



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 \_\_\_\_\_

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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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 <sup>nd</sup> 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** \_\_\_\_\_



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](mailto: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
2	ADDRESS			
	CITY/STATE/ZIP			
5	TELEPHONE BUSINESS ( )		HOME ( )	

MAIDEN/FORMER NAME
3 DATE OF BIRTH
4 SOCIAL SECURITY NO (OPTIONAL)
6 E-MAIL
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.

**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 \_\_\_\_\_

STATE OFFICE USE ONLY

ISSUED	MAILED	CODES
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# 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: \_\_\_\_\_

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Office Use Only - Do not write below this line

Total days requested \_\_\_\_\_  Excused  Unexcused

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Principal's Signature

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Date



436 Index Avenue, P.O. Box 237  
 Index, Washington 98256  
 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.

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**Allow      Do not allow**

\_\_\_\_\_      \_\_\_\_\_ photos to be taken and published in school items.

\_\_\_\_\_      \_\_\_\_\_ directory information to be shared.

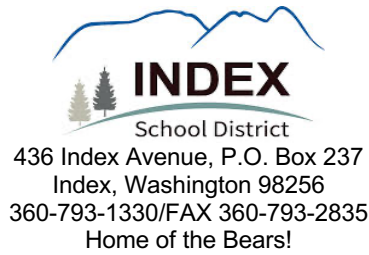
For Student Named \_\_\_\_\_

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 6<sup>th</sup> 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.)*

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Signature of Student

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Signature of Parent/Guardian

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Printed Name of Student

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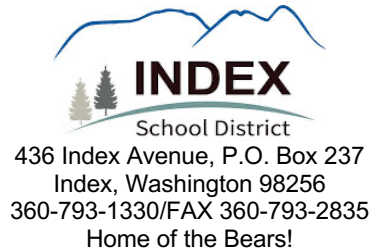
Printed Name of Parent/Guardian

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Date Signed

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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.

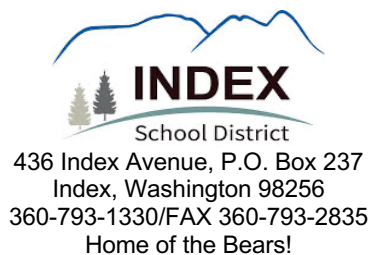
Student Signature \_\_\_\_\_

**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 \_\_\_\_\_



**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  
**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 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.