In compliance with the requirements of the Every Student Succeeds Act (ESSA) the Davenport School District would like to inform you that you may request information about the professional qualifications of your student’s teacher(s) or instructional paraprofessional(s).

A. The following information may be requested for teacher(s):

1. Whether the teacher has met Washington teacher certification requirements for the grade level and subject areas in which the teacher provides instruction.
2. Whether the teacher is teaching under an emergency or other provisional status through which Washington qualifications or certification criteria have been waived.
3. The college major and any graduate certification or degree held by the teacher.
4. Whether the student is provided services by paraprofessionals, and if so, their qualifications.

B. The following information may be requested for instructional paraprofessional(s):

Paraprofessionals must work under the supervision of a certified teacher. In schools that operate a schoolwide program, all paraprofessionals must meet professional qualifications. In a Targeted Assistance program, any paraprofessional who is the direct supervision of a certificated teacher must meet the professional qualifications.

Paraeducators can provide a copy of their high school diploma — transcripts are not necessary. Schools that operate a Title I, Part A program must have a high school diploma or GED and completed the following:

1. Completed at least two years of study at an institution of higher education; or
2. Obtained an associate’s or higher degree; or
3. Pass the ETS Para Pro Assessment. The assessment measures skills, and content knowledge related to reading, writing and math;
4. Completed previously the apprenticeship requirements and must present a journey card or certificate. The portfolio and apprenticeships are no longer offered for enrollment; however, the Office of Superintendent of Public Instruction (OSPI) will continue to honor this pathway.

If you wish to request information concerning your child’s teacher’s and instructional paraprofessional’s qualification, please contact the school principal at (509) 725-1481.

Sincerely,

The Davenport School District
Chad Prewitt, Title I Director



Washington State Governor's Office of the Education Ombuds (OEO)

The Washington State Governor's Office of the Education Ombuds (OEO) is an independent state agency that helps to reduce educational opportunity gaps by supporting families, students, educators, and other stakeholders in communities across WA in understanding the K-12 school system and resolving concerns collaboratively. OEO services are free and confidential. Anyone can contact OEO with a question or concern about school.

OEO listens, shares information and referrals, and works informally with families, communities, and schools to address concerns so that every student can fully participate and thrive in our state's public schools. OEO provides support in multiple languages and has telephone interpretation available. To get help or learn more about what OEO does, please visit our website: <https://www.oeo.wa.gov/en>; email oeoinfo@gov.wa.gov, or call: [1-866-297-2597](tel:1-866-297-2597) (interpretation available).
(English)