



Returning Student Registration Form

Student Information

Student Legal Last Name: _____ Student Legal First Name: _____
Student Legal Middle Name: _____ Also known as: _____
Gender: ☐ Male ☐ Female Birthdate (M/D/Y): _____ 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? _____

Complete Following Sections if there are any Updates

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: _____

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: _____

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: _____

Please Complete the Following Section

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
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)

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

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

Student Name:		Date:
Birth Date:	Gender:	Grade:
Form Completed by: Parent/Guardian Name _____ Relationship to Student _____ Parent/Guardian Signature _____ If available, in what language would you prefer to receive communication from the school? _____		
Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended? Yes__ No__ Don't Know__		
1. In what country was your child born?		_____
2. What language did your child first learn to speak?*		_____
3. What language does <u>YOUR CHILD</u> use the most at home?*		_____
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 th 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 th 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"/> African American/Black <input type="checkbox"/> White	American Indian or Alaskan Native <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
Asian <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
Native Hawaiian or Other Pacific Islander <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
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: _____

Board Adopted 03/25/2024

August 2024

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23#	24
25	26	27	28	29	30	31
						4

September 2024

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
						20

October 2024

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29*	30	31		
						23

November 2024

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
						16

December 2024

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
						15

January 2025

Sa	Mo	Tu	We	Th	FR	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16*	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
						18

February 2025

Su	Mo	Tu	We	Th	Fr	Sa
						1
23	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	
						17

March 2025

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					20

April 2025

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7*	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
						18

May 2025

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
						20

June 2025

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
						9

July 2025

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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