



436 Index Avenue, P.O. Box 237
Index, Washington 98256
360-793-1330/FAX 360-793-2835

Together We Are Inspiring Life-Long Learners

New Student Registration Form

- 1) **Do you live in the Index school district boundaries?**
Yes ___
No ___
(If no, please provide a current report card, state testing results (for children grades 3-8) any discipline history, and attendance records.)
- 2) **Your child's legal Full name:** _____
- 3) **Has your child been supported through special education?**
Yes ___
No ___
 - > At any time did your child have an Individual Education Plan (IEP)? Y/N
 - > At any time did your child have a 504 plan? Y/N
 - > Has your child been included in additional support through Title or LAP programs? Y/N
- 4) **Has your child had any suspensions, expulsions or discipline actions in their school history?**
Yes ___ (please explain):

No ___
- 5) **Have you received letters from schools regarding attendance issues (tardies or absences)?**
Yes ___ (Please explain):

No ___
- 6) **Did you give the school a copy of your child's birth certificate?**
Yes ___
No ___ (If no, this needs to be provided)
- 7) **Did you bring your child's immunization records?**
Yes ___
No ___ (this document is needed as part of registration or a doctor's note stating otherwise)
 - >
- 8) **Any Allergies or medical conditions for which your child is diagnosed?**
 - > Allergies and medications:

 - > Medical conditions:
- 9) **Why are you desiring to leave your child's present school situation?**
- 10) **Parent/guardian information:**
 - > Your mailing address: _____
 - > Physical address (if different): _____
 - > Home email address: _____
 - > Current phone number: (____) _____
 - > Emergency contact number: (____) _____

**Note- If your child is living outside of the Index school district boundaries, their enrollment is on a probationary status.*

Has your child ever qualified for or been enrolled in a special education program? Yes / No

Has your child ever qualified for or had a 504 plan? Yes / No

Has your child ever participated in: Title LAP Gifted ELL Other _____

Has your child ever been retained? Yes / No If yes, at what grade level(s) _____

Are parents/guardians serving in the military Yes / No If yes, which parent _____

Verification of Information: The information on this form is true and accurate as of this date. 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 NWRDC Public Schools.

Legal Parent/Guardian Signature _____ Date _____

Does the student attend child care? Before school? After school? Before and after school?

Child care provider Name _____ Phone _____

Please list other siblings attending public schools

Last name	First Name	School	Grade
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Special Instruction regarding religious belief (Please provide information to school in writing)

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

Legal Parent/Guardian Signature _____ Date _____

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. 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.

Primary Contact

(Include area codes)

Last Name	First Name	Relationship to child	Phone	2 nd Phone
-----------	------------	-----------------------	-------	-----------------------

Last Name	First Name	Relationship to child	Phone	2 nd Phone
-----------	------------	-----------------------	-------	-----------------------

Last Name	First Name	Relationship to child	Phone	2 nd Phone
-----------	------------	-----------------------	-------	-----------------------

Last Name	First Name	Relationship to child	Phone	2 nd Phone
-----------	------------	-----------------------	-------	-----------------------

Student Release Authorization: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

The Washington State Legislature now requires school districts to track the military status of parents/guardians. Please list if in reserves, active, retired, etc. _____

Legal Parent/Guardian Signature _____ Date _____



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<https://indexschooldistrict.net/>

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**NOTICE OF SPECIAL EDUCATION AND CUMULATIVE FILE TRANSFER REQUEST
 FOR PUPILS CONFIDENTIAL RECORDS**

Pupil's Name _____ Birthdate _____

Has enrolled in school at Index Elementary grade _____

Please forward the following, if available:

- Transcripts of subjects taken and grades earned
- Test Data
- Cumulative folder (s) including health & immunization
- Attendance records and any court information
- Behavioral records
- Other information which may be of some value in assessing this pupil

Please mail to the above address: Attention Linda Tate Registrar/School Official

.....
Parent /Guardian Release

I, _____, the parent of _____ do hereby
 authorize the release of his/her confidential records help by:

School _____
 Mailing Address _____
 City, State, & Zip _____
 Phone _____
 Fax _____

And request that these records be forwarded to the above named school in which he/she is now enrolled.
 Parent/Guardian Signature: _____ Date: _____



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INDEX

Together We Are Inspiring Life-Long Learners
Student Rights, Responsibilities, and Regulations

Photographs and Information about students:

Index Public School will release a student's current school address and telephone number upon request to law enforcement and Child Protective Service.

Below is the official form which parent(s), guardian(s) must complete each year if they do not want directory information made public. (Family Education Rights and Privacy Act of 1975, PL 90-247, as amended).

If you do not wish directory information about your student released without your consent, please complete the information requested below and sign on the line provided. If you do not wish photographs taken of your child (for web pages, television, newspapers, and school district publications) please also indicate that on the appropriate line below.

Return the completed form to your school principal. This form must be completed each year. A copy will be kept at the Administration Office. For more information please call the Superintendent's Office at 360-793-1330. If no form is on file, it will be assumed that permission for release of directory information and/or photos has been granted.

Please do not

- allow photos to be taken and published in school items.
- release directory information to be shared.

For Student Named _____

Address _____ Zip Code _____

Birth Date _____ Today's Date _____

Signature of Parent/Guardian of Above Student _____

RETURN THIS FORM TO YOUR SCHOOL PRINCIPAL



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Together We Are Inspiring Life-Long Learners

Ethnicity and Race Data Collection Form

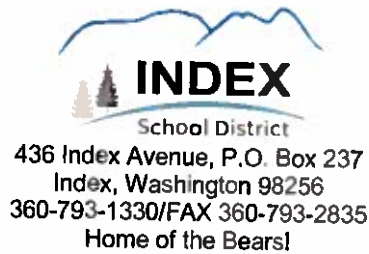
Student Name: _____ Date: _____

QUESTION 1. Is your child of Hispanic or Latino origin? (Check all that apply.)

- | | | | |
|--------------------------|---------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | NOT HISPANIC/LATINO | <input type="checkbox"/> | MEXICAN/ MEXICAN AMERICAN/ CHICANO |
| <input type="checkbox"/> | CUBAN | <input type="checkbox"/> | CENTRAL AMERICAN |
| <input type="checkbox"/> | DOMINICAN | <input type="checkbox"/> | SOUTH AMERICAN |
| <input type="checkbox"/> | SPANIARD | <input type="checkbox"/> | LATIN AMERICAN |
| <input type="checkbox"/> | PUERTO RICAN | <input type="checkbox"/> | OTHER HISPANIC/LATINO |

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

- | | | | |
|--------------------------|-------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | AFRICAN AMERICAN/ BLACK | <input type="checkbox"/> | ALASKA NATIVE |
| <input type="checkbox"/> | WHITE | <input type="checkbox"/> | CHEHALIS |
| <input type="checkbox"/> | ASIAN INDIAN | <input type="checkbox"/> | COLVILLE |
| <input type="checkbox"/> | CAMBODIAN | <input type="checkbox"/> | COWLITZ |
| <input type="checkbox"/> | CHINESE | <input type="checkbox"/> | HOH |
| <input type="checkbox"/> | FILIPINO | <input type="checkbox"/> | JAMESTOWN |
| <input type="checkbox"/> | HMONG | <input type="checkbox"/> | KALISPEL |
| <input type="checkbox"/> | INDONESIAN | <input type="checkbox"/> | LOWER ELWHA |
| <input type="checkbox"/> | JAPANESE | <input type="checkbox"/> | LUMMI |
| <input type="checkbox"/> | KOREAN | <input type="checkbox"/> | MAKAH |
| <input type="checkbox"/> | LAOTIAN | <input type="checkbox"/> | MUCKLESHOOT |
| <input type="checkbox"/> | MALAYSIAN | <input type="checkbox"/> | NISQUALLY |
| <input type="checkbox"/> | PAKISTANI | <input type="checkbox"/> | NOOKSACK |
| <input type="checkbox"/> | SINGAPOREAN | <input type="checkbox"/> | PORT GAMBLE KLALLAM |
| <input type="checkbox"/> | TAIWANESE | <input type="checkbox"/> | PUYALLUP |
| <input type="checkbox"/> | THAI | <input type="checkbox"/> | QUILEUTE |
| <input type="checkbox"/> | VIETNAMESE | <input type="checkbox"/> | QUINAULT |
| <input type="checkbox"/> | OTHER ASIAN | <input type="checkbox"/> | SAMISH |
| <input type="checkbox"/> | NATIVE HAWAIIAN | <input type="checkbox"/> | SAUK-SUIATTLE |
| <input type="checkbox"/> | FIJIAN | <input type="checkbox"/> | SHOALWATER |
| <input type="checkbox"/> | GUAMANIAN or CHAMORRO | <input type="checkbox"/> | SKOKOMISH |
| <input type="checkbox"/> | MARIANA ISLANDER | <input type="checkbox"/> | SNOQUALMIE |
| <input type="checkbox"/> | MELANESIAN | <input type="checkbox"/> | SPOKANE |
| <input type="checkbox"/> | MICRONESIAN | <input type="checkbox"/> | SQUAXIN ISLAND |
| <input type="checkbox"/> | SAMOAN | <input type="checkbox"/> | STILLAGUAMISH |
| <input type="checkbox"/> | TONGAN | <input type="checkbox"/> | SUQUAMISH |
| <input type="checkbox"/> | OTHER PACIFIC ISLANDER | <input type="checkbox"/> | SWINOMISH |
| | | <input type="checkbox"/> | TULALIP |
| | | <input type="checkbox"/> | YAKAMA |
| | | <input type="checkbox"/> | OTHER WASHINGTON INDIAN |
| | | <input type="checkbox"/> | OTHER AMERICAN INDIAN |



Together We Are Inspiring Life-Long Learners

WALK AROUND FIELD TRIP CHOICE

Dear Parent / Guardian:

By completing this form it allows your child to go on walking field trips around town. At all times a teacher will be there to supervise.

Choice One

I give _____ permission to walk with the Index School Staff for the school year of _____ - _____.

Choice Two

I would like to have an individual field trip form for each trip planned by the teacher. I understand if the class leaves campus my child, _____ will not attend the walk.

Parent / Guardian: _____

Best phone number: _____

Choice # _____ Date _____

Electronic Information System (Networks)

Individual User Access Informed Consent Form for Parents and Students

In consideration for the privilege of using iPads, computers, the School's network and in consideration for having access to the public networks, I hereby release Index School District, Washington School Information Processing Cooperative, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from including, without limitation, the type of damage identified in the Index School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's policy and procedures for electronic information systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree Index School District has the right to review, edit, or remove and materials installed, used, stored, or distributed on or through the network or the District's system and we hereby waive any right or privacy which my child or I may otherwise have into such material.

I am financially responsible for any computers that my child signs out for home use should any damage or loss arise.

(This is to comply with Federal regulations for proper student use of technology and the internet at schools.)

Signature of Student

Signature of Parent/Guardian

Printed Name of Student

Printed Name of Parent/Guardian

Date Signed

Date Signed



INDEX

School District

436 Index Avenue, P.O. Box 237
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Together We Are Inspiring Life-Long Learners

Dear Parent/Guardian,

Index School District would like to ensure that all students fully benefit from their education by attending school regularly. Attending school regularly helps children feel better about school—and themselves. Your student can start building this habit in preschool so they learn right away that going to school on time, everyday is important. Consistent attendance will help children do well in high school, college, and at work.

DID YOU KNOW?

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

WHAT WE NEED FROM YOU

We miss your student when he/she is gone and we value their contributions to our school. We would like you to help ensure that your student attends regularly and is successful in school. If your student is going to be absent, please contact the school in advance or, if it is unplanned, within two school days.

STATE LAW

State law for mandatory attendance, called BECCA Bill, requires children from age 8 to 17 to attend a public school, private school, or a district-approved home school program. Children that are 6-or-7-years-old are not required to be enrolled in school. However, if parents enroll their 6-or-7-year-old, the student must attend full time.

We, the school, are required to take daily attendance and attempt to notify you when your student is absent.

WHAT YOU CAN DO

- Set a regular bedtime and morning routine.
- Prepare for school the night before, finishing homework and getting a good night's sleep.
- Find out what day school starts and make sure your child has the required immunizations.
- Don't let your student stay home unless they are truly sick.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on family members, a neighbor, or another parent.
- Keep track of your student's attendance. Missing days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your student's teacher if you notice a sudden change in behavior.

We look forward to partnering with you in the best interest of your student. If you have any questions or concerns, please do not hesitate to contact the school office.

Your signature below indicates that you have read and understand the attendance policies and procedures in Index School District.

Student Name: _____

Parent's Signature: _____ Date: _____



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Together We Are Inspiring Life-Long Learners

Dear Parents/Guardians:

Attached you will find the Parent, Student, Teacher, and Principal Compact/Agreement. This is a joint commitment that we make annually and a requirement for our Title funding. It is meant to remind parents, teachers, and students of the collaborative efforts we make together for your child's education.

Your child's teacher will be going over the compact with all students to explain to them the purpose. Please review the document with your child and sign the parent section. If you have questions about the educational program for your student, please do not hesitate to contact your child's teacher.

Thank you for your participation in the educational planning for your child.

Respectfully,

Brad Jernberg

Index Teacher/Parent/Student Compact - Together We Are Inspiring Life-Long Learners

Student Name: _____ **Date:** _____

Teacher(s) Agreement:

It is important that students achieve. Therefore, I will do the following:

- Encourage students and parents by providing information about each student's progress.
- Provide necessary assistance to parents and other teachers so that they may be helpful with assignments.
- Use special activities in the classroom to make learning enjoyable.
- Provide homework (as needed) for students.

Teacher(s) Signature(s) _____

Parent/Guardian Agreement:

I will encourage my child by doing the following:

- See that my child is punctual and attends school regularly.
- Support the school in its efforts to maintain proper discipline.
- Provide a place for study.
- Encourage my child's efforts and be available for questions.
- Stay aware of what my child is learning.
- Read with my child and let my child see me read.
- See that my child has a regular bedtime and is well rested.

Parent/Guardian Signature _____

Student Agreement:

It is important that I work to the best of my ability. Therefore, I will do the following:

- Attend school regularly.
- Come to school each day ready to learn and participate.
- Complete and return any homework assignments.
- Observe regular study hours.
- Follow rules of student conduct.

Student Signature _____

Principal Agreement:

I support the teacher/ parent/ student compact and will do the following:

- Provide an environment that allows for positive communication between the teacher, parent and student.

Principal Signature _____



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Dear Parent/Guardian,

Our school district values the health of our students. We follow Washington State laws to ensure students are up-to-date with required vaccines, so they are protected from diseases and come to school ready to learn. At the beginning of each school year, we are continually updating our vaccine records and reporting our statistics to the Washington State department of Health.

If your child was born or ever vaccinated in Washington State, your child's records may already be in the state system. You can access these records at any time by registering for MyIR at <http://wamyir.net/register>

*As immunization records are collected, our goals are to
Spend less staff time on managing, searching, phone calls, and
reporting student immunization records
Quicker follow up with you and your child for incomplete
immunization records*

More accurate records that streamline annual reporting requirements

The school nurse may need to ask for updated information from time to time regarding any prescriptions kept at school for your child, allergies, and immunizations. We ask that you be sure to fill in the name of your child's provider on the annual Health History form and that you sign below, allowing the school nurse authorization to contact the appropriate providers.

I hereby authorize the Index School Nurse to contact my child's healthcare provider to verify medical information required in the course of conducting school business.

Student name: -----

Parent/Guardian signature:

_____ Date:

Student Health History

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's learning

Student's Name _____
First Middle Last
Grade: _____ Sex: _____ Date of Birth: _____

MEDICAL

Does your child have a doctor or nurse practitioner? Yes ___ No ___

Name of child's doctor or nurse practitioner _____ phone number _____

In the past 12 months, did you have problems obtaining medical care for your child? Yes ___ No ___

DENTAL

Does your child have a dentist? Yes ___ No ___ Name of child's dentist _____ phone number _____

Did your child receive a dental exam in the last 12 months? Yes ___ No ___ Don't know ___

Describe the condition of your child's teeth? Good ___ Fair ___ Poor ___ Don't know ___

In the past 12 months, did you have problems obtaining dental care for your child? Yes ___ No ___

INSURANCE

Does your child have medical insurance coverage? Yes ___ No ___ Don't know ___ Name of provider _____

Does your child have dental insurance coverage? Yes ___ No ___ Don't know ___ Name of provider _____

Does Medicaid insure him/her? (Healthy Options, DSHS, "medical coupon") Yes ___ No ___ Don't know ___

MEDICAL HISTORY

Have you ever been told by a physician or health care professional that your child has:

___ Asthma ___ Seizure disorder ___ Bleeding disorder ___ ADD/ADHD
___ Diabetes ___ Bone/muscle disease ___ Skin condition ___ Learning disability
___ Heart condition ___ Mental health condition (i.e. depression, anxiety, eating disorder) ___
Other _____

Does your child experience any of the following?

___ Nose bleeds ___ Frequent ear aches ___ Overweight for age ___ Physical disability
___ Poor appetite ___ Frequent stomach aches ___ Frequent headaches ___ Fainting spells
___ Tires easily ___ Emotional concerns ___ Underweight for age ___ Other _____

Do any of the above condition(s) limit/affect your child at school? _____

LIFE THREATENING CONDITIONS

Does your child have a life threatening health condition? Yes * ___ No ___ Describe: _____

*If yes, a meeting with the school nurse is required. Washington State Law requires that medication or treatment orders and a health care plan be in place prior to starting school.

ALLERGIES

Plants ___ Animals ___ Food ___ Molds ___ Drugs ___ Bees ___ Other: _____

Please describe the allergic reaction and the treatment: _____

MEDICATION

Does your child take any medication? Yes ___ No ___ If yes, name of medication: _____

Purpose: _____ Will medication be needed at school Yes ___ No ___

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

HEARING/VISION

Do you have concerns about your child's hearing? Yes ___ No ___ Does your child wear hearing aides? Yes ___ No ___

Do you have concerns about your child's vision? Yes ___ No ___ Does your child wear glasses or contacts? Yes ___ No ___

SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes ___ No ___ Do others have difficulty understanding your child? Yes ___ No ___ If so, please explain _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand that the information given above will be shared with appropriate school staff on a need to know basis to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature _____

Date _____



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Together We Are Inspiring Life-Long Learners

Medication Authorization Form

No Medication can be given to your student until this form is completed and returned as required by Washington State Law

The Index School District #63 is authorized by RCW 28A.210.260 State statues to administer any oral prescribed medications to students during the time they are at school providing that: 1) The medication is accompanied by a written, current, and unexpired request from a licensed medical provider, and 2) There exists a valid health reason that makes administration of the medications advisable during the time the child is at school. It is the policy of the District to administrate medication only when necessary to permit the student to school and or facility to student's ability to learn.

Request will be valid only for the medications listed and the dates indicated on this written request form. Medications must be supplied in their original container with the label indication the student's name and licensed professional's name that prescribed the medication, dosage, and instructions for administration.

Under certain situations the District may determine to discontinue administration of a medication. If this happens, the parent will be notified before the medication is discontinued.

Student Name: _____ Home Phone _____

Parent Name: _____ Work Phone _____

Medication Name and Strength	1) _____	- 2) _____
Dosage (#of pills, tbs., etc.)	1) _____	- 2) _____
Time of Administration	1) _____	- 2) _____
Side Effects	1) _____	- 2) _____

Other medication the student is taking: _____

I request and authorize the administration of the above medication(s) for the period beginning the _____ day of _____ 20__ through the _____ day of _____ 20__ as there exists a valid health reason that makes administration of the medication necessary during the time the student will be at school. Non-licensed non-medical school personnel may administer this medication.

Medical Provider Signature _____ Phone _____

Print Name _____ Date _____

I certify that I am the parent, legal guardian, or person in legal control of the above named student. I request and authorize the Index School District to administer this medication to the above named student in accordance with prescription and instruction of the authorizing student's medical provider listed above.

Parent/Guardian Signature _____ Date _____

This request shall not extend beyond the end of the current school year.



At INDEX we have Sherpa

Skills!...

Self- Controlled

Hard workers

Enthusiastic

Respectful

Patient

Always Kind



Planned Absence Request Form

Your child's daily attendance at school is very important. If you are considering an extended absence for your child, be aware that time out of class may have an adverse effect upon his/her education. Our teachers work very hard to help each child reach his/her grade level standard by the end of the school year. An extended absence removes your child from key instruction and may mean that your child will not reach grade level standard and thus not be ready for the next grade.

Please discuss this planned absence with your child's teacher. This form should be completed and left with Linda in the office **one week prior** to the planned absence.

Student's Name: _____ Date: _____

I request that my child be excused from school for the following reason: _____

Dates of planned absence: Starting _____ Ending _____
(first day of absence) (last day of absence)

I have met with my child's teacher to discuss this planned absence and ways for my child to work outside of school on key concepts. I am aware that this absence may impact whether my child reaches the annual learning standards and is prepared for the next grade. I am aware that more than nine unexcused days in any year may result in referral to juvenile court. I am also aware that if my child is gone more than 20 consecutive school days he/she will automatically be withdrawn from Index Public School and will have to reapply to Index Elementary.

Parent/Guardian signature and date: _____

Teacher name: _____

Office Use Only - Do not write below this line

Total days requested _____ Excused Unexcused

Principal's Signature

Date

SchoolReport.org /FlashAlert Newsire

Emergency Communications System


PUGET SOUND
Educational Service District

www.psesd.org

SchoolReport.org is Partnering with FlashAlert Newsire!

We are pleased to announce that next year, SchoolReport.org will be easier to use, and we will offer additional services for your school, campus or district. Messages will be delivered to the media significantly faster.



Services Starting in September

- **Emergency Announcements**
- **General Information Announcements and News Releases**
- **High School Sports Scores**

Parents, students, staff and community members can register up to three email and/or cell phone text addresses and receive information at the same time as the news media. You may also register to receive closures via Twitter, Facebook or an RSS feed.

And new this year is a free iPhone/Android app FlashAlert Messenger, which allows parents and the public to receive emergency and sports messages - much faster and more reliable than text messages. As a subscriber you can also view all local emergency items, news releases and sports scores on FlashAlertNewsire.net.

In addition to continued customer service for managing your subscriber account you will have the option to self-manage any contact information changes, including an online password reset option.

Registration

Current SchoolReport.org subscribers will receive a message via email and/or text message in **August 2013** from SchoolReport.org with instructions on how to create a new account in FlashAlert Messenger.

Registration is free. Each year subscribers who have not logged on in more than a year will be asked to do so or the account will be deleted.

You can still watch the local news for closure information. Starting in August, you can stay even more connected through a free phone app, cell phone text messages, email or Twitter.


PUGET SOUND
Educational Service District

www.psesd.org

Contact:
Melissa Laramie
SchoolReport.org
425-917-7604, 253-778-7604,
1-800-664-4549, x7604
psecs@psed.org

INDEX SCHOOL DISTRICT #63

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT _____

Student's Name _____ Birth Date _____ Grade _____

*****This portion to be completed by Physician / Dentist:**

Medication will be given to a student at camp only when absolutely necessary. Whenever possible, the parent and physician / dentist are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood that the medication will be given by the building administrator and/or their staff designees.

The school accepts no responsibility for adverse reactions when the medication is given in accordance with the directions of the student's physician / dentist.

Name of Medication _____ Dosage _____

Time to be given _____ Method of administration _____

Inhaler: Self-administer Yes _____ No _____

Storage instruction: Room temperature _____ Refrigeration _____

Reason for medication _____

Length of prescription period: From _____ To _____

Possible side effect of medication _____

I certify that a valid health reason exists requiring that the medication be administered during school hours or during such time that the student is under supervision of school officials.

I request and authorize that the above, named student be administered the above, identified medication in accordance with the instructions indicated on the prescription container supplied to school officials. I will be monitoring the ongoing health status of this patient.

Physician /Dentist Signature _____ Date _____

*****This portion to be completed by Parent or Legal Guardian:**

I certify that I am the parent, legal guardian or other person in legal control of the above named student. I have read this form and request and authorize the school to administer the medication prescribed. The medication is to be furnished to me in the ORIGINAL prescription container. Non - prescription medications must be listed and in original container also.

I understand that my signature indicates that the school accepts no liability for adverse reactions when the medication is administered in accordance with the physician / dentist's directions. I also agree that because of the school's schedule and other responsibilities of school staff members, it is permissible for dosage or dosages to be delayed or missed. If there is any medication left over at the end of the school year/trip, it will be destroyed if I do not pick it up by the last day. You have my permission to communicate freely with this physician / dentist.

Parent / Guardian Signature _____ Date _____



INDEX SCHOOL DISTRICT #63
PO Box 237/436 Index Avenue
Index, Washington 98256
360-793-1330

Together We Are Inspiring Life-Long Learners

PLEASE FILL OUT THIS FORM IF YOUR CHILD IS A **REGULAR** SCHOOL BUS RIDER

Dear Parent/Guardian,

Attached you will find a portion of the Index School District Transportation Policy as it pertains to School bus riders. You are encouraged to review this policy with your child/children to be sure he/she understands his/her responsibilities while riding the school bus.

Please sign the attached agreement for school bus transportation and return it, along with the following information, to the District Transportation office or your child/children's morning school bus driver by _____, 20_____.

If you have any questions, please feel free to stop by the school or give me a call during the day at 360-793-1330.

We hope to provide a safe and enjoyable ride for your student throughout the school year.

Thank you,
Bus Driver

Student's Name: _____

Birthdate: _____ AGE: _____

Attending School At: _____ Grade: _____

Parents or Guardians Names: _____

Work #'s _____ Work#'s _____

Student's Street Address: _____

Mailing Address: _____

Home Phone: _____

IN CASE OF EMERGENCY, CALL:

Name: _____

Relationship: _____

Phone: _____

INDEX SCHOOL DISTRICT #63
PO Box 237/436 Index Avenue
Index, Washington 98256
360-793-1330

PARENTAL AGREEMENT
FOR TRANSPORTATION OF DISTRICT STUDENTS

Together We Are Inspiring Life-Long Learners

The undersigned parent(s) or legal guardian of _____
hereby agree that:

1. They have read and agree to observe the District Transportation policy as it applies to the above student;
2. They have explained to the above student that the student must conform to the district transportation policy and rules of conduct for students being transported in District vehicles as a necessary condition for the student's continued transportation;
3. The District offers such transportation as a courtesy to the student and his/her family, the District is under no obligation to provide such transportation to the student, and that such transportation privilege may be with drawn at any time by the District;
4. There will be no transportation route modification(s) to solely accommodate the needs of students not residing within Index School District boundaries. Non-district students will not be considered when planning and scheduling district transportation routes;
5. The parent(s) or legal guardian of the above student hereby agree on their own behalf and on behalf of the above student to protect, indemnify, and hold harmless the Index School District #63, its elected and appointed officials, employees, agents, and staff from any and all claims, liabilities, damages, expenses, or rights of action, directly or indirectly attributable to the transportation of the above student vehicles, except for the SOLE negligence of the Index School District #63.

Dated the _____ day of _____ 20_____.

Parent/Guardian

Parent/Guardian

School District Administrator

Transportation Director

INDEX SCHOOL DISTRICT #63

Transportation Policy

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Section II: Riders

All students residing within the Index School District #63 boundaries who are outside of a one mile radius from the attending school may have the privilege of school bus transportation.

Any student residing outside Index School District #63 boundaries and riding an Index School District bus will have prior written approval either by notice from parent/guardian or a "Transportation Agreement" properly coupled. Such information shall be filed from reference in the Transportation files at the School District office.

At the beginning of every school year, each bus rider will be provided a route notice designating his/her bus stop and the time of departure/arrival. Along with this route notice will be a list of "Rules & Responsibilities of the School Bus Rider". Parents are urged to review these responsibilities with their child/children to insure the safety of all.

If a student does not abide by the rules and responsibilities as set by this policy or any other reasonable rules as set by the school Board, Transportation Department, and School Driver.

If the student continues not to comply after two such notices, the school bus driver shall have the right to suspend the student of the privilege of transportation for up to one week. Should such circumstances occur, the school bus driver shall notify his/her immediate supervisor at once and a conference will be scheduled to include all parties concerned.

Please see attached "Rules and Responsibilities"

Index School District #63
Together We Are Inspiring Life-Long Learners

RULES AND RESPONSIBILITIES FOR THE SCHOOL BUS RIDER

1. The driver is in full charge of the bus and student. The students must obey the driver promptly and willingly.
2. Students shall ride their regularly assigned bus at all times unless permission has been granted by school authorities. School authorities should verify with the driver the availability of extra seating space, and will not issue a bus pass for non-regular riders if issuing them will cause standees on the bus.
3. Unless by permission of school authorities, no student shall be permitted to leave the bus except at his/her regular stop. If a student needs to leave the bus at some place other than his/her regular bus stop, prior written permission must be received by the school bus driver from the parent/legal guardian.
4. Each Student may be assigned a seat in which he/she will be seated at all times unless permission to change is given by the bus driver.
5. Outside of ordinary conversation, classroom conduct must be observed. If you have a musical devise, YOU MUST HAVE EAR PHONES.
6. Students are to assist in keeping the bus clean by keeping their waste paper and other trash off of the floor. Students must also refrain from throwing refuse out of the windows. To help keep the bus clean, eating is not allowed except when specifically authorized and supervised by an accompanying teacher, coach, or other staff member.
7. No student will smoke, light matches, or lighter, or use any type of flame or sparking device on the school bus.
8. Students will refrain from using vulgar or obscene language or gestures.
9. No student shall at any time extend his head, hands, or arms out of the window whether or not the school bus is in motion.
10. Students must see that they have nothing in their possession that may cause injury to another, such as sticks, breakable containers, and any type of firearms, straps, or pins extending from their clothing.
11. Each student must see that his books and personal belongings are kept out of the aisle. Special permission must be granted by school authorities to transport large items.
12. No student will be allowed to talk to the driver more than is necessary.
13. No student shall sit in the driver's seat, nor shall any student be to the immediate left or right of the driver.
14. Students are to remain seated while the bus is in motion and are not to get on or off until the bus has come to a complete stop and the door has opened. Students must sit up right, facing the front of the bus, with feet flat on the floor.

15. Students must leave the bus in an orderly manner. They must not cross the roadway without verifying that it is safe to proceed and until given consent by the driver. When boarding or leaving the bus, students must be in view of the driver at all times.
16. Students must cross the roadway only in front of the school bus and never behind it.
17. Students must arrive at the bus stop at least 5 minutes prior to their designated stop time, and will not stand or play on the roadway while waiting for the bus to arrive. Students are expected to wait for the school bus for at least 15 minutes after their designated stop time.
18. Self discipline should be exercised by students at the bus loading zone. Students will refrain from pushing and shoving other passengers, or engaging in other unsafe activities.
19. Students who have to walk some distance along the roadway to the bus loading zone must walk, where practicable, on the left side facing the oncoming traffic. This will also apply to students leaving the bus loading zone in the evening.
20. Students are not to run errands between the bus stop and home.
21. In the event of an actual emergency, students must follow emergency exit procedures as established by the emergency exit drills.
22. School districts will be reimbursed by the (parent or legal guardian) for damage to school buses resulting from student misconduct.
23. Misconduct on a bus will be sufficient reason to discontinue providing transportation to students involved.
24. A student must be involved in an after school sponsored event or have a signed pass to ride an activity bus if provided.
25. Students are not allowed to play radios/cassettes on the bus unless they have the driver's permission.