

STUDENT NAME: _____

PLEASE DO NOT WRITE ON THIS PAGE,
THIS PAGE IS FOR ADMINISTRATIVE
USE ONLY

NEW RETURNING

APPLICATION DATE: _____

ENROLLMENT PROCESS

• **FRONT OFFICE** _____

- COMPLETED APPLICATION
- SUPPORTING DOCUMENTS
 - BIRTH CERTIFICATE
 - PROOF OF TRIBAL ENROLLMENT : _____
 - C.I.S FORM
 - COMPLETED FDA NUTRITION PAPERWORK
 - OSPI REQUIRED DOCUMENTS
 - RACE/ETHNICITY
 - HEALTH
 - MILITARY SERVICE
 - HOME LANGUAGE
 - MCKINEY VINTO (OPTIONAL)

• **TRANSPORTATION** _____

• **SPECIAL SERVICES** _____

- STUDENT HAS IEP
- STUDENT HAS 504 PLAN
- OBTAINED SUPPORTING DOCUMENTS
 - * DATE RECEIVED: _____

• **COMPLIANCE** _____

- OSPI DOCUMENTS COMPLETE
- COMPLETED APPLICATION

• **PRINCIPAL** _____

- APPROVAL
 - o START DATE: _____
- DENIAL
 - o PARENT CONTACTED: _____



WA HE LUT INDIAN SCHOOL

ENROLLMENT APPLICATION

FOR ADMINISTRATIVE OFFICE ONLY

SY: **2023-2024**

START DATE: _____

NEW

RETURNING

UPDATE

MUST MATCH BIRTH CERTIFICATE

Student Legal Last Name	First Name	Middle Name	Date of Birth	Grade

Nickname/Preferred Name (if applicable)	Gender (circle one)	Student Lives With (circle all that apply)
	Female Male Non-Binary	Mother - Father - Grandparent - Legal Guardian Other, please explain:

DOES YOUR STUDENT:

Have a 504 Plan? Yes No Receive Special Education Services? Yes No (if yes for Special Education, please check below)

Resource Self-contained Speech Hearing-Impaired Visually Impaired OT/PT Other

Are there any court orders that the school should have on file? YES NO if yes, please provide legal documentation to the school.

Court Order: _____ Caseworker: Phone: _____

Is there a second or shared non-household guardian? YES NO if yes, please provide legal documentation (Parenting Plan) to the school and include the shared guardians name and contact information below.

Guardian One (print name)	Relationship to Student	Phone Number	Email

Home Address	Unit Type and Number	City	Zip

Mailing Address, if different from above	Unit Type and Number	City	Zip

Guardian Two (print name)	Relationship to Student	Phone Number	Email

Home Address (if different from Guardian One)	Unit Type & Number	City	Zip

"I give permission to the following emergency contacts to pick up my child." Leave blank if the child can only be picked up by guardians.

Name	Relationship to Student	Phone Number
1. _____		
2. _____		

TRIBAL INFORMATION

TRIBAL/Ethnic AFFILIATION: _____ TRIBALLY ENROLLED: YES NO

ENROLLMENT NUMBER: _____ YEAR OF ENROLLMENT: _____

PROOF OF ENROLLMENT ON FILE? YES NO

LEGAL GUARDIAN MEDIA CONSENT

I hereby consent to and authorize the use and reproduction by Wa He Lut Indian School Agency or anyone authorized by Wa He Lut Indian School Agency, of any and all photographs that have been taken of me and/or my children. All negatives, positives, together with prints are owned by the school. Wa He Lut Indian School Agency reserves the right to use these photographs in any of its prints or electronic publications." CONSENT YES, I CONSENT NO, I DO NOT CONSENT

NATIVE LANGUAGE INSTRUCTION

I give permission for my child to receive Native Language instruction for the purpose of English proficiency maintenance or restoration and enhancement." CONSENT YES, I CONSENT NO, I DO NOT

⇒ LEGAL GUARDIAN SIGNATURE

DATE

TRANSPORTATION INFORMATION

STUDENT NAME: _____ GRADE: _____

Pick my child up at home address Drop my child off at home address

My child's pick up/drop off address is somewhere other than home. Please explain and provide information below:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

FIELD TRIP PERMISSION FORM

My Child, _____, is permitted to participate in all field trips for the 20____-20____ school year.

Throughout the year, WA HE LUT INDIAN SCHOOL offers field trips for student participation. Notifications and permission slips will be sent home prior to each trip or parents/guardians will be notified by a school official. In the event your student does not return their permission slip, we will use this form as permission for them to attend.

Transportation will be provided by First Student School Buses or Wa He Lut Indian School Shuttles. Students will leave from the school and return to the school during regular school hours unless previously notified.
I give permission for my child to be seen by a medical team and be transported to a local hospital for immediate care if needed.

As parent/guardian of the above named student, I promise to hold Wa He Lut Indian School harmless from any liability that may incur from the above named student in connection with the above described excursion, except as might arise because of negligence on the part of the school.

The following ALLERGIES or SPECIAL HEALTH PROBLEMS should be noted:

Parent/Guardian Name: _____ Phone Number: _____

Chaperone Information:

_____ Yes, I would like to be contacted to chaperone one or more field trips.
_____ No, I will not be able to chaperone any school field trips.

I understand that I may not bring additional siblings/children along due to my supervision responsibilities and insurance liability restrictions. I understand that all chaperones must be at least 18 years old to attend. I promise to hold Wa He Lut Indian School harmless from any liabilities that may incur from the above described excursion except as might arise because of negligence on the part of the school.

BY SIGNING THIS FORM YOU ARE GRANTING PERMISSION FOR THE ABOVE NAME CHILD TO PARTICIPATE IN ALL SCHOOL FIELD TRIPS.

PARENT/GUARDIAN SIGNATURE _____
(THIS FORM IS VALID UNLESS YOU NOTIFY THE SCHOOL IN WRITING)

Verification of Student History

Student Name: _____ Birthdate: _____

Address: _____

Name of Last School Attended: _____

City _____ State _____ Enrolled from _____ to _____

Does the student have a history of any of the following?

	YES	NO
<i>Placement in a Special Education Program</i>		
<i>Placement in Remedial/ LAP Math</i>		
<i>Placement in Remedial/ LAP Reading</i>		
<i>Special accommodations for a 504 Plan</i>		
<i>Health conditions affecting the student's educational needs</i>		
<i>Unpaid fines and fees from other schools</i>		
<i>Past, current, or pending suspensions from school for 10 or more days</i>		
<i>Past, current, or pending expulsions from school</i>		
<i>Conviction, Adjudication or a diversion agreement related to any of the following:</i>		
<i>Violent offense</i>		
<i>Assault</i>		
<i>Sexual offense</i>		
<i>Harassment, extortion, or stalking</i>		
<i>Arson or vandalism</i>		
<i>Inhaling toxic fumes</i>		
<i>Drug offense</i>		
<i>Liquor violation</i>		
<i>Currently on probation under the court system of this or any other state</i>		

If you answered **YES** to any of the above, please provide an explanation on the reverse side of this form.

Parent/ Guardians Name: _____

What is your relationship to the student? Parent Guardian Other: _____

Signature: _____

Wa He Lut Indian School Policy requires completion of this form for students who are enrolling for the first time or re-enrolling after an absence from the district. Answering yes to any of the above questions does not result in automatic denial of enrollment. However, failure to accurately complete this form may result in denial of student application. Parents/Guardians needing assistance with this form should call the front office: 360-456-1311.

WA HE LUT INDIAN SCHOOL
INDIAN STUDENT ELIGIBILITY CERTIFICATION

INDIAN EDUCATION ACT OF 1988, TITLE V, PART C- SECTION 5314

PARENTS/GUARDIANS:

In order to apply for a formula Grant under the Indian Education Act, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose.

Indian means any individual who is (1) a member (as defined by the Indian tribe, band, or other organized group of Indians, including those Indian tribes, bands, or groups terminated since 1940, and those recognized by the state in which they reside; or a descendant, in the first or second degree, of such member; or (2) considered by the secretary of the interior to be an Indian for any purpose; or (#) an Eskimo or Aleut or other Alaskan Native.

Public reporting burden for this collection of information is estimated to average 15 minutes per response for parents and 30 minutes for local education agency (LEA), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

Send comments regarding this burden or estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the US Dept. of Ed., Information Management and Compliance Division, Washington, DC 20202-4651; and to the Office Of Management And Budget, Paperwork Reduction Project 1810-0051, Washington, DC 20505

You are not required to complete and submit this form to the school. However, if you choose not to submit a form which contains the child's name, the name of the tribe, band, or group, and your dated signature, your child cannot be counted by the school for funding under the Act. Please return this completed form to your child's school.

NAME OF CHILD _____ BIRTHDATE _____
(As shown on birth certificate)

SCHOOL NAME: WA HE LUT INDIAN SCHOOL GRADE _____

NAME OF TRIBE, BAND OR GROUP: _____

Tribe, Band, or Group is:

Federally Recognized State Recognized
 Terminated Including Alaska Native Other Organized Group

Membership in the name of: _____

Above individual is:

Child Child's Parent Child's Grandparent

Proof of membership, as defined by the Tribe, Band, or Group:

Membership or Enrollment Number: _____

Other: _____

Name and Address of organization maintaining membership data for the Tribe, Band, or Group:

I VERIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

Optional: (this form will not be released to any committee without your prior approval). By signing below you are giving permission for the school to release this form to School committees

**WA HE LUT INDIAN SCHOOL
INDIAN BLOOD VERIFICATION**

PLEASE FILL IN ALL BLANKS as completely as possible. Use First, Last, and Middle names. If Parents or Grandparents are Non-Indian, indicate "N/I" after tribe.

SCHOOL NAME: WA HE LUT INDIAN SCHOOL, 11110 CONINE AVE SE, OLYMPIA, WA 98513
 PHONE: 360-456-1311 FAX: 360-456-1319

STUDENT NAME: _____

DATE OF BIRTH: _____ GRADE: _____

TRIBE: _____ ENROLLMENT NUMBER: _____

Family History

 Student's Father's Name

Is Father listed on Birth Certificate? Yes No

Tribe: _____

Enrollment Number: _____

Birthdate: _____

 Father's Father

Tribe: _____

Enrollment Number: _____

Birthdate: _____

 Father's Mother

Tribe: _____

Enrollment Number: _____

Birthdate: _____

 Student's Mother's Name

Tribe: _____

Enrollment Number: _____

Birthdate: _____

 Mother's Father

Tribe: _____

Enrollment Number: _____

Birthdate: _____

 Mother's Mother

Tribe: _____

Enrollment Number: _____

Birthdate: _____



WA HE LUT INDIAN SCHOOL

2023-2024 PARENT/STUDENT/SCHOOL COMPACT

Wa He Lut Indian School Agency works to nurture students to become lifelong, active participants in their own education, develop a sense of self and community, and become responsible and compassionate members of society. Wa He Lut welcomes and values parent involvement in pursuit of the school's mission.

A child's education and academic success is dependent on the combined efforts of the school, student and family. Relationships between all have a significant impact on your child's personal growth and academic excellence. The following is a compact outlining the collective responsibilities of all parties:

Parent/Guardian Rights

- My child will learn in a safe and healthy environment.
- I will have opportunities to observe my child's learning environment and provide staff with feedback.
- My concerns, if any, will be heard and addressed. This does not mean my point of view will always prevail, but my concerns will always be taken seriously.
- I will be kept informed about my child's progress and needs.
- I will have opportunities to understand the school's approach to teaching and learning and classroom expectations for students and families.
- My child and I will be treated with respect and care in our interactions with school staff.

Parent/Guardian Responsibilities

- I will support the mission and goals of Wa He Lut Indian School Agency.
- I will be an active partner with the teachers and my child in my child's education. I will attend parent-teacher conferences, monitor my child's progress, and let my child's teachers know right away if I notice any problems.
- I will support my child at home by providing an environment conducive to learning.
- I will ensure that my child attends school regularly and arrives on time.
- I will provide absence notes to the front desk upon my child's return; and will provide a doctor's note if there are 3 or more consecutive days of absence. Excuse notes must be submitted within 5 days of absence for consideration for absence(s) to be excused.
- I will raise any concerns I have directly with the appropriate staff or the principal.
- I will treat staff, other parents, and students with respect.

Student Responsibilities

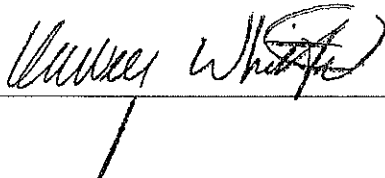
- I will respect classmates, staff and family.
- I will take care of and respect school property.
- I will abide by school rules.
- I will attend class regularly, on time.
- I will come to school appropriately dressed and well-rested.
- I will complete all assignments and homework on time and in an acceptable form.
- I will actively participate in classroom activities, classwork and homework.
- I will work cooperatively with teachers, staff, parents/guardians and communicate regularly.
- I will have a positive attitude towards learning and work towards academic excellence.

School Responsibilities

- Wa He Lut will provide a safe and healthy environment.
- We will provide high-quality curriculum and instruction.
- We will hold biannual parent-teacher conferences.
- We will provide parents with reports on their child's progress
- We will provide parents reasonable access to staff.
- We will provide parents opportunities to volunteer; and
- We will ensure regular two-way meaningful communication between family members and staff, to the extent practicable, in a language family members can understand.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Principal Signature:  Date: 1 July 2023

Vaccines Required for School: Preschool -12th

August 1, 2023 to July 31, 2024



	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥ 5 years)	2 doses	4 doses** (Not required at age ≥ 5 years)	4 doses**	2 doses
Kindergarten through 6th Age ≥ 5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
7th through 10th	5 doses DTaP** Plus Tdap at age ≥ 10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
11th through 12th	5 doses DTaP** Plus Tdap at age ≥ 7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

**Vaccine doses may be acceptable with fewer than listed depending on when they were given.

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

Review the Individual Vaccine Requirements Summary for more detailed information, located on our web page: www.doh.wa.gov/SCCI

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Vaccine	Dose #	Minimum Age	Minimum Interval* Between Doses	Notes
Hepatitis B (Hep B)	Dose 1	Birth	4 weeks between dose 1 & 2	2 doses are acceptable if both doses are documented as adult doses of Recombivax HB* given between ages 11 and 15. The doses must be separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP and Tdap)	Dose 1	6 weeks	4 weeks between dose 1 & 2	A 6 month interval is recommended between dose 3 and dose 4, but a minimum interval of 4 months is acceptable. Dose 5 not needed if dose 4 on or after the 4th birthday and at least 6 months after dose 3 DTaP can be given to children through age 6, if catch-up doses are needed at age 7 and older, Tdap is used followed by additional doses of Tdap or Td if needed. A Tdap booster dose is required for all students in grades 7-12. For students in 7th –10th grade, Tdap dose is acceptable if given on or after 10 years of age. For students in 11th—12th grades, Tdap dose is acceptable if given on or after 7 years of age. if all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be \geq 12 months of age. Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 12.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	
	Dose 5	4 years	—	
Haemophilus influenzae type B (Hib)	Booster	10 years	—	Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 17. Age \geq 5 years: Not required because not routinely given to children age 5 years and older.
	Dose 1	6 weeks	4 weeks between dose 1 & 2	
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
Pneumococcal Conjugate (PCV13)	Dose 4	12 months	—	Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 17. Age \geq 5 years: Not required because not routinely given to children age 5 years and older.
	Dose 1	6 weeks	4 weeks between dose 1 & 2	
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
Polio (IPV or OPV)	Dose 4	12 months	—	Dose 4 not needed if dose 3 on or after the 4th birthday and at least 6 months after dose 2. OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series.
	Dose 1	6 weeks	4 weeks between dose 1 & 2	
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 4	4 years	—	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see * footnote.
	Dose 1	12 months	4 weeks between dose 1 & 2	
Varicella (Chickenpox) (VAR)	Dose 2	13 months	—	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable. Must be given the same day as MMR OR at least 28 days apart, see* footnote. Healthcare provider verification of disease history is acceptable to document immunity.
	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years). 4 weeks between dose 1 & 2 (13 years and older)	
	Dose 2	15 months	—	

*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist). See the Individual Vaccine Requirements Summary for more details about the schedules: <https://www.doh.wa.gov/SCCI>

LIFE- THREATENING ALLERGIES AND HEALTH CONDITIONS

REQUIRED INFORMATION

Must be completed at time of enrollment

IMPORTANT HEALTH INFORMATION FOR PARENT/GUARDIAN:

• **SERIOUS HEALTH CONDITIONS:** in accordance with Washington State Law, RCW28A.210.320, students who have a life-threatening health condition must have a health care plan along with any need medication or treatment order (and supplies) in place prior to attending school. Life-threatening means a health condition that will put the child in danger of death during the school day if the above requirements are not met.

Office Staff: Please notify School Nurse for any "yes" responses

PARENT/ GUARDIAN PLEASE COMPLETE THE FOLLOWING:

Student Name: _____ Date of Birth: _____

Does your child have: _____

- Severe Allergies YES NO
 - If yes, allergy to: _____
 - Describe Reaction: _____
- Severe Asthma YES NO
- Heart Condition YES NO
- Seizure Disorder YES NO
- Diabetes YES NO
- Other Life-Threatening Health Condition(s) YES NO
 - If yes, describe: _____

- I understand that it is my responsibility to inform the school if there are changes in my child's health.
- I also understand that indicating a health condition on this form does not constitute a health care plan.
- I understand that above information may be shared with school staff as needed to protect the health and safety of the student and to plan for a safe environment conducive to learning.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____

Forms reviewed by: _____ Date: _____
(School Staff)

Washington State Vaccine Requirements

WAC CHAPTER 246-105

Students must have the required immunization to protect them and others. Certificate of Immunization Status or CIS forms are accepted by hand delivery, mail, fax, or email. Please send completed vaccination report as soon as possible.

If a student has incomplete shot records, you have 30 days to start the required immunizations. If not completed within 30 days, the student will be sent home until immunized.

IF YOUR FAMILY DECIDES TO DECLINE IMMUNIZATIONS FOR YOUR STUDENT ON THE BASIS OF EXEMPTION PLEASE SEE THE OFFICE FOR NECESSARY PAPERWORK REGARDING EXEMPTIONS.

ANNUAL HEALTH HISTORY

Student Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade	School	Date
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The following information is required to plan an appropriate program for your child and to be prepared for any emergency situation should arise. This information may be shared with school staff on a "need to know basis."

MEDICAL HISTORY

- Asthma
- hay fever
- Diabetes
- Heart disease
- Seizures/Spells
- Bone disease
- Vision problem
- Hearing problem
- Speech difficulty
- Fainting
- nosebleeds
- Headaches
- Dental problems
- Color blindness
- Physical handicap
- Other _____

ALLERGIES

- Plants
- Drugs
- Foods
- Bees
- Animals
- Insects
- Other (specify) _____

Please describe allergic reactions: _____

MEDICATION (Medication requires physician and parent permission)

Does your child take medications? _____

At home? Yes No At school? Yes No

Name of medication: _____

Is medication needed for any other condition? _____

Signature of Parent: _____

Date: _____

If a medical condition is diagnosed or there is a change in medication during the school year, please notify the school nurse.

MEDICAL INFORMATION

Students Doctor or Clinic Information: _____

Doctor Name: _____

Address: _____

Phone Number: _____

Physical education activity: Limited Not Limited

If activity is to be limited, please explain: _____

Does your student wear: Contact lenses Glasses Hearing aids

Last eye exam: _____ Dental exam: _____ Medical Exam: _____

Is there anything else you would like to share to help school staff to better understand the needs of your child medically? Or in the event of a medical emergency? Please explain: _____

PARENT/ GUARDIAN MILITARY SERVICE

School districts are now required by the state of Washington to collect data regarding active duty military families as well as active reserves, all branches, and the Washington National-Guard. Please help Wa He Lut Indian School collect this required data by answering a few short questions requiring the military status of the parent/guardian(s) in your family. We greatly appreciate your participation.

Student's Name: _____ Grade: _____

For the purpose of data collection, please mark all that apply:

No parent or guardian currently serving as an active duty member of the U.S. Armed forces, reserves of the U.S. Armed Forces, or in the Washington National Guard.

Yes a parent/guardian is a current member of the **ACTIVE DUTY** U.S. Armed Forces.

Start Date: _____

Yes a parent/guardian is a current member of the **RESERVES** of the U.S. Armed Forces.

Start Date: _____

Yes a parent/guardian is a current full-time member of the **NATIONAL GUARD**

Start Date: _____

Yes more than one parent or guardian is currently either a member on active duty in the U.S. Armed Forces, reserves of the U.S. Armed Forces, or full-time National Guard.

Start Date: _____ Start Date: _____

No Response/Refuse to State

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Note: If at any time throughout the school year the military status changes, please contact your child's school to report the change.

Race and Ethnicity Data Collection



Why do we need this information?

The State of Washington requires school districts to collect this information, in alignment with the [Race and Ethnicity Student Data Taskforce](#). The information collected will be analyzed to ensure we are providing equitable resources and opportunities for all our students. The Family Educational Rights and Privacy Act protects the confidentiality of this information.

What is required?

Please **complete all 3 steps** of this survey for *each* of your students, making sure to select **both** ethnicity and race. According to the U.S. Department of Education, every student must have an ethnicity (step 2) **AND** one or more races (step 3) designated. If the parent/guardian does not answer all questions below, a school staff person will follow the federally mandated process of Observer Identification.

Step 1 – Student Information

Legal Last Name	Legal First Name	Legal Middle Name
Birthdate MM/DD/YYYY	Gender	Grade
Parent Name (please print)	Parent Signature	Data MM/DD/YYYY

Step 2 – Select Student Ethnicity

Is your student of Hispanic or Latino origin? *Please check all that apply.*

Not Hispanic/Latino	Costa Rican	Mexican	Salvadorian
Hispanic	Cuban	Mestizo	Spaniard
Argentine	Dominican	Native	Surinamese
Bolivian	Ecuadorian	Nicaraguan	Uruguayan
Brazilian	Guatemalan	Panamanian	Venezuelan
Chicano (Mexican American)	Guyanese	Paraguayan	Other Hispanic/Latino (Write in)
Chilean	Honduran	Peruvian	
Colombian	Jamaican	Puerto Rican	

Step 3 – Select Student Race

What race(s) do you consider your student? *Please check all that apply.*

American Indian/Alaska Native/Washington State Tribes	
American Indian/Alaskan Native	Port Gamble S'Klallam Tribe
Alaska Native (Write in)	Puyallup Tribe of Puyallup Reservation
American Indian (Write in)	Quileute Tribe of the Quileute Reservation
Washington State Tribes	Quinault Indian Nation
Chinook Tribe	Samish Indian Nation
Confederated Tribes and Bands of the Yakama Nation	Sauk-Suiattle Indian Tribe of WA
Confederated Tribes of the Chehalis Reservation	Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
Confederated Tribes of the Colville Reservation	Skokomish Indian Tribe
Cowlitz Indian Tribe	Snohomish Tribe
Duwamish Tribe	Snoqualmie Indian Tribe
Hoh Indian Tribe	Snoqualmoo Tribe
Jamestown S'Klallam Tribe	Spokane Tribe of the Spokane Res.
Kalispel Indian Community of the Kalispel Reservation	Squaxin Island Tribe of the Squaxin Island Reservation
Kikiallus Indian Nation	Stellacoom Tribe
Lower Elwha Tribal Community	Stillaguamish Tribe of Indians of Washington
Lummi Tribe of the Lummi Reservation	Suquamish Indian Tribe of the Port Madison Reservation
Makah Indian Tribe of the Makah Indian Reservation	Swinomish Indian Tribal Community
Marietta Band of Nooksack Tribe	Tulalip Tribes of Washington
Muckleshoot Indian Tribe	
Nisqually Indian Tribe	
Nooksack Indian Tribe of Washington	

Asian	
Asian	Malaysian
Asian Indian	Mien
Bangladeshi	Mongolian
Bhutanese	Nepali
Burmese/Myanmar	Okinawan
Cambodian/Khmer	Pakistani
Cham	Punjabi
Chinese	Singaporean
Filipino	Sri Lankan
Hmong	Taiwanese
Indonesian	Thai
Japanese	Tibetan
Korean	Vietnamese
Lao	Asian (Write in)

Native Hawaiian/Other Pacific Islander	
Native Hawaiian/Other Pacific Islander	Palauan
	Papuan
Pacific Islander	Pohpeian
Carolinian	Samoan
Chamorro	Solomon Islander
Chuukese	Tahitian
Fijian	Tokelauan
i-Kiribati/Gilbertese	Tongan
Kosraean	Tuvaluan
Maori	Yapese
Marshallese	Pacific Islander (Write in)
Native Hawaiian	
Ni-Vanuatu	

White/Eastern European/Middle Eastern & North African	
White	Emirati
White (Write in)	Iranian
	Iraqi
Eastern European	Israeli
Bosnian	Jordanian
Herzegovinian	Kurdish
Polish	Kuwaiti
Romanian	Lebanese
Russian	Libyan
Ukrainian	Moroccan
Eastern European (Write in)	Omani
	Palestinian
Middle Eastern & North African	Qatari
Algerian	Saudi Arabian
Amazigh or Berber	Syrian
Arab or Arabic	Tunisian
Assyrian	Yemeni
Bahraini	Middle Eastern (Write in)
Bedouin	
Chaldean	North African (Write in)
Copt	
Druze	
Egyptian	

Black/African/Caribbean/Latin American	
Black/African American	Latin America
African American	Argentine
African Canadian	Belizean
Black (Write in)	Boilvian
	Brazilian
Caribbean	Chilean
Anguillian	Colombian
Antiguan	Costa Rican
Bahamian	Ecuadorian
Barbadian	El Salvadoran
Barthélemois/Barthélemoises (Saint Barthélemy)	Falkland Islander
	French Guianese
British Virgin Islander	Guatemalan
Caymanian (Cayman Island)	Guyanese
Cuba Dominican	Honduran
Dominican (Dominican Republic)	Mexican
Dutch Antillean (Netherlands Antilles)	Nicaraguan
Grenadian	Panamanian
Guadeloupian	Paraguayan
Haitian	Peruvian
Jamaican	South Georgia and the South Sandwich Islands
Martiniquais/Martiniquaise	
Montserratian	Surinamese
Puerto Rican	Uruguayan
Caribbean (Write in)	Venezuelan
	Latin American (Write in)
Central African	South African
Angolan	Botswanan
Cameroonian	Mosotho (Lesotho)
Central African (Central African Rep)	Namibian
Chadian	South African
Congolese (Republic of the Congo)	Swazi
Congolese (Democratic Republic of the Congo)	South African (Write in)
Equatorial Guinean	
Gabonese	
São Tomé	
Principe	
Central African (Write in)	
East African	West African
Burundian	Beninese
Comoran	Bissau-Guinean
Djiboutian	Burkinabé (Burkina Faso)
Eritrean	Cabo Verdean
Ethiopian	Ivorian (Cote d'Ivoire)
Kenyan	Gambian
Malagasy (Madagascar)	Ghanaian
Malawian	Liberian
Mauritian (Mauritius)	Malian
Mahoran (Mayotte)	Mauritanian
Mozambican	Nigerien (Niger)
Reunionese	Nigerian (Nigeria)
Rwandan	Saint Helenian
Seychellois/Seychelloise	Senegalese
Somali	Sierra Leonean
South Sudanese	Togolese
Sudanese	West African (Write in)
Ugandan	
Tanzanian (United Republic of Tanzania)	
Zambian	
Zimbabwean	
East African (Write in)	



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

Student Name: _____	Grade: _____	Date: _____
Parent/Guardian Name _____ Parent/Guardian Signature _____		
<p>Right to Translation and Interpretation Services</p> <p>All families have the right to information about their child's education in a language they understand. Please tell us your language preferences so we can provide an interpreter or translated documents, free of charge, when you need them.</p>	<p>1. a) In what language(s) would your family prefer to receive written communication from the school? _____</p> <p>b) Do you need an interpreter for meetings and phone calls (including ASL)?</p> <p>Parent/Guardian Name #1: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p> <p>Parent/Guardian Name #2: _____</p> <p>Interpreter Needed? ____ Yes ____ No Language _____</p>	
<p>Eligibility for Language Development Support</p> <p>Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language(s) did your child first speak or understand? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What is the primary language used in the home, regardless of the language spoken by your child? _____</p> <p>5. Has your child received English language development support in a previous school? Yes ____ No ____ Don't Know ____</p>	
<p>Prior Education</p> <p>Your responses about your child's birth country and previous education:</p> <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	<p>6. In what country was your child born? _____</p> <p>7. Has your child ever received formal education outside of the United States? (K-12th Grade) ____ Yes ____ No</p> <p>If yes: Number of months: _____</p> <p>Language(s) of instruction: _____</p> <p>8. When did your child first attend a school in the United States? (K-12th Grade)</p> <p>_____</p> <p>Month Day Year</p>	

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



WA HE LUT INDIAN SCHOOL

11110 CONINE AVE SE OLYMPIA, WA 98513

OFFICE: 360-456-1311 FAX: 360-456-1319

REQUEST FOR TRANSFER OF STUDENT RECORDS

Student Name: _____

Date of Birth: _____ Grade: _____

Releasing School or Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Student Start Date: _____

This student is enrolled at Wa He Lut Indian School. Please include complete permanent file records of the following:

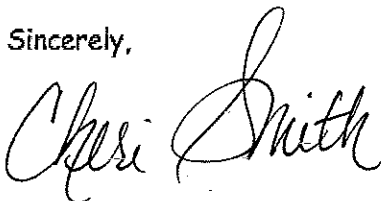
- *Permanent Records/ Official Transcripts- Basic identification information, grades, standardized test scores, activities, attendance, behavior and class standing.*
- *Health Information- all health information to include: Birth Certificate and Immunizations*
- *Administrative Information- Recommendations and Correspondence.*
- *Special Services Information- include psychological, speech, language, hearing, physical therapy, occupational therapy, casework, medical, vocational, etc.*
- *Legal Information- includes restraining orders, custody, guardianship, etc.*

I authorize the release of records to WA HE LUT INDIAN SCHOOL.

Parent/ Guardian Signature _____

Date _____

Sincerely,



Cheri Smith

Administrative Assistant

Cheri.Smith@wahelutindianschool.org

PLEASE FAX THE FOLLOWING DOCUMENTS AND MAIL REMAINING STUDENT FILE TO ABOVE ADDRESS:

- BIRTH CERTIFICATE
- IMMUNIZATIONS
- TRIBAL ENROLLMENT
- SPECIAL EDUCATION INFORMATION

1st Request _____

2nd Request _____

3rd Request _____

2023-24 Family Income Survey

Dear Parent/Guardian:

Schools receive federal and state funding (Learning Assistance Program, free student meals, personal bus stops, etc.) based on the number of children from households that qualify. This Family Income Survey provides the school a way to collect household income information. This information ensures the school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey so that we can continue receiving funding for our programs. Please complete and return this form to Wa He Lut Front Office as soon as possible.

Part 1. ELIGIBILITY: Determine your total household income. Then look at the income chart below and find your household size.

Only check the box next to your household size if your total household income is **equal to or less than** the amount listed. If your income is **more than** the amount listed in the row of your household size, check the Household does not qualify box.

***You only need to fill this out once per household, not for each student. If you have already completed this form for the 23-24 school year, you do NOT need to do so again.*

Income Chart
Effective from July 1, 2023 through June 30, 2024

Check box that applies	Household Size	How Often Payment is Received				
		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
<input type="checkbox"/>	1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
<input type="checkbox"/>	2	\$36,842	\$3,041	\$1,521	\$1,404	\$702
<input type="checkbox"/>	3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
<input type="checkbox"/>	4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
<input type="checkbox"/>	5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
<input type="checkbox"/>	6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
<input type="checkbox"/>	7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
<input type="checkbox"/>	8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
<input type="checkbox"/>	For each additional household member	\$9,509	\$793	\$397	\$366	\$183
<input type="checkbox"/>	Household does not qualify					

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you're applying for a household with a foster child, you may include the foster child in the total household size.

HOUSEHOLD INCOME is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not count foster payments as income.



Wa He Lut Indian School

11110 Conine Ave SE Olympia, WA 98513

(360) 456 - 1311 Fax: (360) 456 - 1319

WaHeLutIndianSchool.org

Welcome to Wa He Lut! We are so happy to have you here! We want to make information easy and accessible. Our school phone and fax number, website, and address are all listed at the top of the page. Things like the school calendar, monthly breakfast and lunch menu, staff contact information, etc can be found on the school website. *We recommend you put this sheet on your fridge, or somewhere you can always find it.*

AUTOMATIC MESSAGES

We have a way of communicating important information quickly with all of our parents, guardians, and staff. We use this number in the event of extreme weather conditions or other emergencies, important announcements, unexcused absences, etc.

YOU MUST OPT INTO THIS SERVICE by texting **YES** to **79041**

IMPORTANT STAFF

Superintendent and Principal Harvey Whitford	extension 104
Vice Principal Brenda Lovin	extension 105
School Counselor Stacy Turner	extension 137
Transportation Coordinator Randy Thorpe	extension 134
School Nurse Amber Magana	extension 128

You will be on BUS ROUTE # _____

Driver _____ who can be reached at (360) _____ - _____

	Normal Day	1 Hr Late Start (Most Wednesdays)	Early Release
Pick Up Time			
Drop Off Time			