



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 _____

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 leaving 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.



NEW STUDENT REGISTRATION FORM

STUDENT NAME: Legal Last Name Legal First Name Legal Middle Name Also know as:

BIRTHDATE (Month/Day/Year) Gender (M/F) BIRTHPLACE: City State Country GRADE LEVEL

Primary Email Primary Language Spoken at Home Index Resident (Yes/No)

Primary Household (parent/guardian where student resides)
 Last Name First Name Phone # Home Phone # Cell Phone # Work Unlisted?
(include area codes) (include area codes) (include area codes)

Last Name First Name (include area codes) (include area codes) (include area codes) Unlisted?

Student lives with: Both Parents, Mother only, Father only, Grandparents, Father & Stepmother, Mother & Stepfather, Guardian, Agency, Other

RESIDENT ADDRESS	STREET	CITY	STATE	ZIP	APT #	
MAILING ADDRESS	STREET	CITY	STATE	ZIP	APT#	P.O. BOX

SECOND HOUSEHOLD (Non-custodial parent not residing with student)
 Last Name First Name

RESIDENT ADDRESS	STREET	CITY	STATE	ZIP	APT #	
MAILING ADDRESS	STREET	CITY	STATE	ZIP	APT#	P.O. BOX

(Additional Mail Requested (Yes / No))

School Previously Attended	School District Previously Attended	Previous School Location (City & State)
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Has the student ever been suspended for a weapons violation? Yes / No Date _____

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: Mother / Father / Other _____

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

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** _____

Name of Student: _____

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

Hispanic

Yes No

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

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

Black / African-American

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

Caribbean

- Anguillian
- Antiguan
- Bahamian
- Barbadian
- Barthelemois/Barthelemoises (St Barthelemy)
- British Virgin Islander
- Caymanian (Cayman Island)
- Cuba Dominican
- Dominican (Dominican Republic)

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

Central African

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

- Equatorial Guinean
 - Gabonese
 - Sao Tomean
 - Principe
 - Central African Write in
-

East African

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

- Reunionese
 - Rwandan
 - Seychello / Seychelloise
 - Somali
 - South Sudanese
 - Sudanese
 - Ugandan
 - Tanzanian (Untd Rpblic of Tanzan)
 - Zambian
 - Zimbabwean
 - East African Write in
-

Latin American

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

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

South African

- Botswanan
- Mosotho (Lesotho)
- Namibian

- South African
 - Swazi
 - South African Write in
-

West African

- Beninese
- Bissau-Guinean
- Burkinabe (Burkina Faso)
- Cabo Verdean
- Ivorian (Cote d'Ivoire)
- Gambian
- Ghanaian
- Libenan
- Malian
- Black Write in

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

American Indian/Alaskan Native

- American Indian/Alaskan Native

Washington State Tribes

- Chinook Tribe
- Confederated Tribes of the Bands of the Yakama Nation
- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Cowlitz Indian Tribe
- Duwamish Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Indian Community of the Kalispel Reservation
- Kikiallus Indian Nation
- Lower Elwha Tribal Community
- Lummi Tribe of the Lummi Reservation
- Makah Indian Tribe of the Makah Indian Reservation
- Maretta Band of Nooksack Tribe
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe of Washington
- Pt Gamble S'Klallam Tribe
- Puyallup Tribe of Puyallup Reservation
- Quileute Tribe of the Quileute Reservation
- Quinault Indian Nation
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe of Washington
- Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation

- Skokomish Indian Tribe
- Snohomish Tribe
- Snoqualmie Indian Tribe
- Snoqualmoo Tribe
- Spokane Tribe of the Spokane Reservation
- Squaxin Island Tribe of the Squaxin Island Reservation
- Steilacoom Tribe
- Stillaquamish Tribe of Indians of Washington
- Suquamish Indian Tribe of the Port Madison Reservation
- Swinomish Indian Tribal Community
- Tulalip Tribes of Washington

Alaskan Native

- Alaska Native Write in

American Indian

- American Indian Write in

Asian

- Asian
- Asian Indian
- Bangladeshi
- Bhutanese
- Burmese/Myanmar
- Cambodian/Khmar
- Cham
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Lao

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

Native Hawaiian/Other Pacific Islander

- Native Hawaiian/Other Pacific Islander

Pacific Islander

- Carolinian
- Chamorro
- Chuukese
- Fijan

- Palauan
- Papuan
- Pohpeian
- Samoan

- Kiribati/Gilbertese
- Kosraean
- Maori
- Marshallese
- Native Hawaiian
- Ni-Vanuatu

- Solomon Islander
 - Tahitian
 - Tokelauan
 - Tongan
 - Tuvaluan
 - Yapese
 - Pacific Islander Write in
-

White

- White

Eastern European

- Bosnian
- Herzegovinian
- Polish
- Romanian

- Russian
 - Ukrainian
 - Eastern European Write in
-

Middle Eastern and North African

- Algerian
- Amazigh or Berber
- Arab or Arabic
- Assyrian
- Bahraini
- Bedouin
- Chaldean
- Copt
- Druze
- Egyptian

- Jordanian
- Kurdish Kuwait
- Lebanese
- Libyan
- Moroccan
- Omani
- Palestinian
- Qatar
- Saudi Arabian
- Syrian

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION



Professional Certification
 Old Capital Building PO BOX 47200
 OLYMPIA, WA. 98504-7200
 (360) 725-6400 TTY (360) 664-3631 FAX (360) 586-0145
 Web Site <http://www.k12.wa.us/certification>
 Email: cert@k12.wa.us

VERIFICATION OF ACTIVE DUTY MILITARY SERVICE

This form is used to document the period(s) of service for an individual called up to active duty by one of the U.S. military branches. In order to be granted an extension of the expiration date of his/her certificate. The extension shall be equal to the length of active duty service calculated to the next uniform expiration date.

Please complete the following and sign the affidavit. No fee is required to process this form. Mail completed form and enclosed materials to this office at the address shown above.

1	NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2	ADDRESS				3 DATE OF BIRTH
	CITY/STATE/ZIP				4 SOCIAL SECURITY NO (OPTIONAL)
5	TELEPHONE				6 E-MAIL
	BUSINESS ()	HOME ()			7 CERTIFICATE NUMBER

8. DATE (s) of active duty service			
ACTIVATION DATE	INACTIVATION DATE	ORGANIZATION	
ACTIVATION DATE	INACTIVATION DATE	ORGANIZATION	
ACTIVATION DATE	INACTIVATION DATE	ORGANIZATION	

9. Please enclose your original certificate(s) with this form. If you are unable to enclose your original certificate because it is lost or is no longer in your possession, please check here.

NOTE: YOU MUST INCLUDE COPIES OF OFFICIAL MILITARY ORDERS DOCUMENTING THE BEGINNING AND ENDING DATES OF PERIODS(S) OF ACTIVE DUTY.

AFFIDIVIT

I, _____ certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and all information included in this form is true and correct. If the answers to any question on the form change prior to my being granted certification, I must immediately notify Professional Education and Certification at OSPI. The intentional misrepresentation of a material fact on this form subjects the holder to revocation of his/her certificate pursuant to chapter 181-87 WAC.

 Signature Date City/State

ISSUED STATE OFFICE USE ONLY
 MAILED CODES



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

Together We Are Inspiring Life-Long Learners

Notice of Special Education and Cumulative File Transfer Request
For Student's Confidential Records

Student Name _____ Birth Date _____

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 student

Please mail to the above address: Attention Connie Fehrenbach _____
Registrar / School Official

.....
Parent / Guardian Release

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

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: _____

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 Connie 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



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 360-793-1330/FAX 360-793-2835
 Home of the Bears!

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.

Allow Do not allow

_____ _____ photos to be taken and published in school items.

_____ _____ directory information to be shared.

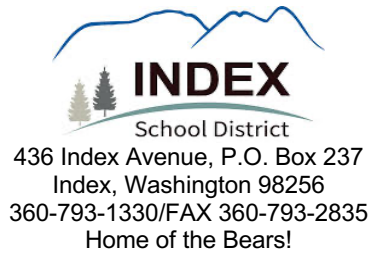
For Student Named _____

Address _____ Zip Code _____

Birth Date _____ Today's Date _____

Signature of Parent/Guardian of Above Student _____

RETURN THIS FORM TO YOUR SCHOOL PRINCIPAL



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 2022-2023.

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 _____



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

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 every day is important. Consistent attendance will help children do well in high school, college, and at work.

DID YOU KNOW?

- Starting in kindergarten, too many absences (excused and unexcused) can cause children to fall behind in school.
- Missing 10% (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 relationship 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: _____

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

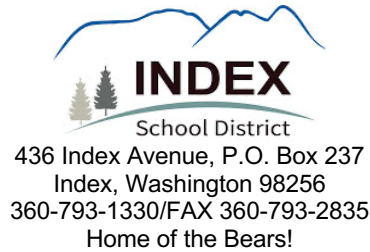
Signature of Parent/Guardian

Printed Name of Student

Printed Name of Parent/Guardian

Date Signed

Date Signed



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 _____



School District
 436 Index Avenue, P.O. Box 237
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Home of the Bears!

Together We Are Inspiring Life-Long Learners

Medical 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 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 healthy 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 indicating 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.



Together We Are Inspiring Life-Long Learners

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 anytime 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: _____

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 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 persons 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 withdrawn 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

Together We Are Inspiring Life-Long Learners

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
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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 device, **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 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.