

## Mary M. Knight School District

2987 W. Matlock-Brady Road  
Elma, WA 98541

360.426.6767 (office)  
360.427.5516 (fax)

[www.marymknight.com](http://www.marymknight.com)



**Matt Mallery**  
Superintendent

**Josh Stoney**  
Principal

**Sarah Bell**  
Assistant Principal  
Board of Directors

**Jill Edgin**

**Alexander Ushman**

**Cynthia Brehmeyer**

**Jake Goldy**

**Kayla Mali**

### Enrollment Packet Checklist

- ☐ Student Registration Form
- ☐ **Attach** a copy of Document Verifying Student's Age (birth certificate, passport, a previously verified school record, or any other document permitted by law)
- ☐ Request for Transfer of Student Records
- ☐ Certificate of Immunization Status (Fill Out or Attach Immunization Record)
- ☐ Student Health Information
- ☐ Authorization to Administer Medication at School
- ☐ Emergency & Early Dismissal Contact Information
- ☐ Family Income Survey
- ☐ Home Language Survey
- ☐ Ethnicity and Race Data Collection Form
- ☐ Military Parent or Guardian Affiliation Form
- ☐ Student Housing Questionnaire
- ☐ Application for Username and Password for Family Access Website
- ☐ Internet Agreement Forms

### Forms for you to keep

- ☐ Family Access Letter
- ☐ Student Internet Letter
- ☐ Attendance Letter
- ☐ Procedure Electronic Resources and Internet Safety
- ☐ Calendar

Equal Opportunity Employer-Mary M Knight School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights Compliance Coordinator Matt Mallery, Superintendent, [mmallery@mmk.wednet.edu](mailto:mmallery@mmk.wednet.edu), Section 504/ADA Coordinator, Josh Stoney, Principal, [jstoney@mmk.wednet.edu](mailto:jstoney@mmk.wednet.edu), Title IX Coordinator Laurie Seymour, Business Manager, [lseymour@mmk.wednet.edu](mailto:lseymour@mmk.wednet.edu). Each individual can be reached at 360-426-6767





Mary M. Knight School District  
**Student Registration Form**

**DO NOT WRITE IN SHADED ARE – FOR DISTRICT USE ONLY**

STUDENT ID #	GRADE	ENTRY DATE	MEDICAL ALERT	HOMEROOM #	LOCKER #	BUS ROUTE AM PM
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Student Information

Student Legal Last Name: \_\_\_\_\_ Student Legal First Name: \_\_\_\_\_  
Student Legal Middle Name: \_\_\_\_\_ Also known as: \_\_\_\_\_  
Gender: ☐ Male ☐ Female Birthdate (Month/Day/Year): \_\_\_\_\_ Birthplace (City/State/Country): \_\_\_\_\_  
Student Entering Grade Level \_\_\_\_\_  
Do you reside in the Mary M. Knight School District? ☐ Yes ☐ No If no, which district to you reside in? \_\_\_\_\_  
Has your child ever been registered in the Mary M. Knight School District? ☐ Yes ☐ No If yes, dates attended: \_\_\_\_\_  
Primary language spoken at home: ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

Primary Household

**Household #1 – Parent/Guardian #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Relationship to Student: ☐ Father ☐ Mother ☐ Guardian ☐ Foster ☐ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Primary Contact Phone Number: ☐ Home ☐ Cell ☐ Work Email Address: \_\_\_\_\_

**Household #1 – Parent/Guardian #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Relationship to Student: ☐ Father ☐ Mother ☐ Guardian ☐ Foster ☐ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Secondary Household

**Household #2 – Parent/Guardian #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Relationship to Student: ☐ Father ☐ Mother ☐ Guardian ☐ Foster ☐ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Primary Contact Phone Number: ☐ Home ☐ Cell ☐ Work Email Address: \_\_\_\_\_

**Household #2 – Parent/Guardian #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Relationship to Student: ☐ Father ☐ Mother ☐ Guardian ☐ Foster ☐ Other \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Student History

Name of School Student last attended: \_\_\_\_\_ District: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Has your child ever been retained? ☐ Yes ☐ No If yes, at what grade level(s)? \_\_\_\_\_

Has your child ever received services in the follow programs? Check all applicable programs.

☐ Special Education ☐ 504 Accommodations ☐ Highly Capable ☐ Title 1 ☐ LAP ☐ Other \_\_\_\_\_

Name of school(s) where services were received: \_\_\_\_\_

Does your child have any past, current, or pending disciplinary actions or history of violent behavior? ☐ Yes ☐ No

Is your child presently on suspension or expulsion from another school? ☐ Yes ☐ No If yes, reason: \_\_\_\_\_

Is there a joint custody or parenting plan in effect? ☐ Yes ☐ No (If yes, the plan must be on file at the district for enforcement.)

Is there a restraining order in effect? ☐ Yes ☐ No (If yes, legal documents must be on file at the district for enforcement.)

Restraining order is against: ☐ Father ☐ Mother ☐ Other \_\_\_\_\_

## Emergency Contacts

Name (other than guardian): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name (other than guardian): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name (other than guardian): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name (other than guardian): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Childcare

Does student attend childcare? ☐ Before School ☐ After School ☐ Before and After School

Provider's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

## Siblings

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**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 as emergency contacts.

**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 MMK District.

**DIRECTORY INFORMATION:** In order to protect the privacy of parents and students, and to comply with the requirements of Section 438 of the General Privacy Act, as amended, designates the following categories of personally identifiable information from student records as directory information: student name, address and telephone number; date and place of birth; participation in officially recognized activities and sports; weight and height of athletic team members; dates of attendance; academic recognition; and photographs or other similar information. **If you do not wish us to release directory information please indicate below, otherwise it is not necessary to take any action.** ☐ Do not release directory information on my child.

**FIELD TRIPS:** I give my permission for my child to participate in school-related field trips or extra-curricular trips. I agree that the district will not be held responsible for any added liability. ☐ Yes ☐ No

**Legal Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Mary M. Knight School District

2987 W. Matlock Brady Rd.

Elma, WA 98541

(360) 426-6767 FAX (360) 427-5516

### REQUEST FOR TRANSFER OF STUDENT RECORDS TO:

Previous School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please fax or email education records, discipline records, health and immunization records, and any other pertinent information concerning:**

Student Name	Date of Birth	Current Grade

Withdrawal date from previous school: \_\_\_\_\_ Is student receiving special services? ☐ Yes ☐ No

### PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

In accordance with the Family Educational Rights and Privacy Act and Washington State Law, I hereby authorize the release of all records regarding the following student(s). I understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School District Official Signature: \_\_\_\_\_

Records Requested Date: \_\_\_\_\_ Faxed to #: \_\_\_\_\_ Emailed to: \_\_\_\_\_

### Send Records back to:

Kitty Brehmeyer – kbrehmeyer@mmk.wednet.edu

Shantel Freeman – sfreeman@mmk.wednet.edu

Or Fax to 360-427-5516 attention Kitty Brehmeyer or Shantel Freeman





# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib ( <i>Haemophilus influenzae type b</i> )							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ OPV (Polio)							
●▲ MMR (Measles, Mumps, Rubella)							
● PCV/PPSV (Pneumococcal)							
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature    Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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## Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

### To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

### To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

### Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

### Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

### Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 June 2021





Mary M. Knight School District  
**Student Health Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child take any medication while at home? ☐ Yes ☐ No

Does your child take any medication while at school? ☐ Yes ☐ No

List all medications: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please describe any health concerns regarding your child. It is important to keep school personnel informed of any change in health conditions or medications that could affect your child's school performance.

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:		COMMENTS & DATES RELATED TO CONDITIONS (DESCRIBE REACTIONS)
<input type="checkbox"/> ADD/ADHD (R20)	Record of diagnosis is required to be on file.	
<input type="checkbox"/> Allergies, other (A)	<input type="checkbox"/> Bee Sting (A10) <input type="checkbox"/> Drug (A13) <input type="checkbox"/> Pollens (A12) <input type="checkbox"/> Food (A15)	Anaphylactic <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asthma/Respiratory	<input type="checkbox"/> Exercised Induced (B11) <input type="checkbox"/> With Allergies (B12)	Inhaler Used <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Carries Own
<input type="checkbox"/> Chronic Earaches (EA1)	<input type="checkbox"/> History of Ear Infections (EA)	
<input type="checkbox"/> Diabetes (D)	<input type="checkbox"/> Insulin Dependent (D10) <input type="checkbox"/> Diet Controlled (D11) <input type="checkbox"/> Non-Insulin Dependent (d12)	
<input type="checkbox"/> Hearing Loss (H)	<input type="checkbox"/> Mild (H10) <input type="checkbox"/> Severe (H12) <input type="checkbox"/> Moderate (H11) <input type="checkbox"/> Hearing Aid (H20)	
<input type="checkbox"/> Heart Problem (C9)		
<input type="checkbox"/> Language/Speech Delay (SP)		
<input type="checkbox"/> Nosebleeds (NB)		
<input type="checkbox"/> Orthopedic Condition (OC)	<input type="checkbox"/> Fractures (OC1) <input type="checkbox"/> Dislocations (OC3) <input type="checkbox"/> Sprains (OC2)	
<input type="checkbox"/> Other Illness (OI)	<input type="checkbox"/> Hepatitis (OI1) <input type="checkbox"/> Kidney (K10) <input type="checkbox"/> Mononucleosis (OI4)	
<input type="checkbox"/> Physical Disability (PD)		
<input type="checkbox"/> Seizure Disorder (F)		
<input type="checkbox"/> Visual Problems (E)	<input type="checkbox"/> Legally Blind (E10) <input type="checkbox"/> Color Blind (E26) <input type="checkbox"/> Visual Deficit (E12) <input type="checkbox"/> Wears Glasses	

**Authorization to Administer Oral Medications Form must be signed by parent and physician and on file in the school office.**

I hereby authorize and give my consent to the authorities of Mary M. Knight School District No. 311 to obtain emergency medical treatment. I also authorize medical authorities to perform upon or administer necessary medical or surgical treatment to the above-named student. District authorities are not excused from attempting to contact me before relying upon this authorization. I understand that I will assume full responsibility for the payment of any services rendered.

I understand that the information listed above may be shared with school personnel on a need to know basis to facilitate the school district in providing a safe environment for my son / daughter.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization to Administer Medication at School

## Authorization to Administer Medication at School

Please note: This form must be completed and signed by the parent/guardian **and** the student's Licensed Healthcare Provider, with prescriptive authority. This form is for both **prescription** and **nonprescription** medication. Complete a separate form for **each** medication. All medication must be transported to and from the school by a responsible adult.

## PARENT/GUARDIAN REQUEST

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to dispense medication to the above identified student in accordance with the prescription or LHP's instructions for the period commencing: START DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_ or END of SCHOOL YEAR-including summer school activities: Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of half-day school schedule, I want my child to take his/her medication at school: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/guardian Signature

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

## LICENSED HEALTHCARE PROVIDER REQUEST

MEDICATION (Name, Dosage) \_\_\_\_\_

ADMINISTRATION SCHEDULE \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_

**FURTHER INSTRUCTIONS** (possible reactions, etc.): This section must be completed if medication is to be dispensed for more than 15 days. \_\_\_\_\_

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing: START DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_ or END of SCHOOL YEAR-including summer school activities Yes \_\_\_\_\_ No \_\_\_\_\_, as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

\_\_\_\_\_

Date

\_\_\_\_\_

Licensed Healthcare Provider Signature

\_\_\_\_\_

Office Phone

\_\_\_\_\_

Name (please print)



## Emergency and Early Dismissal Contact Information

Dear Parents/Guardians,

We may have days when school late start or early dismissal are required to circumstances beyond our control. We need to ensure we have current information from you. Also, we need your written consent to use our automated mass phone notification system. We urge you to make sure to notify us with updates if your contact information changes during the school year.

Please provide name(s) and phone number to contact if school will be starting late or getting out early. Please fill in the form below and return it to the school.

Thank you very much for your assistance.

Matt Mallery  
Superintendent

Student(s) Name(s): \_\_\_\_\_

Primary Person(s) to Contact: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Secondary Person(s) to Contact: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

We are reluctant to just drop Elementary age children off if there is no one home to receive them. **We need your instructions.** In particular, please indicate if there is a neighbor or friend who would care for your child(ren) if we release early.

Special Instructions for School (if applicable): \_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2024–25 Child Nutrition Eligibility & Education Benefit Application – School/District Name

**Apply online:**

This application may qualify you for: meal benefits, Summer EBT benefits (if enrolled in a NSLP/SBP school), reduced fees for other programs and activities, and/or help secure funding for your school district. If your child(ren) are enrolled in a Community Eligibility Provision (CEP) or Provision 2 school, completing this application will not impact your eligibility to receive meals at no cost.

**Complete, sign, and return this application to:** INSERT FULL APPLICATION PROCESSING ADDRESS HERE

**Check here if you received meal benefits last year:** ☐

1. List **all students** living with you that are attending school. If the student is in foster care, experiencing homelessness, or receiving migrant education services, indicate this by placing an “x” in the appropriate box. Include any personal income received by the student and make an “x” in the correct box for how often it is received. ☐ **Homeless** ☐ **Migrant**

Student’s Last Name	Student’s First Name	MI	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ Basic Food ☐ TANF ☐ Food Distribution Program on Indian Reservations (FDIPR) Case Number: \_\_\_\_\_

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance/ Child Support/ Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pensions/ Retirement/ Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any Other Income Not Already Listed	Weekly	Bi-weekly	2 X Month	Monthly
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household):  Last Four Digits of Social Security Number (SSN) of  Check if no SSN: ☐  
(total listed must equal number of household members listed above) **Primary Wage Earner or Other Household Member** (Optional if only applying for Summer EBT)

5. **Contact Information & Signature – Complete, sign, and return this application to:**

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member

Adult Household Member Signature

E-mail Address

Mailing Address

City, State & Zip Code

Daytime Phone

Date

6. **Children's Racial and Ethnic Identities (Optional)** – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

Mark one or more racial identities:

☐ American Indian or Alaska Native

☐ Asian

☐ Black, or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Mark one ethnic identity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

**Child Nutrition Eligibility:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

INSERT DISTRICT NAME School District's Non-Discrimination Statement

**SCHOOL USE ONLY DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do **NOT** convert to annual income unless household reports multiple pay frequencies).

**LEA APPROVAL:** ☐ Basic Food/TANF/FDPIR/Foster  
☐ Income Household

Total Household Size	_____	Weekly	_____	Bi-Weekly	_____	2x per Month	_____	Monthly	_____	Annual	_____
Total Household Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**APPLICATION APPROVED FOR:** ☐ Free Eligible  
☐ Reduced-Price Eligible

**APPLICATION DENIED BECAUSE:** Income Over Allowed Amount ☐ Other: \_\_\_\_\_  
Incomplete/Missing Information

\_\_\_\_\_  
Date Notice Sent

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date



Office of Superintendent of Public Instruction  
(OSPI) Home Language Survey

<b>Student Name:</b>		<b>Date:</b>
<b>Birth Date:</b>	<b>Gender:</b>	<b>Grade:</b>
<b>Form Completed by:</b> Parent/Guardian Name _____ Relationship to Student _____ Parent/Guardian Signature _____ If available, in what language would you prefer to receive communication from the school? _____		
<b>Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended?</b> Yes__ No__ Don't Know__		
1. In what country was your child born?		_____
2. <b>What language did your child first learn to speak?*</b>		_____
3. <b>What language does <u>YOUR CHILD</u> use the most at home?*</b>		_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?		_____
5. Has your child ever received formal education* outside of the United States? (Kindergarten – 12 <sup>th</sup> grade)  ____ Yes ____ No  "Formal education" does not include refugee camps or other unaccredited programs for children.		If yes, in what language(s) was instruction given?  For how many months? ____
6. When did your child first attend a school in the United States? (Kindergarten – 12 <sup>th</sup> grade)		Month _____ Day _____ Year _____
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation?  ____ Yes ____ No		

**\*WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

Note to district: A response of a language other than English to question #2 OR question #3 triggers ELL placement testing

## The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

### **What is the purpose of the Home Language Survey?**

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

### **Why do you ask about the student's first language and language(s) used in the home?**

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

### **Why do you ask where the student was born?**

This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

### **Why do you ask about my student's previous education?**

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

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.



**CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION  
FOR OTHER SCHOOL PROGRAMS  
2024-25 School Year**

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Print Student Name(s) here:**

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

This institution is an equal opportunity provider.



## Washington State Ethnicity and Race Data Collection Form

School districts in Washington State are required to report student data by ethnicity and race categories to the state's Office of Superintendent of Public Instruction. The same ethnicity and race categories are used in all Washington school districts. They are set by the federal government, the Washington State Legislature, and the state Superintendent of Public Instruction. **We need you to identify your child as either Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.**

Student **Legal** Last Name \_\_\_\_\_ **Legal** First Name \_\_\_\_\_

Is your child of **Hispanic or Latino** origin? ☐ Yes If yes, the state requires that at least one box must be checked in both section 1 & 2.  
☐ No If no, proceed to section 2. The state requires that at least one box must be checked.

### Section 1. Check all that apply.

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Cuban     | <input type="checkbox"/> Puerto Rican                     | <input type="checkbox"/> South American        |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> Latin American        |
| <input type="checkbox"/> Spaniard  | <input type="checkbox"/> Central American                 | <input type="checkbox"/> Other Hispanic/Latino |

### Section 2. What race(s) do you consider your child? Check all that apply. At least one box must be checked.

<input type="checkbox"/> <b>African American/Black</b> <input type="checkbox"/> <b>White</b>	<b>American Indian or Alaskan Native</b> <input type="checkbox"/> Alaska Native <input type="checkbox"/> Chehalis <input type="checkbox"/> Colville <input type="checkbox"/> Cowlitz <input type="checkbox"/> Hoh <input type="checkbox"/> Jamestown <input type="checkbox"/> Kalispel <input type="checkbox"/> Lower Elwha <input type="checkbox"/> Lummi <input type="checkbox"/> Makah <input type="checkbox"/> Muckleshoot <input type="checkbox"/> Nisqually <input type="checkbox"/> Nooksack <input type="checkbox"/> Port Gamble Klallam <input type="checkbox"/> Puyallup <input type="checkbox"/> Quileute
<b>Asian</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Malaysian <input type="checkbox"/> Pakistani <input type="checkbox"/> Singaporean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Quinalt <input type="checkbox"/> Samish <input type="checkbox"/> Sauk-Suiattle <input type="checkbox"/> Shoalwater <input type="checkbox"/> Skokomish <input type="checkbox"/> Snoqualmie <input type="checkbox"/> Spokane <input type="checkbox"/> Squaxin Island <input type="checkbox"/> Stillaguamish <input type="checkbox"/> Suquamish <input type="checkbox"/> Swinomish <input type="checkbox"/> Tulalip <input type="checkbox"/> Yakama <input type="checkbox"/> Other Washington Indian <input type="checkbox"/> Other American Indian/ Alaska Native
<b>Native Hawaiian or Other Pacific Islander</b> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Fijian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Mariana Islander <input type="checkbox"/> Melanesian <input type="checkbox"/> Micronesian <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Other Pacific Islander	

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

☐ Form was completed by parent ☐ Form was completed by (name) \_\_\_\_\_  
Completed form was received by \_\_\_\_\_ Date \_\_\_\_\_



## Military Parent or Guardian Affiliation Form

Washington State Legislature has mandated that data on students, from military families must be collected as stated in RCW **28A.300.507**.

**For the purpose of collecting the please mark all that apply:**

- ☐ No parent or guardian currently serving as member of the U.S. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- ☐ Yes a parent/guardian is a current member of the active duty U.S. Armed Forces.
- ☐ Yes a parent/guardian is a current member of the reserves of the US. Armed Forces.
- ☐ Yes a parent/guardian is a current member of the Washington National Guard.
- ☐ Yes more than one parent or guardian is currently either a member on active duty in the US. Armed forces, Reserves of the U.S. Armed Forces or Washington National Guard.
- ☐ No Response/Refused to state.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Siblings: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: If at any time through out the school year the military status changes please contact the Mary M. Knight School District office or your student's school to report the change.)



Mary M. Knight School District

## Student Housing Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. (Please see reverse side for more information)

**If you own/rent your own home, you do not need to complete this form.**

If you do not own/rent your own home, please check all that apply below. (Submit to District Homeless Liaison. Contact information can be found at the bottom of the page).

- |  |   |
|--|---|
| <input type="checkbox"/> In a motel  | <input type="checkbox"/> A car, park, campsite, or similar location |
| <input type="checkbox"/> In a shelter  | <input type="checkbox"/> Transitional Housing                       |
| <input type="checkbox"/> Moving from place to place/couch surfing                                      | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> In someone else's house or apartment with another family                      |   |
| <input type="checkbox"/> In a residence with inadequate facilities (no water, heat, electricity, etc.) |   |

---

Name of Student: \_\_\_\_\_  
First Middle Last

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_  
☐ Student is unaccompanied (not living with a parent or legal guardian)  
☐ Student is living with a parent or legal guardian

ADDRESS OF CURRENT RESIDENCE: \_\_\_\_\_

PHONE NUMBER OR CONTACT NUMBER: \_\_\_\_\_ NAME OF CONTACT: \_\_\_\_\_

Print name of parent(s)/legal guardian(s): \_\_\_\_\_  
(Or unaccompanied youth)

\*Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Or unaccompanied youth)

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

**Please return completed form to:**

Mary M Knight School District Office 2987 W Matlock Brady Road, Elma WA 98541 360.426.6767

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**For School Personnel Only:** For data collection purposes and student information system coding

☐ (N) Not Homeless ☐ (A) Shelters ☐ (B) Doubled-Up ☐ (C) Unsheltered ☐ (D) Hotels/Motels

**McKinney-Vento Act 42 U.S.C. 11435**

**SEC. 725. DEFINITIONS.**

For purposes of this subtitle:

(1) The terms enroll' and enrollment' include attending classes and participating fully in school activities.

(2) The term homeless children and youths' —

(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) includes —

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals;

(ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));

(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and

(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

(6) The term unaccompanied youth' includes a youth not in the physical custody of a parent or guardian.

**Additional Resources**

Parent information and resources can be found at the following:

[National Center for Homeless Education](#)

[National Association for the Education of Homeless Children and Youth \(NAEHCY\)](#)

[SchoolHouse Connection](#)



Mary M. Knight School District

## Application for Username and Password for Family Access Website

Please enter the following information to obtain a Family Access username and password.

Parent/Guardian First and Last Name(s):

---

---

Parent/Guardian Email Address:

---

---

Student('s) First and Last Name(s): (if more than one student please list)

---

---

---

---

Comments:

---

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The protection of your username and password is solely your responsibility. For any reason if you believe that your password has been compromised you should contact Kitty Brehmeyer at 360-426-6767 ext. 101 or by e-mail to [kbrehmeyer@mmk.wednet.edu](mailto:kbrehmeyer@mmk.wednet.edu). Please do not share your password with your children. The system allows parents to update demographic information as well as your child's attendance. It is your responsibility to protect your password.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Mary M. Knight School District  
**Internet Agreement Forms**

**Student**

I understand and will abide by the district's *Internet Use Agreement*. I further understand that any violation of these regulations is unethical and may constitute a criminal offense. Should I commit any violation of this agreement, my access privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action may be taken.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If you are under the age of 18, a parent or guardian must also read and sign this agreement.)

**Parent or Guardian**

As the parent or guardian of this student, I understand the *Internet Use Agreement* and realize that this access is designed for educational purposes. I also recognize it is impossible for Mary M. Knight School District to restrict access to all controversial materials, and I will not hold it responsible for materials acquired on the network. I hereby give permission for my child to access the Internet and certify that the information contained on this form is correct.

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsoring Teacher**

I have read the Internet Use Agreement and agree to promote this agreement with the student. Because the student may use the network for individual work or in the context of another class, I cannot be held responsible for the student's use of the network. As the sponsoring teacher, I do agree to instruct the student on acceptable use of the network and proper network etiquette.

Teacher's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Mary M. Knight School District**

2987 W. Matlock-Brady Road  
Elma, WA 98541

360.426.6767 (office)

360.427.5516 (fax)

[www.marymknight.com](http://www.marymknight.com)



**Matt Mallery**

Superintendent

**Josh Stoney**

Principal

**Tom Kerr**

Dean of Student/AD

Board of Directors

**Mike Bateman**

**Cynthia Brehmeyer**

**Jill Edgin**

**Jake Goldy**

**Alexander Ushman**

## Family Access

Dear Parent or Guardian,

The School Board, administration, and staff at Mary M. Knight recognize that many parents would like to play a greater role in their child's education. To make it easier to be involved, we are providing you with the ability to view your child's information at any time. Parents can view their child's Schedule, Assignments, Grades, Attendance, Food Service, and Student information- address, phone number, emergency contact, and health alerts.

The software that makes this possible is Skyward's Family Access. Family Access is available through a link on the district website <http://marymknight.com> or through a remote app you can install on your phone. To use this software, you will need to have a username and password assigned to you. To receive your username and password, please fill out the application form located on the district website: <http://marymknight.com> under the parent/student tab, registration, under forms on the right side of the page. Your username and password will work for all children in your household thus you will only need to fill out one application. Your application will be processed within 10 days of receipt and a letter and/or email with your login information will be sent to you. Your username and password should work flawlessly, in the event you should have a problem, you can email me at [kbrehmeyer@mmk.wednet.edu](mailto:kbrehmeyer@mmk.wednet.edu) or call the school at 360.426.6767 ext. 101. A reply to your request will be sent as soon as possible.

Thanks for being an active partner in your child's education.

Respectfully,

*Kitty Brehmeyer*

Student Information Manager

Equal Opportunity Employer-Mary M Knight School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights Compliance Coordinator Matt Mallery, Superintendent, [mmallery@mmk.wednet.edu](mailto:mmallery@mmk.wednet.edu), Section 504/ADA Coordinator, Josh Stoney, Principal, [jstoney@mmk.wednet.edu](mailto:jstoney@mmk.wednet.edu), Title IX Coordinator Laurie Seymour, Business Manager, [lseymour@mmk.wednet.edu](mailto:lseymour@mmk.wednet.edu). Each individual can be reached at 360-426-6767

**Mary M. Knight School District**

2987 W. Matlock-Brady Road  
Elma, WA 98541

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Board of Directors

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**Cynthia Brehmeyer**

**Jill Edgin**

**Jake Goldy**

**Alexander Ushman**

Dear Parents,

Mary M. Knight School has the ability to enhance your child's education through the use of computers and access to the Internet. The Internet represents a network of information available through the use of a computer. The Internet allows your child the opportunity to reach out to many other resources, share information, learn concepts, etc. Your child may be communicating with other students or adults from other parts of the world at no added, direct expense to you (e.g., phone bills, on-line time charges, service) in order to do research for school related projects. The district does not provide Internet access for personal use. It is intended solely as a tool to improve our educational resources.

It is very important that electronic communications be written appropriately. Therefore, the messages should not contain profanity, obscene comments, sexually explicit material, and expressions of bigotry, racism or hate. Also, they should not contain personal information that you would not want any stranger to have such as your name, address or phone number.

With this educational opportunity also comes responsibility. It is important that you and your child read the ethics code and discuss it together. When your child is given an account number and allowed to use the computers, it is extremely important that the rules are followed. Accessing inappropriate material or expressing oneself inappropriately will result in the loss of the privilege to use this educational tool. The District has the capability to access your child's Internet history of visited sites while on any school computer.

Parents, remember that you are legally responsible for your child's actions. Please stress to your child the importance of using only his or her own account number and password and the importance of keeping it a secret from other students. Your child should under NO circumstances let anyone else use their account number and password, because the student who uses your child's account number may violate the terms of this agreement. Your child will be held responsible for maintaining the security of the account number.

Please take time to sit down with your child to read and discuss the Rules and Code of Ethics for Mary M. Knight School Computer Users. Then sign and return to us the statement provided as soon as possible.

A signed agreement must be on file before the student will be given the opportunity to access the Internet.

Sincerely,

A handwritten signature in black ink that reads 'Matt Mallery'.

Matt Mallery  
Superintendent

Equal Opportunity Employer-Mary M Knight School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Civil Rights Compliance Coordinator Matt Mallery, Superintendent, [mmallery@mmk.wednet.edu](mailto:mmallery@mmk.wednet.edu), Section 504/ADA Coordinator, Josh Stoney, Principal, [jstoney@mmk.wednet.edu](mailto:jstoney@mmk.wednet.edu), Title IX Coordinator Laurie Seymour, Business Manager, [lseymour@mmk.wednet.edu](mailto:lseymour@mmk.wednet.edu). Each individual can be reached at 360-426-6767

## Mary M. Knight School District

2987 W. Matlock-Brady Road  
Elma, WA 98541

360.426.6767 (office)  
360.427.5516 (fax)

[www.marymknight.com](http://www.marymknight.com)



**Matt Mallery**  
Superintendent

**Josh Stoney**  
Principal

**Tom Kerr**  
Dean of Student/AD

Board of Directors

**Mike Bateman**  
**Cynthia Brehmeyer**

**Jill Edgin**

**Jake Goldy**

**Alexander Ushman**

Dear Parent/Guardian

This year, **Mary M. Knight** is making a special effort 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. Every day at school is important. Consistent attendance will help children do well throughout their lives.

### WHAT WE NEED FROM YOU

If your student is going to be absent, please contact **the school office at 360.426.6767 ext. 117**. Your student is missed when they are not at school. We value their contributions and their learning. We would like you to help ensure that your student attends regularly and is successful in school.

### OUR PROMISE TO YOU

We know that there are a wide variety of reasons that students are absent from school, from health concerns to transportation challenges. There are many people in our building prepared to help you if you or your student face challenges in getting to school/regularly or on time. We promise to track attendance daily, to notice when your student is missing from class, communicate with you to understand why they were absent, and to identify barriers and supports available to overcome challenges you may face in helping your student attend school. We take attendance daily and will notify you when your child is absent.

### SCHOOL POLICIES AND STATE LAWS

It is important that you understand our school policies and procedures, as well as Washington State Law, to ensure your child is successful in school. State law for mandatory attendance, called the 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 fulltime. Youth who are 16 or older may be excused from attending public school if they meet certain requirements. <http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.225>.

If your student has two unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your student to identify the barriers and supports available to ensure regular attendance. The district is obligated to develop a plan that may require an assessment to determine how to best meet the needs of your student and reduce absenteeism.

In elementary school after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference at a mutually agreeable, reasonable time with at least one district employee, to identify the barriers and supports available to you and your student. A conference is not required if your student has provided a doctor's note, or pre-arranged the absence in writing, and the parent, student

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and school have made plan so your student does not fall behind academically. If your student has an Individualized Education Plan or a 504 Plan the team that created the plan needs to reconvene.

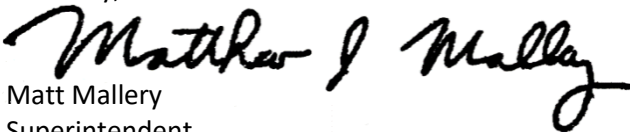
If your student has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the Juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. The petition may be automatically stayed and your student and family may be referred to a Community Truancy Board, or you and your student may need to appear in Juvenile Court. If your student continues to be truant you may need to go to court.

***MMK wants each student at school each school day!***

#### **WHAT YOU CAN DO**

- Set a regular bed time 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. Keep in mind complaints of a stomach ache or headache can be a sign of anxiety and not a reason to stay home.
- Avoid appointments and extended trips when school is in session.
- Develop back-up plans for getting to school if something comes up. Call on a family member, a neighbor, or another parent.
- Keep track of your student's attendance. Missing more than 9 days could put your student at risk of falling behind.
- Talk to your student about the importance of attendance.
- Talk to your students' teachers if you notice sudden changes in behavior. These could be tied to something going on at school.
- Encourage meaningful afterschool activities, including sports and clubs.

Sincerely,



Matt Mallery  
Superintendent

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## **Procedure Electronic Resources and Internet Safety**

### **K-20 Network Acceptable Use Guidelines/Internet Safety Requirements**

These procedures are written to support the Electronic Resources Policy of the board of directors and to promote positive and effective digital citizenship among students and staff. Digital citizenship represents more than technology literacy. Successful, technologically-fluent digital citizens live safely and civilly in an increasingly digital world. They recognize that information posted on the Internet is public and permanent and can have a long-term impact on an individual's life and career. Expectations for student and staff behavior online are no different from face-to-face interactions.

### **Use of Personal Electronic Devices**

In accordance with all district policies and procedures, students and staff may use personal electronic devices (e.g. laptops, mobile devices and e-readers) to further the educational and research mission of the district. School staff will retain the final authority in deciding when and how students may use personal electronic devices on school grounds and during the school day.

### **Network**

The district network includes wired and wireless devices and peripheral equipment, files and storage, e-mail and Internet content (blogs, websites, collaboration software, social networking sites, wikis, etc.). The district reserves the right to prioritize the use of, and access to, the network.

All use of the network must support education and research and be consistent with the mission of the district.

### **Acceptable network use by district students and staff include:**

- A. Creation of files, digital projects, videos, web pages and podcasts using network resources in support of education and research;
- B. Participation in blogs, wikis, bulletin boards, social networking sites and groups and the creation of content for podcasts, e-mail and webpages that support education and research;
- C. With parental permission, the online publication of original educational material, curriculum related materials and student work. Sources outside the classroom or school must be cited appropriately;
- D. Staff use of the network for incidental personal use in accordance with all district policies and procedures; or
- E. Connection of personal electronic devices (wired or wireless) including portable devices with network capabilities to the district network after checking with (*insert title of position, i.e., technology director, IT director, assistant superintendent*) to confirm that the device is equipped with up-to-date virus software, compatible network card and is configured properly. Connection of any personal electronic device is subject to all procedures in this document.

### **Unacceptable network use by district students and staff includes but is not limited to:**

- A. Personal gain, commercial solicitation and compensation of any kind;
- B. Actions that result in liability or cost incurred by the district;
- C. Downloading, installing and use of games, audio files, video files, games or other applications (including shareware or freeware) without permission or approval from the (*insert title of position*);
- D. Support for or opposition to ballot measures, candidates and any other political activity;
- E. Hacking, cracking, vandalizing, the introduction of viruses, worms, Trojan horses, time bombs and changes to hardware, software and monitoring tools;
- F. Unauthorized access to other district computers, networks and information systems;
- G. Cyberbullying, hate mail, defamation, harassment of any kind, discriminatory jokes and remarks;
- H. Information posted, sent or stored online that could endanger others (e.g., bomb construction, drug manufacturing);
- I. Accessing, uploading, downloading, storage and distribution of obscene, pornographic or sexually explicit material; or
- J. Attaching unauthorized devices to the district network. Any such device will be confiscated and additional disciplinary action may be taken.

The district will not be responsible for any damages suffered by any user, including but not limited to, loss of data resulting from delays, non-deliveries, mis-deliveries or service interruptions caused by his/her own negligence or

any other errors or omissions. The district will not be responsible for unauthorized financial obligations resulting from the use of, or access to, the district's computer network or the Internet.

### **Internet Safety**

Personal Information and Inappropriate Content:

- A. Students and staff should not reveal personal information, including a home address and phone number on web sites, blogs, podcasts, videos, social networking sites, wikis, e-mail or as content on any other electronic medium;
- B. Students and staff should not reveal personal information about another individual on any electronic medium without first obtaining permission;
- C. No student pictures or names can be published on any public class, school or district website unless the appropriate permission has been obtained according to district policy; and
- D. If students encounter dangerous or inappropriate information or messages, they should notify the appropriate school authority.

### **Filtering and Monitoring**

Filtering software is used to block or filter access to visual depictions that are obscene and all child pornography in accordance with the [Children's Internet Protection Act \(CIPA\)](#). Other objectionable material could be filtered. The determination of what constitutes "other objectionable" material is a local decision.

- A. Filtering software is not 100 percent effective. While filters make it more difficult for objectionable material to be received or accessed, filters are not a solution in themselves. Every user must take responsibility for his/her use of the network and Internet and avoid objectionable sites;
- B. Any attempts to defeat or bypass the district's Internet filter or conceal Internet activity are prohibited (e.g., proxies, https, special ports, modifications to district browser settings and any other techniques designed to evade filtering or enable the publication of inappropriate content);
- C. E-mail inconsistent with the educational and research mission of the district will be considered SPAM and blocked from entering district e-mail boxes;
- D. The district will provide appropriate adult supervision of Internet use. The first line of defense in controlling access by minors to inappropriate material on the Internet is deliberate and consistent monitoring of student access to district devices;
- E. Staff members who supervise students, control electronic equipment or have occasion to observe student use of said equipment online, must make a reasonable effort to monitor the use of this equipment to assure that student use conforms to the mission and goals of the district; and
- F. Staff must make a reasonable effort to become familiar with the Internet and to monitor, instruct and assist effectively.
- G. The district will provide a procedure for students and staff members to anonymously request access to internet websites blocked by the district's filtering software. The procedure will indicate a timeframe for a designated school official to respond to the request. The requirements of the Children's Internet Protection Act (CIPA) will be considered in evaluation of the request. The district will provide an appeal process for requests that are denied.

### **Internet Safety Instruction**

All students will be educated about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, and cyberbullying awareness and response:

- A. Age appropriate materials will be made available for use across grade levels; and
- B. Training on online safety issues and materials implementation will be made available for administration, staff and families.

### **Copyright**

Downloading, copying, duplicating and distributing software, music, sound files, movies, images or other copyrighted materials without the specific written permission of the copyright owner is generally prohibited. However, the duplication and distribution of materials for educational purposes is permitted when such duplication and distribution falls within the [Fair Use Doctrine](#) of the United States Copyright Law ([Title 17, USC](#)) and content is cited appropriately.

### **Ownership of Work**

All work completed by employees as part of their employment will be considered property of the district. The District will own any and all rights to such work including any and all derivative works, unless there is a written agreement to the contrary.

All work completed by students as part of the regular instructional program is owned by the student as soon as it is created, unless such work is created while the student is acting as an employee of the school system or unless such work has been paid for under a written agreement with the school system. If under an agreement with the

district, the work will be considered the property of the District. Staff members must obtain a student's permission prior to distributing his/her work to parties outside the school.

## **Network Security and Privacy**

### **Network Security**

Passwords are the first level of security for a user account. System logins and accounts are to be used only by the authorized owner of the account for authorized district purposes. Students and staff are responsible for all activity on their account and must not share their account password.

The following procedures are designed to safeguard network user accounts:

- A. Change passwords according to district policy;
- B. Do not use another user's account;
- C. Do not insert passwords into e-mail or other communications;
- D. If you write down your user account password, keep it in a secure location;
- E. Do not store passwords in a file without encryption;
- F. Do not use the "remember password" feature of Internet browsers; and
- G. Lock the screen or log off if leaving the computer.

### **Student Data is Confidential**

District staff must maintain the confidentiality of student data in accordance with the [Family Educational Rights and Privacy Act \(FERPA\)](#).

### **No Expectation of Privacy**

The district provides the network system, e-mail and Internet access as a tool for education and research in support of the district's mission. The district reserves the right to monitor, inspect, copy, review and store without prior notice information about the content and usage of:

- A. The network;
- B. User files and disk space utilization;
- C. User applications and bandwidth utilization;
- D. User document files, folders and electronic communications;
- E. E-mail;
- F. Internet access; and
- G. Any and all information transmitted or received in connection with network and e-mail use.

No student or staff user should have any expectation of privacy when using the district's network. The district reserves the right to disclose any electronic messages to law enforcement officials or third parties as appropriate. All documents are subject to the public records disclosure laws of the State of Washington.

### **Archive and Backup**

Backup is made of all district e-mail correspondence for purposes of public disclosure and disaster recovery. Barring power outage or intermittent technical issues, staff and student files are backed up on district servers regularly. Refer to the district retention policy for specific records retention requirements.

### **Disciplinary Action**

All users of the district's electronic resources are required to comply with the district's policy and procedures (and agree to abide by the provisions set forth in the district's user agreement). Violation of any of the conditions of use explained in the (district's user agreement), Electronic Resources policy or in these procedures could be cause for disciplinary action, including suspension or expulsion from school and suspension or revocation of network and computer access privileges.

Adoption Date:

Classification:

Revised Dates: **06.01; 06.08; 06.11; 02.12; 06.15**



Board Adopted 03/25/2024

August 2024

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September 2024

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October 2024

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December 2024

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January 2025

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February 2025

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March 2025

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April 2025

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May 2025

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June 2025

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July 2025

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Important Dates:

Professional Day/No School August 21-23,26  
Open House/Back to School Night August 23 #  
First Day of School Year August 27  
Labor Day/No School September 2  
End of First Quarter October 29 \*  
Fall Conferences October 30-31  
Professional Day / No School November 8  
Veteran's Day/ No School November 11  
Thanksgiving Vacation November 27-29  
Winter Break Dec. 23 – Jan. 3  
End of First Semester January 16 \*  
Professional Day / No School January 17  
MLK Day / No School January 20  
President's Day / No School February 17  
Snow Make-up Day February 18, 19  
Spring Conferences March 26-27  
End of Third Quarter April 7 \*  
Spring Break Mar. 31 – Apr. 4  
Snow Make-up Day May 5  
Memorial Day / No School May 26  
Graduation June 7  
Last Day of School June 12\*  
Juneteenth June 19

Half-Day Early Dismissals:  
  
October 30, 31  
November 1  
December 20  
March 26, 27, 28  
May 2  
  
One Hour Late Starts:  
  
Every Wednesday  
Exception: Oct 30, Mar 26  
  
Conferences:  
  
October 30, 31  
March 26, 27  
  
Student School Hours:  
Elementary 8:30-3:00  
Secondary 8:15-3:00

KEY

First and Last Day of In-person Instruction

No School Holiday/ Vacation

Conferences ½ day

No School Professional Day

Early Dismissal

One Hour Late Start

Snow Make-up Day

\* End of Quarter / Semester

School Information: Office Hours: 8:00-4:30  
Phone: 360.426.6767 Fax: 360.427.5516  
Website: marymknight.com